Glossary

A **plenary session** is a session in which an invited speaker, usually with a significant subject matter, presents their work or viewpoint. All attendees attend these general sessions as they usually begin and end a program of events. Plenary sessions vary in length from one (1) hour to one and a half (1½) hours and can be accompanied by PowerPoint presentations, audio and/or video files and other visual aids.

An **oral presentation** is a brief 15-20 minute individual presentation time moderated by a volunteer. An effective oral presentation should have an introduction, main body and conclusion like a short paper and should utilize visual aids such as a PowerPoint presentation. Oral presentations are divided into different categories based on the program presented. Categories can include: clinical, leadership, scientific, evidence-based practice, or research.

A **poster presentation** is the presentation of research information by an individual or representatives of research teams at a conference with an academic or professional focus. The work is peer-reviewed and presented on a large, usually printed placard, bill or announcement, often illustrated, that is posted to publicize. Exceptions to peer-reviewed posters include Rising Stars student posters and Sigma Theta Tau International’s Leadership Institute participant posters.

A **symposium** is a presentation coordinated by an organizer similar to a panel discussion and contains at least three (3) presentations concerning a common topic of interest. Each symposium session is scheduled for 45-75 minutes and allows for questions at the end of the session. Symposia provide an opportunity to present research on one topic, often from multiple perspectives, providing a coherent set of papers for discussion.

A **peer-reviewed paper** is simply an individual abstract that has been reviewed by at least three (3) peer-reviewers to determine the eligibility of the submission to be presented during a program. The determination is made by the peer-reviewer answering a series of regarding the substance of the abstract and the materials submitted. Scores from each reviewer are compiled. The average score must be 3.00 on a 5-point Likert scale in order to quality for presentation. Sigma Theta Tau International enforces a blind peer-review process, which means that the reviewers do not see the name or institution of the authors submitting the work. All submissions, with the exception of special sessions and invited posters are peer-reviewed.

An **invited or special session** is similar to a symposium in the length of time allotted for presentation, but is not peer-reviewed. These sessions focus on a specific area, but are conducted by individuals invited to present the work.
Introduction

The Honor Society of Nursing, Sigma Theta Tau International (STTI) conducted its 2016 Leadership Connection conference from 17 September through 20 September in Indianapolis, Indiana, USA, with the theme of Influencing Change Through Leadership.

These conference proceedings are a collection of abstracts submitted by the authors and presented at the conference. To promptly disseminate the information and ideas, participants submitted descriptive information and abstracts of 300 words or less. Each oral and poster presentation abstract was peer-reviewed in a double-blind process in which three scholars used specific scoring criteria to judge the abstracts in accordance with the requirements of STTI’s Guidelines for Electronic Abstract Submission.

The opinions, advice, and information contained in this publication do not necessarily reflect the views or policies of STTI or its members. The enhanced abstracts provided in these proceedings were taken directly from authors’ submissions, without alteration. While all due care was taken in the compilation of these proceedings, STTI does not warrant that the information is free from errors or omission, or accept any liability in relation to the quality, accuracy, and currency of the information.

Format for Citing Papers

Author. (Year). Title of paper. In *Title of conference proceedings* (page numbers). Place of publication: Publisher.

Example:
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Sigma Theta Tau International Leadership Connection 2016 (17-20 September) Abstracts

Plenary Sessions
PLEN1 - OPENING PLENARY SESSION: Global Leadership: Expanding Your Influence

Cathy D. Catrambone, PhD, RN, FAAN, USA

Purpose
The purpose of this presentation is to inform all nurses of their ability to develop a plan to become leaders and influence global health.

Target Audience
nurse leaders

Abstract
The idea of nurses performing extraordinary feats is not unheard of. Nurses are many things, to many different people. They provide care to all. They speak up for their patients and their profession. They are as diverse as they are knowledgeable. They all have the uncanny ability to stand up and emerge as leaders. The purpose of this presentation is to inform nurses of their innate ability to become leaders in their profession. This presentation will provide a potential roadmap that can develop a nurse’s capacity to influence global health. Through awareness and acknowledgment of one’s current and potential scope of influence, the nurse can consider their capacity to influence others. Various leadership models are available and discussed that may assist the nurse in their leadership development. Nurses will be able to demonstrate the importance and significance in designing their leadership journey in order to accomplish their professional ambitions.

References
None.

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PLEN2 - PLENARY SESSION 2: Cracking the Code: Attributes of Effective Leaders in Challenging Times

Melissa A. Fitzpatrick, MSN, RN, FAAN, USA

Purpose
To unlocking the essential attributes that leaders must possess to optimize their effectiveness and to achieve our vision. Exemplars of leaders who successfully apply these attributes will be explored that will inspire everyone in attendance.

Target Audience
All nurses

Abstract
Escalating patient and family needs, community imperatives, intra-professional dynamics, economic and marketplace challenges and regulatory and compliance scrutiny continue to cause an inordinate amount of stress and burnout in those leading our industry and profession.

This presentation cracks the code to unlocking the essential attributes that leaders must possess to optimize their effectiveness and to achieve our vision. Exemplars of leaders who successfully apply these attributes will be explored that will inspire everyone in attendance.

References
None.

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Special Sessions
A 05 - SPECIAL SESSION: Leadership and Mentorship, A Likely Pair

Omar Ali, MSN, RN-BC, USA
Rebecca Lee, PhD, MSN, BSN, BS, ADN, RN, PHCNS-BC, CTN-A, USA

Purpose
present leadership development opportunities for nurse faculty.

Target Audience
aspiring academic administrators and experienced faculty who wish to increase their leadership acumen.

Description
Healthcare is undergoing unprecedented rapid change. Sweeping reform, advancements in treatment options, an increasingly diverse and aging population, and impending retirements of seasoned direct-care nurses have challenged nursing programs to supply more professionally trained nurses. The faculty shortage continues to be a significant barrier in preparing graduate nurses. In an effort to promote faculty retention and prepare the next generation of nursing education leaders, the Sigma Theta Tau International/Chamberlain College of Nursing Center for Excellence in Nursing Education (Center) offers leadership development programs for full-time nursing faculty who wish to increase their leadership acumen. Currently, the Center offers two programs. The Emerging Educational Administrator Institute (EEAI) is for new or aspiring nursing academic administrators. The participant (Scholar) develops and refines the skills required for success in an administrative role. Scholars choose a Mentor who facilitates the Scholar’s professional and leadership development. The Institute Faculty complete the triad and serve as a resource for the Scholar and Mentor. The Experienced Nurse Faculty Leadership Academy (ENFLA) is for faculty with 7 or more years of full-time teaching experience. It prepares nurses for leadership roles in academe, professional organizations and their communities. Like the EEAI, the Scholar chooses a Mentor and is paired with an Academy Faculty member to form a Leadership Triad. These relationships serve as the foundation for both programs as mentored individuals advance more quickly in their career, receive greater pleasure in their role and are more likely to become mentors themselves. Each program’s curriculum includes online educational activities, face-to-face workshops, a site visit at the Scholar’s institution, and a leadership project. Scholars cultivate and enhance their leadership skills and form life-long relationships with other Scholars and Mentors. Longitudinal data will be collected to evaluate the programs’ objectives. In this presentation, we describe each program and discuss lessons learned from the pilot cohorts.

References
None.

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B 05 - SPECIAL SESSION: Transforming Nurse Leaders Through a Mentored Leadership Experience

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Jennifer L. Embree, DNP, MSN, BSN, RN, NE-BC, CCNS, USA
Jennifer L. DeClercq, MSN, RN-BC, FGNLA, USA

Purpose
Inform participants about leadership development opportunities presented by Academy alumnae of the International Leadership Academies.

Target Audience
Nursing professionals who wish to advance in their careers through leadership skill development.

Abstract
The 2010 Institute of Medicine report, The Future of Nursing: Leading Change, Advancing Health, calls for health organizations, including nursing organizations and nursing schools, to “provide nurses greater opportunities to gain leadership skills and put them into practice.” In an effort to prepare the next generation of nurse leaders, the International Leadership Institute (ILI) at Sigma Theta Tau International offers leadership development for academic and clinical nurse leaders, who wish to increase their leadership expertise. Often times, faculty members are promoted into leadership positions without adequate preparation. To facilitate this transition, the ILI offers leadership academies for evolving nurse leaders.

The International Leadership Institute (ILI) was created by Sigma Theta Tau International (STTI) to develop nurse leaders through mentoring, self-assessment, continuing nursing education, experiential learning, and professional development resources.

The ILI academies were designed to strengthen leadership behaviors through an 18-month guided leadership journey, resulting in intentional behavioral change. The academy triad relationship – the Scholar, the Leadership Mentor and the Faculty Advisor – is the foundation of leadership development. The Five Practices of Exemplary Leadership ® (evidence-based best practices in leadership from The Leadership Challenge ® by Jim Kouzes and Barry Posner) serves as the framework for leadership development. A leadership project is identified by each Scholar, which is a vehicle for leadership development and organizational impact.

The mentored leadership development occurs in three domains: individual leadership development, advancement of nursing education through leadership of an interprofessional team project, and expanding the scope of influence – organization/community/profession.

The Nurse Faculty Leadership Academy (NFLA) is presented in partnership with The Elsevier Foundation. NFLA began in 2010 as a pilot, the Nurse Faculty Mentored Leadership Development (NFMLD) academy and has begun its fourth cohort. It is an international leadership development program for nurse faculty with two to seven years of experience, designed to foster academic career success, promote nurse faculty retention/satisfaction and cultivate high performing, supportive work environments in academe.

The Maternal-Child Health Nurse Leadership Academy (MCHNLA) is presented in partnership with Johnson & Johnson Corporate Contributions. MCHNLA started in 2004 and has started its seventh cohort. This academy is designed for maternal-child health nurses and nurse midwives to create improvements in health systems or models of care, by effectively leading an interdisciplinary team to improve maternal-child health practice outcomes of underserved populations.

The Gerontological Nursing Leadership Academy (GNLA) is presented in partnership with Hill-Rom. GNLA was started in 2008 and has begun its fifth cohort. This academy is designed to prepare mid-
career nurses, in diverse settings, to lead an interprofessional team project in the improvement of healthcare quality for older adults and their families.

The desired outcome of the academies is to prepare and position nurses in leadership roles in the academic and health care settings.

References
None.

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E 05 - SPECIAL SESSION: Virtual Professional Collaboration of Global Nurse Leaders: The Phi Gamma Virtual Chapter Experience

Carole D. Liske, PhD, MSN, RN, USA
Cathy D. Catrambone, PhD, RN, FAAN, USA
Rita Munley Gallagher, PhD, RN, USA

Purpose

The purpose of this presentation is to demonstrate the value of social and electronic media in promoting professional collaboration among a global network of nurse leaders and to share successful electronic strategies utilized in the day-to-day operations of Phi Gamma Chapter, Sigma Theta Tau International's only virtual chapter.

Target Audience

The target audience of this presentation is chapter leaders and nursing professionals interested in virtual chapter operations, global outreach and promotion of member engagement through the use of social and electronic media.

Abstract

The purpose of this presentation is to discuss and demonstrate the value of social and electronic media in promoting professional collaboration among a global network of nurse leaders and to share successful electronic strategies utilized in the day-to-day operations of Phi Gamma Chapter, Sigma Theta Tau International's only virtual chapter. The primary goal of Phi Gamma Chapter is to advance the mission and vision of Sigma Theta Tau International in making a difference worldwide through the creation of a global community of nurses.

Phi Gamma places importance on recruiting and engaging Registered Nurse leader members from all over the world. Chapter leaders will discuss and demonstrate the use of social and electronic media in outreach and the promotion of member engagement. Attendees will be introduced, virtually, to Phi Gamma Chapter leaders who also come from across the globe. The qualifications and process leading to consideration for membership will be identified.

Attendees will be provided with information on the electronic processing of candidates in preparation for the virtual induction of new members. Phi Gamma Chapter's activities and opportunities for members will be detailed. The opportunities to become involved in Phi Gamma Chapter and in Sigma Theta Tau International, to grow and develop as leaders, and to contribute to the nursing profession are virtually endless. Phi Gamma Chapter is engaged in a host of activities. The Chapter holds quarterly electronic Inductions on the 10th of September, December, March and June. Educational webinars, some of which offer continuing education credit, are held regularly. Included among them this biennium was an electronic international poster session. Phi Gamma Chapter engages in global outreach to prospective members. Presentations have been made to nurses in Egypt and the Philippines.

Phi Gamma Chapter is involved in a series of collaborations designed to enhance the endeavors of involved organizations through the mutual sharing of resources. The chapter offers expedited review for consideration for chapter membership to nurse leaders in the Individual Member Division of the American Nurses Association. Phi Gamma provides cooperative educational webinars with continuing education credit offered by Omicron Delta Chapter from the University of Phoenix. Phi Gamma Chapter has developed a Memorandum of Understanding for research collaboration and conference activities with the Research, Development and Innovation Center of Our Lady of Fatima University in the Philippines.

In 2013, during the 42nd Sigma Theta Tau International biennial convention in Indianapolis, Indiana, USA, Phi Gamma Chapter received the Chapter Global Community Building Award. This award recognized Phi Gamma Chapters for having excelled in fostering a virtual global community of nurses using learning, knowledge and professional development to improve the health of the world’s people.
In closing, the GoToWebinar platform will be utilized to engage chapter members from around the globe in discussion.

References
None.

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F 05 - SPECIAL SESSION: The Henderson Repository: Your Portal to Global Impact Through OA Dissemination

Kimberly Thompson, MLS, USA

Purpose
The purpose of this presentation is to provide session attendees with information to make an informed decision about whether or not to participate in self-archiving and open-access dissemination via the Henderson Repository. It will explore the participation opportunities and the benefits to individuals and groups.

Target Audience
The target audience of this presentation is nurse educators, clinical nurses, nursing students, STTI chapter members, and STTI chapter leaders.

Abstract
What are you waiting for? Have you written research, research-based, educational documents (for students, CE courses, or patients), and/or other evidence-based practice materials that are not a good fit for traditional scholarly and scientific journals, but are otherwise based on sound principals? Do you want credit for all your work and not just a few select published manuscripts? Lucky you! The Virginia Henderson Global Nursing e-Repository (the Henderson Repository) accepts the following types of documents and more: reports, white papers, faculty created learning objects, dissertations, theses, capstone projects, posters, presentation slides, best practice guidelines, quality improvement tools, surveys, measurements, patient education tools, unpublished manuscripts, certain published articles…

The Henderson Repository has the capability to accept these materials as text-based documents, audio files, still images, and even videos!

Has your STTI chapter, region, or consortium hosted a research or evidence-based practice conference? Do you want to showcase those materials and highlight your chapter efforts while allowing presenters to retain copyright to their poster, oral presentation slides and handouts? Good news! The Henderson Repository has participation opportunities for individual nurses, collaborative works (must include a nurse as co-author) and national or international nursing organizations and nursing groups, including STTI chapters.

Let the Henderson Repository be the solution for all of these dissemination needs! The repository features a single-blind peer-review component for works submitted to any of the collections under the Independent Submissions community. All other submissions are faculty evaluated or assessed according to community standards prior to posting. Come to this session to learn more about this unique digital venue, a free resource provided by STTI. The purpose of this session is to inform nurses in all areas of the profession (nurse leaders, faculty members, researchers, clinicians, and nursing students) about the Henderson Repository’s mission, the participation options, and the benefits to submitting authors and groups.

Once populated with full-text items, it will become a global resource for nursing research and evidence-based practice materials.

References
None.

Contact
kimberly@stti.org
G 05 - SPECIAL SESSION: International Leadership Opportunities: Sigma Theta Tau Needs You!

Suzanne Prevost, PhD, RN, FAAN, USA

Purpose
The purpose of this presentation is to inform Sigma Theta Tau members of international leadership opportunities and to explain leadership succession processes, including nominations, applications for the ballot, ballot selection, and election processes for Sigma Theta Tau.

Target Audience
The target audience of this presentation is Sigma Theta Tau members with local and/or national leadership experience, who are interested in pursuing international leadership roles in the Honor Society.

Abstract
The mission of Sigma Theta Tau International is to advance world health and celebrate nursing excellence in scholarship, leadership, and service. One of the ways we celebrate and develop nurse leaders is through our election of committee members, directors, and officers, first at the local chapter level, and then at the regional and international levels. The Leadership Connections Conference provides a great venue for aspiring local leaders to prepare for movement into higher level leadership positions.

In this session, hosted by the International Leadership Succession Committee, we will discuss available international leadership positions for the coming biennium, including President-Elect, Vice President, Secretary, two Director positions, twenty-one Regional Chapter Coordinators, the Regional Chapter Coordinating Committee Chair, members of the Governance Committee, and members of the Leadership Succession Committee. The qualifications, roles, responsibilities, and time commitments of each position will be described. Additionally, the individual characteristics and qualities that contribute to success in international leadership will be discussed. We will also explain the procedures for applying for positions on the international ballot and pursuing election; and we will talk about the interview process and the types of questions that are typically asked.

Myths and facts associated with the nomination and election process will be discussed. For example, members often think that advanced degrees or academic titles are required to serve in international leadership positions. However, any nurse with credentials qualifying them for Sigma Theta Tau International membership is eligible to run for an elected leadership position within the Honor Society. The strength of the Honor Society is dependent upon the diversity of the membership; and the long-term health and sustainability of the organization depends on its ability to hear the voice of every nurse.

The session will include ten steps to prepare for elected leadership positions. Finally, the session will end with time to address participant questions related to these processes. We hope that you will consider the next steps in your professional leadership journey; and then, attend this session to discover opportunities for expanding your international network and increasing your leadership impact by becoming an international leader through Sigma Theta Tau.

References
None.

Contact
sprevost@ua.edu
I 05 - SPECIAL SESSION: The Power of Nurses to Lead Change to Advance Health

Susan B. Hassmiller, PhD, RN, FAAN, USA

Purpose
explanation how frontline nurses and clinical nurse directors lead every day and how their voice is crucial to enabling all people to lead healthy lives.

Target Audience
All nurses.

Abstract
Hassmiller will explain how frontline nurses and clinical nurse directors lead every day and how their voice is crucial to enabling all people to lead healthy lives. She will describe how the landmark Institute of Medicine report, The Future of Nursing: Leading Change, Advancing Health, has galvanized the nursing field to take on leadership roles. She will offer advice on how all nurses can build their skills to be effective leaders.

References
None.

Contact
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M 04 - SPECIAL SESSION: Institute for Global Healthcare Leadership

Cynthia Vlasich, MBA, BSN, RN, USA

Purpose
The purpose of this presentation is to inform participants regarding the leadership framework and outcomes of the STTI Institute for Global Healthcare Leadership.

Target Audience
The target audience of this presentation is nurse leaders who desire to become global healthcare leaders.

Abstract
Global health is in transition, with ever-changing influences, directions, and expanding stakeholders. Healthcare leaders of tomorrow need access to the best ways to navigate this transition. They will need to build teams, identify challenges, invent solutions, and set a shared vision in order to sustain long-term healthcare improvements and address the varying needs of the world's populations.

The Honor Society of Nursing, Sigma Theta Tau International (STTI) continues work to advance world health and prepare future leaders. STTI's Institute for Global Healthcare Leadership was created to develop innovative leaders in all fields of healthcare. Participation in the Institute for Global Healthcare Leadership will prepare healthcare leaders to effectively work in and/or lead major public health departments, public or private organizations, and global programs and initiatives, thereby directly and indirectly improving the health of people worldwide. Separate institutes will be available for both emerging and more experienced leaders.

The Emerging Global Leader Institute is designed to prepare globally-aware healthcare leaders to successfully participate in global healthcare ventures and networking; become a global thought and practice leader, locally, and regionally; provide local and regional consultation to effectively meet dynamic contemporary global health care needs; and view healthcare issues from a global perspective.

The Experienced Global Leader Institute is intended to prepare experienced global healthcare leaders to be global thought and practice leaders nationally and globally; successfully, lead, collaborate and participate in global healthcare ventures; assume and effectively meet the global demands of critical healthcare leadership positions within their countries; and provide national and global consultation to effectively meet dynamic contemporary global healthcare needs.

This presentation will describe the STTI Institute for Global Healthcare Leadership framework, initial data and results from the inaugural Emerging Global Leader Institute that took place in early September 2016 in Washington, DC, and plans for launching the Experienced Healthcare Leadership Institute in 2018.

References
None.

Contact
cynthia@stti.org
N 02 - SPECIAL SESSION: Development of a Formal Mentoring Program Model for Varied Professional Settings

Patricia Brady, MSN, RN, USA

Purpose
The purpose of this presentation is to discuss the steps to take in the development of a nursing mentorship program for registered nurses.

Target Audience
Nurses interested in staff and professional development or mentorship programs for clinical, academic and research areas.

Abstract
This presentation will discuss the development of a formal mentoring program for enhancing the professional development of nurses regardless of practice settings. Focus will be given to a description of the process to allow participants to be able to implement the model in varied employment arenas.

References
None.

Contact
patty@stti.org
P 04 - SPECIAL SESSION: Global Advisory Panel on the Future of Nursing & Midwifery (GAPFON): Recommendations, Strategies and Outcomes

Cathy D. Catrambone, PhD, RN, FAAN, USA
Cynthia Vlasich, MBA, BSN, RN, USA

Purpose
The purpose of this presentation is to update audience members on GAPFON's status, the process used to reach consensus, and next steps for implementation.

Target Audience
The target audience of this presentation includes those working on issues that impact and affect global health. This can include clinicians, public health researchers, health policy professionals, health professions students and faculty, and researchers.

Abstract
In 2015 and 2016, the Honor Society of Nursing, Sigma Theta Tau International (STTI) convened seven regional meetings of the Global Advisory Panel on the Future of Nursing & Midwifery (GAPFON) in Southeast Asia/Pacific Rim (in Seoul, Republic of Korea, June 2015), the Caribbean (in San Juan, Puerto Rico, July 2015), Latin/Central America (in San Juan, Puerto Rico, July 2015), North America (two meetings in Washington, DC, February 2016), the Middle East (in Abu Dhabi, United Arab Emirates, March 2016), Europe (in Amsterdam, the Netherlands, June 2016), and Africa (in Cape Town, South Africa, July 2016). Global nursing and midwifery leaders shared how the combined professions can lead the advancement of global health outcomes, and identified primary healthcare concerns for the regions including (but not limited to) maternal child health, non-communicable diseases, communicable disease outbreaks, and mental health. These meetings fulfilled a large portion of the work required to fulfill GAPFON's mission, but they are only the first of several phases to be undertaken toward the creation of global and regional recommendations for nursing/midwifery and healthcare. During the session, a review of GAPFON's history and foundation will be shared, and GAPFON's mission, vision and purpose will be discussed. The initial outcomes and recommendations from the global meetings that were completed in July 2016 will be featured. Examples of the consensus-building process utilized at the regional meetings will be shared, along with the kinds of quantitative and qualitative data collected from the stakeholders. This includes the identification of primary regional health issues and the strategies needed to address them. Strategies for how to strengthen the nursing/midwifery workforce will be shared, as will strategies identified to improve quality of practice. In addition, presenters will discuss plans for implementation, the forging of inter-professional alliances and collaborations, and a preliminary targeted framework to move the recommendations into an action plan with measurable outcomes.

References
None.

Contact
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Chapter Leader Sessions
A 01 - CHAPTER SESSION: Recruitment Roundup

Sabrina Collins-Christie, BA, BS, USA
Janell Jackson, BA, USA

Purpose
The purpose of this presentation is to learn quick tips to recruit members to your chapter.

Target Audience
The target audience of this presentation is chapter leaders of nonprofit organizations who need to recruit members.

Abstract
Chapters of nonprofit organizations such as STTI need to continually generate awareness to recruit, invite, and induct eligible candidates while engaging established members in a specific way to ensure that they renew their membership each year. All of these above components will need to be in constant motion for your chapter to create a truly successful and long-lasting membership experience for its members.

This session will provide quick tips and tools to be successful in the area of recruitment. Recruitment is the process of attracting, selecting, and orienting qualified candidates. The goal is to have well-educated candidates who are likely to accept invitations to join and become long-term members. Members are the reason why organizations such as STTI exist, so inducting and keeping members truly engaged early in the relationship is critical for chapter survival.

Recruitment isn’t exclusive to STTI chapters; there are recruiters for sports teams, hospitals and other professional workplaces, specialty nursing organizations, and many more groups. While you may not think your chapter is a direct competitor with these different groups, you are competing for a candidate’s attention, time, and money, so your chapter needs to be well prepared to invest time and energy into the recruitment process.

Almost 33 percent of active members indicated that they did not know about their local chapter until they received an invitation to join. Strong recruitment efforts will ensure that candidates know who you are well before the invitation is delivered.

Chapter leaders will have an opportunity to learn from STTI staff members who work on membership initiatives, as well as learn from other chapter leader’s recruitment efforts. By the end of this session, the learner will be able to learn quick tips to recruit new members to their chapter, and discover free tools to aid their chapter with recruitment efforts.

References
None.

Contact
sabrinah@stti.org
janell@stti.org
A 02 - CHAPTER SESSION: Break the Ice to Become a Chapter Community Champion

Jenny Hoffman, BS, USA
Amy Wall, BS, USA

Purpose
The purpose of this presentation is to provide chapter leaders with ideas and activities that will allow the group to get to know their members.

Target Audience
The target audience of this presentation is chapter leaders of nonprofit organizations.

Abstract
Icebreakers and “Getting to Know You” activities create a welcoming environment for nonprofit chapters such as STTI chapters, by helping members feel more comfortable with their chapter, chapter leaders, and other members. It is ok to have fun during a professional event! Chapters with pleasant environments have an easier time developing relationships with potential members and community partners. This leads to greater awareness, higher acceptance rates, and a better overall membership experience. Members who are happy and comfortable with their chapter experience are more likely to stay involved, and therefore, more likely to renew their membership each year.

Even among the chapter board itself, it is important to build a rapport so each leader feels comfortable making contributions to the group, and continuing to stay involved with the chapter after their term has ended.

For individuals to feel comfortable connecting with your chapter, strive to create a hospitable atmosphere — both virtually and in person. A welcoming environment:

• Is full of enthusiasm, respect, and positive energy.
• Supports working together and building rapport with one another.
• Encourages questions and feedback.
• Discourages intimidation and negative energy.

This session will allow for interaction among STTI staff and other event attendees, to learn quick tips to create a welcoming environment at the chapter level, using “A Chapter's Guide to Successful Recruitment” as a baseline for discussion. Attendees will also complete activities during the session that are icebreaker and getting-to-know you activities, so they can actually implement them successfully when they return to their chapter. In addition to the activities, learners will be able to discover quick tips to create a welcoming environment for their members. Tips will be applicable to in-person events and activities, as well as those that are virtual in nature.

Attend this session to learn how YOU can break the ice to become a chapter community champion.

References
None.

Contact
jenny@stti.org
amy@stti.org
A 03 - CHAPTER SESSION: Engagement Through Events: 50 Tips in 50 Minutes

Michelle Coburn, BA, USA

Purpose
The purpose of this presentation is to provide event planning tips and tools for nonprofit chapter leaders.

Target Audience
Nurses

Abstract
Do you want to keep members excited and engaged with your nonprofit chapter each year, but aren't sure where to get started, or don't have the time as a volunteer to find the easiest solution? This fast paced session will provide easy-to-implement tips to make your chapter's next events more engaging.

As referenced in the membership lifecycle, members of nonprofit chapters will need to be provided continual opportunities for involvement in order to excited about their experience and continue to renew each year. The chapter also needs to provide a benefit to members in exchange for those membership dues. Providing dynamic events is one solution to engage members in a meaningful way that will have a benefit on their career, while also benefitting your chapter through renewal.

However, it can be difficult for volunteer leaders to know where to start when it comes to event planning for their nonprofit chapter. Luckily, an event planner provided tools, tips, and suggestions to ensure you are taking the right steps when it comes to planning your event! This includes surveying your audience (members) to determine the greatest need that needs to be met; preparing a budget; selecting a venue; communicating about the event and much more. The presenter will also share technologies that can make event-planning much easier and save you and your volunteers time and energy. This will allow your chapter to plan more and more events, to continually engage different subsets of your membership.

There will be sharing of resources through an STTI-staff driven presentation of best practices in chapter program planning, as well as an activity to allow attendees to share ideas and best practices with each other. The goal is to quickly share as many tips and ideas as possible, while providing resources that can be referenced, as well, for the chapter to utilize at a later time.

References
None.

Contact
michelle@stti.org
A 04 - CHAPTER SESSION: Board Bingo

Katherine Rogers, BA, USA
Julie Jones, MS, RN-BC, USA

Purpose
The purpose of this presentation is to share best practices in board operations with nonprofit chapter leaders.

Target Audience
The target audience of this presentation are volunteer leaders of nonprofit chapter boards.

Abstract
Is your chapter functioning optimally? During this fun game of Bingo, you will gauge your chapter’s activities, as well as the activities of your board, to see how you could operate more efficiently. This includes how individuals can personally improve, as well as how they can help influence the best practices of the overall board.

Categories that will be addressed, along with sample consideration questions asked during the activity, include:

• Governance
  1. Do board members understand their legal and fiduciary roles and responsibilities?
  2. Does every member have a copy of the bylaws and are they followed?

• Finance
  1. Do board members review financials at every meeting?
  2. Does the board set, accept and monitor budget versus actual figures?

• Recruitment
  1. Does the chapter host at least one recruitment event each year?
  2. Does the chapter have a value proposition statement to share with the community and potential members?

• Member Engagement
  1. Does the board participate in thanking members/donors?
  2. Do you conduct annual membership surveys to gauge your members’ needs?

• Induction
  1. Does the chapter follow up with individuals who did not accept the invitation, to find out why?
  2. Do you plan a New Member Orientation immediately following the induction?

Additional best practices, along with resources for leaders of nonprofit board members, will be shared throughout the entirety of the presentation and activity. The bingo activity will ask attendees to mark off the squares if their chapter completes that best practice. The first attendee to fill two rows of best practices will be recognized, and will have an opportunity to share some of the activities that their chapter is completing. The sharing will continue after the bingo activity has been completed, to ensure that attendees learn as many best practices as possible in the allotted time, as well as have a chance to ask questions of the presenters.

References
None.
Contact
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sttijulie@gmail.com
B 01 - CHAPTER SESSION: Creating Advocates Among Members

Michelle Coburn, BA, USA

Purpose
The purpose of this presentation is to share ideas with nonprofit leaders on how to cultivate pride in their membership.

Target Audience
The target audience of this presentation is nonprofit board leaders.

Abstract
Nonprofit chapters need to continually generate awareness to recruit, invite, and induct eligible candidates while engaging established members in a specific way to ensure that they renew their membership each year. All of these components, explained fully in the membership lifecycle of the Society Pride and Awareness Recruitment Kit, will need to be in constant motion for your chapter to create a truly successful and long-lasting membership experience for its members. Chapters that specifically focus on recruitment and retention efforts will be more fiscally secure, and have a larger pool of volunteer leaders to help sustain the chapter in the future.

To effectively build awareness and recruit new members, your chapter needs to rely heavily on its volunteers who have the time and skills to form relationships with potential members. In addition to these volunteers dedicated to recruitment efforts, active members who are proud of their membership experience will also be great assets to your recruitment efforts. Enhancing member pride will help to create those advocates - who may not serve in a leadership role, but definitely help to develop the chapter's image and reputation. Chapter pride is the emotional connection members have with their chapter and with the organization overall. If your chapter provides a positive and rewarding experience to its members, they will develop a sense of chapter pride. It is important to be mindful of chapter pride because it directly affects the group’s image within the community. Members are likely to share their experiences — both good and bad — with others.

Through resources such as the chapter sustainability pyramid and the Society Pride and Awareness Recruitment Kit, developed by STTI staff, this session will explain how to develop members' pride through assessment, education, rewards/celebrations, a welcoming environment, and much more. Attendees will learn the best practices in these areas, and walk away with new ideas to implement at the local level.

References
None.

Contact
michelle@stti.org
B 02 - CHAPTER SESSION: Understanding STTI’s Membership Eligibility Criteria

Sabrina Collins-Christie, BA, BS, USA
Janell Jackson, BA, USA

Purpose
The purpose of this presentation is to explain the eligibility rules as detailed in the chapter bylaws.

Target Audience
The target audience of this presentation is STTI chapter leaders.

Abstract
Attend this session to learn how to successfully invite and induct eligible students and nurse leaders into STTI using the International Bylaws and guidelines documents. All STTI chapter leaders are strongly encouraged to learn and understand the criteria, as it has changed many times throughout the years, and they should feel comfortable speaking to potential candidates about how they can be invited. This session is not eligible for continuing nursing education contact hours.

- Understand the basic criteria for inducting students and nurse leaders
  - Students are invited to join through STTI chapters located at more than 650 colleges and universities around the world.
  - In order to receive an invitation, undergraduate and graduate level students must meet the criteria, as stated in the STTI bylaws
  - Graduate students may as be considered as nurse leader candidates, if they meet that criteria. (So they may be inducted right away)
  - Nursing professionals who were not previously inducted as nursing students can join STTI as Nurse Leaders.

- Learn the exception clauses for inviting additional students
  - Because the criteria may exclude some exemplary candidates, the chapter may choose to employ an exception to a specific criteria component, in order to invite and induct additional students who are eager to become members.
  - There are 4 exceptions for undergraduate students, and 2 exceptions for graduate students.

Staff will also ensure that chapter leaders understand the "myths" that are common in membership eligibility. For example: endorsement forms are not required; you do not vote on candidates being accepted into membership; and you can have as many inductions (with as many, or as few, candidates) as you'd like; that you invite and induct Nurse Leader candidates (STTI headquarters does not do it for you) and much more.

A handout will be provided during the session that includes all of the above information. This session is not eligible for continuing nursing education contact hours.

References
None.

Contact
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janell@stti.org
B 03 - CHAPTER SESSION: Your Board is NOT Your Chapter

Jessica Wendorf, BS, CAE, CNP, USA

Purpose
The purpose of this presentation is to educate nonprofit chapter leaders on how the board can create goals for the chapter that meet the needs of the membership.

Target Audience
The target audience of this presentation is nonprofit board members.

Abstract
When you are passionate about your organization, it can be easy to accidently overlook the needs of other members of your organization. This is especially true for board members, because you are creating the goals and action items that your chapter is working toward. Because of this high level of involvement, board members may create programs around their personal and professional passions, not realizing that the majority of other members may not share the interest. This session will demonstrate how to make your chapter sustainable beyond your term as a nonprofit board member, while giving you a sense of pride in the work that was achieved.

In order to address how to balance your work as a volunteer with your passions for your profession, the speaker will address the areas of the chapter sustainability pyramid. The sustainability pyramid shows you how you can create a sustainable chapter by building upon each of the following areas:

- Your organizational mission and values
- Strategic planning
- Member Communications
- Community and Member Involvement
- Pride and Publicity
- Volunteers for Leadership
- Recruitment and Retention

While each level of the pyramid is important, a large portion of time during the session will be spent understanding the strategic planning component, and how it filters into all of the areas above it. This phase asks you to assess your member needs, and develop an action plan to meet the goals you create to meet those needs. This also will ask your board to consider the financial limitations, in addition to the return on investment among your members.

During strategic planning, the chapter will also determine who on the board will be responsible to ensure each goal is met. This will allow the chapter to match responsibilities up with specific roles, as well as specific interests of the volunteer. It also helps to hold everyone accountable for the work they have agreed to do.

There will also be an opportunity for attendees to share their personal recommendations on how they have managed to enjoy their experience as a volunteer chapter leader, while also meeting their professional goals and honoring their professional passions.

References
None.

Contact
jessica@stti.org
B 04 - CHAPTER SESSION: Don’t Be a Martyr: Steps to Avoid Single-Handed Successes

Katherine Rogers, BA, USA

Purpose
The purpose of this presentation is to show nonprofit board members how to effectively delegate so they don’t become burnt out in their volunteer role.

Target Audience
The target audience of this presentation is nonprofit board leaders.

Abstract
As a volunteer board member for a professional organization, it can be easy to overextend yourself and get burned out. This leads to frustration on the board members end, as well as threatens the leadership succession of the chapter leadership. One way to avoid this is to ensure you are comfortable delegating tasks to other volunteers. This could include one-time tasks, or longer-term delegation tasks for committees or other board members. However, it is hard for many leaders to let go of control of projects that they are particularly interested in or passionate about.

This session will walk through resources, such as "Successful Delegation: Using the Power of Other People's Help" by Elizabeth Myre, to show nonprofit leaders how to effectively delegate tasks to other volunteers, while still upholding their officer role and commitments. Delegation will also allow that board member to have more time to work on additional tasks of great importance for the chapter!

Not only will this delegation help save the board member's time and energy, it will also help to develop the skills of a future leader for the chapter. According to the STTI chapter sustainability pyramid, there are many steps that can be followed to ensure the chapter is sustainable beyond one person's term. The sustainability pyramid walks the attendees through several levels of sustainability:

- Organizational mission and values
- Strategic planning
- Member Communications
- Community and Member Involvement
- Pride and Publicity
- Volunteer for Leadership
- Recruitment and Retention

Attendees will learn how effective delegation fits into this pyramid, to make them better leaders and develop other leaders.

References
Successful Delegation: Using the Power of Other People's Help
How to Delegate More Effectively In Your Business
Seven ways to improve your delegating skills
How Well Do You Delegate?: Discover Ways to Achieve More
STTI Chapter Sustainability Pyramid - Developed by STTI staff members in the constituent services department.

Contact
katherine@stti.org
Purpose
The purpose of this presentation is to tour the new Online Induction System for STTI chapters.

Target Audience
The target audience is STTI chapter leaders.

Abstract
Chapters use the Online Induction System to issue membership invitations to eligible students and nurse leaders. Take a tour of the new system before you use it, to see if you have any questions or concerns.

During this virtual tour, you will:

- Understand how to upload candidates and issue invitations through the new Online Induction System.
  - You can now set up inductions that include no ceremony, an in-person ceremony, or a virtual ceremony. This will help your chapter to have the type of event that meets the needs of your candidates. Ceremonies are not required for each induction, and there is no minimum number of candidates.
  - The new system allows for the upload of both csv and Excel files, using the preset headers determined by the STTI database. It will also allow your chapter to upload candidates who were previously invited, but who did not accept. (This is a new feature!) You will receive an alert for candidates who are already active or inactive members, so you know if you need to follow-up with any individuals.
  - You can also pre-schedule invitation and reminder messages, to ensure that your candidates are able to accept the invitation before the respond-by date. There is already default text included, or you can choose a template that has a small blocked area that will allow you to customize text or add information that is important to the invitation/reminder.

- Learn how members accept their invitation through the new system. This responsive site will even allow your candidates to accept on their mobile phone, tablet, or iPad! Take a tour of the page that you candidates see when they receive your email invitation

Because of the nature of this session, it is not eligible for continuing nursing education.

References
None.

Contact
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C 02 - CHAPTER SESSION: Three Questions to Ask About Your Competition

Michelle Coburn, BA, USA

Purpose
The purpose of this presentation is to make nonprofit chapter leaders aware of the competition they face when recruiting candidates.

Target Audience
The target audience of this presentation is nonprofit chapter leaders.

Abstract
In order to remain sustainable, your nonprofit chapter has to continually recruit new members and ensure they accept the invitation to join. However, your potential members are also being asked to join other professional and social organizations, which means you will have to compete for the time and membership dollars of these candidates. Do you know who your chapter’s competitors are? Are you asking the right questions about your competition to ensure members choose YOU?

This session will help your chapter determine who is competing your chapter for your members’ time and money, and help you ask the right questions about them, such as:

- What are they doing well?
- Do they have any gaps that your chapter could fill?
- Are there any items that you can work together on?

Once you have identified those components about your competition, your chapter should be able to deliver the programs and services to fill the needs your members have that your competition cannot deliver. Do you know how to do that adequately as a volunteer? Resources will be shared to ensure that you know how to survey your members, and develop an action plan to fulfill their needs once they have been identified. Your action plan will also ask you to identify which leaders are responsible for which area, so the chapter volunteers are functioning optimally.

Attendees will also have an opportunity to share their own best practices about identifying the competition and delivering member services and programs based on those areas.

References


This session will also reference the Chapter Sustainability Pyramid and the Society Pride and Awareness Recruitment Kit, developed by STTI staff.

Contact
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C 03 - CHAPTER SESSION: Six Steps for Successful Surveys

Katherine Rogers, BA, USA

Purpose
The purpose of this presentation is to share how to survey members and implement change based on the results.

Target Audience
The target audience of this presentation is nonprofit chapter leaders.

Abstract
Association-based organizations such as STTI have members that range on a scale from checkbook member (Writes dues check, but doesn’t actively participate in chapter events. Renewal is not guaranteed.) to Brand Ambassador (Champions the association’s mission. Renewal is automatic,) and everything in between. The goal is to have more members who are brand ambassadors and willing to renew their membership, and a small number who are just checkbook members. But, how is that achieved? Through offering relevant services and programs that meet members’ needs and get them to actively engage with the chapter. In order to find out what those services and programs should be, your nonprofit chapter will need to continually reach out to your membership through a survey/assessment to find out what they are interested in. Those needs changes over the years, so the assessment will need to happen often. When you are conducting a survey, it is easiest for you to use a program built specifically for survey delivery. They will allow you to input your questions, send them out, and measure the results easily. Many survey programs are free (or allow free use up to a certain number of surveys), and come with tutorials for use. Some examples will be shared during the session, and attendees can also share their own examples.

Once you’ve selected your survey tool, you should build questions that will be useful to plan your chapter’s programs, services, and benefits. Sample questions will be shared during the session, and attendees will have an opportunity to share questions that have been helpful when surveying their own membership. Attendees will also discuss the importance of effectively analyzing the results, and creating an action plan to ensure that all survey responses are acted upon as needed. This strategic planning can be done easily using the Strategic Planning Guide developed by STTI staff.

References
None.

Contact
katherine@stti.org
Purpose
The purpose of this presentation is to allow STTI chapter leaders an opportunity to build a budget that will work for their chapter's operations.

Target Audience
The target audience of this presentation is STTI chapter leaders.

Abstract
Your chapter's finances will determine almost every move the chapter makes in delivering services, programs, and benefits to your membership. But often the budget isn't properly put together, or isn't reviewed frequently enough to ensure that the chapter has the funds to operate on a sustainable scale each year.

This session will allow attendees to:

- Learn the types of income and expense to include in your annual chapter budget. In addition to discussing the types of chapter-specific expenses that may occur and be detailed in your Policy and Procedure Manual, such as offering membership subsidies or grants, the STTI chapter bylaws requirements will be discussed to help address expenses that include:
  - Sending a delegate to the in-person House of Delegates sessions at each biennial convention. Will the chapter pay for only registration costs, or will there be travel costs provided, as well? If the chapter does not have representation at the House of Delegates, the chapter will still be charged the cost of registration, so that amount must be included in the budget.
  - Purchasing additional insurance that may be needed in addition to the insurance provided by STTI for basic chapter operations

- Complete a budget worksheet to take back to the chapter to discuss at the next board meeting.

- Discuss the importance of reviewing the budget at every meeting, to ensure that the chapter remembers the action goals they've determined based on their income, and how to react if any unexpected expenses occur.

STTI staff will also review the chapter check schedule, so chapters know when to expect the membership dues to be returned to the chapter. STTI chapter resources will also be shared and discussed, and there may be an opportunity to ask other financially-based questions, or set up a time to discuss them with staff at a future date.

*This session is not eligible for continuing nursing education credits.

References
None.

Contact
jessica@stti.org
D 01 - CHAPTER SESSION: It All Starts With “HELLO”

Sabrina Collins-Christie, BA, BS, USA

Purpose
The purpose of this presentation is to help association leaders develop an effective introduction.

Target Audience
The target audience of this presentation is association leaders.

Abstract
As mentioned in the Society Pride and Awareness Recruitment Kit, chapters need to continually generate awareness to recruit, invite, and induct eligible candidates while engaging established members in a specific way to ensure that they renew their membership each year. All of these above components will need to be in constant motion for your chapter to create a truly successful and long-lasting membership experience for its members. This can be achieved by understanding the phases of the membership lifecycle.

Phase 1 of the membership lifecycle is the introduction. The purpose of an introduction is to familiarize the community with your chapter’s values and initiatives. When used effectively, the introduction provides potential members with an understanding of the mission of your organization and how your local chapter can serve them during their nursing career. This outreach ensures that individuals can make informed decisions about joining when the time comes. Chapter members need to be able to adequately state who the chapter is and what it offers through membership and involvement. In addition to knowing basic-level information about your chapter, members should be able to speak knowledgeably about the value of belonging to it. One easy way to succinctly state this information is to develop a value proposition statement. A value proposition is a short, clear statement of the concrete results a potential member will get from investing in your chapter. A strong value proposition speaks directly to your target audience and creates interest so that your prospects ask questions and want to learn more. Attendees of this session will use the “Developing a Value Proposition” Worksheet to work on the components of a value proposition statement for their personal chapter experience. This session will also discuss some tips and ideas to help create awareness in the community, and provide attendees an opportunity to share their personal best practices with the rest of the group.

References
None.

Contact
sabrinah@stti.org
D 02 - CHAPTER SESSION: Not Just an Invitation: Guidelines for Planning an Induction

Katherine Rogers, BA, USA

Purpose
The purpose of this presentation is to demonstrate how induction prepares new members for the rest of their membership journey.

Target Audience
The target audience of this presentation is leaders of association chapters who induct candidates to become new members.

Abstract
Induction is a special time for the candidates of your organization's chapter, because your group is embracing this individual who has dedicated his or her time and energy to obtaining an invitation. This is also a special time for the chapter because new members bring new enthusiasm and energy into the group. When the candidate is emotionally inspired during the induction phase of the Membership Life Cycle, he or she is more likely to get involved in chapter activities — and therefore more likely to renew his or her membership and continue through the cycle. This session will walk through the components that will make your induction successful before, during, and after the event takes place.

While the chapter volunteers are planning the upcoming ceremony for the induction, the chapter should plan a Prospective-Member Meeting prior to induction. This meeting, for eligible candidates who will be receiving an invitation to join, is an important opportunity to make your chapter shine and build excitement for induction. It also allows future members to ask questions and have a full understanding of what to expect from the ceremony and chapter membership. To plan the Prospective-Member Meeting, the chapter board should print and use the "Prospective-Member Meeting Checklist," which will be discussed during the session. This list asks chapter volunteers to work together to establish tasks, deadlines, and assigned responsibilities to various volunteers and board members.

There will also be tasks assigned to volunteers after the induction takes place, to ensure your new members get involved right away.

Attendees will have an opportunity to ask questions and share best practices related to their nonprofit chapter experiences. Resources will be provided from the Society and Pride Awareness Recruitment Kit, developed by staff in the constituent services center, who have years of experience in training volunteer chapter leaders.

References
None.

Contact
katherine@stti.org
D 03 - CHAPTER SESSION: Will Your Members Say “I Do” to Chapter Events?

Michelle Coburn, BA, USA

Purpose
The purpose of this presentation is to provide event-planning resources that are helpful in a wide variety of association chapters.

Target Audience
The target audiences of this presentation is association leaders who plan events for the chapter.

Abstract
When association leaders are planning an event for the members of their chapter, there are a lot of components that are accidentally overlooked or not accounted for in the planning and budgeting process. One way to ensure everything is accounted for when it comes to events, is to treat each event as if it were a wedding! Weddings come in all sizes, and they also vary in the degree of formality, but there is still a high level of thought and planning that goes into each one. Chapter events are the same way!

When a couple is planning their wedding, they will sit down together and determine:

- What is the budget for this event? How will we make sure we stay on track with this budget?
- What date and time will this take place?
- Who is invited? How will they RSVP, and how soon do we need the count of attendees? Will we remind them to RSVP?
- What venue will work for the number of people who are invited?
- What is the attire?
- Will anyone give a speech?
- Will there be appetizers, drinks, and/or a full meal served to attendees?
- Will there be any gifts given to those who attend?
- Do we need a photographer, a DJ, decorations, or flowers?
- Will we provide a website that includes all the details?
- How quickly can we follow up to thank those who attended or provided donations to make sure the event was a success?

If a chapter asks similar questions of board members during a strategic planning meeting, they can help ensure the success of their events! They can also work to assign responsibility to volunteers, and periodically check on the budget to make sure there won't need to be cuts. This session will also provide some event-planning resources, provided by an event planner, to help chapter leaders get started in planning their own “wedding”!

References
None.

Contact
michelle@stti.org
Purpose
The purpose of this presentation is to show leaders of STTI chapters how they can start over and help their chapter move forward.

Target Audience
The target audience of this presentation is STTI chapter leaders.

Abstract
Do you find that your chapter volunteers complete an action, event, or program because “that’s the way we’ve always done it”? Settling into a rigid routine can make for a stale chapter experience for your members, and a stale volunteer experience for the chapter's leaders. Your members' needs morph, and your chapter needs to do the same. This session will show your leaders how to start fresh and create a successful, sustainable chapter!

The presentation will use the STTI chapter bylaws as a starting point in the strategic planning process. Do you know what the basic requirements are that the chapter needs to achieve each year? This includes providing two events or programs that meet the mission and vision of STTI, and inducting eligible candidates at least once per year. How can you build on these minimum requirements to create the ideal experience for the members of your chapter? How can you create the ideal volunteer experience for chapter leaders? Will the chapter be sustainable beyond your term? Determining member needs, and setting goals and a budget to meet those needs, as well as who is responsible for achieving these goals, will get the chapter on the path to rebooting and becoming more sustainable.

Staff will also use the Chapter Sustainability Model to give chapter leaders a good plan of how to use your momentum from the strategic planning phase to work your way up to retention and renewal efforts that will keep your chapter going for years to come. Please come to this session with an open mind and a willingness to try something new for the benefit of your members.

*This session is not eligible for continuing nursing education credits.

References
None.

Contact
jessica@stti.org
jenny@stti.org
E 01 - CHAPTER SESSION: Creating a Positive Public Presence

Michelle Coburn, BA, USA

Purpose
The purpose of this presentation is to share best practices in publicizing your chapter.

Target Audience
The target audience of this presentation is association leaders.

Abstract
In order to create a chapter that is sustainable beyond one leader's term, volunteer leaders can use the Chapter Sustainability Pyramid. Each level of the pyramid builds upon the one below it. If the chapter follows the whole model, they will be more successful in the long run:

- Understanding your organization's mission and values
- Strategic planning
- Member Communications
- Member Involvement
- Pride and Publicity
- Recruitment and Retention

Publicity is the deliberate attempt to manage the public's perception of your chapter. Publicity is different from your member communications because it is meant to generate awareness about the chapter and STTI among nonmembers while increasing current members' pride.

Publicity can also be unintentional. Word of mouth is one of the most powerful tools to help showcase your chapter's events and achievements. Successful chapter initiatives inspire members to share with their friends and colleagues who aren't members, resulting in those people being more familiar with and excited about your chapter. This increases the likelihood of those individuals seeking out and accepting an invitation to join.

Chapter pride grows as a result of positive publicity because members feel that their membership is recognized and valued in the community. To get the word out, chapters should gather volunteers who are interested in the tools needed to publicize the chapter, such as social media and websites. This will make up the publicity committee.

Your publicity committee will also have a great influence in building the chapter's reputation in the community, where members are working. Creating value in the workplace for your organization will instill greater satisfaction and pride among members and will open up the group to clinically based partnerships that can increase your chapter's vitality.

This session will walk through the skill set needed to serve on a publicity committee, as well as the tools and timelines that will allow the committee to be successful in managing the public's perception of the chapter.

References
None.

Contact
michelle@stti.org
E 02 - CHAPTER SESSION: Why Did They Say “No”?

Sabrina Collins-Christie, BA, BS, USA

Purpose
The purpose of this presentation is to educate association chapter leaders on the importance of following-up with candidates who do not accept your invitation.

Target Audience
The target audience is association chapter leaders.

Abstract
Induction is a special time for the candidate because your association's chapter is embracing this individual who has dedicated his or her time and energy to obtaining an invitation. This is also a special time for the chapter because new members bring new enthusiasm and energy into the group. However, there will be a percentage of candidates who decline the invitation, or who do not respond at all. Does your chapter know what your acceptance rate is? Has it increased or decreased in the last few years? Do you know how you can increase it?

Understanding why candidates decline your invitation can allow the chapter to make changes to the recruitment and induction processes in order to positively influence the acceptance rates for your chapter.

This session will use the Society Pride and Awareness Recruitment Kit to address:

- The chapter's recruitment efforts. Did you reach your potential candidates early and often enough?
- Did you create awareness among nonmembers effectively?
- Did you host a Prospective-Member Meeting to address expectations of candidates?
- Was the invitation effective?
- How can you follow-up with those who said "no" or "maybe" to see why they did not accept? Via email survey, telephone, or mailed card?
- Who is responsible for ensuring these actions are taken?

Attendees will complete an activity to determine survey questions that can be sent to those who did not accept their invitation, and learn the best practices to put in place in your retention and induction processes to continue to increase your acceptance rate. Once you have the survey delivered to those candidates, you can address the issues that were raised and re-invite those candidates (and make changes to chapter operations moving forward).

This session will use the Society Pride and Awareness Recruitment Kit as a baseline resource for recruitment and induction processes of association chapter leaders.

References
None.

Contact
sabrinah@stti.org
E 03 - CHAPTER SESSION: Adding Incentive: How to Offer Continuing Nursing Education Credits

Matthew S. Howard, MSN, RN, CEN, CPEN, CPN, USA

Purpose
The purpose of this presentation is to explain the process of how to offer continuing nursing education credits at events and offer tips for success.

Target Audience
The target audience of this presentation is nursing leaders who wish to offer continuing nursing education credits at chapter events.

Abstract
Lifelong professional development consists of planned learning experiences designed to augment ones’ knowledge, skills or attitudes. In today’s world of high and low tech education, opportunities for augmenting a nurses’ knowledge and attitude vary. We will discuss the process to provide continuing nursing education (CNE) through international accrediting bodies. We will also compare the pros and cons of some of today’s current CNE opportunities in an attempt to define what type of education is best working for the bedside nurse.

References
None.

Contact
matthew@stti.org
E 04 - CHAPTER SESSION: Amending Your Charter to Add a Practice Setting

Jenny Hoffman, BS, USA  
Amy Wall, BS, USA  
DeShawn Easley, BA, MBA, USA

Purpose
The purpose of this presentation is to share the process chapters will take to amend their charter to add a practice setting.

Target Audience
The target audience of this presentation is STTI chapter leaders who have an interest in expanding their chapters into a clinical setting.

Abstract
During the 2015 Biennial Convention House of Delegates, STTI chapter delegates voted to approve a new chapter model. The combined academic-practice at-large chapter model is an innovative chapter model that accelerates STTI's ability to meet its vision and mission. The new model allows for the development of a chapter within a practice setting in conjunction with an established or newly established chapter within a traditional academic setting. The new model is consistent with STTI's vision: "...to be the global organization of choice for nursing” as the majority of STTI members worldwide work in practice, rather than academic, settings. The new model is consistent with STTI's mission: "...advancing world health and celebrating nursing excellence in scholarship, leadership, and service." The clinical chapter model will increase the ability of STTI to realize its vision and mission with increased proximity to patients and/or clients and healthcare delivery. The requirement that chapters in practice centers be affiliated with an academic chapter (or chapters) as part of an at-large status encourages cross-collaboration and partnerships among administrators, clinicians, educators, and researchers. Both academic and practice settings can benefit from the partnership. More and more, fruitful research, clinical practice developments, and educational innovations are occurring in both settings.

The academic-practice at-large chapter model is consistent with STTI's strategic plan to be “intentionally global,” as this model offers increased opportunities for global development where STTI has yet to penetrate the market. In some countries, nursing education programs are embedded within hospital systems, making a practice-based chapter a viable option for them.

The academic-practice at-large chapter model offers additional opportunities to optimize STTI member recruitment and retention. Today’s practice settings are home to expert nurse leaders, clinicians, educators and researchers who are engaging in the scholarship of discovery, teaching, application, and integration. The partnering of academic and practice-based chapters will offer novel strategies for member recruitment and retention across the span of one’s career.

All new chapter charters and charter amendments must follow the process as outlined by STTI headquarters. The members of the chapter development team will be available to explain this process and answer questions that your chapter may have about changing your charter to allow for the addition of a practice setting.

*Not eligible for continuing nursing education contact hours

References
None.

Contact
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amy@stti.org
F 01 - CHAPTER SESSION: Helping Your Hashtags: Publicity Via Social Media

Michelle Coburn, BA, USA
Kailee Bennett, BA, USA

Purpose
The purpose of this presentation is to share the benefits social media can bring to association chapters.

Target Audience
The target audience of this presentation is nonprofit chapter leaders.

Abstract
Your chapter will create awareness of your name and activities through publicity, which is the deliberate attempt to manage the public’s perception of your chapter. Publicity is different from your member communications because it is meant to generate awareness about the chapter and STTI among nonmembers while increasing current members’ pride.

According to the Chapter Sustainability Pyramid, chapter pride is the emotional connection members have with their chapter and the organization. Chapter pride grows as a result of positive publicity because members feel that their membership is recognized and valued in the community. Pride is a powerful motivator in any organization, and can have a large impact on recruitment and retention.

Nonprofit chapters can help build pride by using publicity to create a positive public image. This image will be particularly important in members’ workplaces, where they wish for their employers to understand the importance of belonging to professional organizations. Social media is one of the free tools that chapters can use for publicity purposes.

According to wearesocial.net, social media isn’t a passing trend:
- There are just over 3 billion active Internet users
- Nearly 2.1 billion people have social media accounts
- 3.65 billion mobile users have access to the internet via smartphones and tablets
- Close to 1.7 billion people have active social media accounts

This means that social media sites such as Facebook, LinkedIn, and Twitter, still provide opportunities to connect people with each other and allow nonprofit chapters an avenue to share their successes, events, and more.

Once chapters determine which site(s) they are going to use to publicize their activities, they should ensure they have a plan in place about how each platform will be used. According to commsaxis.com, "But it isn’t enough to muddle along posting random content at random times. In order to make social media work for you, you need to approach social media seriously and strategically." The importance of developing a strategic communication plan continues to grow as the chapter grows.

References

Contact
michelle@stti.org
kailee@stti.org
F 02 - CHAPTER SESSION: Establishing Expectations With a New Member Orientation

Sabrina Collins-Christie, BA, BS, USA

Purpose
The purpose of this presentation is to prepare nonprofit chapter leaders with the tools and information they need to successfully host a New Member Orientation.

Target Audience
The target audience of this presentation is nonprofit chapter leaders.

Abstract
Using "A Chapter's Guide to Successful Recruitment," a booklet developed for chapter leaders of the Honor Society of Nursing, Sigma Theta Tau International (STTI), the membership lifecycle explains that both recruitment and retention start well before members join a chapter. There are four phases explained in the guide:

1. Make an Introduction
2. Recruit New Members
3. Induction
4. Orientation

Phase 4, Orientation, is the focus of this session. The orientation phases tells chapters to capitalize on the excitement the new members feel after induction by immediately asking them to attend the new member orientation session and other upcoming activities and opportunities for involvement. Members who are involved in chapter opportunities right away and much more likely to retain their membership each year when it comes time to renew.

Before you host an orientation, you will need to determine how many new members to invite. New chapter members can be classified into three categories:

1. Those recently inducted.
2. Those who recently transferred into the chapter.
3. Those recently reinstated after a period of inactivity.

The chapter's orientation could be virtual, in person, or both. Depending on needs and membership segments, the chapter may have more than one event or session to adequately orient members to the complete chapter experience. To effectively plan this event, there are a series of questions that chapter leaders need to ask during their planning meetings. This session will discuss those questions.

Continuing in "A Chapter's Guide to Successful Recruitment," the orientation should occur shortly after the induction ceremony, scheduled far enough in advance that members should have time to prepare or take off work. Start with an icebreaker to energize the group and create an open environment for participants to get to know one another. Sample getting to know you activities and ideas will be shared.

This session will also address the tasks that need to be completed after the orientation, to follow-up with members and ensure their continued involvement. Attendees will have an opportunity to provide their own advice and ideas, as well as ask questions.

References
None.

Contact
sabrinah@stti.org
Purpose
The purpose of this presentation is to share the best practices nonprofit chapter leaders can use in communicating with their membership.

Target Audience
The target audience of this presentation is nonprofit chapter leaders.

Abstract
This session will use the Chapter Sustainability Pyramid model, developed by the constituent services staff at the Honor Society of Nursing, Sigma Theta Tau International (STTI), to explain how member communications are an integral component of a sustainable chapter.

The pyramid levels build upon each other. Each level must be completed in order to reach the top - where recruitment and retention are achieved.

- **Your organization's mission and values** - The foundation of the pyramid reminds us of the long-term direction of the organization. For example, the mission of the Honor Society of Nursing, Sigma Theta Tau International, is advancing world health and celebrating nursing excellence in scholarship, leadership, and service. The values are love, courage, and honors. So, chapters of STTI would use this mission and values as the foundation for all chapter activities.

- **Strategic planning** - Once you understand the mission and values, it is time to put a plan together to determine how the chapter will uphold the mission and values. Strategic planning allows the chapter board to set goals and an action plan based on those goals. The action plan will determine which volunteers are responsible.

- **Member Communications** - The aim of member communications is to increase awareness and make members feel included. This session will explain how diverse methods can help you reach the appropriate audience based on your message.

- **Community and Member Involvement** - Now it is time to involve chapter members in a specific way and continue building the relationship between the chapter and its membership.

- **Pride and Publicity** - Chapter pride, the emotional connection members feel with the chapter, grows as a result of positive publicity, the deliberate attempt to manage the public's perception.

- **Volunteer for Leadership** - Members of the Leadership Succession Committee have an easier time filling the ballot when interacting with members who are proud and excited. Ensure that all roles are clearly defined so you can highlight members' unique skills and how you believe they will be an asset to those roles.

- **Recruitment and Retention** - If the lower levels of the pyramid are in place, momentum will build to successfully execute chapter recruitment activities and retention efforts.

References
None.

Contact
katherine@stti.org
F 04 - CHAPTER SESSION: Laidback Leadership: Technologies to Make Your Life Easier

Julie Jones, MS, RN-BC, USA

Purpose
The purpose of this presentation is to explore the technologies provided to STTI chapter leaders to help with their leadership role.

Target Audience
The target audience of this presentation is STTI chapter leaders.

Abstract
STTI offers many tools to save you time in your chapter leader role. This session will tour these technologies and offer tips to make your life easier.

- Discover the free tools offered by STTI to help you in your chapter leader role. This includes:
  - Chapter Website - The template is already available for all chapter leaders, who are listed as the site administrators so they can make changes as needed on their chapter’s site.
    - A discussion forum that your members are subscribed to, meaning they will receive an email with that discussion.
    - A library
    - Event calendar
    - List of chapter leaders
    - Areas for chapter news and items of importance for members AND nonmembers
    - Chapter-specific URL that allows chapters to use the link in member and nonmember communications (http://chaptername.nursingsociety.org)
  - Chapter Management System:
    - STTIconnect newsletter editor
    - Roster Report Tool
    - Print-on-Demand System, where you can order professionally designed brochures, cups, pens, and other items with the STTI logo and a place for your chapter information.
  - All Chapter Officers workgroup in The Circle
    - A library of resources, by topic and by position. This includes the induction PowerPoint and script, samples and templates such as policies and procedures, posters you can fill-in with event information, renewal reminders, invitation letters, event checklists, the STTI logo, and much more.
    - An event calendar of upcoming webinars and dates of importance to leaders
    - A discussion forum that all STTI leaders are subscribed to, giving chapter leaders the ability to ask other chapter leaders for advice/ideas.

- Discuss additional tools and ideas to save you time and energy

Attendees will also have an opportunity to share tools and technologies that they have found helpful in their role as an STTI chapter leader.
*This session is not eligible for continuing nursing education contact hours.

References
None.

Contact
sttijulie@gmail.com
CHAPTER SESSION: Charm and Captivate With Chapter Recruitment Events

Sabrina Collins-Christie, BA, BS, USA

Purpose

The purpose of this presentation is to share ideas, tools, and tips for chapter recruitment events.

Target Audience

The target audience of this presentation is association chapter leaders who invite and induct eligible candidates into their chapter.

Abstract

According to Marketing General Incorporated's 2015 Membership Marketing Benchmarking Report, the average membership association has a first-year renewal rate of about 60%. For the Honor Society of Nursing, Sigma Theta Tau International, chapters have an average first-year retention rate at 50%. The need to increase the retention and acceptance rates for chapters is very large. Chapters need the larger pool of volunteers to advance their goals and objectives, as well as the renewal funds to help pay for their initiatives.

Retaining members actually starts with the recruitment phase. When a relationship is formed with the chapter, the candidate is more likely to accept and get involved right away, and therefore more likely to renew their membership. However, many nonprofit chapters - including 35% of STTI chapters - do not try to form a relationship with candidates until they are issuing an invitation to join.

Chapters need to continually generate awareness to recruit, invite, and induct eligible candidates while engaging established members in a specific way to ensure that they renew their membership each year. All of these above components will need to be in constant motion for your chapter to create a truly successful and long-lasting membership experience for its members. To help, STTI staff developed “A Chapter’s Guide to Successful Recruitment,” which walks through the first four phases of the Membership Lifecycle:

1. Make an Introduction
2. Recruit New Members
3. Induction
4. Orientation

This session will focus specifically on Phase 2 - Recruit New Members. Recruitment is the process of attracting, selecting, and orienting qualified candidates. The goal is to have well-educated candidates who are likely to accept invitations to join and become long-term honor society members. Members are the reason why organizations such as STTI exist, so inducting and keeping members truly engaged early in the relationship is critical for chapter survival.

References

None.

Contact

sabrinh@stti.org
G 02 - CHAPTER SESSION: Amending Your Charter to Add a Practice Setting

Jenny Hoffman, BS, USA
Amy Wall, BS, USA
DeShawn Easley, BA, MBA, USA

Purpose

The purpose of this presentation is to share the process chapters will take to amend their charter to add a practice setting.

Target Audience

The target audience of this presentation is STTI chapter leaders who have an interest in expanding their chapters into a clinical setting.

Abstract

During the 2015 Biennial Convention House of Delegates, STTI chapter delegates voted to approve a new chapter model. The combined academic-practice at-large chapter model is an innovative chapter model that accelerates STTI’s ability to meet its vision and mission. The new model allows for the development of a chapter within a practice setting in conjunction with an established or newly established chapter within a traditional academic setting. The new model is consistent with STTI’s vision: “…to be the global organization of choice for nursing” as the majority of STTI members worldwide work in practice, rather than academic, settings. The new model is consistent with STTI’s mission: “…advancing world health and celebrating nursing excellence in scholarship, leadership, and service.” The clinical chapter model will increase the ability of STTI to realize its vision and mission with increased proximity to patients and/or clients and healthcare delivery. The requirement that chapters in practice centers be affiliated with an academic chapter (or chapters) as part of an at-large status encourages cross-collaboration and partnerships among administrators, clinicians, educators, and researchers. Both academic and practice settings can benefit from the partnership. More and more, fruitful research, clinical practice developments, and educational innovations are occurring in both settings.

The academic-practice at-large chapter model is consistent with STTI’s strategic plan to be “intentionally global,” as this model offers increased opportunities for global development where STTI has yet to penetrate the market. In some countries, nursing education programs are embedded within hospital systems, making a practice-based chapter a viable option for them.

The academic-practice at-large chapter model offers additional opportunities to optimize STTI member recruitment and retention. Today’s practice settings are home to expert nurse leaders, clinicians, educators and researchers who are engaging in the scholarship of discovery, teaching, application, and integration. The partnering of academic and practice-based chapters will offer novel strategies for member recruitment and retention across the span of one’s career.

All new chapter charters and charter amendments must follow the process as outlined by STTI headquarters. The members of the chapter development team will be available to explain this process and answer questions that your chapter may have about changing your charter to allow for the addition of a practice setting.

*Not eligible for continuing nursing education contact hours

References

None.

Contact

jenny@stti.org
amy@stti.org
G 03 - CHAPTER SESSION: SOAR to Success!

Jessica Wendorf, BS, CAE, CNP, USA
Katherine Rogers, BA, USA

Purpose
The purpose of this presentation is to provide advice for chapter leaders to develop a strategic plan for the chapter.

Target Audience
The target audience of this presentation is chapter leaders.

Abstract
As explained in the Chapter Sustainability Pyramid, strategic planning is the process that determines where a chapter is going over a specified period of time and how it is going to get there. Implementing a strategic plan will determine how your chapter, chapter leaders, and members are going to carry out the mission and values of the organization locally. This plan will also ensure that all leaders understand how the goals help to create the ideal membership experience for their members, and assign responsibility of tasks to specific volunteers. With all the chapter leaders agreeing to the future of the chapter, there is less of a chance for confusion on responsibilities.

This session will use the Strategic Planning Guide, created by the chapter services staff at the Honor Society of Nursing, Sigma Theta Tau International (STTI) as a framework for the conversation, which will help attendees understand how to develop a strategic plan for their chapter. The Strategic Planning Guide follows these steps for strategic planning:

- **PREPARE**
  - Gather your TEAM
  - Develop your chapter goals
  - Understand the Purpose & Make an overall timeline
  - Understand who you are

- **BRAINSTORM**
  - Complete your SOAR analysis
    - What are our strengths?
    - What are our opportunities?
    - What is our preferred future? (aspirations?)
    - What are the measurable results that will tell us we’ve achieved that vision of the future?

- **COMPLETION**
  - Create the chapter strategic plan
  - Approval of Plan
  - Implementation (Action planning)
  - Review
  - Accountability

Samples and resources will be shared, and attendees will have an opportunity to share their own best practices and tools in creating a strategic plan for their chapter or organization.
This session will also remind attendees of the importance of setting goals that are based on member needs, and not the desires or passions of the board members. This will ensure that members are engaged and involved in the chapter, and that the chapter is sustainable beyond the term of the current leaders.

References
None.

Contact
jessica@stti.org
katherine@stti.org
G 04 - CHAPTER SESSION: Recruitment and Retention Using Your Chapter Website in The Circle

Michelle Coburn, BA, USA

Purpose
The purpose of this presentation is to show STTI chapter leaders how to use the chapter website provided to them by STTI.

Target Audience
The target audience of this presentation is STTI chapter leaders.

Abstract
The Circle, the professional networking platform for the Honor Society of Nursing, Sigma Theta Tau International (STTI), is a powerful tool that allows each STTI chapter an opportunity to recruit and retain members through their chapter website. The chapter website template is set up and ready to go, and each chapter's leaders have administrative access to make changes to the site. Members are subscribed to their chapter's discussion forum, so it also provides a great tool to communicate with members on a frequent basis, through a secure platform.

This session will show the standard chapter template that is used by every chapter, and focus on making quick updates to your site, as well as how to use it to provide meaningful content to your members.

- Learn the basic functions of editing your chapter website, including:
  - Adding chapter news items
  - Adding events to the chapter calendar
  - Adding content to the library, and examples of content that members might be interested in
  - Adding discussions to the forum, which your members are subscribed to, meaning they will receive an email when content is posted there
  - Updating the chapter welcome message to include chapter-specific information and/or photos
  - Sending contact requests to members of the chapter through the chapter directory feature

- Discover how to use the platform to provide benefits to your members and information to nonmembers
  - Content for members could include recorded programs, journal club, YouTube videos, applications, newsletters, and much more
  - The “About Us” pages are open to the public, which can be great for recruitment efforts. This includes the chapter leader page, which shows who the listed leaders of the chapter are, so nonmembers know who to reach out to for more information.

*This session is not eligible for continuing nursing education contact hours.

References
None.

Contact
michelle@stti.org
Research Oral Presentations (Oral only)
Teaching Financial Literacy: Preparing Future Nurse Executives

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Purpose

to describe the implementation and outcomes of a fiscal management and budget course designed to prepare graduate nurses for executive leadership roles.

Target Audience

faculty and coordinators in graduate programs preparing nurses to assume executive leadership and management roles.

Abstract

Faculty teaching in a graduate level nursing and health care management program in a major Midwest university discovered a significant gap between the finance course and the competencies expected of practicing nurse executives. Feedback from students and faculty revealed concerns about the depth and breadth of knowledge gained from the nursing finance course and students’ abilities to apply financial concepts in other courses and in the practice environment. Many students struggled with course assignments in elective business courses with intense finance foci. Further, students and faculty expressed an interest in moving the course from a face-to-face traditional classroom learning environment to distance delivery.

In response to these concerns, a three-credit hour, 15-week course was designed to increase the financial literacy of students enrolled in nursing and health care management. The course was offered 100% online with both synchronous and asynchronous learning activities to increase faculty and student presence, promote student engagement, and support active learning.

Competencies identified by the American Organization of Nurse Executives and the Essentials of Master’s Education in Nursing presented by the American Association of Colleges of Nursing guided this course redesign. The role of the graduate prepared nurse leader requires the ability to integrate and communicate regulatory, budgetary and business planning language and skills. Talley (2013) concluded: “Today’s health care professional is increasingly impacted in numerous and profound ways by health care reform. Patient safety priorities, quality outcome initiatives, and financial accountability are more imperative than ever” (p. 82). As such, familiarity with basic language and tools of regulatory, budget and planning concepts is quintessential to the nurse executive’s success and job satisfaction.

The course addressed three sections of study: the regulatory, financial and policy foundation of healthcare finance, health care accounting/budgeting principles and financial planning for health care projects. The course design encouraged group interaction using the language and tools of the current health care executive through web-based discussions, spreadsheet exchange and presentation. Content was presented online using videos, PowerPoint, discussions, web resources, literature reviews, and self-assessments. Students also learned to effectively use and integrate technology such as PowerPoint for slide presentations and Excel for budget preparation.

In section one, students were introduced to the regulatory, financial and health policy effects of the Affordable Care Act. Students applied this information via an integrated scholarly paper that analyzed a financial regulation of interest. Students became proficient in the use of financial, policy and applicable legal language through self-paced quizzes and discussion boards.

In section two, students acquired budgeting and variance reporting skills through the introduction of theory via reading, case study analysis, completion of spread sheets, discussion of variance reporting and budget formation. Students became proficient with the elements of accounting, variance analysis and budget completion via on line discussion board interaction with the faculty and students and self-paced quizzes. The budget component of the course culminated with students preparing a fifteen-minute
presentation on their prepared budget. The presentation was given in an on line virtual class room and integrated utilization of PowerPoint and Excel.

In section three, students were introduced to health care financial planning, research and market projection via the completion of a health care related business plan. This capstone project provided for students to synthesize and integrate theory and concepts in health policy/regulatory, accounting/budgeting, and financial/population forecasting into a guided format written business plan that was presented in using Blackboard Collaborate.

Student feedback has been overwhelmingly positive with 100% of participants responding that they learned valuable information from this course. 100% of the students passed the course with a B or higher. 91% earned an A. 100% of students taking the Budget and Fiscal Management Course concurrently with their Management Practicum utilized concepts of the Budget and Fiscal Course to reinforce professional journal writing for their management practicum. These students additionally choose practicum projects linking quality metrics to financial impact. Students felt as though they were well prepared for current and future work experience. They provided strong positive comments on course evaluations as well as extemporaneous correspondence with the faculty coordinator regarding their satisfaction with the course. One student opined, “This course flowed very well and was set up for maximum learning. The business proposal was a wonderful idea. The assignments all connected and will make a great template for future proposals.” Students’ preceptors agreed that providing the introduction of these concepts prepared students to “hit the ground running” and ask provocative financial questions.

Students who had not been in entry-level management roles prior to taking the course recommended a slower pace and exposure to an increased number of guided case study materials to enhance learning. This feedback provided faculty with information to integrate further case study analysis into the Health Care Management Practicum the following semester in order to achieve confidence with demonstrating value-based care through the utilization of balanced score cards and budget justification.

References

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**H 01 - Nursing Executive Leadership Skills**

**Action-Logics and the Impact of Leadership Maturity in Nurse Executives to Support Speaking up**

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**Purpose**

educate nurse leaders about the importance of increasing their own action-logic to improve their leadership effectiveness and ability to support nurses to speak up.

**Target Audience**

nursing leaders in administrative, clinical and academic settings.

**Abstract**

Health care organizations typically have a hierarchical structure, with physicians’ dominant and nurses subordinate. The challenge to open and honest communication between doctors and nurses is real, and communication errors contribute significantly to undesirable patient outcomes. Nurse executives (NEs) have a responsibility to help lead transformation of health care organizations to support nurses to speak up and communicate all critical information.

NEs are challenged to improve safety and quality, decrease costs and increase access to care. Combining health care expertise with business ability can support these goals. Rooke and Torbert found correlations between successful business leaders and postconventional action-logics, or world-views. Action-logics can be developed to make leaders increasingly effective.

The Magnet Recognition Program recognizes health care organizations that have achieved high quality care and excellence in nursing practice. The purpose of this study was to determine what action-logics the NEs demonstrate who have led their organizations to Magnet designation or re-designation in the Veterans Healthcare Administration. The study also sought to determine what actions NEs took to support nurses speaking up about their concerns, the barriers that impede those efforts, and the sources of influence these NEs implemented to support nurses speaking up. This exploratory study used a mixed methods design and each participant completed the Maturity Assessment Instrument (MAP) and an interview.

The study demonstrated, in contrast with other business leaders, that conventional action-logic was sufficient for the NE to bring an organization to Magnet status. However, the study found specific limitations those possessing conventional action-logic have to support speaking up, and that those possessing postconventional action-logic have transcended these limitations. This strength of the postconventional action-logic is very important to support speaking up in health care. The use of multiple sources of behavioral influence by Magnet NEs was confirmed, as was the existence of a culture of organizational silence. Multiple speaking up behaviors were required to address every single barrier encountered to speaking up, and strong emotion routinely accompanied speaking up. The absence of sources of behavioral influence in an organization was determined to be a barrier to speaking up.

**References**


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Purpose
The purpose of this presentation is to introduce the ADAPT model and how it can be implemented in any STTI chapter. Details of the ADAPT workshop will be presented and a summary of how this model was delivered in one chapter within STTI will be discussed.

Target Audience
The target audience of this presentation is STTI chapter level board of director members, succession committee members, recruitment counselors and the general membership interested in learning about leadership tools and skills.

Abstract
Nurses in Professional Nursing Associations (PNA) are representing the profession in education, practice and administrative positions that speak for the discipline’s role in today’s evolving healthcare environment. The PNA leaders have traditionally taken the responsibility to lead the nursing discipline. The Institute of Medicine put out a report in 2010 that recommended nurses provide for more leadership opportunities within its membership because they are a large part of the workforce. Nurses should be active in the leadership that impacts the change-taking place in healthcare. Nurses have to become change agents to advocate and represent the public and discipline in today’s healthcare environment.

Today’s affective leaders are seen as change agents that challenge the status quo processes (Kouzes & Posner, 2012). Kouzes and Posner postulate that leadership is learned and that there are useful tools to provide the behavior skills necessary to become good leaders. The transformational leader and leadership framework is the tool of choice for providing this type of training because it lends itself more readily to change processes. Preparing to meet the expanding role and decision-making power within nursing practice must be led by nursing. The PNA leadership needs are growing and succession planning is paramount.

The PNA leadership has to increase and be sustained to continue to represent the discipline of nursing. Leadership development is encouraged to help future nurse leaders engage in activities within Professional Nursing Associations. The nursing associations and organizations are being asked by the IOM to increase the number of nurses prepared for leadership roles as major stakeholders in the future of healthcare. A leadership project model called Association Development and Professional Transformation (ADAPT) was designed to create leadership expansion opportunity for nurses in a workshop format. This presentation will introduce the components of the ADAPT workshop. The ADAPT workshop includes two categories of participants based on novice and experienced mentor status. The workshop participants start off by taking a Leadership Practice Inventory (LPI) by Kouzes and Posner. This LPI is a 30-item self-assessment tool for leadership behavior characteristics. It is used with the model to help in assessing leadership readiness and behaviors. It gives an evaluation of the leadership attitudes and helps to determine further development strategies. Another large part of the project was a mentoring phase. Participants are paired with a past leader-mentor who can share information, model the way, inspire and encourage the heart for transformational leadership practices and STTI board positions.

The presentation will outline the components of the ADAPT model workshop and show that the implementation of ADAPT can significantly increase the leadership awareness and attributes of Professional Nursing Association members. It is also hoped that the benefits afforded by a formal method of Leadership preparation availability in the professional nursing association encourages board position considerations. The professional nursing association and its leaders shoulder a responsibility to provide for members’ personal professional development and growth. The focus on growing future leaders help to ensure that there is succession and vitality for current leadership. The networking and association
engagement offers members opportunities to become active and exhibit membership pride. With this model nurses are taking the charge to lead our discipline with leadership preparation to guide the next generation into current and future healthcare environments.

Attendees will gain a better understanding of transformational leadership practices within professional nursing associations that serve to foster personal satisfaction and growth. Through the ADAPT model the nurse members will become empowered to become leaders in the organization answering the IOM call to expand nursing leadership.

References

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H 02 - Using Leadership to Enhance Chapter Development
Chapter Development Through the Implementation of a Student Leadership Intern Position

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Purpose

to describe the value of student leadership Interns in promoting chapter development.

Target Audience

STTI Chapter Leaders, Student Members, Chapter Members

Abstract

Student internship in the Delta Xi chapter of Sigma Theta Tau (STTI) addresses goals of developing member leadership and service. The position is open to undergraduate or graduate students who are members of Delta Xi. Applicants are selected by the Chapter Board of Directors based on submission of an essay, curriculum vitae, and two letters of reference. For the 2015-2016 academic year, Delta Xi selected two Student Leadership Interns to work as a pair to complete the responsibilities of a student intern. Interns receive a $500 scholarship in addition to costs associated with attendance at the STTI Biennial Convention or Leadership Institute. Students Interns can also participate in chapter activities by assisting committees in planning events such as Induction. Interns actively participate in chapter activities, especially those related to member recruitment, attend board meetings, and implement a project that serves to further the chapter’s goals. Activities of the 2015-16 student interns included planning and providing informational sessions for prospective members, as well as developing and implementing a project that aligned with the goals of STTI. This year's interns project was to sponsor a Nursing Mobile Library through the International Council of Nurses. Each library is filled with new nursing books send to nurses and nursing students working in rural clinics, health centers, and refugee camps in Africa with the goal of assisting the chapter to meet their global initiative. Student Interns have the ability to choose their own project and is then assisted by the executive board in the implementation. The outcome has been an increase in the number of student members inducted in the chapter and hosted multiple membership events focusing on students’ interests. In conclusion, student STTI interns serve a major role in developing a connection with the student population and encouraging professional development of student members in STTI.

References


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Purpose

The purpose of this presentation is to educate nursing faculty to effectively integrate technology into their teaching through the use of PDA, to provide students with classroom and clinical experiences, to increase evidence-based practice and decrease medication errors by making relevant information available right at the point-of-care.

Target Audience

The target audience of this presentation is nursing students, nurses, clinical instructors, nursing faculty, and administrators.

Abstract

Purpose: The purpose of this evidence-based pilot study was to determine if nursing students could calculate medications in a case study with greater speed and accuracy using a personal digital assistant (PDA) compared to students using textbooks and a calculator thereby reducing medication errors. Medication errors are a major cause of harm to patients in health care settings and reducing medication errors is a main concern in today’s healthcare setting. Nurses are the main professionals involved in administering medications and administration is the part of the medication process with the least safeguards in place. Information technology, especially handheld technology (PDAs) used by nursing students can provide access to information to safely calculate medications.

Background/Significance: The Institute of Medicine's report on the safety of health care systems estimated that somewhere between 44,000 and 98,000 Americans die each year as a result of medication errors. This exceeds the number of people that die from motor vehicle accidents, breast cancer and AIDS. IOM estimates that medication errors result in at least one death every day in the United States and have stressed patient safety as a priority. They also conclude that it is not acceptable for patients to be harmed by the healthcare system that is supposed to offer healing and comfort—a system that promises, "First, do no harm." (IOM. 1999). The National Coordinating Council for Medication Error Reporting and Prevention (NCCMERP) reported that more than 106,000 hospitalized patients die and 2.2 million are injured every year by medication errors (NCCMERP, 1999). The IOM drew attention to the need for technology solutions that can make a difference in the ability of nurses to ensure safe, high-quality patient care emphasizing the area of medication administration (McKesson, 2004). The American Association of College of Nursing (AACN) recognized that technological advances are increasing opportunities to improve the quality of, and access to, nursing education (AACN, 2002). Additionally, the Board of Governors of the National League for Nursing (NLN) in their position statement "Transforming Nursing Education" recommended nurse educators to effectively integrate technology into their teaching through the use of sustained, evidence-based practices, distance learning, simulation and Personal Digital Assistants (PDAs) to provide students with clinical experiences in diverse settings and to improve care provided to patients (NLN, 2005). Technology solutions, especially PDA technology, can make a difference in the ability of nurses to provide safe patient care in the area of medication administration, especially medication calculations by having access to the latest healthcare information. Health care professionals require access to ever-expanding knowledge, and PDAs or other handheld computer devices can serve as valuable tools for education, information storage and retrieval, and clinical practice (George et al., 2010). Using PDA technology at the point of care; by a bedside, in the community, in the office, or in a patient's home can reduce errors and promote patient safety. It provides a mobile platform whereby the nursing student or nurse can download various types of software and access information quickly that supports evidence-based nursing practice (Beard et al., 2011).

Methodology / Data Analysis: Rosswurm and Larrabee’s change model guided the study. The stages are similar to the nursing process and can be used in clinical settings by nurses and nursing students.
The six steps of this model are as follows: assess, link, synthesize, design, implement and evaluate, and integrate and maintain (Rosswurm and Larrabee, 1999).

Twenty undergraduate junior nursing students enrolled in the medical-surgical nursing course of a private School of Nursing in Northern N J served as the convenience sample. The participants were then given a case study with an attached medication administration record. Participants were instructed to reread the case study, complete the ten questions and sign off on the MAR just as they would in the clinical setting. The maximum allotted time was fifteen minutes. Students were encouraged to search any necessary information in the PDA to complete the questions in the case study. The participants were also allowed to use the calculator section of the PDA to calculate drug dosages. The investigator recorded each participant's completion time (from beginning to completion) on their case study. After completion of the case study, the students were asked to fill out a post evaluation form regarding their use of PDA technology. The comparison group was the same twenty students who use the PDAs to complete the case study. They were required to complete the same case study using textbooks and a calculator within the maximum allotted time of fifteen minutes after 4 months.

The two outcomes measured were accuracy and speed. Accuracy was determined from the 10 questions asked in the case study. Each correct answer received a score of 1, and each incorrect score was scored as 0, with a maximum score of 10. The speed was the time each student took to complete the case study, the maximum time allotted was 15 minutes. The groups are similar, since it was the same group used for the PDA exercise and textbook exercise to complete the case study. The t-test, a non-parametric test was used. The mean accuracy, mean speed, the standard deviation (SD), the t value, the degrees of freedom (df) and the level of significance (p value) were calculated.

The mean accuracy for the PDA group was 9.90 and 9.65 for the textbook group, df was 38 and p = 0.06. The level of difference between the means for the two groups was not statistically significant. However, the mean accuracy was higher by 0.25 in the PDA group compared to the textbook group. The mean speed was 7.25 minutes for the PDA group and 12.0 minutes for the textbook group, df was 38 and p = 0.0001. The level of difference between the means for the two groups was statistically significant. This may show that the group that used the PDA worked at a faster speed than the group that used the textbooks. The standard deviation for the two groups revealed that the participants' responses were similar to the mean.

Findings / Implications: Medication administration is a critical step, and the nursing student or nurse administering that medication must be able to perform this procedure safely. Medication administration is also performed frequently, which increases the chances for error, since it involves calculations. When medication information is available in a PDA, it can be retrieved easily, thereby reducing the incidence of medication errors. The results revealed that medication calculations may be done with greater speed using PDA technology compared to the traditional use of textbooks and a calculator. These outcomes are in concert with IOM's goal to provide safe medication administration.

Discussion: The use of handheld technology in the nursing curriculum would introduce students to the habit of using technology for safe practice. The rapid influx of mobile technology into nursing practice also dictates that nurse educators train current and future nursing students to deliver new strategies of care. This also provides an opportunity for nurse researchers to indulge in evidence-based research to confirm the effectiveness of these strategies in providing optimum health care (Melynk, 2012). This technology will eventually help the practicing nurse to spend more time on patient care and have access to the most current information. Health care employers are also expecting graduate nurses to have the latest information technology skills. Mobile devices like the PDA can open a door of lifetime learning, as students are capable of moving from one learning environment to another (Franklin, et al, 2007).

References
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H 03 - Using Technology to Reduce Sentinel Events

Missing Nursing Care Data that Represents Disruption to the Neutral Thermal Environment of Premature Neonates

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Purpose

The purpose of this presentation is to report limitations in documentation of data in EHR’s (e.g., incomplete clinical data) that effect the usability of these data for identifying nursing care procedures that occur in a NICU and as a data source for the conduct of research to enhance healthcare delivery.

Target Audience

The target audience of this presentation is persons interested in improving data quality that accurately represents care provided to patients.

Abstract

Problem Statement: Poor growth following premature birth is associated with lifelong neurological, motor, and cognitive deficits (Doyle & Anderson, 2014). Maintenance of a neutral thermal environment (NTE) is essential for energy balance to promote optimal growth of premature neonates (PN) (Hey, 1969; Mance, 2008). Although the disruptive effect of nursing care and other procedures has been acknowledged (Association of Women’s Health, Obstetric and Neonatal Nurses, 2014; Diego, Field, & Hernandez-Reif, 2008; Montes Bueno et al., 2005), researchers have only recently begun to address the importance of itemizing and quantifying these nursing care disruptions to the NTE of PNs in a neonatal intensive care unit (NICU) (Lewis, 2014), so that their impact on growth and other nurse-sensitive outcomes can be determined.

Standardized documentation of nursing care provided in the NICU is necessary to describe key components of the care process and their effect on patient outcomes (Lavin, Harper, & Barr, 2015; Rutherford, 2008). The electronic health record (EHR) provides a vehicle for nurses and other healthcare team members to record provision of care that mirrors workflow and captures real time care patterns for classifying and quantifying procedures that disrupt the NTE. Nursing documentation in the NICU should be comprehensive of interventions performed (Cartwright-Vanzant, 2010), and thus the EHR is a potential source of data for determining nursing care disruptions to the thermal environment.

Methods: This study employed literature review and survey methodology to identify a comprehensive set of nursing care procedures that disrupt the NTE, and to examine their representation in the EHR. The sample consisted of five registered nurses with at least two years’ experience at the study site providing direct care in the NICU. All participants were certified in neonatal intensive care nursing.

Results: Of 51 discrete nursing procedures identified through review of literature, only 25 were represented as data elements in the Patient Doc File of the Epic™ EHR. The nurses identified one additional data element present in the EHR, emesis, resulting in a final list of 26 procedures that were represented as data elements in the EHR Patient Doc File.

Conclusion: The EHR fails to capture more than 50% of recommended nursing care procedures that were identified as disruptive to the NTE of PNs. Lacking complete documentation of such procedures limits the ability to conduct meaningful analyses of nurse-sensitive outcomes and other indicators of quality and safety for process improvement (Madden, Lakoma, Rusinak, Lu, & Soumerai, 2016). Neonatal nursing procedures should be included in efforts to produce a standardized nursing language so that the benefits of this standardization, such as improved patient care, enhanced data collection to evaluate nursing care outcomes, and greater adherence to standards of care, can be realized. Standardization of nursing language in the EHR is essential for making comparisons and predictions to improve care and outcomes.

References


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H 04 - Cultural Change: Providing Necessary Tools for Improvement
The Relationship of Culture Change Constructs and Survey Deficiencies in the Nursing Home Setting

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Purpose

The purpose of this presentation is to describe the significant findings from a study of Louisiana nursing homes across two levels of culture change. The findings will explore the relationship across levels with the constructs of culture change (resident care, environment, relationships, staff empowerment, decentralized management, CQI) and survey deficiencies.

Target Audience

The target audience of this presentation is providers or consumers of long term care services, policy makers, regulators, educators and researchers. The information serves a broad perspective for leaders and decision makers who prioritize resources and quality improvement initiatives in long term care.

Abstract

In response to the anticipated growth of the over-65 age group and a demand for an altered approach of care delivery in long term care, providers have responded by implementation of culture change strategies. Support from the Centers of Medicare and Medicaid Services (CMS) has provided the impetus for tremendous interest and implementation of various culture change initiatives, but the research supporting the culture change movement has been limited. The findings from the presented study were derived from expanding the seminal work of Bott (2007a, 2009) utilizing the Kansas Culture Change Instrument (KCCI) to measure culture change. Bott’s (2009) findings were compared to a Louisiana sample of nursing homes leaders using the KCCI instrument to explore the relationships between two levels of culture change (limited and extensive) measuring total culture change, the seven constructs of culture change (resident directed care, home environment, relationships, staff empowerment, decentralized management, CQI processes) and specified health deficiency categories. To explore a more in depth analysis of specified health deficiency categories, the scope and severity levels were analyzed for the relationship to the level of culture change (limited and extensive) and in relation to the seven constructs.

Study results will be presented from the first designed study to classify a sample of Louisiana nursing homes into three levels of culture change and collect data using the KCCI instrument to measure culture change. This study expanded the review of deficiency variation to examine the difference in type of survey (annual versus complaint) and also offered a proposed model of the interrelationship of construct variables and deficiency outcome studies.

Shier, et al. (2014) called for research on outcomes of culture change to determine the impact on quality and provide guidance to policy makers and providers. The authors noted the call for research is more than academic. Providers need evidence-based guidance for decision making and use of scarce resources; consumers need guidance for selection decisions; and policy makers and payers need guidance on promoting practice through regulation and reimbursement.

The literature identified stronger culture change homes have lower deficiencies but the literature had not identified the number of complaint surveys and severity of these surveys as statistically significant differences (Bott et al., 2009; Grabowski, O’Malley et al., 2014). This additional information can direct research to identify processes that vary between the two clusters which impact complaint surveys and severity of the surveys.

The study presented will share statistically significant findings comparing extensive and limited levels of culture change as measured using the KCCI instrument. Significant results included: (a) differences in the mean number of deficiencies; (c) differences in three of the four categories of deficiencies (QOC, Resident Behaviors and Resident Rights); (d) differences in the scope and severity score; (e) differences in the number of complaint surveys, complaint deficiency citations and severity of citations; (f)
Relationship construct and number of QOC deficiencies; (g) Home Environment and QI constructs with Total deficiencies; and (h) QI construct with Total and QOC deficiencies.

The purpose of this study was to add to the scientific knowledge of culture change in LA and provide comparison assessment from the prior work of Bott et al., (2009). The data supported the value of considering culture change as a model of care delivery as measured by deficiency data. Additional insights were gathered as the author examined the relationships of the findings and compared them to the literature. This examination led to an initial proposed model for the interrelated variables in this study. Providing data to support the practices of providers and nurse leaders striving to achieve higher quality through implementation of new culture change models was achieved. Providing providers and nurse leaders with insight into the variation between clusters as it relates to number of surveys, number of deficiencies and scope of deficiencies may reduce the barrier of regulation concerns when considering adapting the model.

The need to address nursing’s role in culture change was recognized as early as 2008 when a meeting was held with national experts to explore barriers and plan action steps for the future (Burger et al., 2009). The role of nurses was identified as critical to the success of culture change as a model of care delivery. As coordinators of care who have trained on the holistic approach to working with patients, it was evident the nurse not only must be involved and an active member, but needs to take a significant role in facilitating the success of any new model of care delivery.

The role of the registered nurse in the nursing home setting is critical to the quality outcomes of the facility (Castle et al., 2007b; Castle et al., 2011). Implementing and advocating for practices that improve quality for the resident is an essential role for the RN in this setting. The role of the RN in the culture change model is one of “expert clinician, educator, coach and counselor” which is in perfect symmetry with the professional nursing practice model. (Burger, et.al., 2009, p. 12). As noted by the authors, “the professional nurse practice model is not only congruent with culture change: arguably, culture change is an expression of the professional nurse practice model” (Burger, et.al., 2009, p. 17).

References


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Cultural Change: Providing Necessary Tools for Improvement
Applying the Model Supported and Empowered to Support Faculty’s Growth and Competence in Curriculum

Meredith Roberts, PhD, RN, USA

Purpose

to share how to use the model of understanding to support faculty and administrators in becoming more competent in curriculum development, evaluation and revision. Strategies unveiled can assist educators

Target Audience

academia - faculty and administrators

Abstract

Nurse faculty may be unprepared to develop or evaluate curriculum, as this is not a part of usual practice (Anderson, 2009). Educators may be recruited from non-education roles, where they have excellent practice skills, but little or no experience developing curriculum or new courses. Education regarding curriculum received may be inconsistent.

Faculty are often hired for expertise, rather than their educational preparation (Anderson, 2009; Hewitt, & Lewallen, 2010). Faculty entering academia can be practice experts, but novices at education. It is difficult to learn the role of curriculum evaluator without guidance, and new instructors often must learn the new skill in addition to new teaching roles, scholarship and other college service obligations. This can lead to stress (Weidman, 2013).

Original constructivist grounded theory research was conducted on 15 nurse faculty members in Vermont from four colleges resulting in seven themes. These themes were used to develop a middle range descriptive theory Challenged and Overwhelmed. The concepts: lack of confidence, overload and inadequate time, lack of knowledge and development, poor support and communication, and the need for mentorship experienced by the educator becoming challenged were examined. Understanding was clarified regarding what educators are facing in academia and the resulting sense of an onslaught of overwhelming challenges.

Each of these five areas where critical needs are lacking, separately are difficult and can cause distress, but the combination of five factors leads to an educator becoming more likely to be overwhelmed by the multitude of challenges. Together the understanding gained from faculty descriptors and the recommended strategies of faculty were used to develop a model of understanding: Supported and Empowered. The model depicts how the five strategy areas: education, mentoring, practice, time, and collaboration and feedback act to fortify the challenges affecting the educator. Experienced educators shared strategies that enabled them to learn their role, and provided tips for other educators and leaders.

Overload and inadequate time, low confidence, the need for mentoring, and lack of knowledge related to curriculum, and poor support and communication can become collaborative support and communication, knowledge related to curriculum, paired mentoring, designated time, and increasing confidence when recommended strategies are applied.

This session will discuss how to apply the model in academia. It can be used to reduce the feelings of faculty feeling like they are drowning without support, by providing useful strategies regarding curriculum. It will provide strategies for administrators to provide a bridge between practice and academia. It will also provide help for faculty in the trenches.

References


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Leading the Way for Change: Engaging Nurses in Family-Centred Adult Critical Care Practice

Jananee Rasiah, MN, PMD, ANP, BN, RN, Canada
Virginia Vandall-Walker, PhD, BScN (Hon), RN, CCN, CTN, Canada

Purpose
The purpose of this presentation is to engage formal and informal leaders in the discussion on how to consistently and effectively enact FcACC in practice using Kouzes and Posner's (2012) five practices of exemplary leadership as a guide.

Target Audience
The target audience of this presentation is staff nurses and managers working in adult critical care and nursing students and clinical instructors.

Abstract
There are over 30 years of compelling evidence of the value and importance of Family-centred Adult Critical Care (FcACC), yet there has been slow uptake of these findings in practice. What are the contributing factors to this very evident knowledge-practice gap? How is it that some nurses consistently and effectively support families in adult critical care environments thereby providing family-centred care, while others do not? We conducted a qualitative descriptive study to critically examine the supports and barriers to FcACC, through focus groups and interviews held with 20 registered nurses (RNs) working in urban and regional adult critical care facilities in Alberta, Canada. Using constant comparison of data, we developed a taxonomy illustrating the two primary domains of people and structures (with multiple subdomains for each). Incongruent policies and practices related to FcACC, staff shortages, and time management were often described as barriers to enacting FcACC for some but not all. RNs’ lack of education and knowledge and their attitudes about FcACC were also barriers to enacting FcACC. In contrast, we found that the presence of formal leaders (i.e. those holding management or clinical leadership positions) in clinical practice made a significant difference in whether FcACC was an established practice, priority, and/or expectation. In the absence of formal leadership, clinical instructors and staff nurses who subscribed to FcACC were often the informal leaders who challenged the status quo and role modeled best practices. We found that the RNs in this study highly respected these leaders for their tenacity in modeling, fostering, and establishing FcACC practices in critical care. Building on Kouzes and Posner's (2012) five practices of exemplary leadership, we found that some clinical instructors and critical care RNs in Alberta have demonstrated at the very least, two out of the five practices by modeling the way and challenging the status quo when enacting family-centred care. By applying this leadership model to education about, and practice in, adult critical care, we have the potential to bridge the knowledge to practice gap and to influence a much-needed change so that we can consistently and effectively provide FcACC to patients and families.

References

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I 01 - Clinical Leadership: Quality Improvement in Critical Care

National Early Warning Scores (NEWS): A Quality Improvement Project

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Purpose

The purpose of this presentation is to share the results of the implementation of National Early Warning Scores (NEWS) in a level 1 trauma center. This was a prospective quantitative study done in non-monitored area. The results revealed that the accurate use of NEWS tool is beneficial for identifying clinical deterioration in patients.

Target Audience

The audience of this presentation is the nurses work in any unit, clinical nursing directors, Clinical nurse specialists, nurse educators, nurse leaders, Quality improvement team, risk management, nurse managers, unit champions, professional practice leaders, providers and nursing administrators.

Abstract

Research suggests that a patient suffering from a cardiac and/or respiratory arrest usually exhibits physiological deviations, such as changes in vital signs and/or mental status, at least eight hours prior to the need for more intensive care (Stenhouse et al., 2000). Numerous early warning score (EWS) tools are available for use in acute care settings to alert nurses to the need for early intervention to prevent continuing decline and mortality. The National Early Warning Scores (NEWS) is a tool used to predict clinical deterioration, based on physiologic measurements. A specific score is given to each physiological measurement and aggregated scores from six parameters and the use of oxygen are used to create a composite score to predict the magnitude of decline.

A prospective quantitative study was conducted in six medical/surgical units in a level I trauma center, over a thirty-day period of time (November 10, 2015 – December 9, 2015), in order to validate the effectiveness of NEWS in predicting clinical deterioration. Three thousand one hundred and fifty-four patient recordings with over 100,000 vital signs revealed that 91 patients scored NEWS ≥5, or a score of 3 in a single parameter and received interventions to prevent further clinical deterioration. Of the 91 NEWS positive patients, 22 were transferred to a higher level of care, whereas 63 patients stayed on the medical/surgical unit. Their NEWS returned to acceptable levels after therapies. Project findings indicate that NEWS supports clinical decision-making processes as it allows for a single measure of an extreme physiologic value or an aggregate score to activate interventions to prevent clinical deterioration. A pilot study conducted in 2014 in one unit and the results were compared with the current study. The results showed that the number of rapid response and code blue activations decreased after implementing NEWS hospital wide. The NEWS implementation demonstrated a positive outcome in the study hospital, and that results encouraged The Department of Health Service to implement NEWS to all DHS acute care hospitals through Electronic Health Record.

References


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I 02 - Continuing Education: A Lifelong Journey

Dedicated Education Units: Process and Outcomes

Deborah A. Raines, PhD, EdS, MSN, BSN, RN, ANEF, USA

Purpose
The purpose of this presentation is to describe the process of setting-up a Dedicated Education Unit (DEU) and student learning outcomes following a DEU experience.

Target Audience
The target audience of this presentation is nurse educators and clinical nurse leaders.

Abstract
A dedicated Education Unit (DEU) is a strategy to provide learners with a learning-rich clinical experience. The dedicated education unit (DEU) model of clinical nursing education is rapidly gaining popularity. A key word search in CINAHL revealed 23 articles and one dissertation focused on the concept were published in the past three years. However, these articles primarily focused on the use of the DEU on general adult inpatient units in acute care settings. Providing a rich and practice-dense learning environment is critical especially in areas of practice such as mother-baby or labor and delivery (Raines, 2016). The DEU model of clinical education is a potential solution to the shortage of clinical placements as well as a strategy to enhance the quality of the students’ learning opportunities. Reports by the Carnegie Foundation, Institute of Medicine (IOM) and Robert Woods Johnson Foundation call for nurse leaders to improve how nurses are prepared and educated by reducing the gap between classroom and clinical teaching (Benner, Sulphen, Leonard, & Day, 2010; Institute of Medicine, 2010a; Goldman, 2014). In addition, the IOM future of nursing report encourages collaboration among organizations to better prepare nurses to deliver high quality care (Institute of Medicine, 2010b). The DEU model is a strategy to fulfill these objectives

This presentation will outline the process of establishing a DEU on a mother-baby and Labor and Delivery unit for junior students in a BSN program. In a DEU environment students participate in hands-on patient care, plan nursing care and perform nursing skills, in addition to learning to manage a full patient-care assignment, communication with other health care professionals and to working as part of the team. Learners and the DEU nurses have collaborated on projects to improve quality of care on the unit and to promote evidence based practice. These professional activities have resulted in presentations at local STTI research events and publication in the nursing literature. To provide evidence of the learning outcomes, forty-eight students participated in a pre-clinical/post-clinical survey. Twenty-four students were on a DEU and 24 students were on a traditional clinical unit. Analyses of these data indicate students on the DEU acquired a greater number of nursing practice skills and professional behaviors. In addition, many of the DEU students identified something learned from their DEU nurse which they will continue to use in their career as a nurse.

At the end of this presentation the audience will have the basic tools and knowledge to initiate and evaluate a DEU.

References

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I 03 - Developing Cultural Competencies

Influence of International Service Learning on the Development of Cultural Competence in Undergraduate Nursing Students

Tracey Long, PhD, MSN, MS, BSN, RN, CDE, CNE, CHUC, COI, CCRN, USA

Purpose

The purpose of this presentation is to share research, which confirms that International Service Learning for Nursing students and Nurses statistically improves confidence and skills towards developing cultural competence. Using the international service-learning model can enhance nursing skills, increase health delivery in underserved areas and foster global health relationships.

Target Audience

The target audience of this presentation is nurse educators, practicing nurses and nursing students.

Abstract

Becoming culturally competent is a worthy goal for nurses and health care professionals to work more effectively with patients in our increasingly diversified country. However, research reveals that many nurses and nursing students don’t feel confident in dealing with diversified patient populations due to their own lack of training and experience.

Cultural competence training has become necessary in undergraduate nursing programs to meet changing demographics in the U.S., meet mandates required by accrediting boards and improve patient safety and satisfaction. Such training may improve clinical outcomes when the patient receives appropriate care that meets their needs.

In the era of evidence based practice, all clinical practice including teaching strategies requires current research to validate practices. The effectiveness of the variety of teaching methods being used to teach cultural competence to nursing students should be evaluated with evidence based research. Multiple curricular approaches are being used to teach cultural competence to nursing students in the United States in accordance with accrediting board standards. Various strategies with the most favorable results include the use of purposefully planned clinical experiences in diverse settings, using ethnically diverse standardized patients and international service learning experiences.

One effective method of gaining knowledge, skills and experience with different cultures is through an international immersion experience with training in language, culture and community nursing. A review of the literature reveals that the earliest studies using international immersion experiences for nursing students began in 1998 using grounded theories as an intervention to teach cultural competence skills. Results concluded that the international experiences were statistically significant to be effective in increasing confidence and awareness in working with culturally diverse patients.

Research that will be presented reveals that nurses and nursing students who participate in an international service learning experience, even for as little as two weeks, have increased self-confidence in working with patients of a different cultural other than their own. Three mixed-methods studies were completed for nursing student groups who served two weeks in Belize, Peru and Colombia. The groups were compared to a control group of nursing students who served clinically in their own inherently diverse community for the same time. Quantitative data analysis showed that the intervention and control groups all improved in cultural awareness and sensitivity, however the positive qualitative self-reflections of the nursing students who served internationally far exceeded the control group who worked in their own local community.

Empirical evidence in using international service learning as a teaching and learning strategy is available for both students and nurse educators to consider in gaining confidence, awareness, sensitivity and skills to become culturally competent. Such conclusions are valuable for nursing faculty to consider when planning curricula.

References

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Purpose
twofold: (1) to apply intercultural communication competence concepts, dimensions, and strategies derived from world-wide authors and researchers towards application by STTI nurse leaders at all levels; and (2) to apprise nurse leaders about use of STTI resources which may facilitate intercultural communication competence development.

Target Audience
nurse leaders at the chapter, regional, and international levels of STTI who interact with other nurse leaders and members to create a suggested “third culture” relationship that reflects reciprocity and mutuality.

Abstract
A positive change in a nursing organization is influenced by the development of a leadership modality that can be applied to all levels of the organization. The development of intercultural communication competence (ICC) is one such modality. Intercultural communication competence is the ability to reach reciprocity and mutuality in order to establish harmonious relationships across cultures (Dai & Chen, 2015). ICC includes the wide range of communication processes and problems that naturally appear within an organization or social context made up of individuals from different religious, social, ethnic, and educational backgrounds. It refers to communication competence in an actual interaction between individuals in different cultures and goes beyond simple awareness of those differences or personal exposure. STTI leaders at the chapter, regional, and international levels interact with members in all types of cultures which require knowledge and behaviors relative to cultural sensitivity, cultural empathy, and cultural competence and an awareness of power distance in relationships. ICC also refers to development of competence in four dimensions: affective, cognitive, behavioral, and moral (Dai & Chen). Understanding these facets of culture and developing strategies to achieve a mutually acceptable newly-developed “third-culture” between the respective parties may facilitate a meaningful relationship beneficial to achieving common goals at all levels of a global nursing organization.

The purpose of this presentation is twofold: (1) to apply ICC concepts, dimensions, and strategies derived from world-wide authors and researchers (Waugh, 2013; Liu, 2014; Zhang, 2015; Henderson, Barker, & Mak, 2016) towards the development of intercultural communication competence and interaction with STTI members at all leadership levels; and (2) to apprise participants about use of STTI resources which may facilitate intercultural communication competence development. Lauring (2011) notes that ICC has value at each of the “local organization levels of the workplace,” e.g., in this case as chapter leaders in creating a harmonious Board, in working with their chapter members of academe, practice, and retirement-statuses and of different generations; regional committee leaders in facilitating the work of chapter leaders in their own unique chapter cultures and local practices; and leaders who work more directly with individuals in significantly different geographical locations, as through International Committee or Community work, where cultural differences may be more apparent as expressed or not overtly expressed. STTI resources related to culture include the Global Advisory Panel on the Future of Nursing (GAPFON) being held in various world settings, the United Nations Sustainable Development Goals and the Society’s Special Status initiatives and programs with the UN, Circles such as the Global Member Forum, and using the main STTI website regularly to search for and use a variety of materials encompassing culture. Participants will also be encouraged to share their examples of application of the ICC concepts to their participation experiences in various STTI leadership roles.

References

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Purpose
The purpose of this presentation is to review research findings from a case study exploring academic leadership in the development of innovative teaching strategies. Learners will discover how nurse educators act as collaborative leaders when working to transform classroom environments in higher education.

Target Audience
Nurse Educators, Nursing Faculty, Nurse Planners/Continuing Education Coordinators, Staff Developers, Academic Leaders- Deans and Department Chairs, Graduate Students

Abstract

Purpose: As educators seek to move away from passive didactic learning toward active and engaging learner-centered strategies, nursing leaders have been charged with the task of transforming higher education for baccalaureate nursing students (Benner, Sutphen, Leonard & Day, 2010). In the past decade, the renewal of clinical learning has occurred through inventive active-learning strategies such as simulation; however, a paucity of research exists regarding similar pedagogical innovations in nursing classrooms. The purpose of this case study was to investigate the leadership behaviors, methods, and beliefs of a nurse educator transforming classroom pedagogy through innovative teaching strategies. The study aims to provide a rich description of the collaborative academic leadership of educators in nursing classrooms by addressing the following research question: How do nurse educators act as collaborative leaders when using innovative teaching strategies in the classroom?

Background/Significance: The impending nursing shortage necessitates graduates to be able to “hit the ground running” - forcing nurse educators to address how to best prepare graduates to deal with a rapidly changing healthcare system (Clinton, Murrells & Robinson, 2005). Numerous agencies, such as the National League for Nursing (2005), the Institute of Medicine (2011), and the American Association of Colleges of Nursing (2008) have called for the restructuring of nursing education to better prepare graduates for practice in this challenging environment. In the seminal work Educating Nurses: A Call for Radical Transformation, Benner et al. (2010) petitioned for a revolution in nursing pedagogy, urging movement away from passive teaching strategies that fail to develop critical-thinking abilities of graduates. These forces have converged upon a central theme of transforming nursing education through the development of innovative student-centered methods.

In addition, there has long been concern that didactic lecture encourages passive learning rather than deep reasoning, especially with undergraduate students of the digital generation who are a challenge to engage in traditional classrooms (Entwistle, 1992). However increased student enrollment and reduced university resources have led to larger class sizes- an environment that encourages nurse educators to rely on didactic lecture through PowerPoint (Greenwood, 2000). Sherwood and Horton-Deutsch (2012) discussed that despite eagerness to adopt curricular change, nursing faculty lacked resources, support, and skills necessary to overcome prevailing paradigms of classroom education. Unfortunately, less interactive teaching and learning will occur in nursing classrooms without research exploring the intricate process of innovative classroom change and establishment of evidence-based best practices in collaborative faculty leadership.

Nursing faculty working with this digital generation have begun to develop collaborative learning environments in hopes of increasing student engagement, class participation, and ownership of learning outcomes (Fletcher, 2014). With developments in simulation-based learning gaining national attention, most recent articles published about changing nursing pedagogy have focused on clinical education. Innovations in clinical education share a central theme of collaboration- within the expansion of practice partnerships between schools of nursing and hospitals (Dobalian et al., 2014); through cross-disciplinary interprofessional learning (Cranford & Bates, 2015); and through collaborative research partnerships of
the National Council of State Boards of Nursing (NCSBN) landmark study on simulation based learning (Hayden, Smiley, Alexander, Kardong-Edgren, & Jeffries, 2014).

Analysis of findings from this review of clinical studies included innovative changes and teaching strategies related to common findings of collaboration and collaborative leadership. Classroom innovations may share a similar theory of development; however, no research exists exploring the intricate process of innovative classroom change and collaborative leadership. Literature has not yet explored the knowledge, skills, and experiences of nursing faculty leaders pioneering classroom change. Little knowledge exists to help educators through the complex process of pedagogical transformation of the classroom, especially as the role of faculty leadership in academia remains unexplored. The lack of research exploring the complexities of faculty leadership during the pedagogical transformation of the nursing classroom upholds the significance of this case study research.

**Methods:** Case study research design was chosen as the intention was to explore an existing, real-life situation in a non-controlled environment (Kyburz-Graber, 2004). In addition, case study methodology was chosen as it aims to answer complex ‘how’ phenomena through simultaneous data collection and analysis (Yin, 2014). A purposive sample comprised of a single nurse educator who met inclusion criteria was identified and recruited for study after securement of Institutional Review Board (IRB) approval. Data collection began after consent was obtained and included gathering of a demographic information, a one-hour semi-structured interview, direct classroom observations, and collection of additional data sources including course syllabi, lesson plans, course assignments and rubrics, de-identified course and peer evaluations, curriculum vitae, meeting minutes with personal notes, and portfolio summaries.

Analysis of numerous and varying data sources contributed to the comprehensiveness of the case study and increased validity of findings through triangulation of data (Kyburz-Graber, 2004). The audio-taped interview used an interview guide to explore faculty behaviors, methods, and beliefs about pedagogical change through the development of innovative teaching strategies. Dependability and confirmability were maintained through an audit trail including transcribed interviews with comprehensive field notes.

A rich description of the phenomenon of leadership during the pedagogical transformation of the nursing classroom was developed to contribute to the transferability of case study findings. Collaborative Leadership Theory provided a theoretical framework for this examination of the knowledge, skills, and experiences of a nursing faculty leader pioneering classroom change. The Collaborative Leadership Theory upholds that: 1) effective leaders maximize talents of a group by utilizing mutuality, connectedness, and power sharing, and 2) leadership involves intentional and skillful management of relationships, focusing on individual success while accomplishing a collective outcome (Chrislip & Larson, 1994).

**Data Analysis and Results:** The researcher used an inductive process to collect, sort, and analyze data to create a case study database while maintaining a chain of evidence. A systematic and comprehensive process was maintained for exhaustive data analysis with multiple sources of evidence collected to develop thick descriptions of the phenomena under study (Yin, 2014). The researcher transcribed the interview and validated integrity of the document by identifying key words and phrases. Tentative categories and themes were then extracted using the inductive process of pattern-matching. Pattern-matching logic increased internal validity of the study by enabling the researcher to compare study data with idealized theoretic patterns (DeSantis & Ugarriza, 2000).

Three central categorical themes emerged from data analysis: purpose and process, people, and performance along with related sub-themes. Propositions from the theory were supported in the case study as three central themes, each with related sub-themes, emerged from data analysis: purpose and process, people, and performance. The participant in this case study demonstrated collaborative leadership by identifying a purpose and process for innovative change, through relationship building, and through enhancement of student performance and achievement of mutual learning goals.

Table 1 demonstrates the relationship between interview questions, themes, and sub-themes emerging from analysis of case study data.

Table 1. *Themes and Sub-Themes*
Collaborative leadership theory is guided by the principle that shared power and influence maximizes talents and resources of a group (Chrislip & Larson, 1994). Avery (1999) furthers that innovation can be accelerated through the collaborative leader’s harnessing of collective intelligence. Figure 1 illustrates how Collaborative Leadership Theory relates to findings from this case study research (note: could not upload figure available for review on poster/in presentation).

Conclusions and Implications for Nursing: This case study research upholds that favorable outcomes for innovative classroom teaching strategies are dependent upon mutuality, trust, and leadership in a collaborative model. Educators leading the pedagogical transformation of the classroom should: utilize innovative teaching strategies to develop collaborative learning environments, build trust through relationship development, and achieve shared responsibility for learning outcomes by setting mutual goals. Therefore, this case study applies the collaborative theoretical framework to link innovative practices, learners, and faculty leaders in the exploration of the pedagogical transformation of the nursing classroom.

The findings of this case study research contribute to the growing body of knowledge related to faculty leadership in nursing education by:

- providing a model for collaborative leadership and an understanding of how collaboration incites innovation;
- describing communication and evaluation strategies necessary to develop mutuality and trust with students in a collaborative learning environment;
- encouraging development of mentoring and collaborative relationships among nursing faculty.

Understanding the importance of building intentional relationships and the practice of mutual goal setting provides nursing faculty with valuable insight into the process of collaborative leadership. Leadership in a collaborative model helps develop mutuality and trust, cultivating accountability and shared responsibility between faculty and students in the undergraduate nursing classroom.

References
I 04 - Faculty Leadership: Strategies for Success
Maximizing Your Abilities as Course Leader

Robyn Rice, PhD, MSN, BSN, RN, USA

Purpose

The purpose of this presentation is to provide guidelines for Course Leaders for leading faculty and students in busy multi-section courses. Issues associated with conflict and course communication gaps are discussed. Specific recommendations for positive change are given with a working emphasis of both faculty and students as colleagues.

Target Audience

The target audience of this presentation would be nursing faculty in charge of multi-sectional courses including those courses with a clinical component. This presentation would be appropriate for undergraduate and graduate faculty. In addition, senior nursing college administration would find this presentation useful for faculty development.

Abstract

In today’s fast paced world of teaching and learning the role of the faculty as Course Leader as leader is increasingly emphasized. In such a role, faculty as Course Leaders are faced with a variety of challenges such as orientating faculty and students to the course as well as to university standards of practice. In such a position, Course Leaders are not only asked to coordinate the many sections of a course but to actually evaluate the faculty that co-teach with them. Course Leaders are often responsible for course updates and renovation. They routinely process course issues such as student grade complaints and plagiarism. They work with clinical agencies as needed. In addition, as Course Leader, the faculty remains the student’s advocate and mentor. As leaders they are expected to normalize, support and inspire. How is all this to be accomplished?

This innovative program examines conflicts and communication gaps that may arise in multi-sectional courses and provides faculty, as Course Leaders, specific recommendations for promoting support, coherence and positive change within the course. Caring communication is discussed. Onsite and online tips for Course Leaders as effective leaders are offered. Proper usage of email as well as the iPhone are highlighted. Ways to monitor and promote consistent faculty grading and evaluation of students are identified. The concepts of colleague and students as customers-learners are emphasized.

This program is applicable to the needs of Course Leaders serving in traditional university settings as well as those working in the online milieu. In addition, both undergraduate and graduate nursing faculty will find this program’s content relevant.

References


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Developing Leadership Educational Strategies

Developing Leadership Competencies in DNP Practice Residencies

Christina Nordick, DNP, MA, MSN, FNP, ANP-BC, USA

Purpose

The purpose of this presentation is to introduce participants to an innovative educational strategy which significantly cultivates leadership growth and competency in the DNP student reflective of the AACN DNP Essentials.

Target Audience

The target audience of this presentation is DNP educators, DNP students, and interested individuals in the development of leadership competencies within graduate and doctoral level practicums. Content provided is also appropriate for leadership development across disciplines and settings.

Abstract

A void exists in exceptional leadership within health care. Dye and Garmin (2015) underscore the need to develop leaders in an unpredictable complex health care environment filled with changes in reimbursement and increasingly limited in resources. DNP prepared nursing leaders may be an integral part in filling this gap given their expertise in translational science and clinical expertise. Yet many DNP prepared nurses have not envisioned themselves as leaders in the health care arena. AACN (2015) mandates that practice experiences for DNP students incorporate all eight of the DNP Essentials. Moreover, inclusion of inter and intra professional collaboration, application and synthesis of learned material, and development of leadership roles and abilities within the health care setting are paramount in the practice experience.

To accomplish these goals one potential method of instruction and evaluation may center on a specific DNP practice experience focusing on advanced nursing leadership either at the clinician level or at the systems level of intervention. To expound, structure, and validate the experience, a leadership narrative modeled on the framework of clinical case narratives but focusing on leadership characteristics, roles, and abilities within a direct or indirect patient care setting, may be designed. These combined narratives and practicum experiences in turn may reflect each of the eight DNP Essentials and thus exemplify a culminating practice experience for DNP leaders.

The DNP practice residency with the corresponding leadership narrative for the doctorally-prepared nursing leader is an educational experiential method in which DNP students develop the critical leadership characteristics and skills needed for the challenges faced by health care in the 21st century. By identifying the key competencies of effective leadership and exploring the application of those characteristics in a safe, structured, and monitored real-world environment, students are able to experience practically the role of nursing leader. Through research and integration of evidence based leadership literature and research, DNP student leaders develop the skills to formulate excellent decisions, implement collaborative strategies between intra and interpersonal professionals, and identify gaps in leadership knowledge and abilities. Building on these leadership characteristics and competencies through the leadership narrative validates the DNP student leadership growth and thus fulfills a large portion of the AACN DNP Essentials related to leadership. Moreover, the practicum experience and metacognition through the narrative equips the DNP graduate to systematically impact health care at the individual, family, community, national, or global setting.

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References


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Purpose
The purpose of this presentation is to demonstrate methodology utilized to enhance a nursing leadership course by mirroring course concepts with the ANCC Nurse Executive domains of practice and to illustrate student assignments and the relationship to providing students with a challenging and interactive learning experience.

Target Audience
The target audience of this presentation is academic and clinical nursing educators, nursing executives, nursing directors and managers.

Abstract
Healthcare organizations and nursing educators recognize the broadening gap between leadership ability of new graduate nurses as compared to actual requirements as they began clinical practice. In spite of nursing programs conveying to healthcare organization not to expect proficient leadership competency in new graduates, hospitals are adamant they are in need of nurses who not only have acquired proficient clinical skills, but those who have documented leadership abilities. Consequently, a recent survey demonstrated that only 25% of nurse managers and 10% of nurse executives were favorable toward new graduate preparedness related to leadership skill.

Nursing is central to effective leadership in today's healthcare world. Although not all nurses work in leadership positions, all are leaders within their profession. As professional nursing practice has become increasingly complex, it is known that leadership skill among nursing is essential to meet practice demands. According to research, patient safety outcomes, staff satisfaction, healthy work environments, and staff turnover have been positively influenced by successful nursing leadership. It is noted that poor leadership among nursing has no place within organizations that are striving for effective change and excellence in patient care. Effective leadership must be present and accounted for in the clinical arena as this is the catalyst to ensure delivery of high standards of patient care.

In efforts to accommodate the nation's demand for nurses and nurse leaders, universities are increasing enrollments in their baccalaureate programs. Consequently, the increasing enrollment of nursing students presents challenges for academic programs to effectively develop leadership abilities. In spite of the fact that nurses are probably not adequately prepared to assume leadership roles upon graduation, leadership should not be viewed as an optional competency for soon-to-be new graduate registered nurses. However, it is difficult to correlate a particular educational activity and its relation to achieving competency, especially with an abstract concept such as nursing leadership. More studies are needed to recognize how students best develop leadership competence and skill.

A southeastern university’s school of nursing defines leadership skill as a core curricular outcome and component within their conceptual framework. Two critical factors identified in their mission are to exemplify excellence in teaching and to ensure graduates are prepared to assume leadership roles in the provision of nursing care. The following is an excerpt from their Conceptual Framework/Vision and Mission Philosophy:

Leadership skills include ethical and critical decision making, mutually respectful communication and collaboration, care coordination, delegation, and conflict resolution. These skills are built on an awareness of complex systems and the impact of power, politics, policy, and regulatory guidelines on these systems. Professional nurses must have a solid understanding of the broader context of health care, including the organization and financing of patient care services and the impact of regulatory guidelines on practice and reimbursement. Professional nursing also requires knowledge of health care policy. Moreover, professional nurses practice at the microsystem level within a constantly changing
health care system. Professional nurses apply quality improvement concepts to minimize risk of harm to patients and providers within a systems framework (p. 2).

As this particular southeastern university’s school of nursing offers a didactic nursing leadership course in the last semester for undergraduate nurses, faculty believe it is vital for nurse educators to integrate leadership theory and best practices in patient safety, quality, finance, and regulatory environments across the curriculum. However, they clearly recognized this course was in need of transformation and strove to enhance course objectives and topical outline.

The American Nurses Credentialing Center (ANCC) serves as an exceptional resource to enhance nursing leadership competency with practicing registered nurses and offers a nursing leadership specialty certifications as a board certified nurse executive (NE-BC). Domains of Practice included within the Nurse Executive certification are 1) Delivery of Care, 2) Legal, Regulatory and Ethical Issues, 3) Healthcare Economics & Environment, 4) Professional Practice, 5) Quality Management/Care Management, 6) Professional Practice Environment, 7) Organizational Leadership, 8) Organizational Systems Management, and 9) Communication/Collaboration. There is a clear relationship between these domains of nurse executive practice and the mission and conceptual framework defined by this university’s school of nursing.

The purpose of this abstract is to demonstrate methodology utilized to enhance a nursing leadership course by mirroring course concepts with the ANCC Nurse Executive domains of practice and to illustrate student assignments and the relationship to providing students with a challenging and interactive learning experience.

References

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Intradisciplinary Collaboration: Doctorally Educated Nurses Partnering for Patient Outcomes

Jennifer R. Day, PhD, BSN, BA, RN, USA
Judith Ascenzi, DNP, MSN, BSN, RN, CCRN, USA
Karen Frank, DNP, MSN, BSN, RN, RN-C-NIC, APRN-CNS, USA

Purpose
The purpose of this presentation is to explain how doctorally-educated nurse leaders may collaborate to improve patient outcomes through the implementation of best practices. Two examples of intradisciplinary collaboration on implementation science nursing research studies will demonstrate this collaboration in practice.

Target Audience
The target audience of this presentation is nurse leaders interested in clinically focused nursing research or those leaders growing nursing research programs within their institutions.

Abstract
With the advent of the Doctor of Nursing Practice (DNP) role, an increasing number of nursing staff are obtaining this terminal degree and serve as leaders within their organizations (American Association of Colleges of Nursing, 2015). From 2013 to 2014, the number graduates from DNP programs increased over 25 percent, from 2,443 to 3,065 (American Association of Colleges of Nursing, 2015). A DNP-educated nurse leader is focused on translation of evidence to practice and improving systems of care and the education provides nursing leaders the knowledge to assess context, rework systems, and evaluate changes (American Association of Colleges of Nursing, 2006).

In contrast to the DNP preparation, the Doctor of Philosophy (PhD) education develops nurse scientists who will generate new knowledge (American Association of Colleges of Nursing, 2010). The number of graduates with a research-focused doctorate is less than half of those graduating with the DNP (American Association of Colleges of Nursing, 2012). Many PhD graduates become employed in academia, though the number employed in the hospital setting is growing (Brant, 2015). Literature discusses the differences and similarities between the two degrees and theoretically describes way in which the DNP and PhD complement one another (Edwardson, 2010; Melnyk, 2014). There is a role for the DNP in research, and particularly an important role in translational research, or implementation science (Florczak, Poradzisz, & Kostovich, 2014), however, there are few examples of this collaboration in practice.

Research can take over 17 years to be put into practice (Morris, Wooding, & Grant, 2011), yet nursing practice is expected to be evidence-based. The role of the hospital-based nurse scientist is to bridge the gap between practice and research and to encourage a culture of inquiry (Brant, 2015). It would be unrealistic for a hospital-based nurse scientist to be an expert in each clinical area, yet these researchers often serve as resources to entire organizations (Brant, 2015). The PhD nurse leader is able to provide consultation and mentoring throughout the research process, but must rely on others, ideally the DNP nurse leader, for the clinical and systems expertise and understanding of the wide variety of practice settings. When working together in the hospital setting, both the DNP- and PhD-educated nurses are able to transform care in a way neither could accomplish independently.

Implementation science, “the investigation of methods, interventions, and variables that influence adoption of evidence-based healthcare practices by individuals and organizations to improve clinical and operational decision making” (Titler, Everett, & Adams, 2007, p. S53), provides an opportune medium to cultivate this intradisciplinary collaboration. Two implementation science research studies at a Magnet-designated, academic medical center illustrate this collaborative relationship.

To conduct a research study exploring the effect of cycled lighting on premature infants in the Neonatal Intensive Care Unit (NICU), both clinical expertise and expertise in research methodology were required. The research study began with a clinical question and evidence-based lighting guideline, and
evolved into a complex research study. The DNP-educated Clinical Nurse Specialist (CNS) in the NICU provided the clinical expertise and extensive knowledge about the unit and systems that were essential for the study to occur. Likewise, the nurse scientist designed a research study that included patient outcomes, but also explored the barriers and facilitators to implementing the lighting guideline across disciplines in the 45-bed NICU. Through this collaboration, developmentally appropriate lighting and a remarkable change in nursing practice could occur.

Similarly, the DNP-educated CNS of the Pediatric Intensive Care Unit (PICU) approached the nurse scientist with a clinical question regarding the relationship between sleep and delirium for children in the PICU. Together they designed a research study to investigate how delirium screening and a sleep promotion protocol in the PICU could be implemented and to add to the literature on delirium in the PICU. When the variables that influence adoption are understood, the evidence may be translated and put into practice.

While there are differences in the focus of the academic preparation, the PhD and DNP nurse leader share the common focus of improved patient, population, and/or policy outcomes (Melnyk, 2014). Both the DNP- and PhD-educated nurse can contribute to the implementation of best practices. This collaborative relationship allows patients to receive evidence-based care faster than if either leader was working individually.

References


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Becoming an Authentic Leader as a New DNP or PhD Young-in-Age Nurse

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Purpose

The purpose of this presentation is to present strategies to create a life-story for newly credentialed DNP or PhD, young-in-age nurses with little to no leadership experience in their quest to develop as authentic leaders.

Target Audience

The target audience of this presentation is newly credentialed DNP or PhD, young-in-age nurses who are in or will be in leadership roles.

Abstract

The American Nurses Association Position Statement (2011) states that access to quality health care and better health care outcomes are achieved through preparation of the next generation of nurses. The American Association of Colleges of Nursing’s Essentials of Master’s Education in Nursing (2011) as well as Essentials of Doctoral Education for Advanced Nursing Practice (2006) identify the importance of producing graduates who possess knowledge and skills to achieve positive outcomes in a complex, rapidly evolving health care environment. Programs of study in both Doctor of Nursing Practice (DNP) and Doctor of Philosophy in Nursing (PhD) programs are designed to prepare graduates for leadership roles in clinical practice, research, and academic settings. In response to calls to increase the number of nurses with advanced education, many universities have responded with programs to more rapidly advance students from pursuit of a Bachelor of Science degree directly to that of a doctoral degree. Upon graduation, nurses with new DNP and PhD credentials must be ready to decide how they can and will influence and lead people and organizations to re-frame and transform health care delivery. Young-in-age nurses with new credentials and little to no leadership experiences may feel intimidated when placed in leadership positions and encounter resistance from colleagues.

This presentation describes how young-in-age nurses who recently earned a DNP or PhD can influence follower attitudes, behaviors, and performance utilizing an emerging theory of authentic leadership. Participants will have an opportunity to identify leadership challenges in their workplace and examine these challenges from the lens of authentic leadership. While conventional leadership theories focus on traits and behaviors, authentic leadership emphasizes the character of the leader, such as compassion, values, consistency, and connectedness. Authentic leaders can understand their values and convictions by constructing a life-story (Murphy, 2012). The life-story approach to develop as an authentic leader suggests that self-awareness and self-knowledge are foundational components in garnering credibility and the development of authentic followers. For nurses who have limited life experiences as a leader may find creating a life-story difficult work. This presentation takes a theoretical approach and offers strategies to create a life-story to which authentic leadership development can occur.

References


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J 03 - Harm Reduction Ideas in Healthcare
Evidence-Based Practice, Drug Policy, and the Promotion of Harm Reduction in Nursing and Society

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Purpose
The purpose of this presentation is to introduce harm reduction principles, the evidence basis for supervised injection facilities, and to demonstrate ways for nurses and nursing students to create more socially just public health policy.

Target Audience
The target audiences of this presentation are nurses, student nurses, nurse researchers, and nursing educators.

Abstract
Along with significant morbidity and mortality, the drug epidemic and drug war have brought widespread incarceration, hospitalization, and numerous other individual, family, and social harms. Drug overdose kills more Americans than gun violence, car crashes, or suicide, and injection drug use puts users and the public at risk for HIV, viral hepatitis, and other infections (CDC, 2014). In the researchers' mid-size population home state, over 15,230 were hospitalized at a cost of $16-29 thousand each (Jenkins & Toevs, 2014). With the drug epidemic worsening, the United States and other countries are in the midst of a shift in drug policy from criminal justice to public health approaches, engaging harm reduction practices like syringe exchange, community distribution of naloxone, and housing first approaches to housing the homeless. While many harm reduction practices have become the standard of care in public health departments, others like supervised injection facilities (SIFs) are under debate in cities across the United States, Canada, and elsewhere. SIFs are nurse-driven facilities with a 40-year history in Europe that offer clean supplies, safer use education, nurse supervision, wound assessment, rapid overdose response, health screenings, referrals to detox resources, and numerous preventative health resources. To assess the public health value of SIFs, the student researchers utilized an evidence based practice model to investigate their effects on rates of overdose, overdose mortality, and other outcomes.

After a thorough search of CINAHL, Medline, Cochrane, and Academic Premier databases, we chose a selection of mixed methods systematic reviews, case-control studies, and descriptive studies to assess SIF effectiveness. Key findings across all studies included fewer overdoses, more rapid treatment, and zero deaths reported at any facility. Secondary findings included fewer risk behaviors, costs, and public nuisances (discarded syringes, public use), as well as increased referrals to treatment (Potier, et al., 2014; Stoltz, et al., 2007). With regards to Insite, the only facility currently located in North America, researchers calculated a ten-year savings of $14 million, 920 years of life, avoidance of 1191 HIV and 54 Hepatitis C infections (Potier, et al., 2014). Another study examined coroner's records and found a 35% decrease in deaths/person-years in the immediate vicinity of Insite, versus a 9.3% decrease in other parts of Vancouver’s Downtown East Side (Marshall, et al., 2011). In Sydney, Australia, Salmon, et al. (2010) found an 80% decrease in ambulance calls for opiate-related overdose in the immediate vicinity compared with 45% in adjacent parts of the district. Descriptive survey and qualitative interview studies demonstrated that frequent SIF users adopted safer injection practices, including cleaning injection sites, using sterile syringes and supplies, injecting more slowly, and testing doses as well as under medical supervision, which yielded shorter response times and fewer hospitalizations (Kerr et al., 2007; Stoltz et al., 2007).

Given that the United States currently lacks protections for provider-supervised drug use, and that many health professionals and members of the public lack familiarity with evidence-based harm reduction practice, the student researchers sought to enact a practice change through professional advocacy in the state’s nurses’ union and professional organization.

The proposed addition of harm reduction language to the health policy platform passed, as did a public affirmation of harm reduction’s efficacy and the nurse’s responsibility to advocate for humane evidence
based drug policy. However, additional language in support of the viability of employment in SIFs was removed, given concerns about the legality of such a position (XXXX, 2016). Further discussion with both supporters and opponents of the draft language suggested that further dialogue and exposure to harm reduction theory, practice, and evidence among nurses and public health officials could sway positions in the future.

The implications for other nurses, students, and nurse researchers appear ambiguous though encouraging. Nurses, like other health professionals and sectors of society, are in the process of reevaluating our positions on drug use and non-abstinence-only drug treatment, as well as how nursing principles such as non-judgmental care, non-maleficence, and human rights impact our role in drug policy and in caring for patients who engage in risky behaviors. Further research and policy development are necessary to increase health knowledge, access, and outcomes for drug users and other marginalized communities.

References


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Purpose

The purpose of this presentation is to present a study on floating in a large tertiary pediatric facility. More specifically, this presentation covers what resources nurses need to float, if those needs were met, and ways they wish information about floating should be disseminated.

Target Audience

The target audience of this presentation are clinical leaders in hospitals and staff nurses.

Abstract

Floating is a common occurrence in hospitals. Many anecdotal articles have been written about best practices and the experience of floating (Bates, 2013; Good & Bishop, 2011); however, few studies have been done recently about floating, especially from staff nurses’ perspectives. Most studies have examined patterns of floating (Fliss, et al., 2012) and characteristics of float pool nurses (Linzer, et al., 2011). Less is understood about the types of resources nurses feel they need during the float process. The purpose of this study was to examine nurses’ perceptions of what resources are needed during floating. The following research questions guided this study: 1) Did nurses feel they had enough resources to float? 2) What resources were needed to float? 3) What ways did nurses want information about floating disseminated? and 4) Did perceptions differ by years in service at the hospital or number of times floated in the past year? A descriptive design was employed to examine the research problem. An invitational email was sent to 1100 nurses in a large, tertiary pediatric facility. The total number of staff nurses included this sample was 220 (20% response rate). The survey consisted of 1 closed-ended question regarding their perception of adequate resources and 3 open-ended questions regarding issues with floating, best ways to obtain information in order to float, and resources needed to float. Very little demographic data were collected and the survey was anonymous to encourage complete and valid responses. Closed ended data were analyzed with frequencies and percentages. Open-ended data were content-analyzed, then frequencies and percentages of categories of responses were analyzed. Chi-square analyses were used to examine relationships between the variables. The sample was nearly equally split on time in service at the hospital (less than 5 years = 47%; Five or more years = 53%). Floating was divided into two groups by a median split: less than 10 times in the past year (54.5%) and 10 times and over (43.2%). There were no significant relationships between perception of necessary resources (yes/no) and years at the institution ($X^2 = 1.45$, df = 1, $p = .28$) and number of times floated in past year ($X^2 = .81$, df = 1, $p = .41$). In regards to issues with floating, the top three categories of responses were: depends on type of unit (32.7%), inconsistency across units (21.2%), insufficient training or needed orientation to adequately give patient care (13.5%), and staff not friendly or helpful on float units (13.5%). Nurses were surveyed on the best way to obtain information about units to which they were floating. The top three categories of responses were: being assigned a resource or buddy on the float unit (33.3%), have a mini-orientation to float units (25.0%), and electronic updates about float units (20.8%). The nurses had several suggestions on needed resources for floating. The top three categories of responses to this category were: being assigned a resource or buddy when floated (16.5%), having written or electronic information about the unit that could be read before and carried during time on unit (13.9%), being given information about the unit routine (9.9%), and having a mini orientation/training on other units (7.8%) and access to or check-in from a charge nurse (7.8%). Categories of responses did not differ by years at the institution or number of times floated. These results are the first to examine nurses’ perceptions of the needed resources in which to float. Leaders within institutions can use these data to understand the common frustrations nurses experience during floating and suggestions from staff nurses’ perspectives on how to create a more satisfactory floating experience.

References


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J 04 - Improving Clinical Practice and Patient Satisfaction to Decrease Readmissions
Clinical Practice Protocol to Decrease Hospital Readmissions After CABG Surgery: Implications for Clinical Leadership

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Purpose
The purpose of this presentation is to describe the implementation of a Clinical Practice Protocol that involved the redesign of processes that were started prior to the patient’s admission and extended to 30 days after discharge from CABG surgery.

Target Audience
The target audience for this presentation is advanced practice nurses, staff nurses, home care nurses, cardiovascular service line administrators.

Abstract

Background
The healthcare industry has been called to critically analyze issues that impact the quality and safety of patients and families. A quality and patient safety issue that affects the nation’s healthcare system today is hospital readmissions. The definition of a hospital readmission for patients undergoing coronary artery bypass surgery (CABG), according to the Society of Thoracic Surgeons (STS) (2016), is an inpatient readmission within 30 days from the date of surgery (DOS) for any reason. The Centers for Medicare and Medicaid Services (CMS) have extended the 30-day readmission criteria to include readmissions from the date of discharge (DOD), not the DOS (CMS, 2016).

Hospital readmissions are costly and potentially avoidable. The cost of readmissions has a ripple effect on the patient, family, support system, health care providers, hospital care system, and ultimately the nation’s budget (Kim & Flanders, 2013; Sevin, et al., 2013). From a patient and family perspective, hospital readmissions adversely affect these beneficiaries’ physical, psychological, and social functional status as well as the quality of life.

According to Kim and Flanders (2013), “a hospital readmission is viewed as one of the more undesired post-discharge events by patients, providers, and health systems. Patients are frustrated over the need for a readmission and providers fear that hospital based treatments and interventions were ineffective” (p.2). For health systems, readmissions are an inefficient and costly solution to problems often better managed in an alternative venue such as an outpatient clinic or prevented entirely through improved systems of care. Hospital readmissions have significant implications for payment under the Hospital Readmissions Reduction Program (HRRP) as defined by CMS and outlined in The Affordable Care Act, section 3025. This program was initially implemented in 2012 with statutes focused on congestive heart failure (CHF), acute myocardial infarction (AMI), and pneumonia at a one percent reduction in payment. Maximum payment reductions increased to three percent of hospital payments by 2015. Recently, CMS expanded the penalty to other conditions such as CABG surgery for 2017 (Hubbard & McNeill, 2012; CMS 2016).

Methods
Specifically, this clinical practice protocol identified best practice across the care continuum from preadmissions to 30 days after discharge. The cardiovascular surgery nurse practitioners (CVSNP) and Director of the Cardiovascular Service Line devised this protocol after an extensive review of the literature for best practice and national initiatives. The Chief of Cardiovascular Surgery approved the protocol. The data manager for the practice site collected data retrospectively using the STS data base form. The Iowa Model of Evidence Based Practice to Promote Quality Care (Titler, et al., 2001) was utilized as the conceptual framework.

Methods: Continued, Specifics of the Protocol: Preadmission: The majority of the patients entered the health care system through preadmission testing (PAT) whereby the CVSNP obtained the history and physical and began teaching on the plan of care. The CVSNP discussed with the patient and family the preference for a home care agency. If the family did not have a preference for a home care agency, the
patient was followed after discharge by the home care agency affiliated with the healthcare system. Patients already admitted to the hospital who required surgery, had their history and physical done by the admitting service and preoperative teaching completed by the CVSNP. A preference for a home care agency was determined prior to surgery for these patients as well.

**Course of Hospital Stay:** The patient’s status was managed and optimized by the CVSNP, in collaboration with the surgeon, in preparation for discharge. Throughout the course of the hospital stay, the staff nurse and CVSNP validated the patient’s support system and health literacy. The staff nurse and CVSNP assessed the patient’s educational needs and provide education on a daily basis to the patient and the family/support system focusing on discharge teaching and planning. Discharge teaching emphasized medication changes, diet, activity restrictions, wound care, follow up appointments, and reasons for concerns for an earlier follow up. A teach back method was used to validate patient and family/support system understanding. The Cardiovascular Surgery Discharge Instruction sheet (one page) along with the electronic medical record (EMR) generated form, Coronary Artery Bypass Surgery: Care After Surgery, was given to the patient and family.

**The Day Before Discharge:** The dedicated RN home care liaison and/or case manager communicated with the CVSNP regarding the impending discharge of the patient. This liaison interviewed the patient and family and confirmed the demographic data, home support, and second learner information. Additionally, the liaison/case manager assessed for the need for durable medical equipment, support services (physical therapy, occupational therapy) and/or telehealth for the patients with a comorbid condition of congestive heart failure.

**Day of Discharge:** The CVSNP validated the patient’s discharge with the home care liaison and/or case manager. The home care (field staff) nurse’s cell phone number was given to the CVSNP, which was recorded in a log for future reference. Discharge teaching was validated, using the teach-back method, as previously discussed, with written discharge instructions provided to patient and family/support system. The hospital unit clerk (HUC) made an appointment for the patient to see the cardiologist in 2 weeks, surgeon in 3 weeks, and primary care provider in 4 weeks. This follow-up information was communicated to the patient and family by the HUC as well as documented in the EMR, with a hard copy given to the patient and family. Prior to discharge, the CVSNP provided a verbal phone handoff to the home care nurse. Pertinent concerns to optimize the transitions in care were addressed at that time. Lastly, the NP dictated the discharge summary to ensure that the pertinent information can be available in the EMR for future reference.

**Days After Discharge:** To optimize communication among care providers, the operative note, medications list, dictated discharge summary is sent to the cardiologist and PCP using informational technology support (either by a fax transmittal or notifying the provider that this information is contained within the EMR). This information was transmitted/shared, since some cardiologists and PCPs do not have access to the hospital’s EMR records. In case the patient calls the cardiologist or PCP, these providers will have access to the pertinent information to support clinical decisions. The home care nurse would make a clinical visit to the patient’s home the day after discharge. If the home care nurse identifies any issues after discharge, the following decision tree will be utilized: From the hours of 0730 to 1630, the homecare nurse or patient contacts the CVSNP with changes in the patient’s status using the designated (spectra link) number. The CVSNP collaborates with the surgeon on the clinical status; at that time, the surgeon, or office staff, notifies the homecare nurse to continue to monitor the clinical status, or obtain the next available expedited office appointment, or if the patient’s clinical status warrants, triages the patient to the emergency department (ED)/clinical decision unit (CDU) for evaluation. From the hours of 1630 to 0730, the homecare nurse or patient contacts the surgeon via the Perfect Serve CVS service line (hospital phone system utilized for after hours). The surgeon determines if the clinical status warrants ED/CDU evaluation or if the patient can be seen in the office for an expedited visit. If the patient calls the office, the nonclinical office staff can communicate with the surgeon to redirect the patient back to home care, expedite an office visit, or direct the patients to the ED/CDU. If the patient is triaged to the ED/CDU, the surgeon and/or CVSNP will establish the differential diagnosis and resultant plan of care. Patients that are evaluated and managed in the CDU and then sent home are not considered to be a hospital readmission. In contrast, if a patient requires further inpatient management, then this patient’s case would be considered a hospital readmission.
Results
During the timeframe of December 2013 to December 2014, when the clinical practice protocol was instituted, the initial readmission rate (14%) continued to be above the national STS benchmark of 10%. Further revisions to the practice protocol were implemented with the latest readmission rate in calendar year (CY) 2014 being 5.26% (N = 4 of 76 total patients), which is well below the national benchmark and a new best practice standard for the practice site. This information is publicly shared at the STS meetings, as well as reported to the Duke Clinical Research Institute.

Conclusions: An interprofessional leadership team is essential to institute best practice across the care continuum. The clinical practice protocol was provided to all patients undergoing open-heart surgery at the practice site. Data was tracked on the CABG only patients based on quality measures set by the STS database form. Quantified readmissions rates for all open-heart patients can be extrapolated from this database in the future.

References

Contact
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Purpose

The purpose of this presentation is to advocate that by putting healthcare and healthcare workers first and deflating customer satisfaction to follow, rather the driving force in healthcare, everything healthcare administrators seek will fall into place, to include customer retention and profits.

Target Audience

The target audiences of this presentation are healthcare administrators and pundits, to include but not limited to charge nurses, managers, directors, chief nursing officer/executive and hospital CEOs.

Abstract

Healthcare, an industry genuinely dedicated to helping others, has not only been cheapened but it has been brutishly forced, by any means necessary and at the cost of so much, into just another customer-driven service industry where satisfaction scores are the driving force and healthcare workers are to follow. A driving force without feat as that destructive IDIOTOLOGY [sic] has not moved the needle with regard to customer satisfaction but instead has left behind a trail of overwhelming collateral damage and our nation’s greatest silent national crisis.

The belief was, and continues to be today, that by increasing customer satisfaction healthcare’s quality and cost would improve. However, that has not been the case. Because rather focus on variables that DO affect the quality and cost of healthcare, such as outcomes and the safety of healthcare workers and patients, satisfaction surveys focus on wait times, pain management, housekeeping and communication skills, all of which could be argued DO NOT affect the quality or cost of healthcare.

On top of that, those ill-conceived IDIOTOLOGIES [sic], intended to improve healthcare, have only ignited a survival of the fittest race that resulted, of all things, in decreased access to healthcare as volumes of healthcare centers have folded after failing to keep up with the competition. And worse, studies have shown that the most satisfied patients not only spend the most on healthcare and prescriptions but they are also the most likely to be admitted and most likely to die. How is either of those in anyone’s best interest?

The title and presentation are purposefully provocative as both scream that considering patients’ customers is NEVER right and point to the elephant in healthcare’s exam room—that customer satisfaction scores are NOT about healthcare but about customer retention and profits. And despite studies have shown there is no correlation between satisfaction scores and good healthcare, healthcare administrators and pundits chose not to speak to those facts despite the collateral damage left behind from them chasing satisfaction scores.

Healthcare needs an epic paradigm shift. One that promotes healthcare workers as valuable and trustworthy, supports our collaboration and professionalism, and recognizes us as the good-doers for our desire to help others over concerns that patients may take their business elsewhere. Albert Einstein said, “We cannot solve our problems with the same thinking we used when we created them.” In order for healthcare to create a new future it must rid itself of traditional thinking and this presentation is the stone cast across the water that will create the ripples to taking healthcare back.

References


Contact
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Purpose

The purpose of this presentation is to inform nurse educators how an innovative and interactive toolkit can be used to create a culture of engagement in policy within the nursing profession during the initial educational experience.

Target Audience

The target audiences of this presentation are nurse educators, nurse leadership and those interested in engaging as well as influencing others to engage in health policy.

Abstract

Introduction: Nurses are the largest professional group within healthcare and have been voted the most trusted profession by the public for over 14 consecutive years (Tomajan, 2012). Capitalizing on this fact to influence as well as become a catalyst for change when opportunities present themselves would result in substantial advancement in the profession in addition to the populations they care for. The issue is nurses are indifferent about policy issues and are taught to focus on individual patient advocacy as opposed to population based advocacy despite being able to contribute significant information and wisdom on a variety of issues, initiatives, policies, etc. It has been suggested the reason some nurses are indifferent about policy issues may be due to a lack of knowledge and preparation to assume these roles as well as understanding their influence can produce results (O’Brien-Larivee, 2011).

Evidence: Nursing students are socialized into the profession during their initial educational experience (O’Brien-Larivee, 2011, p. 333). Reutter and Williamson (2000) proposed that health policy should be introduced at the baccalaureate level to promote an understanding of policy and advocacy, to move beyond an individual focus of health care, and to begin the process of “thinking policy” (as cited in O’Brien-Larivee, 2011, p. 333). A toolkit was created to address this issue by revising Bachelor of Science in Nursing (BSN) curriculums to reflect the integration of clinical and classroom learning consistent with the American Association of Colleges of Nursing’s (AACN) essentials of Baccalaureate Education for Professional Nursing Practice framework (2008). The framework states a BSN program should prepare their students to participate as a nursing professional in political processes and grassroots legislative efforts to influence healthcare policy as well as advocate for consumers and the nursing profession (AACN, 2008). Once engaged, nurses seldom turned their backs on the world of policy-making (Gebbie, Wakefield & Kerfoot, 2000). According to (Zauderer, Ballestas, Cardoza, Hood, & Neville (2009), incorporating political education into the general nursing curriculum, educators can show students how they can be instrumental in influencing the political process. Nurse educators can facilitate this process by being role models and presenting opportunities to teach nursing students how to get involved, advocate and use their credentials to make an impact wherever they choose to practice.

Solution: A toolkit was created for nurse educators to implement a public health education intervention program on a cohort of nursing students to educate and actively engage them on how they can use their role as a nurse citizen to advocate on relevant issues their populations are facing. The toolkit essentially translates nursing skills acquired during their education and clinical practice such as communication, persuasion, patient education, critical thinking, analysis, collaboration and advocacy to be utilized in the political and policy arena. The toolkit presents 4 options on how nurse educators can revise their entire curriculum, their public health or nurse leadership course, create a forum or utilize one 3 credit hour course (3 hours) to engage students in policy. The option chosen will be dependent on available resources and program type to assist in modifying the BSN programs. The students are taught how to use evidence based practice to present the problem as well as support their proposed solution and the RIATA Asking Criteria to effectively communicate with their legislators and other policy makers when supplicating their requests.
Conclusion: As our rapidly changing healthcare environment continues to create new policies, it is imperative nurses are included in the process providing their expertise, insight, and recommendations. The toolkit ensures that regardless of what option is chosen by the nurse educators; students will learn and apply everything that is taught to get a firm understanding and become empowered to continue engaging after graduation. Equipped with the knowledge on how to translate their skills from the toolkit, nurses can become engaged in the varying levels of activity in advocacy through the roles of a nurse citizen, nurse activist and nurse politician to make a change in wherever they choose to practice, the nursing profession and their communities.

References


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K 02 - Nursing Academia: Retaining Faculty Through Recruitment and Peer Mentoring

Strategies for Nursing Faculty Job Satisfaction and Retention

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Purpose

The purpose of this presentation is to report the research findings of a secondary data analysis examining nurse educator's job satisfaction and intent to stay.

Target Audience

The target audience of this presentation is nurse educators, administrators, and higher education policy makers.

Abstract

The need for registered nurses in the United States continues to grow, yet the shortage of nursing faculty limits student enrollment. Funding reductions, faculty retirement and resignations, and increasing job competition from clinical sites have contributed to faculty’s employment in nursing colleges. To add to the challenges, the role nursing faculty’s role is becoming more complex with academic expectations in the areas of research, teaching, service and scholarly activities. Recognizing the variables associated with nursing faculty work-life is critical for changing strategies to gain and retain faculty. To achieve the goal of increased numbers of nurses to care for society requires gaining and retaining qualified faculty. The concept of job satisfaction is important because it connects with the intent to stay. Few empirical studies have been conducted on a national scale or in the last decade addressing the variables associated with job satisfaction and intent to stay in nursing academia. In the few studies found, reasons faculty leave academia have been reported as (a) low salary; (b) horizontal hostility; (c) career change; (d) family obligations. These varied outcomes of relationships warrant the need for colleges and universities to gain deeper understanding of nursing faculty job satisfaction indicators. The purpose of this retrospective study is to analyze variables for relationships with nurse faculty job satisfaction and intent to stay from data collected throughout the United States. The inquiry question guiding the study is: what is the relationship between job satisfaction and intent to stay in nursing faculty considering the following variables (a) personal and family policies; (b) collaboration; (c) tenure clarity; (d) institutional leadership; (e) shared governance; (f) career development; (g) departmental engagement? To answer the guiding question, the scientists utilized The Collaborative on Academic Careers in Higher Education (COACHE) data collection and survey developed through cooperating of more than 200 institutions of higher education. As a national research project, COACHE produces numerous reports and key findings through survey data about what motivates faculty to remain at or depart from an institution. For this study, results were collected from participating institutions with programs of nursing. The survey is composed of 13 categories each containing multiple items and approximately 150 items were selected. The dependent variables in this study were job satisfaction and intent to stay, as measured by the respondent's self-reported job satisfaction and intentions to remain at their current institution. Job satisfaction was assessed using three items from the COACHE survey (α = .89). Intent to stay was assessed using a single item asking respondents to report how long they planned to remain at their current institution on a three-point scale. Independent variables included single-items (e.g., age, gender, race, tenure status, academic rank, and institutional type) where participants reported demographic and background information, as well as multi-item measures aimed at assessing personal and family policies (4 items; α = .79), collaboration (3 items; α = .76), tenure clarity (4 items; α = .95), institutional leadership (9 items; α = .94), shared governance (3 items; α = .76), and departmental engagement (5 items; α = .75). Over 1,350 nursing faculty provided data on gender, race, rank, tenure status, institutional type, and work factors. The finding was that job satisfaction was positively associated with personal and family policies,
collaboration, tenure clarity, institutional leadership, shared governance, and departmental engagement. Likewise, intent to stay was positively associated with all the listed variables above except tenure clarity. The implications for nursing academic administration and executive leadership are as following: personal and family policies that are unfavorable to faculty retention need to be deleted or revised; chairs and deans need to provide a culture of support and development for faculty, clearly written and orally communicated faculty expectations need to be given to candidates and hired employees, especially those seeking tenure.

References


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K 02 - Nursing Academia: Retaining Faculty Through Recruitment and Peer Mentoring

Creating a Collaborative Academic Culture for Successful Scholarship in Nursing Faculty

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Amanda F. Hopkins, PhD, MS, BSN, RN, USA

Purpose

The purpose of this presentation is to describe a 2 year, monthly, 1-hour faculty gathering (Think Tank) in which faculty share their scholarly pursuits, resources, research strengths, and experiences.

Target Audience

The target audience of this presentation is academic administrators and tenure track nurse faculty members.

Abstract

Pursuit of tenure is an arduous task. Expectations for tenure include achieving excellence in teaching, service, and scholarship. While different schools have varying requirements for tenure, one of the most difficult to achieve is scholarship. Scholarship at small, undergraduate schools of nursing is often a daunting task. At such institutions, teaching is often the primary focus and expectation, making completion of scholarship that much more difficult because of lack of time and resources. Many faculty, although PhD-prepared, find the transition to faculty responsibilities overwhelming and often take 5-15 years to develop a program of scholarship and master teaching (Heinrich & Oberleitner, 2012). Additionally, more tenure track faculty are being hired with master’s degrees or doctorates of nursing practice, and in their education, research was not a foundation so they are unprepared for the rigors of scholarship to achieve tenure (Oermann, Lynn, & Agger, 2015). Therefore, academic environments, particularly at small universities are becoming increasingly complex, producing barriers for faculty to achieve success in scholarship.

Although many institutions have modified versions of what is expected for tenure, scholarship at some level remains a valued obligation. In smaller academic settings, each faculty member may have diverse areas of research, leading to a lack of collaborative possibilities and contributing to feelings of isolation. Faculty are busy, especially in schools of nursing, with clinical courses at a variety of sites. There is little time to spend with other faculty members brainstorming and developing well-rounded relationships, particularly ones that enhance other’s scholarship obligations and promote collaboration on scholarship with one another. Peer mentoring and blending various faculty members’ strengths can help faculty members realize success by setting realistic goals, promoting accountability, perhaps improving faculty recruitment and retention (Heinrich & Oberleitner, 2012), and reducing incidences of incivility (Bostian Peters, 2014).

The purpose of this presentation is to describe a 2 year, monthly, 1-hour faculty gathering (Think Tank) in which faculty share their scholarly pursuits, resources, research strengths, and experiences.

Results of the Think Tank project indicate successful outcomes in producing scholarly accomplishments. Compared to scholarly achievements before Think Tank, collaborative projects among faculty increased. Publications and peer-reviewed national and international presentations saw significant growth. Faculty applications for internal and external funding also expanded. Successful strategies to engage faculty are described and successful outcomes are highlighted.

References


Contact

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Purpose
The purpose of this presentation is to provide a validated tool that can be used by any nurse in any unit to determine pre-injury/illness frailty in their patient population. This tool can help promote early intervention for end of life and quality of life discussions.

Target Audience
The target audience of this presentation is for nurses and administrators who care for older adult patients.

Abstract
Our older population is growing, our estimated population of older adults, 65 years of age and older is projected to be 83.7 million by the year 2050 (Ortman, J., Velkoff, V.A., 2014, p. 25). This increase in our older adult population creates an increase in the number of older adult trauma patients admitted to the hospital. Many different variables must be considered when caring for our geriatric population, including their end of life wishes. Palliative care is often a misunderstood term by not only families and patients, but also physicians and nurses. The goal of palliative care is to improve the patient’s quality of life during a time of serious illness. Many studies have assessed the cognitive function of patients predicting functional decline such as (Zahodne, Manly, MacKay-Brandt, & Stern, 2013) which discovered that cognitive scores could predict subsequent functional abilities of patient with eventual incident dementia. However, there were not any studies showing pre-injury frailty as an indicator for functional outcomes in trauma patients. In a study accepted by the Journal of Trauma Acute Care Surgery by Maxwell et. al., (2016) it was discovered that pre-injury physical frailty was the determining factor for functional decline and mortality at 1-year post hospitalization. Maxwell discovered that 25% of the patients rated as frail died within the first year post hospitalization. From this work, a nurse driven frailty screening tool was developed. The screening tool was used as a guide to assess the level of physical frailty and cognitive function prior to hospitalization. The scores from this tool were used to determine if an early palliative care consultation would be initiated. The screening tool was piloted from March 2015 – May 2015 and data were collected. The results showed that 136 patients were admitted to service, with 70 patients receiving a nurse driven screening, and 66 patients did not. The mean age was 76.2 and the number one mechanism of injury was falls. The patients were placed into 3 categories based on their scores from the screening tool; non-frail, pre-frail and frail. Out of the 70 patients screened, 29% were non-frail, 34% were pre-frail and 36% were assessed as frail and we were able to increase our palliative care consultation rates from 13% to 32%. Our goal was not to change the level of care, but to provide patients and their families with a realistic clinical trajectory and to help them be more prepared to make end of life decisions outside of a crisis situation.

References

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**K 03 - Improving Outcomes in Vulnerable Populations**

**A Feasibility Study to Implement a Family Nurse Practitioner into a Rescue Mission**

*Mary Basara, DNP, RN, USA*

**Purpose**

The purpose of this presentation is to educate advance practice nurses in caring for the homeless in community outreach settings by providing better access and preventive healthcare for the homeless.

**Target Audience**

The target audience of the presentation is advanced practice nurses and all healthcare workers, who have a passion for caring for the homeless and underserved populations in a community health setting.

**Abstract**

The purpose of this project was to conduct a feasibility study showing the advantages and costs of placing family nurse practitioners in the rescue mission’s homeless programs one day per week. Homeless people experience greater health complications from chronic diseases and early mortality due to a lack of ongoing treatment. This study noted that homeless people often depend on emergency departments for episodic care, which promotes poor access and ineffective utilization of primary care providers. Family Nurse Practitioners or FNPs would likely provide early diagnosis of, and ongoing treatment for, chronic diseases. Further, a partnership between a rescue mission and an intercity hospital with FNPs on staff may reduce emergency department costs for the hospital, improve access, and promote continuity of care for the homeless.

This study utilized primary data from a community needs assessment conducted by an inter-city safety net hospital, Public Health Department, and evidenced-base literature review. Analysis of the data was done utilizing feasibility studies which described the project, market assessment, technical assessment, financial/economic assessment, and the organizational/managerial feasibility. The study analyzed the conclusions and assumptions that would determine the course of action to pursue, either the adoption of a business plan or rejection of the project.

The conclusion reached was that the cost of care currently being provided by the safety net hospital exceeded the cost of the FNP by $821,205. This figure represents bad debt for the healthcare organization. With the implementation of the FNP to serve the Rescue Mission homeless population, the healthcare organization experiences cost savings and decreased incidence of inappropriate use of the Emergency Department.

In the 21st century, nursing is uniquely positioned to meet future healthcare needs in the United States. Nurses, by virtue of their numbers, evidence-based practice, and adaptability in providing primary care outside the acute-care setting, will create new ways to meet future healthcare challenges (Institute of Medicine [IOM], 2012). One such challenge is caring for the healthcare needs of the homeless. The chronic care delivery model for this population, for example, could be refocused from the emergency department to the community setting. Utilization of FNPs to provide access and preventive treatment for the homeless may improve quality and life expectancy while decreasing healthcare costs.

**Purpose Statement:** The purpose of this project was to conduct a feasibility study, to show the advantages and costs of placing a family nurse practitioner in a rescue mission’s homeless programs one day per week. FNPs may provide homeless clients with access and continuity of healthcare that could reduce the cost and improve the quality of healthcare for the homeless at the rescue mission. The provision of health care services, client navigation, assistance for obtaining medications, procedures, and specialty treatment for chronic diseases was evaluated in this project.

**References**


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Developing Leaders Through Interprofessional Collaboration

The Importance of Collaborative Interprofessional Education on Advancing Leadership and Quality Improvement Attributes

Lorie L. Sigmon, DNP, MSN, BSN, RN, USA
Gina Woody, DNP, MSN, BSN, RN, FNP, USA

Purpose

The purpose of this presentation is to: Introduce Patient Safety and Quality Improvement principles and its relationship to the Plan -Do -Study -Act Cycle to nursing and medical student interprofessional teams through experiential learning. Developing non-traditional curricular activities improves communication, team skills, and increases collaboration that supports patient safety culture.

Target Audience

The target audience of this presentation is: Health professions clinicians and educators interested in interprofessional collaborative care and interprofessional healthcare education, with a focus on Quality and Safety initiatives.

Abstract

Emerging data suggests that effective and competent interprofessional teams improve health care outcomes and patient satisfaction. Healthcare systems are becoming more reliant on teamwork and collaboration among the professions and professionals. The result of this industry adjustment necessitates Health professions educators to design curricular activities and instructional strategies that promote interaction with learners from different professions.

Our Interprofessional Education (IPE) Quality Improvement (QI) began with the Introduction of Patient Safety and Quality Improvement principles as it relates to the Plan -Do -Study -Act (PDSA) Cycle to nursing (seniors) and medical Students (M1) through experiential learning within interprofessional teams. Secondarily, within one joint, four-hour class event, students collaborated as they learned about patient safety, and the application of QI tools. Since the physician-nurse relationship is the main component that interfaces with the patient during hospitalization, developing non-traditional curricular activities to improve communication and team skills is needed to be collaborative in supporting a patient safety culture. In the pursuit of the Triple Aim goals, the Institute of Medicine, Association of American Medical Colleges, American Association of Colleges of Nursing, and Institute for Health Care Improvement recommendations place emphasis on the importance of QI skill-building and interprofessional education (IPE). Therefore, this event was to enhance QI knowledge and team-based skills that are associated with improved patient experiences and outcomes, fewer adverse events, and at lower healthcare costs.

Organizers blended senior level nursing students (225) and first year medical students (159) into groups (Total 384). This event had three phases: Phase 1: Selected Institute of Healthcare Improvement online modules were completed prior to the event, Phase 2: Lecture bursts (20 mins) highlighted Why, Patient safety? What is QI? and Principles of PDSA Model, and Phase 3: Experiential Team-based learning. After a brief discussion on principles of quality improvement, student teams applied their quality improvement knowledge to a game-based activity before transferring the experience to a clinical scenario. The groups of nursing and medical students participated in a competitive team building egg drop game. Each team was provided 4 eggs and instructed to use the available materials, and prepare packages for their eggs in an effort to protect their eggs while being dropped from a ladder. The costs of materials were provided to each team. Teams had the opportunity to test changes in their packing strategies in repeated PDSA cycles. At the end of the activity faculty members facilitated discussion about how the learners applied QI principles and how the activity related to team work and improvement projects similar to those in the clinical setting. Knowledge and attitudinal pre and post-assessment surveys were administered to assess changes pre and post-intervention. The Student Perceptions of Interprofessional Clinical Education – Revised (SPICE-R) instrument was completed post intervention to assess attitudes toward interprofessional health care teams, followed by a focus group debriefing.
The results of 1) Pre-class IHI open school modules completion rate, 2) The Pre/Post-test results of SPICE-R and the Quality Improvement Evaluation will be presented and combined with the faculty report of focus group debriefing to provide a full picture of student perception of this learning modality and interprofessional teamwork. In addition, findings of the PDSA student knowledge worksheets will be provided.

Preliminary Survey findings reflect that students from both School of Medicine and College of Nursing show an increase in agreement with the SPICE-R statements related to Interprofessional Clinical Education.

Review of the class inquiry and worksheets provided the faculty data to evaluate the learning session. The faculty review of the pre-class IHI Open School modules provided a total number of students who completed the modules and were introduced to QI principles (PDSA). In addition, post class QI worksheets determined basic understanding of small change concepts including: identifying specific aims in an improvement project, determining outcome measures, and writing a small plan for change based on a personal change scenario. In addition, faculty observation during the egg-toss assessed student communication among the teams which provided baseline communication skills and actions during the learning exercise.

Interprofessional education and quality improvement learning strategies should be imbedded into health care professions curricula. Well-functioning teams are necessary to improve patient care and health. Learners need the skills and confidence to transform our healthcare system and work collaboratively to serve patients and their families. Newer educational models suggest that learners who learn together are more likely to develop the competencies needed to effectively care for patients. Students verbalized the event was beneficial and informative while learning within an interprofessional setting.

References


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Purpose

The purpose of this project is to describe a Bedside Nursing Leadership Development program (BNLD) designed to empower acute care inpatient bedside nurses to lead in making practice level changes to improve patient outcomes through innovative nurse led interprofessional bedside rounds.

Target Audience

The target audience of this presentation is clinical nurses, managers, and administrative executives.

Abstract

In 1991, the Institute for Healthcare Improvement (IHI) proposed the triple aim: 1) improve healthcare through patient satisfaction and quality; 2) improve population health; and 3) reduce the cost of healthcare per person as a solution to the issues of fragmented and frequently poor quality healthcare. The quality of healthcare is a professional and financial issue that is impacted greatly by all healthcare providers including nurses (Kliger, Lacey, Olney, Cox & O’Neil, 2010). The Institute of Medicine (IOM, 2010) issued a report with recommendations for nursing to lead in changing and improving healthcare. One key recommendation was to develop opportunities for nurses to contribute and lead in innovative models of patient-centered care (IOM, 2010). For this recommendation to become reality nurses need the skills and knowledge to be leaders at the point of care (Kliger, et al., 2010). The purpose of this project is to describe a Bedside Nursing Leadership Development program (BNLD) designed to empower acute care inpatient bedside nurses to lead in making practice level changes to improve patient outcomes through innovative nurse led interprofessional bedside rounds.

The focus of the BNLD is to provide opportunities to adapt and apply leadership principles to bedside nurses without formal leadership positions. Sommerfeldt (2013) stated, “It is essential that nurses in practice clearly articulate their role in interprofessional clinical settings. Assumptions, stereotypes, power differentials, and miscommunication can complicate the interaction of healthcare professionals when clarity does not exist about nurses’ knowledge, skills, and roles” (p.519). The BNLD is part of a larger HRSA Nurse Education, Practice, Quality and Retention Grant (NEPQR) focused on the development of nurse leaders in interprofessional collaborative practice teams. Bedside rounds are defined as interprofessional practice teams collaborating with patients daily to plan care for the next 24-hours. The BNLD is a broad leadership development program for nurses at the bedside that provides skills that may be applied to a variety of contexts in clinical settings. For the purpose of the NEPQR project, the BNLD objective was to provide nurses with skills to take a leadership role in care planning with the patient and the interprofessional healthcare team. Kouzes & Posner (2002) was used as the framework for leadership development. The BNLD program is three hours in length and consists of concepts of leadership: leadership as influence, connecting leadership with everyday work, and reframing leadership as more than formal leadership positions. Part of the BNLD includes simulated bedside role playing with a variety of healthcare professions. The role playing consists of anticipated difficult situations to enable leadership practice prior to launch of the interprofessional bedside rounds. The HRSA NEPQR bedside rounding project was implemented on a surgical inpatient unit at an urban Academic Health Center in the Midwest. A total of 33 nurses on an inpatient unit participated in the initial development program to prepare for leadership at the bedside during rounds. All nurses completed the Task Specific Leadership Self-Efficacy Questionnaire (Isaac et al, 2012) prior to participation in BNLD, and again at 3 months, 6 months, and end of year one post initiation of bedside rounds. The Leadership Self Efficacy scale is a general measure of leadership efficacy. It contains eight statements to which participants respond by indicating their level of agreement on a 5-point Likert -type scale ranging from 1 (strongly agree) to 5 (strongly disagree). Cronbach’s alpha indicated a high internal reliability for the leadership self-efficacy scale both
pre (0.90) and post (0.91) use (Isaac, 2012). Results from the first year of BNLD outcomes, including bedside nurses’ perceptions of their leadership development, will be presented.

References

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The purpose of this presentation is to showcase a multidimensional mentoring program focusing on students’ leadership development, while promoting characteristics of future nurse leaders.

Target Audience
academic nurse educators, and those interested in student nurse leadership development methods.

Abstract
The cultivation of future nurse leaders occurs primarily during students’ academic formative years of nursing school. Through active nursing organization memberships (Akans, M., Harrington, M., McCash, J., Child, A., Gripentrog, J., Cole, S., Fitzgerald, K., ...Fuehr, P., 2013) and peer mentoring experiences (Wong, C., Stake-Doucet, N., Lombardo, C., Sanzone, L., & Tsimicalis, A., 2016; Ford, Y., 2016), student nurses acquire a skill set to prepare them for future leadership roles. The purpose of this presentation is to share a mentoring model for developing future nurse leaders. This project was implemented while student nurses attended a large west coast public university’s nursing program. The mentoring program focused on students’ personal development. The format provided a framework for future leadership roles in nursing. The goals were to promote advancement and self-confidence in future nurse leaders, while allowing for other common leadership characteristics to flourish. This program evolved over time, with each success leading to other achievements. Three programs will be discussed as examples for other schools interested in promoting student leadership.

A large local chapter of Sigma Theta Tau International was one of the first nationally to develop a template for a chapter student nurse intern program (1996). The roles and responsibilities of student interns, selected annually, evolved and were consistently focused on personal and professional leadership development. Board members volunteered to act as mentors to these students. Various intern accomplishments over the years included: (1) Assisting in developing an annual newsletter for chapter, (2) Assisting with annual induction planning and registrations; developing chapter programs and flyes promoting programs, (3) Presenting as part of an induction keynote panel focusing on experiences of being an intern (4) Leading monthly meetings (with assistance)/ presenting research for the board/volunteering to take officer meeting minutes, (5) Writing articles summarizing experiences from Biennial/other regional nursing conferences, and (6) Attending conferences for STTI, (paid by chapter) with board members and some interns presented with a chapter board member. As a result of the student interns’ experiences, it was obvious to the Board members, that student interns increased their personal self-confidence, their leadership abilities, and learned from their nurse leader mentors.

A second positive mentorship plan was a student nurse peer-advising program that developed over the past 5-6 years at this same University. A gap existed in prospective students needing additional nursing program information and hand-holding through the application process for the B.S. nursing program. Many students felt they had something to offer others, and volunteered to be peer advisers. A formalized program is now offered every semester, for prospective peer advisers. Peers buddy with another student to assist in advising, being available for 3 hours per week. Additionally, they journal about activities and discuss what they personally feel about the experience. At the end of the semester, the group of students also meets with the adviser, to share findings with one another. Through this program they have worked as team members, and learned how to use resources, work cooperatively, and communicate effectively. Most peer advisers continue to volunteer the following semesters.

A third program focused on the development of various student leadership organizations and these too, have become instrumental in student nurses’ growth. This University’s nursing program is largely ethnically-diverse with less than 27% of the students being Caucasian. The program includes 400 Undergraduate BS Nursing majors. Some students come into the program quite shy and hesitant to
Faculty encourage memberships in student organizations. This opportunity allows a comfortable venue for these students to network with others and promote students' personal development. It also helps individuals to become more competitive for scholarships and future jobs. Many join more than one organization and often become chapter officers, as well. Chapter officers have been instrumental in initiating programs and motivating others to become involved. Each semester level has its own set of officers and many students belong to other nursing clubs. These additional groups include the California Student Nurse Assn. (CSNA), Examinus Discipulus Club—which is dedicated to scholarship and sharing, SBAN- the South Bay Assembly for Nursing (formerly A Male Nurses Assn.), Nurses for Christian Fellowship, and a Public Health nurses group. Approximately 10 years ago or more, our school had six different ethnic student nursing groups at the same time. Ironically, students joined the groups their friends were in, rather than those of their own ethnic population (i.e., A Vietnamese student could easily be the President of the Filipino club). There were groups for African-Americans, Filipino, Vietnamese, Hispanic, and CSNA students. Many belonged to multiple clubs. As years went on, these aforementioned organizations were subsumed into the current ones. Faculty consistently act as advisers and mentors; they also volunteer as guest speakers - sharing their own career development and activities. They have a vested interest in their students' development.

As a result of the aforementioned activities, students developed various leadership styles that will positively influence future nursing practice and health care organizations. Such behaviors as learning to negotiate, using resources wisely, coordinating and communicating effectively with others, facilitating the group process, and learning to be team players have advanced these students' leadership skills. The goal at this University has always been to mentor the next generation of nurse leaders. This presentation will share those experiences.

References

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Purpose
The purpose of this presentation is to demonstrate how a School of Nursing transformed the traditional leadership curricula in nursing education by integrating the principles of system leadership and elements of a healthy work environment. This presentation will also explore how the course was designed using the Donabedian framework.

Target Audience
Target audience for this presentation will include nursing educators from both academic and clinical institution, nursing administrators and academic administrators.

Abstract
Historically leadership courses developed for undergraduate nursing education programs have focused on identifying personal skills deemed essential for students. These skills primarily relate to personal traits and qualities that identify students’ self-knowledge, communication skills, risk taking, and delegation. What is lacking is the concept and components of system leadership. Knowledge of system leadership helps nurses identify the structures, processes, and outcomes present in a clinical microsystem. Strong clinical microsystems are the precursor of a healthy work environment.

In a clinical microsystem leadership course, there are three main concepts. Those are leadership, microsystem, and healthy work environment. Leadership is the ability to motivate others to accomplish goals. The concept of a microsystem is the combination of small groups of people working together to provide care to specific subpopulation of patient (Nelson et al. 2007). Healthy work environments recognize the ability to achieve positive patient outcomes through the use of skill communication, meaningful recognition, authentic leadership, true collaboration, effective decision making and appropriate staffing (AACN Standard for Excellence, 2005). It is through the integration of these concepts that students become aware of the importance of understanding their work environment and their role in that environment.

“The microsystem is the structural unit responsible for delivering care to specific patient populations or frontline places where patient, families and care teams meet” (2008 AACN Essentials, p. 38). Clinical microsystems are the basic building blocks of all healthcare systems. It is a combination of a small group of people who work together on a regular basis to provide care and the subpopulation of patients who receive that care (Nelson, Batalden, & Godfrey. 2007). This is the environment where the nurse participates in a broad mixture of direct and indirect patient care delivery processes. Within this environment nurses are expected to demonstrate leadership skills. This presentation will provide the participants with the beginning concepts and content needed to present a system leadership course in undergraduate nursing curriculums.

References

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L 02 - Leadership Development for Sustainable Change

Mission Possible: Using Kotter's Change Model to Drive Sustainable Change, a Case Study

Beverly A. Bokovitz, MSN, RN, NEA-BC, USA

Purpose
The purpose of this presentation is to demonstrate utilization of John Kotter’s Change Theory when implementing a hand hygiene initiative in a community hospital.

Target Audience
The target audience of this presentation is healthcare leaders including nurse executives, administration, nurse managers, and clinical leaders.

Abstract
The presentation demonstrated the benefits of utilizing John Kotter’s Change Theory when implementing a multi-modal hand hygiene initiative in a community hospital. The benefits included a decrease in hospital associated infections. The problem was deficiencies of hand hygiene compliance. According to the Joint Commission, hand hygiene compliance should be at 90%. If a hospital is not at 90% compliance, then an action plan is required and an increase in compliance must be demonstrated. In this oral presentation, the hand hygiene process is addressed via John Kotter’s eight steps of Model of Change. The eight steps are summarized in three components comprising of preparation, implementation, and management. First a sense of urgency is established. The urgency is lack of compliance with the Joint Commission’s standards. Next an interdisciplinary hand hygiene taskforce was developed including key stakeholder, nurse leaders, and staff nurses. The taskforce met weekly for six months. The vision was created based on the Joint Commission standard. Evaluation of baseline was created using a SWOT analysis and staff surveys to determine barriers. The vision was communicated with staff members via meetings, emails, and newsletters. Obstacles were removed, such as adding additional alcohol based hand rub at the point of patient care. Short wins were celebrated to reinforce positive behavior. The short wins were celebrated with pizza parties at the unit level for reaching the compliance goal. Finally, the project was weaved into the culture of the organization and sustainable change was demonstrated. The new process was included in new employee orientation. Sustainability was maintained through monthly audits, peer reviews, and secret shoppers. The data was disseminated through all levels of the organization. The final result was accomplishing the Joint Commission’s standard of 90% compliance with hand hygiene and a decrease in hospital associated infections. The result was the creation of culture of attention to patient and health-care works safety within the institution.

References

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Purpose

The purpose of this presentation is to describe the development and implementation of a statewide nurse leader residency program, drawing upon a strong clinical–academic partnership with participation of nurse leaders from across the state.

Target Audience

The target audience of this presentation is nurse leaders, administrators, faculty, and clinicians who are interested in developing nurse leadership residency programs.

Abstract

Background: The IOM’s seminal report, Future of Nursing: Leading Change, Advancing Health, offered 8 recommendations for nursing education, leadership, and practice (2011). As the largest sector of the US healthcare workforce, nurses are at the forefront in working with patients, families, and communities, across all levels of care. With such extensive involvement in the care of individuals and populations, nurses also should engage as full partners in improving the country’s healthcare systems. With the involvement of nurses from across Kansas the Kansas Action Coalition (KSAC) was formed in 2011, to promote education and leadership opportunities for nurses, as a means to advance care quality across settings. In 2013, the KSAC surveyed Kansas nurses about leadership, including goals, barriers, and needs. Nurses had a keen desire to develop their knowledge and skills for current or future leadership opportunities (Peltzer et al, 2015).

Methods: To help meet these goals, the KSAC partnered with an academic health center (AHC) to develop a statewide nurse leader residency program for nurses from four specialty areas: acute care, long-term care, public health, and school health within four regions of Kansas: northeast, northwest, southeast, and southwest. The premise for including these four specialty areas was that although leadership skills are necessary for nurses in every setting and role, public health and school nurses— who work with vulnerable children and families and hold key decision making roles— often are overlooked in leadership development opportunities. The team used a nurse residency program developed by an AHC nurse leader for acute care as a starting point for the KNLR program. They reached out to nurse leaders from other academic organizations and the four specialty areas across the state to create a core KNLR leadership team to further refine the program for relevance to the four specialty areas.

The six-month residency program, delivered through 4 online modules and 4 onsite meetings, has content about relationship and team development; quality, safety, and performance improvement methods; financial management, and strategic planning. The nurse leader residency program will be evaluated using multiple strategies. The nurse residents and mentors have completed a baseline assessment of the nurse residents' leadership skills and competencies, using a modified version of the American Organization of Nurse Executives' Nurse Manager Skills Inventory. The nurse residents and their mentors will complete the inventory to measure the residents' post-program leadership skills and competencies. Using participant and program facilitator program assessments, program fidelity will be evaluated for delivery, receipt, and enactment, i.e., that program content was delivered and received per the program protocol and that participants have used the content in their practice.

Following a year of planning, the KNLR enrolled a cohort of 36 nurse residents. The nurse residents represent the four specialty areas and the four geographic regions of the state. The nurse residents have identified a mentor with whom they work during the program. They also are completing a small leadership change project, intended to benefit the participant's organization and/or community. At the culmination of
the program in July 2016, the nurse residents, mentors, and KNLR leadership team will meet in a central location for networking and sharing of the resident projects.

Results: The KNLR curriculum development, implementation, and evaluation processes will be explained. We will discuss the challenges that arose when implementing a state-wide program across multiple specialty areas of practice. We will explain how these challenges were addressed to ensure positive learning outcomes for the nurse residents. We will discuss the partnership between the ACH, the KSAC, schools of nursing, and other clinical organizations to ensure successful implantation of the KNLR program, and lessons learned from implementation of the residency project.

References


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L 03 - Leadership Successes Influencing Healthcare

Leading From the Margin: Nurses' Power and Influence

Berthilde Dufrene, MSN, BSN, AAS, RN, CARN, USA

Purpose
This presentation aims to deliver a motivational and inspiration message of nurses’ power and influence through sharing narratives of the lived experiences of the presenter.

Target Audience
The target audience of this presentation is Registered nurses, Licensed Practical Nurses, Nurse Leaders, Student Nurses and Inspiring Nurse Leaders.

Abstract
The Institute of Medicine (IOM) has called on nursing to lead health care transformation. Achieving this goal requires a systemic change in thinking, a focus on getting things done despite the obstacles that might stand in the way. The concepts of power and influence have ignited lively interest, debate and occasional skepticism, misperception and envy for decades. In nursing in particular, there has long been discussion on the ideas of nurses’ power (personal power) and position power (professional power).

Since the initial IOM’s commission, different scholars have variously emphasized the role of nurses’ status, education, power, and influence. Some claims that nurses are oppressed, marginalized and lack the power and influence to realize such a tall order.

Power is a matter of authority and control; it can be employed either consciously or unconsciously, and it can either be overt or covert. Nurses exemplified power in many ways from the front line and as nurse leaders through the use of self to improve patient care. Some nurses are aware of their power and use it. Others appear unaware of their power although the fact is that nurses exercise their power constantly and are influencing patient care and changing lives. Nurses are influential and this influence is ignited within their stories. This presentation intends to extract nurses’ implicit philosophies and beliefs about power and influence, challenge how problems and opportunities are perceived, and subsequently, help nurses develop a realistic point of view.

Through the presenter’s narratives of lived experiences of innovations, disasters and triumphs, nurses are helped to understand that their use of power even through silence and inaction has it influences. However, the smallest of deeds may have tremendous impacts. The choice to break the silence, to act or to maintain the status quo is theirs always.

References


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Can the Cuban Health Care System Offer Lessons in Leadership?

Fay Mitchell-Brown, PhD, RN, CCRN, USA

Purpose
The purpose of this presentation is to educate the audience about the health care system in Cuba and how leadership style in that culture can transfer to practice in the United States to achieve better health outcomes.

Target Audience
The target audience group for this presentation is clinical, academic and administrative.

Abstract
Leadership is the art of influencing and directing others to create results that would not have otherwise happened. In health care, strong leadership is crucial to the health and well-being of populations served. Health care leaders must ensure that every member of the team work together to provide the highest level of care that is necessary to achieve the best health outcomes. Leaders also mentor employees while providing them with the advice and guidance they need to fulfill their roles with confidence. In the United States (US), more than ever health care is changing. A leader must embrace a global mindset, where relationships are developed from different contexts, situations are viewed from a variety of perspectives, and diversity is valued and appreciated, thus paving the way for successful partnerships and collaboration.

Seventeen professionals were selected to attend a leadership conference in Cuba in March 2016. This nine-day trip was composed of faculty and staff members that included professors (in nursing, communication, health education, language literature and culture, and nutrition), lawyers, and business administrators. This trip was arranged through California State University, Chico. The US has not had diplomatic relations with Cuba since the 1960’s, so travel to Cuba has been restricted to selected individuals. Fortunately, this group was allowed special permission visas for this professional exchange. The group visited Cuba and met with Cuban leaders in higher education, cultural and scientific institutions and to exchange and examine best practices in Cuban leadership. The group followed a Cuban approved itinerary which was rigorous and included three cities, Havana, Santiago de Cuba and Camaguey. Through this exchange professional relationships were established.

Despite limited resources, the Cuban health care system is recognized worldwide for its excellence and efficiency. Due to the US embargo, and economic sanctions, Cuban leaders have developed problem solving strategies that ensure adequate health care access for all segments of the population with health outcomes similar to those in developed nations. The efforts of the Cuban leadership in making health a priority and health care a right for all Cuban citizens is commendable. This is also a testimony to leaders in the global community that despite limited financial resources positive health outcomes can be achieved.

According to the World Health Organization, Cuba spent $503 per capita on healthcare in 2009, whereas the U.S. spent almost 15 times that sum. In fact, the US spent $421 per person just on the administration of the private healthcare insurance system, almost enough to fund the Cuban system. Despite dramatically lower costs, Cuba has some of the best health statistics and health indicators of any country around the world. Cuba’s health indicators are more like those of the “first world” in the U.S. than its neighbors in the “third world.” In Cuba, the average life expectancy is 77.5 years, compared to 78.1 years in the United States. Infant and child mortality rate in Cuba is highly comparable to the US. Cuba leads the world with the lowest patient to doctor ratio, 155:1, the U.S. trails way behind at 396:1.

Cuba leadership shuns the inefficient and more expensive, curative model and embraces a prevention-based system. There is more focus on personalized, community-based care where doctors and nurses work as a team and live in the communities they serve. The reality of health care in Cuba is a nationalized system, with an emphasis on disease prevention, access to care, and education and training of health professionals.
professionals. Research and development is also closely linked to the health care system. Clearly, this innovation has improved the health of the Cuban population especially the most vulnerable.

Cuba also supports the health of people in third world countries through medical diplomacy. This is achieved by dispatching doctors and other health care workers to treat the poor in areas of Caribbean and Africa. Per capita, Cuba graduates roughly three times the number of doctors as the United States. Cuba also supports the medical training of international students that otherwise could not afford this type of education in their native country. This group was fortunate to participate in an exchange with a medical student from Angola who is enrolled in a medical school operated by the Cuban government that will fully train him to become a general surgeon. This school is called Latin American School of Medicine which is officially recognized by the Educational Commission for Foreign Medical Graduates and the World Health Organization. It is also fully accredited by the Medical Board of California, which has the strictest US standards.

Examination of the health care in Cuba reveals a system with leaders that embraces financial and quality stewardships. Cuban leaders also possess a sense of health care globalization, curiosity and risk taking combined with a spirit of innovation and creativity that champions health care in the global arena. With the dawning of warmer relationships with Cuba and the US, it is hope that health care leaders can collaborate and learn from each other to improve the health of populations

References

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L 04 - Membership Engagement: Sustainability and Succession
Sharing Ongoing Success: Strategies for Submitting a Chapter Key Award Application

Linda Creadon Shanks, PhD, DNP, RN, USA
Marlene Huff, PhD, MSN, RN, USA

Purpose
The purpose of this presentation is to share with participants' specific strategies and ideas to align chapter activities with the key award criteria to facilitate a successful application.

Target Audience
The target audience of the presentation is any STTI member/chapter wishing to submit a chapter key award application

Abstract
Chapters throughout the world struggle with developing a strategic plan and aligning activities with the chapter key award criteria. Receiving the key award is an acknowledgement of chapter excellence, and this presentation will outline strategies used by one chapter that has received 12 key awards. This presentation ties in with the theme of the conference, Influencing Change through Leadership by providing concrete ideas of how chapters can plan activities to ensure chapter excellence and promote the mission of Sigma Theta Tau International. The information presented will help chapters examine leadership modalities that can positively influence change in organizations, demonstrate problem-solving strategies to achieve positive outcomes, and implement best practices in evidence-based interprofessional leadership skills.

The current key award criteria and chapter responsibilities (STTI, 2016) will be briefly reviewed, as well as how the criteria tie in with the Presidential Call for Action (STTI, 2015). Strategies that have led to successful key award applications will be outlined. This include, but are not limited to: designation a responsible person or group to collect data, building the chapter strategic plan around the key award criteria, and continuing programs that help meet criteria. This also includes developing new programs that address changes in the criteria, ensuring chapter activities are advertised and documented in multiple communication formats, and using available STTI resources. Specific examples from previous chapter key award applications will be provided during the presentation. All of the strategies will help chapters sustain their efforts to maintain excellence in their activities.

Pitfalls and potential stumbling blocks in the process will be discussed. This includes not submitting the annual report or meeting some of the chapter responsibilities, not following all the directions or providing sufficient detail in the narrative, using the same program or activity for multiple categories, or not responding quickly enough when the update criteria come out after the biennial convention.

The information in this presentation will be helpful to any chapter wanting to apply for this recognition, and could fall in academic, clinical, or leadership categories.

References

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Membership Engagement: Sustainability and Succession

Influence Through Lifelong Learning: Membership Engagement Advances the Nursing Profession

Jennifer Saylor, PhD, MSN, BSN, RN, APRN-BC, USA
Jennifer Graber, EdD, MSN, BSN, APRN, CS, BC, USA

Purpose

The purpose of this presentation is to exemplify various avenues to engage new members and foster active membership through lifelong learning. Cultivating active membership ensures chapter sustainability while advancing the nursing profession and global health. It is important to provide members the opportunity to expand personal, professional and leadership skills in an effort to create a lasting commitment to the chapter/STTI.

Target Audience

The target audience of this presentation is all members of Sigma Theta Tau International from new members to retirees and across all areas of nursing. All members will become engaged in the chapter and fostering membership engagement benefits current leaders to develop an avenue that effectively these challenges.

Abstract

The Beta Xi Chapter of Sigma Theta Tau International (STTI) cultivates active recruitment and retention of members, which ensures a sustainable chapter through opportunities enhancing scholarship, leadership, and service. Chapter activities that foster lifelong learning (professional and personnel growth and development) are an essential piece to membership recruitment and retention. The Beta Xi chapter is dedicated to selfless mentoring and investing in its members. Engaging and involving new members immediately in philanthropy activities and the Leadership Intern Program yields a potential active lifelong member. Beta Xi provides avenues for its members to be engaged by celebrating its members at Membership Appreciation and at the Evidence-Based Practice Dinner. Also, the chapter provides research, service, and travel awards for members as well as a global ambassador program. Retaining members requires chapter mentorship programs to develop its members personally and professionally through lifelong learning.

Beta Xi developed a Leadership Intern Program as a formal mentoring process that is mutually beneficial to mentors, mentees, and the chapter. Potential interns, who are newly inducted members, must complete an application process. The Leadership Intern Program is monitored by the Leadership Succession committee. Beta Xi uses various mentoring modalities including face-to-face contact, emails, social networking, and telephone.

Beta Xi understands the importance of a leadership succession program in an effort to increase new member participation and retention. Retaining active members is an ongoing problem for many chapters across the world. By developing a successful leader intern program, awards, and events to foster lifelong learning, Beta Xi has been able to address membership recruitment and retention. Most successful has been our Leadership Intern Program which has been running for over six years and has evolved over time.

Beta Xi holds an annual Membership Appreciation night to celebrate our active, inactive and potential members. The opportunity to newly form and reignite collaborative relationships, offer appreciation, and embrace the spirit of giving is cultivated in this informal gathering. For the past six years, Beta Xi has collaborated with the University’s Nursing Alumni Network to bring together former graduates, Beta Xi members and promote munificence. One past president has started a new journey for Beta Xi in recognizing and renewing our livicy. Creative writings on individual thoughts, feelings and vision for the future of Beta Xi, Sigma Theta Tau International and the nursing profession were collected. Individuals were challenged to actively participate and live that journey.
Beta Xi recognizes its members' knowledge, scholarship and service. In the spring Beta Xi holds an Evidence Based Practice and End of Year Celebration, where knowledge of current research, global activities, and personal/Chapter accomplishments are shared among members and potential members. To engage the clinician, this meeting is held at a facility located near the hospital and dinner is provided.

Beta Xi expresses its gratitude to chapter members who have demonstrated selfless behaviors going above and beyond expectations and providing inspiration to others by presenting them the annual Beta Xi Florence Nightingale Award. The recipient of this award is selected by the chapter president and presented a certificate during our fall membership induction ceremony. In addition, the recipient is highlighted in our chapter newsletters.

A review of the literature shows that leadership succession planning is imperative in all areas of nursing. Beta Xi is able to reach nursing students in an effort to increase potential nurse leaders within the profession. It is imperative that today's nurses prepare for the "next generation of nurse leaders" (Crosby & Shields, 2010, p. 363). Leadership extends to all areas of nursing and we must have a plan in place to have our future nurses ready. There is currently a growing need for nurses in the workforce. The Health Resources and Services Administration (HRSA) project that the nursing shortage will be over one million nurses by the year 2020 nationwide (HRSA, 2006). The Bureau of Labor Statistics (2012) found that nursing jobs will increase by 26% from 2010 to 2020.

In the developing evidence based practice healthcare environment there is a growing need for "well prepared and motivated patient care leaders" (Benjamin, Riskus, & Skalla, 2011, p. 156). Succession planning helps membership retention and fill key leadership roles. It is important for current leaders to not see succession planning as a threat, but as a positive was to develop future leaders (Benjamin, Riskus, & Skalla, 2011). It has been found that even in doctoral nursing research programs, leadership transition planning is a key component to developing future leaders (Minnick, Norman, Donaghey, Fisher, & McKirgan, 2010).

Leadership planning can start early in nursing programs through membership in organizations such as Sigma Theta Tau International and student nursing associations. "Nurses join professional nursing associations to gain greater control of their professional future and develop greater awareness of nursing issues" (Lapidus-Graham, 2012, pg. 9). A study conducted with 15 nursing graduates who had been members of their student nurse association was conducted to determine their leadership development. The participants identified the following themes as helpful to their progression into leadership roles after graduation: communication, collaboration, dealing with conflict, mentoring and mutual support, empowerment, professionalism, teamwork, and accountability (Lapidus-Graham, 2012).

To develop effective nurse leaders, it is important to have mentoring relationships that foster professional goals and planning. There are stages to the mentoring relationship which include establishing goals and planning, life balance, structuring the relationship, professional socialization, and navigating uncharted territory (Hadidi, Lindquist & Buckwater, 2013). It is important to develop a good mentor relationship to help nurses be successful in the future. This can be done through a "mutual investment of time, engagement, energy, personal support, and encouragement" (Hadidi, Lindquist & Buckwater, 201, pg. 162). Through the many programs of the Beta Xi chapter, members feel engaged and supported in their professional and personal life.

The Leadership Intern Program has been an evolving program that is improved upon each year. Of the many leadership intern positions over the years in the Beta Xi Chapter, three interns have been offered most recently: Diversity in Nursing Initiatives, Social Event Coordinator, and Membership Liaison. The Diversity in Nursing Initiatives Intern focuses on our outreach program, titled, "Kids into Health Care Career". This intern possesses presentation skills, enjoys working with teens and children, and is creative in working with diverse populations. Second, the Social Event Coordinator Intern focuses on the fall induction dinner meeting and fundraising events. This intern possesses party planning skills, is highly organized, and creative in fostering fun and meaningful events. Third, the Membership Liaison Intern is integral in engaging new members, reactivating current members, and archiving all chapter events. This intern possesses strong social media skills, creativity in engaging others, and has a passion for archives and history of STTI at the chapter and international level. The interns provide much needed support to
the chapter and in return, they receive financial support for their NCLEX exam. Along with STTI, the vision of the Beta Xi Leadership Intern Program is to provide each intern with the opportunity to expand leadership skills, develop a relationship with a mentor, and nurture a lasting commitment to STTI.

Research mentoring within a STTI chapter promotes membership retention by expanding knowledge and cultivating future researchers. Members of the Beta Xi Chapter collaborate with the School of Nursing at the University of Delaware to participate in an undergraduate Baccalaureate nursing research course, titled, “Research Concepts in Healthcare”. This course transforms and ignites research through the application of the research process to health care practice. Students complete this course in their junior year of a four year nursing program. Students collaborate with research mentors, many from the Beta Xi chapter including faculty and clinicians, to conduct research. The students are able to work with Beta Xi members in small group setting and receive leadership, research, and professional mentoring while completing their course requirements. Beta Xi members and other course mentors are provided an opportunity to develop their own research expertise and expand their research programs.

Students are matched with faculty research mentors based on their research interest. The opportunity ranges from bench research to bedside research and spans across all health professions. Group activities and assignments differ for each group of students depending on project. The research projects vary in level of complexity and may occur in a variety of settings, including local hospitals, laboratories on campus, simulation centers, prisons, or churches. Depending on the research study and its stage in the process, students may collect or analyze data, complete a comprehensive integrative literature review, or interpret findings and develop future research questions. The final course requirement is dissemination of research findings. The students present their poster at a research symposium on campus and write a research abstract for possible submission to a regional research conference.

The Beta Xi Chapter strives to engage members early and retain membership though a variety of programs and awards. Thus, influencing our members though lifelong learning and enhancing the commitment to STTI, the nursing profession, and global health.

References


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Prepare your Students to Publish Using a Scholarly Repository

Kimberly Thompson, MLS, USA

Purpose
The purpose of this presentation is to enable nurse educators to understand open access dissemination via a scholarly repository in order to inform students of all the options available to them for promoting their work during their careers.

Target Audience
The target audience of this presentation is nurse leaders, nurse faculty, and nurse educators.

Abstract
This presentation will allow those nurse leaders involved in nursing education to instruct students about open access dissemination participation options. Particularly those options offered in scholarly and clinical repositories. The focus will be on STTI’s free resource, the Virginia Henderson Global Nursing e-Repository (the "Henderson Repository"). This unique resource allows nurses and current nursing students in accredited programs to share their nursing research, research-related items, education objects (including patient, student, continuing education), and evidence-based practice materials in a global platform while retaining controls over those submissions.

Publishing is a part of the nursing profession and yet only a fraction of nursing research and evidence-based practice materials reach the public via traditional publishing paths such as scientific journals and books. To ensure that nurses receive credit for all of their work and not just a few select pieces published through traditional methods, they need to take an active part in the distribution of their work using only the best and most trusted resources such as the Henderson Repository. Journal articles are only the tip of the iceberg. Below the surface lies a rich pool of materials that deserve to be shared and used by the nursing profession. Materials such as dissertations, theses, capstone projects, committee reports, research studies, graduate papers, outcomes commentaries, policy statements, patient education tools, guidelines, presentation slides and papers, posters, quality improvement tools, measurements/tools/surveys, and the list goes on.

Most repositories allow authors to retain copyright. The Henderson Repository is one of those repositories. Nurses should maintain control over the materials that they have worked so hard to create.

What are you waiting for? Come to this session to learn more about open access dissemination and repositories and why you and your students should participate. There are benefits to individual authors as well as groups and corporate authors. Share your knowledge, take credit for your work, maintain control, and discover the advantages of participation in the Henderson Repository.

References
None.

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Logistic Regression of Admissions Data to Identify Predictors of Success in a BSN Program

Mary P. Bennett, PhD, MSN, BSN, ASN, APRN, USA

Purpose
To determine which factors best predict success of BSN students, using data from 341 students over a 3-year period. Success was defined as passing all nursing courses on the first attempt, on time program completion, and passing the NCLEX on the first attempt.

Target Audience
Nursing administrators of BSN programs

Abstract
Logistic Regression of Admissions data to Identify Predictors of Success in a BSN Program

Attrition is a serious issue among Bachelor of Science in Nursing (BSN) students, with attrition rates around 50% nationwide (Newton 2009). Once a student is admitted to a nursing program they essentially are taking a space, which cannot be filled later by another student, as all students must start at the beginning of the program. Loss of a student part way through the nursing program or through NCLEX failure causes inefficacy in the production of BSN graduates for the workforce. The goal of this study was to determine which factors best predict success of students in a generic BSN program, using data from 341 students over a 3-year period. Student success was defined as passing all nursing courses on the first attempt with a grade of C or above, on time program completion, and passing the NCLEX on the first attempt. For this group, 229 students were successful and 112 were non-successful in some way. Pre-admission variables used: Overall GPA at the time of application to the nursing program, Science GPA, HESI Entrance Exam Score, and scores for the HESI Anatomy and Physiology (A&P), Math, and Reading subscales. Logistic regression for predication of the probably of success found the following three variables accounted for 76% of the variance: Admission GPA, Science GPA, Scores on the HESI A&P subscale. This formula was validated by using a retrospective analysis of the admissions groups, to determine what the effect of using this model would have been if it had been used at the time they applied to the program. Using the formula of GPA + Science GPA + (HESI A&P/10) = admission score, 341 students (6 cohorts) were ranked and the top students were identified. The outcomes of students identified by this model were determined and each was listed as successful or non-successful based on their actual performance in the BSN program. Retrospective analysis demonstrated that use of this model would have eliminated 38.75% of the students who were ultimately not successful in the nursing program, while only eliminating 19% of the students who were ultimately successful. This model produced better results than any of the other models tested in this study, including using a variety of admissions variables such as interviews, references, reading scores, GPA alone, and cut off scores for the HESI entrance exam.

References

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M 01 - Leadership Development in Healthcare

Leadership Development Programs: Benefits, Outcomes, and Personal Transformations

Susan C. Winters, PhD, RN, CNE, USA
Janet E. Jackson, MS, RN, USA
Catherine J. Mohammed, MN, RN, USA

Purpose

The purpose of this presentation is to identify the similarities and themes of leadership development programs and highlight their benefits and outcomes. Past graduates of a leadership development program will also discuss their successes and personal and professional transformations as a result of their participation in such a program.

Target Audience

The target audience of this presentation is for academic or administrative nurses who wish to enhance their personal leadership skills and growth through participation in a leadership development program. These leadership programs assist with leadership development for nurse educators and administrators ranging from the novice to the expert.

Abstract

The development of nursing leaders who can steer and re-invent a rapidly-changing and complex health care environment is crucial for the profession and the nation’s health. Indeed, the nursing profession has been tasked with the achievement of recommendations and increased engagement in the healthcare of the country. A focus on intentional leadership growth and development is found in three recommendations of the Institute of Medicine’s (IOM) report The Future of Nursing (IOM, 2010; 2015). Development of leadership skills, however, is an on-going process that requires self-reflection, opportunities for growth, and planning (Porter-O’Grady & Malloch, 2013). Participation in a leadership development program is one route for enhancing the progression and advancement of leadership potential.

While leadership development programs may differ in focus and target population, there are common themes and experiences throughout them. These programs frequently offer group and individual executive coaching using a model of intentional leadership growth and development. Through an immersive experience that incorporates mentoring, collegial support, networking, team work, and educational offerings, graduates experience planned and intentional growth and development as nurse leaders. In this age of faculty and administrative leader shortages, the movement from practice to academia is more common than in the past, and requires similar yet different sets of skills. Leadership development programs allow academic and administrative nurse leaders to enhance their own personal leadership skills and assist in the succession planning of future leaders in their organizations and in the nation.

The purpose of this presentation is to identify the common similarities and themes of leadership development programs and highlight their benefits and outcomes. Past graduates of leadership development programs will also discuss their personal and professional transformations as a result of their participation in two National League for Nursing (NLN) leadership development programs: The Leadership Development Program for Simulation Educators designed for experienced simulation educators who wish to enhance leadership skills and further develop their organization’s simulation programs, and the LEAD program focused on nurses in practice and education who have either experienced a rapid transition to a leadership position or who aspire to advance their careers.

References


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M 01 - Leadership Development in Healthcare
Nurses as Leaders in Healthcare Design

Debbie Gregory, BSN, RN, USA
Jaynelle Stichler, DNS, MSN, BSN, RN, NEA-BC, EDAC, FACHE, FAAN, USA

Purpose
To educate nurse leaders about roles they can play in influencing the design of hospitals and healthcare settings and inform them of industry resources available to assist them in accepting the challenge.

Target Audience
Nurse leaders, both in clinical and academic settings, who are ready to advance and elevate the role of nurses in healthcare design.

Abstract
Given the rapidly growing recognition of the value of nurses in the built healthcare environment, it’s critical that the industry properly prepare nurses at every level for effective participation for their role in designing healthcare facilities. The clinical perspective of astute caregivers is proving to be exceptionally beneficial with regard to patient safety, improved workflow, patient outcome and cost reduction. However, for these benefits to be fully realized, nurses must be adequately equipped for interaction with the design and construction community.

This presentation will instruct participants in how to structure nursing leadership teams for involvement in a design/build project – whether that project is a patient care unit remodel or a complete facility replacement. As health systems continue to merge, it is important to develop consistency and standards for nurse involvement in design across the larger organizational structure. Creating this structure with vision from the top leadership can ensure that the processes and vision is carried out throughout the entire system. Once a health system has experienced a design and construction project that successfully applied nursing leadership in the design process, the organization will reap rewards from by early adoption and ownership of the changes facilitated by the design and by the dissemination of the knowledge and competencies shared at all levels of the nursing hierarchy. A healthcare system will enjoy a positive return on investment with an informed nurse leadership team structure deploying the planning, design, and change model for subsequent design and construction projects, and by encouraging experienced nurse leaders to serve as champion trainers for additional teams, as dictated by design and construction schedules. The importance of clinical and historical information in decision making is one of the top reasons for including knowledgeable nurse leaders in healthcare design. Much time is wasted revisiting decisions that have already been vetted and could be applied to other projects. Additionally, nurse leaders will learn to apply the same design problem solving skills to innovation projects other than facility design.

Also covered in this presentation will be an identification of the tools and resources available to nurse leaders for planning and design for construction projects. To prove their worth, nurses must be able to dialogue with architects, engineers and contractors in an informed manner to answer their questions, to ask questions of their own, or to challenge design decisions that may negatively affect patient care outcomes (visibility of the patient leading to patient falls), work flow processes, or communication among care providers. Nurse leaders must understand the design process, know how to promote evidence-based design, and identify the most effective times/phases in design and construction timetable to give input. In this presentation, nurse leaders will learn about the flow and process of design, and how design evolves over the course of a project. Participates will be introduced to a working design and construction vocabulary that is critical for nurses to effectively communicate and advocate for patient care delivery and workflow. Facility attributes that promote patient and provider safety and efficiency in care delivery will be discussed.

Presenters will describe a number of case studies demonstrating nurse leadership models resulting in successful construction projects. Evidence-based design applies as much to healthcare construction as it does to the practice of nursing, and this presentation incorporates best practices and real world evidence
of innovations in nursing leadership that make healthcare design and construction more effective in safe, quality care in delivery systems.

The involvement of nurse leaders in design and construction is a cornerstone of our industry work to support the design and implementation of care delivery models. Nurse leaders have achieved enormous success in recent years to secure seats at the healthcare design table; the next step is to fully develop the design competencies of nurse leaders and clinical nurses sitting in those seats, and to ensure they are adequately prepared to provide meaningful, timely, and informed input in the design process.

References


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M 02 - Web-Based Technology to Improve Care and Communication
Transforming Healthcare Through the Use of Web-Based Technology

Julie Jones, MS, RN-BC, USA

Purpose
The purpose of this presentation is to give nurses new web-based technology tools to increase patient engagement in their healthcare.

Target Audience
The target audience of this presentation is for all nurses who work with patients to involve patients in their healthcare.

Abstract
Nurses involve patients in their healthcare through explanation of tests, labs, and medication. Since the Institute of Medicine (IOM) released their recommendations (in their report, To Err Is Human (Institute of Medicine [IOM], 2000), there has been an increase focus to involve patients in their care. This presentation will introduce the basic concepts of patient engagement and health literacy. Participants will be able to discover new web-based technology that will enhance patient care. In addition, participants will be able to describe new tools to evaluate websites.

Patient engagement is involving patients and their significant others in their health care across the continuum of health. Involving patients increases health outcomes, patient satisfaction and is key to patient adherence. In order to achieve success in patient engagement is having the right tools and making sure that the patient understands the information. Health literacy is an important factor to achieve success in better health outcomes for the patient. Patients not only need to need to be able to read written material but also understand what it means.

There are many different web-based technology tools to increase patient engagement and to evaluate websites to make sure that the information is easy to read for patients. These sites include patient health records, social media sites, and telemedicine. Some patients are motivated if they can take an action to see their progress in achieving health outcomes like losing weight or participating in activity challenges. There are many different websites out there for patients to be able to track their diet and exercise so that they can participate more in their health.

Nurses need to make sure that they have the tools necessary to evaluate the information that they give to patients. They need to make sure that the information is not only accurate, but also easy to read, and reviewed on a regular basis. There are many tools that nurses can use to make sure that it contains the basics needed for health literacy for patients.

References

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M 03 - Pediatric Loss: Palliative Care and Grief

Examining DNAR Status in Pediatric Palliative Surgical Patients: An Application of a Decision Analysis Tool

Margaret H. Hartig, DNP, MSN, RN, APN, CRNA, USA

Purpose

Many PPC patients present for PPS which risk perioperative catastrophic events. Determining a patient’s/family’s wishes regarding DNAR order status can be daunting when encountering these patients for the first time during preoperative evaluation. This presentation will show how a decision analysis tool can determine the need for preoperative DNAR communication.

Target Audience

The target audience of this presentation includes registered nurses and advanced practice nurses who wish to learn more about PPC, PPS, and DNAR status evaluation in vulnerable patient populations.

Abstract

Background: Pediatric palliative care (PPC) involves a multidisciplinary approach for the improved quality of life of children with life-limiting conditions. Many PPC patients present for palliative surgery, which involves procedures that manage symptoms but include risks that could result in catastrophic perioperative events. Determining a patient’s and family’s wishes regarding do-not-attempt-resuscitation (DNAR) order status can be a difficult topic to broach for providers who encounter these patients for the first time during the preoperative evaluation. A decision analysis tool may help in determining the need for preoperative DNAR communication.

Theoretical Framework: The theoretical framework that presents as the most obvious choice in the critical scenario of DNAR examination in pediatric palliative surgery (PPS) patients is that of decision theory, which deals with how to make optimal decisions in the face of uncertainty. The three presumptions of decision theory were used to create the decision analysis tool for the examination of DNAR status in PPS patients. Those presumptions involve the utility of possible outcomes that are uniquely weighed by decision makers according to circumstances and personal values.

Methods: The study design included a phase 1 with three semistructured interviews of invited experts for an initial needs assessment and critique of the DNAR decision analysis tool. Phase 2 entailed a filmed focus group with 17 invited experts who completed a pretest and posttest.

Results: When asked if a decision analysis tool would increase provider awareness of a need for DNAR communication, 81% of the focus group responded yes and 69% believe that it is possible to incorporate a standardized protocol for the identification of PPS patients in need of a DNAR status communication. When asked whether the DNAR decision analysis tool would be helpful in the participants’ future clinical practice, 75% responded yes, and 94% of the participants agreed that future education sessions would benefit the practitioners in their institution. Qualitative analysis results showed a central theme of “ideal world versus real world,” with five major themes of (1) population, (2) tool, (3) protocol, (4) education, and (5) barriers and seven subthemes of (1) risk, (2) assumptions, (3) urgency, (4) circumstances, (5) triggers, (6) relationship, and (7) conversation.

Conclusions: The conversation related to the DNAR status of the PPS patient is fraught with uncertain circumstances, risk, and urgency that can lead to assumptions. Lack of relationship with the patient and family is a barrier to the conversation for perioperative health care providers. A decision analysis tool may aid in triggering the need for a DNAR conference. Future education on the topic of DNAR status evaluation and conversation will benefit practitioners.

References


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M 03 - Pediatric Loss: Palliative Care and Grief

Leading Through Loss

Robie Victoria Hughes, DSN, RN, CNS, USA

Purpose
To educate nurse leaders on healthy interactions with employees who lose a child through accident or illness.

Target Audience
Nurse leaders

Abstract
One of the most painful experiences for any parent is the death of a child. Not only is the family affected by the loss, but also the extended family of co-workers, neighbors and community. But not many leaders, including those in healthcare, are prepared for the challenges that can face an organization when a staff member loses a child through an accident or illness. This presentation will focus on 7 strategies, supported by the evidence-based literature, that promote healthy healing environments following the death of a child through the discussion of two case studies. 1) Go to the hospital with the family who lost the child. Nothing communicates caring and commitment like being present during a time of crisis. 2) Prepare the family for what comes next. If the child died from an accident, especially at home, then state child protective services and law enforcement officers will be conducting interviews as a part of their investigation. 3) With the consent of the family, share information in a group venue with your staff members. Inform the staff of the family desires regarding contact via phone or visits to home. Keresztes (2006) states that it is the immediate manager’s responsibility to notify staff of the death, impending funeral services and the desires of the family. 4) Gather appropriate information to support decision making. Jeanne McGill identified 63 decisions that must be made at the time of death (Goforth, 2015). 5) Connect the family to resources. Co-workers are often very eager to help. Allow co-workers to engage in helping to care for the family. Tasks such as helping to arrange transportation, deliver meals, and coordinate reservations for to incoming family and friends can be very helpful to the grieving family. 6) Acknowledge the grief of the family and co-workers. Be supportive, but also allow each person to work their way through the painful grief process at their own pace. Employee assistance programs may be available within your organization that provide grief counseling services. 7) Attend the funeral. Butler and others (2014) found that parents have a strong need for follow-up care that may include the staffs’ presence at the child’s funeral. Specific nursing and leadership interventions will be discussed for each of the strategies.

References

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M 05 - Pre-Licensure Nursing Students: Patient Education and Mental Health

Insights From Nursing Students About Patient Teaching: Are We Getting a Passing Grade?

Liz Richard, MN, BScN, RN, Canada
Teresa Evans, MN, BScN, RN, Canada
Bev Williams, PhD, MN, BScN, RN, Canada

Purpose
The purpose of this presentation is to show how there is a perceived disconnect between the importance of patient teaching and its implementation in practice.

Target Audience
The target audience for this presentation is threefold: nursing educators, nurse administrators, and nursing students.

Abstract
The purpose of this focused ethnography study is to determine students' perceptions of their preparation to engage in patient teaching and factors related to its implementation. The general aim of professional education is to be leaders within the profession. A key nursing entry to practice competency identified by many professional nursing practice organizations and undergraduate nursing programs relates to ensuring that patients have the knowledge and skill to achieve optimal health (Canadian Nurses Association, 2015; American Nurses Association, 2010). Patient teaching is recognized as a key component of nursing practice and yet patient teaching has been described as haphazard ((Kendal, Deacon-Crouch, & Raymond, 2007). If patients do not understand what is being taught, the risk of complications and readmission can increase (Kornburger et al., 2013). As well, students view clinical faculty as leaders and their perceptions of the importance of patient teaching have a profound effect on students (Lenz, 2013). The literature also supports rethinking health education in the nursing curriculum to support interprofessional educational initiatives in order to make connections to the social determinants of health (Zancheta, et al., 2013).

A focused ethnographic approach was chosen because it is a time limited exploratory study focused on a select behavior or area of belief among a specific group of people (Speziale & Carpenter, 2011). Focus groups are advantageous because they are flexible and cost effective, assist in recall, and create a cumulative free exchange of ideas that can be explored within a group setting. The synergistic effects of the interactions within the focus groups was evident. The second form of data collection was shorter individual interviews which were effective in providing more in-depth data and confirming the emerging themes.

Results from the study show that although students realize the importance of patient teaching that there is disconnect between the perceived importance and the implementation of patient teaching in clinical settings. When there is a strong commitment for patient teaching in the clinical culture and from the course instructor, patient teaching is easily engaged. Students’ internal factors facilitating patient teaching include: confidence, feeling prepared, knowing the material, and experience teaching. External factors facilitating patient teaching include: receptivity of patients to teaching and the complexity of the patient, consistency between staff members on what is to be taught, time and resources to do the teaching, more exposure to teaching opportunities, and the unit and teacher identifying patient teaching as a priority. Leaders in nursing practice and education can further identify teaching facilitators and barriers in the clinical setting and the dynamics around patient teaching to facilitate positive health outcomes. Clinical and education implications are identified by the students to enhance their patient teaching experiences including: accessibility to resources, role modelling, valuing patient education, and incorporating patient teaching in the evaluation of clinical practice. Other research has supported the findings of this study in the areas of clinical settings that do not support patient teaching, absence of role models, and lack of preparation for health teaching (Zancheta, et al., 2013). Research has shown that the issues related to
effective patient teaching are not unique to this study and that further study is required to understand interventions that would be most effective to enhance student competence in engaging in patient teaching.

References

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M05 - Pre-Licensure Nursing Students: Patient Education and Mental Health

The Craziness of Mental Health: Teaching Mental Illness to Pre-Licensure Nursing Students

Amy Richards, MSN, BSN, RN, USA

Purpose

The purpose of this presentation is to educate nurses and educators in the paradigm shift in caring for the mentally ill. Professionals must first self-reflect and address their own stigmas and personal barriers when providing care to this vulnerable population and when role-modeling for students.

Target Audience

The target audience for this presentation is health care professional who wish to gain insight to better address the inconsistencies and shortcomings in caring for the mentally ill, to gain better insight into one’s own beliefs and stigmas, and to educate nursing students on this underserved population of patients.

Abstract

Nurse educators teach the nurses of tomorrow the correct way to take a blood pressure and listen to lung sounds. They also teach the proper way to insert an intravenous catheter or obtain a urine specimen. However, nurse educators also teach about mental health.

From a historical perspective, the mentally ill have been treated poorly since biblical times. Until pharmacological breakthroughs in the 1950s, the mentally ill were institutionalized. Before the 1990’s, psychiatric nursing textbooks provided little to no information on psychiatric nursing or psychopharmacology. Today, society has become more aware of the needs of the mentally ill, and it is crucial that nursing schools teach it accurately, scientifically and compassionately.

A frequent comment made among pre-licensure nursing students is that mental health nursing is not real nursing. Such a response from students can be disheartening for the healing of body, mind and spirit erupted with the founder of the profession, Florence Nightingale. To soothe the soul and comfort the mind leads one to health and wholeness.

To provide nonjudgmental care, nurses must be taught self-awareness and self-reflection to identify barriers. The key to competent care is awareness of self. With one in four people experiencing a mental health issue, measures should be placed to challenge the mythology about mental illness and decrease its stigma (Scottish Government, 2012).

Nursing students have been known to either fear their mental health clinical rotation or to minimize its importance to their academic learning. From horror movies to television news that taunts the latest nervous breakdown of a celebrity, the image of having a mental illness ignites fear. For nursing students, this fear along with the stigma of mental illness can be stifling.

To overcome that fear of mental health, it may be all in the presentation. To best prepare nursing students for their mental health rotation, the tone should be set by educating students that mental health is a disease process, just like hypertension or diabetes. As a diabetic does not choose to be hyperglycemic, a schizophrenic patient does not choose to have auditory hallucinations.

The success of our mental health rotation is directly related to the strong roots of its clinical leaders. The demonstration of positive leadership and favorable attitudes is a powerful influence on nursing students in their clinical rotation (Moxham, et al, 2011). Through self-reflection of preconceived misconceptions, an awareness of treatment modalities for the mentally ill, and a large cup of compassion, a profound educational experience for students can be created.

An example of a successful mental health rotation begins with role modeling of the leader and careful planning of the experience. One rotation began with a tour of the county jail. With years of law enforcement experience to his resume, a deputy leads a group of twenty nursing students on a four-hour...
tour of a facility which houses almost 2,000 prisoners. With a warm welcome from the deputy who states that he is not trained to work with the crazies, we visit the segregation units, the health facility, the unit for those with mental illness, and the ancillary departments of the jail.

The debriefing that occurs after the jail tour is filled with strong emotions. The treatment of the mentally ill in prison is eye-opening yet reality. The students can experience firsthand, for themselves, the journey that a mentally ill patient may begin, through little fault of their own. Self-reflection and awareness by the student begins at this point.

The second day of the clinical rotation is an orientation at a state-run forensic center. This is a facility in which patients who may be incompetent to stand trial, trying to gain competency to stand trial, or who are evaluated as never to gain competency, are secured. While not a prison, this facility is a locked institution with strict rules and little freedom.

A comparison activity is requested of the students at this point in the journey. The similarities and differences between the prison and the forensic center are shared on paper for only the eyes of the instructor to see. This assignment is a paper and pencil activity, not produced from a computer keyboard. The supporting belief is that pencil and paper allow for increased thought, with the intensity of the writing mannerisms a reflection of the emotion of the writer.

Self-awareness and self-reflection are key. Activities that promote inner-self review, self-awareness, and personal struggles, are confidentially shared in debriefing. Activities such as crayoning, Socratic questioning, and discussion of current mental health legislation are discussed. This leads students to a deeper level of thinking.

The following four weeks of the clinical rotation is spent at the forensic center, becoming familiar with the patients, the employees, the facility and the dynamics between them all. For the clinical leader, it is imperative that the tone be set on the first day. With a positive attitude, simple introductions, and body language to nurture mutual respect, the journey begins.

For twelve hours a week for four weeks, conversation between students and patients begin to emerge through a simple dice game or a low-key, puzzle-solving adventure. It begins with role-modeling from the clinical leader who immerses themselves in the facility. The leader engages in conversation with the patient, initiates card games and invites students to participate, and organizes a volleyball game with the students versus the patients. This leader engagement is important and should be initiated early in the rotation and remain throughout. It is the role modeling of the leader that sends a silent, yet strong message to the students that the patients are people, just like us.

Though professional boundaries are established and maintained, stories are shared and vulnerabilities are displayed. Any pre-existing fears by the student subside. The common response gleaned from the students is simply the fact that these patients are people too.

Student are taught that open posturing, a listening ear, and a therapeutic use of silence are tools that can enhance conversation. An air of acceptance, genuineness, and compassion are tools that, if sensed by the patient, can also enhance conversation. Like a moth to a light, patients are drawn to students who display openness.

Engaging in games, music therapy, or a game of ping pong, the student-patient barriers are diminished and the patients begin to share their life’s journey. There is no room for judgment. Students embrace the trust, the stories, the vulnerabilities, and the honor of receiving information that will make them a better nurse.

The result from the six-week rotation culminates with an awareness that mental illness is all around us and does not discriminate between social class, age, race, or education. It is not to be feared. We need to talk about it. They are people too.

References

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Purpose

The purpose of this presentation is to share our experience in terms of the development and implementation of an ethical leadership program as a competency development program for nursing unit managers at a teaching hospital in South Korea.

Target Audience

The target audience of this presentation is a clinical nursing leader, a clinical educator, or an academic educator.

Abstract

Purpose: The purpose of this study was to develop an educational program for nursing unit managers to facilitate ethical leadership, to examine the effects of the program on their ethical leadership skills and organizational citizenship behaviors, and to make recommendations about an ethical leadership program.

Study design: We conducted a longitudinal study to test the effect of an ethical leadership program for 48 nursing unit managers (UMs) in a teaching hospital in South Korea. Of 48 UMs, forty-four UMs attended more than 80 percent of the classes and completed pretest and posttest self-reported measures assessing ethical leadership using the Korean-version of Ethical Leadership at Work Questionnaire (K-ELW) (Kim & Park, 2015) and organizational citizenship behaviors (Podsakoff, Podsakoff, MacKenzie, Maynes, & Spoelma, 2014). The effect of the ethical leadership program was examined via Generalized Estimating Equations for models for matched pairs.

Program: The ethical leadership program was based on ‘the principles and practice of ethical leadership’ developed by Thornton (2013) and carried out using cooperative learning groups as well as lecturing. The program consisted of total seven classes during six months. Each class was operated for two hours once a month. The content of the program included the following topics; 1) Introduction to ethical leadership (7 lenses of ethical responsibility), 2) lead with a moral compass, 3) lead in ways that bring out the best in others, 4) lead with positive intent and impact, 5) lead for the greater good, and 6) the future of ethical leadership.

Results: The total mean score of ethical leadership and organizational citizenship behaviors showed increasing trends in post-test compared with pre-test (z=-1.84, p=.065; z=0.54, p=.585, respectively), although there were statistically no significant differences. Furthermore, there were statistically significant differences in ‘people orientation’ and ‘concern for sustainability’ of domains in ethical leadership between pre-test and post-test (z=-2.05, p=.040; z=3.08, p=.002, respectively). After the program, UMs who were less than 40 years old tended to report greater changes in the total score of ethical leadership than UMs who were more than 41 years old (z=-2.72, p=.006); UMs who had less than 4 years’ experience as a UM tended to report greater changes in the total score of ethical leadership than UMs who had more than 5 years’ experience as a UM (z=2.76, p=.005).

Conclusion: An ethical leadership program may have an impact on ethical leadership competencies of UMs. In particular, using the practical program contents easily adapted to UMs’ daily work can be more effective to make an impact on their ethical leadership competencies. Furthermore, the implementation of an ethical leadership program to UM groups that are younger and less than 4 years’ experience as a UM can be more effective. Our experience about an ethical leadership program will be useful information for nursing administrators and educators with concern about fostering ethical leadership competencies among nursing leaders.

References

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Purpose

to compare and contrast effective nursing leadership styles used during the design, planning, activation, and operation of a Greenfield community hospital in the mid-western United States. A review of the transformational and servant leadership styles employed during this project will be presented.

Target Audience

Formal and informal nursing leaders

Abstract

A “sea change” has arrived in healthcare- and is certainly here to stay. Changes in healthcare reimbursement, enhanced expectations for improved clinical outcomes, and the consumer demand for an outstanding patient experience make today’s nurse leader hungry for effective leadership styles (Oreg & Berson, 2011). This desire can be the greatest when faced with leading in a start-up organization (Mueller, Volery, & Von Siemens, 2012). In healthcare, a start-up organization may include healthcare projects spanning from the creation of a Greenfield hospital, to the development of a new ambulatory clinic or the construction of a school of nursing.

The purpose of this presentation is to compare and contrast effective nursing leadership styles used during the design, planning, activation, and operation of a Greenfield community hospital in the mid-western United States. A review of the transformational and servant leadership styles employed during this project will be presented.

Human capital, without a doubt, is the most important asset in the development of a Greenfield hospital. Competent nursing leaders need to understand how to utilize their teams effectively to achieve the many tasks at hand. Leading in a start-up organization requires vision, strategy, and excellent project management skills. Transformational leadership can effectively address each of these requirements (Sadeghin & Pihie, 2012). Transformational leaders inspire, energize, and intellectually stimulate their employees (Bass, 1991). “Transformational leadership redefines people’s missions and visions, renews their commitment, and restructures their systems for goal accomplishment through a relationship of mutual stimulation and elevation that converts followers into leaders and leaders into moral agents of an organization (http://www.brighthub.com/office/home/articles/71743.aspx, 2016).”

Servant leadership was also routinely applied in this Greenfield hospital project. Robert Greenleaf created the servant leadership theory in the 1970’s. Servant leadership has grown in popularity over the past 10 years in healthcare. Greenleaf’s theory challenges leaders to influence others through relationships and developing the unique skills of the healthcare team members (Greenleaf, 1977). Team members have input into decision making based upon the organization’s mission and vision. Servant leaders create loyal followers in response to the positive attention they give (Greenleaf, 1977). Characteristic skills of a servant leader include; active listening, empathy, awareness, foresight, persuasion, stewardship and a commitment to growth and community building (Waterman, 2011).

In conclusion, this presentation will offer a look into the nursing leadership styles used in the successful creation of a Greenfield hospital. Supportive theory, lived experience, and research outcomes will be shared during this presentation.

References


Contact
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Prepare Faculty for Online Instruction

Faculty Development in Online Instruction

Lorri Graham, MSN, CPHQ, CIC, CNE, USA

Purpose

The purpose of this presentation is to acknowledge that rapid transformation of courses in higher education from the classroom to the Internet has surpassed the ability of some colleges and universities to properly prepare faculty to competently teach online, and to provide faculty development activities that address that gap.

Target Audience

The target audience of this presentation is college and university leaders, Instructional Design specialists, and educators.

Abstract

The rapid transformation of courses in higher education from the classroom to the Internet has surpassed the ability of many colleges and universities to properly prepare faculty to competently teach in an online environment. Literature supports that there are many differences between face-to-face and online courses, but faculty are often asked to teach online courses without any previous formal training in those differences or given strategies to successfully engage students in the online environment.

As a strategy to address the perceived gap in practice, a faculty needs assessment survey was completed by online faculty at a private nursing college that identified a need for education in online instruction pedagogy, best practices and resources. The findings from the faculty needs assessment survey were similar to findings in the comprehensive literature review. To provide the education needed, it was requested by faculty that the modality be self-paced, easy to navigate, and provided in a series of short sessions. Faculty also expressed the desire to have some kind of reward for completion, so three hours of Continuing Education Credits (CEUs) were obtained from the Ohio State Nursing Association. A series of three faculty development modules were then created to provide all college faculty with training on how to teach online prior to beginning online instruction. The three modules were interactive, allowing faculty to experience what students experience in an online course, and included homework assignments and reflection through online threaded discussion with their peers. The modules provided education on online pedagogy, best practices, strategies for student engagement, and a wide variety of online resources for course development. Upon completion of all modules, faculty were asked to complete a program evaluation that assessed how well course objectives were met using a 1-5 Likert Scale and allowed for faculty to share any additional comments. Thirty-one out of 57 faculty completed the modules, with 22 completing the program evaluation. The results were positive in both numeric and narrative responses. All faculty that completed the modules received a Certificate of Completion and Continuing Education Units (CEUs).

References


Contact

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Preparing Faculty for Online Instruction

Developing and Adopting a Simulation Faculty Credentialing Plan

Presenter Information

Ashley E. Franklin, PhD, MSN, BSN, RN, CCRN, CNE, CHSE, USA

Purpose

The purpose of this presentation is to describe the process for developing and adopting a simulation faculty credentialing plan in a baccalaureate prelicensure nursing program, including a discussion of challenges and opportunities from the faculty, administrative perspectives.

Target Audience

The target audience of this presentation is nurse educators in both academic and service settings whose simulation programs seek to implement simulation best practices and increase the quality of simulation facilitation.

Abstract

The landmark National Council of State Boards of Nursing (NCSBN) Simulation Study laid groundwork for schools of nursing to increase the amount of simulation in the curriculum, and many schools have invested money and time in simulation equipment without establishing a standard simulation faculty orientation or a faculty credentialing plan. The NCSBN recently published simulation guidelines (Alexander et al., 2015) which clearly outline faculty preparation for simulation and provide guidance for administrative support of simulation learning activities in prelicensure nursing programs. Additionally, the International Nursing Association for Clinical Simulation and Learning has published standards of best practice for simulation, which provide guidelines for simulation facilitators and facilitation (INACSL, 2013). Some state boards of nursing also provide advisory statements about simulation used for clinical hours (Arizona State Board of Nursing, 2015). The purpose of this presentation is to describe the process for developing and adopting a simulation faculty credentialing plan in a baccalaureate prelicensure nursing program, including a discussion of challenges and opportunities from the faculty, administrative perspectives.

In our baccalaureate nursing program, faculty who attended a recent INACSL conference recognized the importance for developing a simulation faculty credentialing program. Over six months, faculty outlined resources to increase their knowledge pertaining to simulation teaching and experiential learning activities to increase their competency and self-efficacy for simulation facilitation. Faculty leaders presented a plan to administrators, the nursing leadership council, faculty governance committees, and the faculty assembly for formal approval. The plan for simulation faculty credentialing focuses on a mentorship model through a formal program of didactic content, review of evidence, discussion about simulation cases, and live simulation practice. The 18-month faculty development program includes activities faculty-specific simulation and activities with undergraduate nursing learners. Elements of the simulation faculty credentialing plan incorporated learning theory and opportunities for reflection to foster performance improvement (Gantt, 2012). The simulation faculty credentialing plan builds on a body of evidence from the NCSBN Simulation Study (Alexander et al., 2015; Hayden, Smiley, Alexander, Kardong-Edgren, & Jeffries, 2014; Jeffries, Kardong-Edgren, & Hayden, 2015).

At our university, nursing leadership council provided guidance for process evaluation pertaining to the simulation faculty credentialing plan. Qualitative feedback from faculty governance committees helped with consensus building. Themes related to use of best practice evidence for simulation and opportunities for experiential learning were most important to faculty leaders. Our experience with developing and adopting a simulation faculty credentialing program provides an application of influencing change through leadership in our academic setting that responds to the current need for quality simulation teaching from a faculty, administrative, and regulatory perspective.

References

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PRO Level Leadership: People, PuRpose, and POssibilities

Ann L. Bianchi, PhD, RN, USA
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Purpose

The purpose of this presentation is to define, describe, and detail a PRO Level Leader as one who influences (Patterson et al., 2008) and effects change by knowing the People, establishing a common PuRpose, and being open to different POssibilities to solve a problem.

Target Audience

The target audience of this presentation is anyone interested in being a PRO Level Leader in nursing science, nursing practice, education, administration, and policy making.

Abstract

An innovative, successful leader is one who has a vision, engages others, works toward an identified goal, and achieves higher levels of productivity or outcomes by trying novel solutions while applying the PRO model of leadership. A PRO Level Leader is one who focuses on People, PuRpose, and POssibilities by influencing (Patterson et al., 2008) and effecting change. The purpose of this presentation is to define, describe, and detail a PRO Level Leader as one who knows the People, establishes a common PuRpose, and is open to different POssibilities to solve a problem.

The PRO Level Leader will gather People and environmental knowledge by having a spirit of inquiry and seeking to understand the values, cultures, belief systems, and personal strengths of the People and environment (Adams, 2009; Rubino, Esparza, & Chassiakos, 2014). People are defined as those who bring the best assets to the team. People may be nurses on a unit, faculty members, or interprofessional colleagues. Networking, visiting, and meeting with your performance team is critical to establish a sense of community. A successful leader will appreciate team diversity and embrace the challenges of eclectic thinking and work to place the right people in the right place on the team (Collins, 2001). Interprofessional and interdisciplinary teams are ideal in creating innovative steps toward developing new solutions to solve problems. It is the differences of the members that make the team strong and unique in approaching the identified goal. The success of the leader is demonstrated when the team members move together as one toward a common PuRpose.

The PRO Level Leader encourages dialogue, differences of opinion, and mutual trust among the People to work together and develop a common PuRpose (goal). Once the People are on board with the PuRpose, then an accomplished leader can step out of the way and allow the momentum of the People pursuing the PuRpose to accelerate. This is similar to a peloton of cyclists moving together to cover more distance faster and more efficiently than a solo cyclist. Under a PRO Level Leader, the team will find its distinct rhythm and capitalize on the strengths of the People to move toward the PuRpose in an economical, timed, disciplined, and calculated manner. SMART (specific, measurable, attainable, realistic, and timely) goals (Doran, 1981) are developed to streamline the action toward the PuRpose (Heath & Heath, 2010). The PuRpose is a clinical or academic goal that is defined, developed, and agreed upon by the team. Once the common PuRpose is known, the leader will move toward exploring with the team the different POssibilities to meet the PuRpose.

The PRO Level Leader will challenge the People to meet the PuRpose through creative and new POssible solutions. John F. Kennedy (1962) once said “we choose to go to the moon…and other things …not because they are easy, but because they are hard.” Being open to nontraditional and progressive POssibilities is the beginning of innovative change. Porter-O’Grady and Malloch (2013) discuss the gap between evidence, patient needs, and the desired interventions. The POssibility becomes the mechanism to close the gap by employing innovation and change. You can lead through innovation by describing and exploring what the impossible may be and then capitalizing on how to make the impossible become POssible. The strengths of having an interprofessional team include the ability to explore novel solutions
to common problems such as decreases in staffing, no new positions, cost cuts, and increasing enrollment. A successful and innovative leader will review history while reaching forward to find future solutions to obtain improved products related to safe and quality patient care initiatives or academic success for students. A PRO Level Leader is an ideal leader for nursing science, nursing practice, education, administration, and policy making.

A PRO Level Leader is someone who embraces change and does not fear being challenged. The Cheaha Challenge states “challenge your limits. Don't limit your challenges” (Alabama Backroad Century Series, 2016). The type of leader needed to move nursing clinical and academic areas into new frontiers with new solutions is a PRO Level Leader. During this presentation, PRO Level Leader vignettes will be provided. This presentation will also provide answers to the following questions: 1) What is the level of interest in being a leader of the future? 2) What does it take to be a PRO Level Leader? 3) What are challenges to becoming a PRO? This presentation will provide the tools to be able to step out and step up to future challenges as a PRO Level Leader.

References

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Changing of the Guard: Preserving Research Instrument Accessibility

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Pamela Martin, PhD, MSN, BSN, RN, USA
Danita Alfred, PhD, MSN, BSN, RN, USA

Purpose

The purpose of this presentation is to introduce a collaboration between the Sigma Theta Tau International and the University of Texas at Tyler to develop an e-Repository in the Virginia Henderson Library to provide a central and easily accessible resource to research artifacts such as instruments, scales and measures.

Target Audience

The target audience of this presentation are nurse scientists, doctoral students, and others conducting research relating to nursing.

Abstract

Every year nurse researchers create new research instruments and new models simply because they cannot get permission to use existing documents. Good instruments exist and excellent theoretical and conceptual frameworks have been used and tested. The problem is that researchers and students cannot get permission to use the tools because these scholars are not available due to retirement, death, or moves.

A generation of aging nurse scholars has moved the research enterprise to a new level. Their contributions include the expansion of nursing science, development of nursing theories and research instruments, as well as research methodologies etc. However, nursing, as with other disciplines, is experiencing a “Changing of the Guard”. Many of our nurse scholars are retiring or dying.

Retirement has created a detriment to continuing knowledge development due to loss of contact information. For instance, doctoral students and other nurse scientists need to seek permission to use a research instruments developed by these scholars in their own research. Without current contact information, great difficulty arises in obtaining permissions, and the research endeavor may suffer.

A proposed solution to this problem is to collaborate with Sigma Theta Tau International, the Honor Society of Nursing (STTI) to promote the utilization of the Virginia Henderson Global Nursing e-Repository to increase accessibility to research tools. By inviting nursing scholars (and scholars in related disciplines) to place their scholarly works in the e-Repository, along with appropriate instructions and permissions for use; the scholar’s work is preserved and access is provided to other nurse scholars and doctoral students.

A review of the literature reveals that nothing of this magnitude has yet been done. The University Librarian stated, "initial indications suggest that the problem of retiring faculty and fugitive behavioral instruments has yet to generate significant comment". Sommerville and Lettie (2013) in their white paper reported on the discoverability of scholarly communication. In the paper they addressed the communication ecosystem of individuals connecting with each other. In a follow-up paper, Sommerville and Lettie (2014), continued their discussion of the availability of scholars collaborating on works and the communications between libraries, publishers, and researchers. The two articles do not address the issues related to gaining permissions for the use of research tools.

Factors are aligned that will contribute to the project’s success. The highly technical environment in which we live today supports the electronic retrieval of information. The Virginia Henderson Global Nursing e-Repository is established and already functioning.

The implementation of this project will have a powerful influence on the preservation of current nursing science and contribute to the ongoing development of nursing science into the future. Ready access to
nursing artifacts will create a true community of nursing scholars and enrich the work of current and future nurse scientists.

Call to action: As this generational transition occurs, a call to action is imperative in order to preserve this vital scholarship and continue to build on nursing’s research enterprise.

References

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N 05 - Retention and Clinical Leadership

Supervisor Support and Turnover Intention: A Systematic Review of the Literature

Sitah Alshutwi, MSN, RN, USA

Purpose

This presentation is a systematic review of the literature that aims to (a) review and critique the published research on supervisor support in the workplace as an approach to reduce TI, (b) synthesize the findings across studies, and (c) identify the gaps in the literature and make recommendations for further research.

Target Audience

nursing leaders, managers, supervisors, policy makers, Nursing faculty members, registered nurses, and graduate students.

Abstract

Maintaining adequate nursing staff is a real challenge that many healthcare organizations are facing. Many factors have been identified to positively influence the reduction of Turnover Intention (TI) among registered nurses. One significant factor recently discussed in literature that requires more attention is supervisor support in the workplace.

Aim. This systematic review of the literature aims to: (a) review and critique the published research on supervisor support in the workplace as an approach to reduce TI, (b) synthesize the findings across studies, and (c) identify the gaps in the literature and make recommendations for further research.

Methods. Five steps to conducting a systematic review were adopted (Khan, et. al, 2003). These steps included (a) framing the question as “What is the relationship between supervisor support and TI”, (b) identifying relevant work, (c) assessing the quality of studies, (d) summarizing the evidence, and (e) interpreting the findings. Electronic literature databases CINAHL, Academic Search Complete, Business Source Premier, Education Research Complete, Health Source, and PsycINFO were searched for review using a combination of keywords.

Results. The question was framed as: What is the relationship between supervisor support and TI. In total, 531 publications were located. 318 unique publications remained after de-duplication. After reading titles and abstracts, a total of 14 articles were selected to be read in full text. Examination of the reference lists of these 14 articles revealed eight more articles to be included in the review. After screening, a total of 12 articles were included in this systematic review. Only one study included registered nurses as subjects (Galletta, et al. 2011). All 12 studies included in the review consistently found a negative association between supervisor support and TI. However, there were variations in the strength of this association.

Nursing Implications. Support in the workplace could be seen as a serious resource for reducing nursing turnover. Nursing supervisor and managers are encouraged to improve their supportive behaviors. Nursing administrators are encouraged to educate nursing supervisors about the importance of support for the benefit of the nurses, supervisors, patients and the organizations. The concept of supervisor support can be introduced to nursing students early in their education, as a part of the nursing leadership and management curricula.

Conclusion. This systematic review points to the potential of decreasing TI by improving supervisors’ support behaviours. Although there are discrepancies within the literature regarding the strength of the association between supervisor support and TI, evidence suggests that supervisor support could impact employees’ TI and thus actual turnover. However, further research to evaluate the effectiveness of supervisor support on TI is highly recommended, including interventional studies. Further studies that examine the influence of different types supervisors’ behaviors perceived as supervisor support are encouraged. Such studied would help supervisors to identify most influential behaviors to enhance the perceived supervisor support among employees. Lastly, with the current shortage and high rates of
turnover in nursing, it is recommended to conduct more studied in hospital setting that evaluate the impact of supervisor support on nurses TI.

References

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N 05 - Retention and Clinical Leadership

Nurse Manager Succession Planning

Veronica Vasquez Campos, MSN, RN, USA

Purpose

The purpose of this presentation is to review academic literature to answer the following nursing administrative management question: Among hospital organizations (P), what is the evidence for nurse manager succession planning (I), to increase nurse retention rates (O)?

Target Audience

The target audience of this presentation is for nurse leaders and administrators seeking to develop a comprehensive and effective succession planning program to decrease and manage retention.

Abstract

Organizations can implement nurse manager succession planning to meet the ever-changing complex needs of health care by recruiting, retaining, and preparing future nurse managers. Appropriate selection and ample preparation of nurse managers improves the work environment, staff engagement, patient outcomes, retention and turnover rates, management competencies, and financial performances. Nurse manager succession planning is an effective business strategy used to sustain leadership capital, retain qualified nurse managers, decrease turnover, and prevent disruptions in the organization’s functions. Seventy percent of hospitals reported a lack of formal succession planning implementation at their organization.

The purpose of this presentation is to review academic literature to answer the following nursing administrative management question: Among hospital organizations (P), what is the evidence for nurse manager succession planning (I), to increase nurse retention rates (O)?

PubMed, CINAHL, and Ovid databases were searched utilizing key terms and a search criterion; three studies were included in the data synthesis. Succession planning can improve retention rates. The quasi-experiment conducted by Titzer et al. (2014), identified the benefits of utilizing succession planning as a positive retention tool. Titzer et al. (2013) conducted a systematic review to synthesize evidence and concluded that implementing succession planning increases patient and employee satisfaction, and patient safety, thus improving nurse retention rates. Carriere et al. (2009) identified eight strategies to initiate succession planning that assist employees to strive to meet leadership goals, which increases retention of established leaders.

The implementation of nurse manager succession planning can occur within any hospital organization that employs nurse managers, and want to improve and manage retention rates. Overall the data from the literature provides information regarding the needs and benefits of succession planning, but it does not identify a clear and definitive framework or comprehensive model to implement nurse manager succession planning. The lack of evidence and cost benefit analysis, limited resource allocation and inclusivity to internal recruiting are barriers to implementing nurse manager succession planning. Future research studies should be conducted to verify the effectiveness of the methods and models of nurse manager succession planning in order to develop a comprehensive and effective succession planning program.

References


Contact
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Purpose
The purpose of this presentation is to describe the rationale, components, implementation and evaluation of the Nursing Handoff Educational Bundle (NHEB), a comprehensive bundled strategy to standardize the instruction and evaluation of handoff communications in a prelicensure baccalaureate program.

Target Audience
The target audience of this presentation is nursing educators in prelicensure settings. Additionally, clinical nursing educators and nursing administrators responsible for onboarding novice nurses to the healthcare setting would find the topic applicable to their practice.

Abstract
Background: Inadequate handoff education in prelicensure nursing programs may pose a significant latent safety risk (Avallone & Weideman, 2015). Nearly 88% of novice nurse adverse events and near misses involve handoffs (Ebright et al., 2004). Novice nurses are less skilled in effective questioning techniques compared to expert nurses and are often more silent during handoffs (Horwitz et al., 2013, Rayo et al., 2013). Handoffs are challenging to master, and cognitively taxing for novices. Nursing students must learn effective handoff skills to promote patient safety. Though handoff communication skills are essential components of the undergraduate nursing safety curriculum, the educational process is often inconsistent and dependent on the student’s clinical experiences. Additionally, the evaluation of the learning is often subjective. From a human factors perspective, safety is improved by standardizing processes in education, implementation, and evaluation. Starmer et al. (2013) demonstrated that a Handoff Educational Bundle for medical residents significantly reduced medical errors and rates of preventable adverse events. A formalized, bundled nursing handoff educational intervention may improve student handoff performance and provide valid measures for assessment and evaluation during clinical experiences.

Purpose: The purpose of this presentation is to describe the rationale, components, implementation and evaluation of a Nursing Handoff Educational Bundle (NHEB), a comprehensive bundled strategy to standardize the instruction and evaluation of handoff communications in a prelicensure baccalaureate program. The NHEB includes a student handoff workshop, standardized minimum data set for giving and receiving handoffs, clinical faculty education, and structured, formative evaluation of student handoffs during clinical experiences using the Handoff Clinical Evaluation (CEX) tool (Horwitz et al., 2013).

Methods and Procedures: A quasi-experimental pre-test, post-test design was used to evaluate the NHEB in a convenience sample of 28 accelerated baccalaureate of science (ABS) nursing students. Data was collected at the beginning and the end of a 15-week time period Fourteen (14) students who received the NHEB were compared to a similar group (n=14) who were not exposed to the intervention. Students were observed providing and receiving handoff report to each other during clinical experiences, and were scored using the Handoff CEX.

Comparison group students and clinical faculty received the workshop education following completion of all data collection activities. Institutional Review Board approval was sought and obtained prior to study initiation.

Workshop: The three-hour educational workshop for students included content in focused communication strategies from TeamSTEPPS, use of the situation-background-assessment-recommendation (SBAR) minimum data set, information on bedside handoffs, and the crucial role of the receiver in creating a shared mental model and the development of priorities. Workshop teaching strategies included role-play simulation with case studies. Each student was given the opportunity to role-play as a handoff provider, handoff recipient and an observer. The case studies provided complex
scenarios. Key information was purposefully left off the situation-background-assessment-recommendation (SBAR) minimum data set to add complexity to the simulation. Students created a shared mental model by asking questions, clarifying, supplying, or requesting missing information while providing and receiving handoffs to each other. Peer review was incorporated when students, in the role of observers, provided feedback using the Handoff CEX.

**Clinical faculty education:** Handoff best practices and the NHEB were presented to intervention group clinical faculty in a two-hour collaborative workshop. The workshop moderator and clinical faculty shared challenges and strategies teaching best handoff practices in clinical settings. The Handoff Clinical Examination (CEX) was presented to clinical faculty as a standardized tool to provide formative evaluation of provider and receiver handoffs during clinical experiences. The clinical faculty discussed ways to integrate handoff best practice into weekly clinical experiences using the Handoff CEX to standardize the evaluation process.

**Instrument:** The Handoff CEX tool was used in two ways. First, it was primarily used for research purposes pre and post-test to rate students’ handoffs at the beginning and the end of the 15-week clinical experience. Secondly, intervention-group clinical instructors used the Handoff CEX to provide formative feedback to students on handoff performance during clinical experiences. The CEX domains measure provider and receiver handoff organization, communication skills, content, clinical judgment, setting, patient-centered measures, and an overall score. The tool has published validity and reliability (Horwitz et al, 2013).

**Results:** The Handoff CEX provider scores in the group of students who received the NHEB improved significantly (M=4.64, SD=1.3) compared to the control group (M=1.5, SD 1.34) (t=7.33, p=.000). The recipient handoff scores also improved significantly (M=5.5, SD=1.39) compared to no improvement in the recipient control group (M=-0.36, SD = 1.39), (t=12.7, p=.000). Additionally, student workshop evaluations were favorable. Mean Scores ranged from 4.57- 4.79 out of 5.

**Conclusion:** These results suggest that the NHEB may improve student handoff communication skills and provide an opportunity to practice these skills with structured support and standardized evaluation during clinical experiences. The Handoff CEX tool provides a valid, standardized instrument to evaluate handoffs and may be considered for incorporation into clinical evaluations. Based on the success of this pilot study in the ABS program, plans are in place to further implement the NHEB across the Traditional Baccalaureate program in the same School of Nursing. This bundled approach to nursing handoff education has applicability to the clinical education and onboarding of novice nurses in all healthcare settings.

**References**


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O 01 - QSEN Competencies: Developing Nursing Skills
Using Systems Thinking Leadership and QSEN Competencies to Design a Nursing Career Development Framework

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Purpose
The purpose of this presentation is to share the journey one Accountable Care Organization (ACO) took to meet the changing needs of the community by addressing current and future workforce shortages through building a sustainable nursing career development framework supported by Quality Safety Education for Nurses (QSEN) competencies.

Target Audience
The target audience of this presentation is healthcare executives, human resources personnel, clinical nursing leadership, and nurse recruiters.

Abstract
Project Significance/Background: The Institute of Medicine (IOM) Future of Nursing Report (2011) calls on nurses to take a greater role in America's increasingly complex healthcare system. The number of registered nurses needed to care for an aging and complex population is challenging the existing care delivery system. Nationally, healthcare organizations desire to employ a workforce capable of meeting current and future demands while reducing costs and increasing value of services. One way to architect innovative workforce management planning is to implement a formal nursing career development Framework. Career management programs are associated with cost savings related to recruitment and retention as well as affiliated increased career satisfaction (Philippou, 2014). Higher employee engagement leads to higher organizational performance, which is critical for business success and sustainability (Senge, 1990). Nurses connect with their organization in a variety of ways: socially with one another, intellectually through job challenges and culturally through the mission and values of the institution (Becom & Kergeris, 2014). Humans have a natural desire to learn, so organizations that leverage this are well positioned for success (Senge, 1990).

As the region's leading health system, our organization recognized the need to attract, retain and engage registered nurses as well as plan for the impending national nursing workforce shortage. A well designed, collaborative employer-employee professional nursing career framework functions as a guiding strategy for a registered nurse's development and as a tool that sets the stage for when a registered nurse's preparation for advancement coincides with the organization's opportunities and needs (Philippou, 2015). Quality Safety Education for Nurses (QSEN) competencies address the challenge of engaging and employing nurses with the knowledge, skills and attitudes (KSAs) necessary to continuously improve the quality and safety of the healthcare systems within which they work (Cronenwett, et. al, 2007; Cronenwett, et. al, 2009). The QSEN competencies are the core competencies that clinical nurses in the workforce must possess to meet the needs of our 21st century healthcare system.

Project Purpose: The purpose is to describe how systems thinking leadership and interprofessional collaborative partnerships can drive organizational change by intellectually engaging nurses through a professional career framework. This presentation demonstrates the journey one accountable care organization took to meet the changing needs of the community by addressing current and future workforce shortages by building a sustainable nursing career development framework supported by QSEN competencies.

Project Scope: The scope of this project encompasses more than 5500 professional clinical nurses across the entire spectrum of care settings within one accountable care organization. It includes clinical nurses and advanced practice nurses practicing in 17 acute care facilities, home care, over 200 physician groups/ambulatory clinics, five senior care facilities and comprehensive palliative care and hospice services.
Project Methods: Systems thinking served as the paradigm for this organization by which to create a new Framework for managing nursing careers. In partnership with human resources, a professional nursing career framework was designed to provide nursing career progression options within the system. Companies become innovative and desirable when the interdependencies and interrelatedness of organizational parts are examined as a whole (Senge, 1990; Shaked & Schechter, 2013). In designing the nursing career development framework, the interprofessional team desired to achieve an outcome of becoming a true learning organization, where nurses could grow professional roots with career mobility within the same organization. Both self-mastery and team learning advance because knowledge, skills, and attitudes progress in a symbiotic relationship. Often, individual learning and growth begins with a focus on student or novice performance, which establishes an essential building block of personal competence (Currey, Eustace, Oldland, Glanville, & Story, 2015). As an individual moves through the continuum from a novice to an advanced beginner to a competent performer and eventually, an expert, their professional practice changes iteratively (Benner, 1984). Adoption of a lifelong learning approach as a way to facilitate professional development is essential for systems leaders (Shaked & Schechter, 2013). The addition of team learning advances self-mastery exponentially (Currey et al., 2015). Thus, this organization’s focus was to design a nursing career development framework that supported individual learning and growth as well as team performance benefit. Kotter’s model of change management played a significant role in the project plan and work design. It continues to serve as a guide for implementation and evaluation of the career development framework. This large healthcare organization embedded the QSEN competencies into a nursing career development framework to ensure that career management was grounded in evidence and core professional competencies.

The nursing process was the guiding methodology for this project. In the assessment phase, an interprofessional team was formed that included Chief Nurse Officers (CNOs), directors of nursing representing a variety of care settings, nurse scientist, clinical nurses, human resources, and compensation associates. The team immediately determined standardization and consistency in nursing job descriptions was a high priority to reduce variation in professional practice. Throughout the planning phase, integration of the QSEN competencies was foundational to the design of the career framework elements and the development of standardized job descriptions. Robust project planning drove achievement of key milestones to advance the framework into final format. Key stakeholder groups were involved in planning and provision of input and feedback. Implementation is supported by Kotter’s model of change. The sense of urgency around current and forecasted workforce shortages and nursing role description variation drove the formation of the interprofessional guiding coalition to address these needs. A vision and strategy was developed in partnership with human resources for global application across all employee groups within the company. Communication planning occurs in an ongoing fashion through a variety of methods. Empowering nursing employees to participate in the career framework design and routinely for program input and feedback has promoted the socialization of this project. Short term wins include a shift from the existing compensation models to that of a career advancement paradigm, as well as increasing system-wide project interest and infrastructure changes to support new workflows. The guiding coalition continues to work on consolidation of wins and introduction of more change while this new framework becomes anchored in the culture. Evaluation metrics were determined at the beginning of the project. The core interprofessional team continues to monitor and report results to key organizational stakeholders.

Project Outcomes: A nursing career development framework with embedded QSEN competencies was developed for the organization. The nursing career framework includes five career bands and job levels that increase in complexity and responsibility while defining career progression both horizontally and vertically. 4500 job descriptions were consolidated to 1600 and standardized to include QSEN core competencies. Operational tools developed include project tools (charter, plan, Gantt chart); expansive nursing career development map; nursing job and roles placement in career map; tools to document career advancement and approval process; and multiple communication tools, including infographics to inform key constituents of project progress. The nursing career framework provides clarity around jobs and job hierarchy; provides transparency for career advancement; facilitates talent mobility; creates consistent alignment for reward and talent management decisions and supports pay for performance culture.
**Project Practice Implications:** The nursing career framework development is significant because it advances nursing professional practice in the context of quality and safety. The nursing career framework standardizes nursing job descriptions across care settings, role requirements and functions, competencies and responsibilities within the QSEN competencies. Implementation of a nursing career framework facilitates talent mobility across a healthcare system with leaders as coaches acting to guide careers. The framework benefits talent recruiters and supports development of a compensation model to reward advancement. Mitigation of current and future workforce crisis, along with advancing the future of nursing, innovating the healthcare delivery model, and transition to a care coordination framework are high priority areas for nurse leaders. The interdependencies between nursing and key professionals such as human resources, recruitment, talent management teams, and academic partners describe how managing nurses’ careers must be done with systems thinking and in true collaborative partnership.

**References**


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Best Practice for Assessing Cardiovascular Disease Risk in Asymptomatic Women 35-54 Years

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Purpose

The purpose of this evidence-based practice project was to determine the effect of cardiovascular disease screening on asymptomatic women between the ages of 35 and 54 years after implementing and evaluating cardiovascular disease risk stratification and healthy lifestyle modifications.

Target Audience

The target audience of this presentation is all healthcare providers who engage with adult patients 20 years and older. Strategies for promoting primary and secondary prevention of cardiovascular disease will be discussed as well as therapeutic lifestyle changes. All healthcare providers must strive for achieving a healthier population in 2020.

Abstract

Cardiovascular disease is the leading cause of death for women in the United States, as well as every major country. Unfortunately, disparities in cardiovascular health continue to be a significant public health issue. Although the United States has demonstrated a general decline in cardiovascular mortality over the past few decades, a number of population subgroups including educational background, ethnicity, geography, race, sex and socioeconomic status nevertheless demonstrate remarkable disparities in overall cardiovascular health (Mosca et al., 2011). The purpose of this EBP project was to determine the effect of cardiovascular screening after implementing and evaluating cardiovascular risk stratification and lifestyle modification. The implementation of this best practice was compared to current practice for women who were asymptomatic for coronary artery disease and between the ages of 35 and 54 years. The Stetler Model and Pender's Health Promotional Model facilitated the system change. The American College of Cardiology/American Heart Association Atherosclerotic Cardiovascular (ACC/AHA ASCVD) Risk Estimator score was calculated on a single cohort of women between the ages of 35 and 54 at a medical clinic for the underserved in Northwest Indiana. The 2013 ACC/AHA Lifestyle Guideline was used to educate participants regarding therapeutic lifestyle changes. Paired-sample t tests were run to analyze the means of pre-scale data compared to post-scale data on each participant in the cohort (n = 34). Statistically significant differences were noted in four different variables. Results were statistically and clinically significant in modifiable risk factors including triglycerides (p = 0.043), weight (p = 0.006), and body mass index (p = 0.004). Marginal significant difference from pre-ASCVD lifetime risk score to post-ASCVD lifetime risk score (t(33) = 1.975, p = 0.05. In summary, this EBP project supported the best practice recommendation for assessing cardiovascular risk utilizing the ACC/AHA ASCVD Risk Estimator. This recommendation promotes primary and secondary prevention by identifying and targeting patients at increased risk for cardiovascular disease and improving patient outcomes. In conclusion, primary and secondary prevention must start as early as age 21 years in order to make a dramatic impact on CV risk (Lopez-Jimenez et al., 2014). After actively engaging with each patient in order to screen respective cardiovascular risk, the patient understands his or her individual modifiable risk factors. As a result, healthcare providers can empower their patient to adapt healthy lifestyles. As healthcare providers, engage the conversation, and construct the change to make a difference toward a healthier population for 2020.

References


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Purpose

to define servant leadership, to explain how servant nurse leaders can promote the building of sustainable service projects in developing countries, and to convey the results of a nurse-led research project to install and study the effects of clean water filters in rural Guatemalan villages

Target Audience

The target audience of this presentation is registered nurses and health care providers.

Abstract

Nursing is a caring profession, and because of this, nurses are often drawn to volunteer for situations such as medical mission work or disaster outreach, where the skills of a health care professional are needed and appreciated. However, one of the criticisms of short-term medical service projects in developing countries is that they lack sustainability. A team enters a culture for a brief period of time, and when they leave there are no lasting changes to the host community.

The content in this presentation relates to the conference theme of leadership success, specifically servant leadership. The concept of servant leadership, leaders who are servants first, has characteristics that be used to promote the building of sustainable service projects. This presentation provides a foundational overview of servant leadership characteristics (such as listening, empathy, healing, awareness, stewardship, and building community) and provides suggestions concerning how servant leaders can use their skills combined with research tools to develop projects with lasting impact. As an example, a nurse-led research project to install and then examine the effects of clean water filters in rural villages in Guatemala will be presented.

To initiate this project, a nurse utilized servant leadership skills to organize and lead a group of volunteers, including health care professionals and students, on a medical mission trip to two rural villages in Guatemala where they conducted mobile medical clinics. Included in the clinic work was the assessment of the major health problems in both villages. Community tours revealed that the homes in the villages had no access to clean water, and a large number of infectious diseases were observed in the clinics.

The goal of this project was to follow up the medical clinic work with installation of water filters in all homes (approximately 300) in the two rural communities, teach children and adults about the importance of clean water, demonstrate how to properly care for the filters, and conduct a follow-up assessment of health in the two villages (6 months’ post-installation). The research question was: Does use of clean water filtration systems in rural Guatemalan villages accompanied by education regarding the use of clean water and its impact on health reduce the incidence of water-contaminated related disease?

Analyzing pre- and post-installation health assessment data provides a greater understanding of the impact that these water filters could have on the health of residents in these communities, and it facilitates better service to these populations in the future. As a result of this work, hundreds of people living in two rural communities in Guatemala will gain access to safe, clean drinking water and will learn about safety, health, and the importance of clean water. Providing access to clean drinking water, together with educational resources, will not only decrease the incidence of water-borne diseases but will eliminate or reduce the need to collect rainwater in unsafe, open containers. Such actions promote the reproduction of disease vectors, for example mosquitoes, which transmit malaria, dengue, and chikungunya, as well as the most recent major health concern – the zika virus. Finally, collaborations with local organizations will help to build sustainable working relationships for future outreach and research projects in this region.

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O 03 - Servant Leadership Skills
Nurses as Leaders: Connecting Through Board Service

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Purpose
The purpose of this presentation is to describe the needed interprofessional skills and the acquisition of those skills from an initial research study, along with methods to seek board service within our communities.

Target Audience
The target audience of this presentation is nurses who have not served or have interest to improve their skills for current and future board service and nurse leaders who should enhance curriculums and create pathways for nurses to serve on boards.

Abstract
Scope of Abstract: Nurses are responsible for acquiring key attributes for board service (Institute of Medicine [IOM], 2011). The skills, knowledge, and competencies for effective board service have been presented within the nursing literature; however, no study has been reported to understand from nurses what those are. In addition, methods to acquire the necessary attributes for board service and to create the opportunities to serve on boards will be explored.

Significance of Abstract: Nurses have the opportunity to shape and change the health of their community, participate in health care reform, establish health policy, and advance their profession by assuming board positions for healthcare and key community and governmental organizations (IOM, 2011). The call for more nurses to serve on boards led to a strategic collaboration among nursing organizations leading to the establishment of the Nurses on Boards Coalition (NOBC) (Future of Nursing: Campaign to Action [FNCA], 2014). With a goal to place 10,000 nurses on boards by 2020, the NOBC has developed strategies to increase the number of nurses serving on boards and identify opportunities for nurses to become more effective board members (FNCA, 2014).

Description and Evaluation of Needed Skills: The competencies for leadership roles, including board service, have been identified and are grounded in knowledge and experience acquired beginning in nursing schools, assuming leadership roles, and continuing throughout one’s career (Carlson et al., 2011; Pate, 2013; Westphal & McNeil, 2014). Content experts, based upon literature review or personal experiences, have described the needed skills, knowledge, and competencies for board service with common themes of collaboration, finance, strategy and planning, visionary skills, and communication (American Nurses Foundation, 2015 (ANF); Center for Healthcare Governance, 2011; Westphal & McNeil, 2014). Additionally, competencies identified for board service include being a consensus builder, good communicator, strategist, team member, and visionary (“AACN Framework for Governance Leadership Positions,” 2006; BoardSource, 2007; Cascio, 2004).

A IRB-approved quantitative descriptive study was conducted in 2015 using an online survey tool with participants recruited from professional nursing organizations and colleagues within Texas. Content of the survey included key attributes identified from within the literature and the 2015 ANF survey (ANF, 2015). The de-identifiable data were analyzed by demographics and descriptive statistics. With 125 study participants, skills and knowledge that the respondents most often wished they possessed prior to board service were those commonly associated with the business aspects of board governance and were finance (53.6%, n=67), investment (42.4%, n=53), audit (41.6%, n=52) and marketing (39.2%, n=49). However, when ranked in comparison of all skills and knowledge through the use of Mann Whitney U statistical testing, quality improvement, human resources, and management were identified as a necessary foundational set of attributes for board service. The majority of the respondents reported that their competencies of self-leadership (72.6%, n=91), delivering an effective message (62.4%, n=78), consensus building (61.6%, n=77), visioning (56.0%, n= 70), and global thinking (55.2%, n= 69) were not as developed they had wished prior to board service.
Acquiring the skills, knowledge, and competencies: Evaluation of results - The study group demonstrated that the majority (57.6%, n = 72) acquired the attributes that they possessed from a nursing graduate educational program. Other methods most commonly used to gain possession of the skills, knowledge, and competencies for board service were mentoring and coaching (59.2%, n = 74), conferences (52.8%, n = 66) and continuing education (48.8%, n = 61). When asked what the preferred methods of learning to support ongoing and future board service were, mentoring (48%, n = 60) and networking (46.4%, n = 58) were articulated by the nurses.

Settings to gain attributes - Nurses have many ways to gain the opportunities to improve their skill sets and knowledge for board service. An early adopter promoting education of nurses for board service was Sigma Theta Tau Institute resulting in their annual conferences entitled “Board Leadership Institute” (Sigma Theta Tau Institute [STTI], 2016). The NOBC is targeting in 2016 and 2017 the spread of information and education at most national educational conferences. In addition to the National Coalition, states such as Texas and Virginia have action coalitions to provide nurses with targeted education for board service (FNCA, 2014 & Hassmiller & Quinn, 2015). The Northwest and Texas Organizations of Nurse Executives, and colleges and universities such as the East Carolina University School of Nursing and Texas Tech University Health Sciences Center have established or supported workshops to provide opportunities for graduate and continuing education for nurse leaders within states (Brown, 2015; Hassmiller & Quinn, 2015; Walton et al., 2015).

Coaching and mentoring, according to this research study, are preferred methods of learning and acquiring information to further support board service. One of the NOBC’s workgroups is developing specific tactics to encourage opportunities for mentoring and coaching. (Harper, 2015). Individual nurses currently can explore several options to gain access to coaches and mentors for board service through their nurse leaders, other healthcare leaders such as the chief financial officers and strategic planners, and professional development organizations such as BoardSource.

Mechanisms to gain a board position: Creating a personal strategic plan for board service can be empowering for the nurse to execute towards the goal of a governance position. Within that plan, nurses can identify what skills, knowledge, and competencies need to be developed and identify the ways provided this presentation to gain them. Concurrently to addressing the needed attributes for board service, volunteering and serving on community councils, committees, advisory boards and within other community organizations allows the nurse to identify which types of organizations best match to one’s passions and interests. Volunteering not only supports nurses’ professional development but also can be a benefit to their employer (Hill, 2008). Active participation and engagement allows nurses to develop a network of interprofessionals who can assist as a mentor and in potential board placements. Once nurses have identified which organizations are of interest for board service, discussions can occur with the executive director and other board members about the process to gain a board seat. Lastly, finding a coach and mentor can provide the needed support to further develop competencies of self-awareness, executive presence, and global thinking (Cornwall & Totten, 2011).

References

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Purpose

The purpose of this presentation was to create, implement, and evaluate a resource toolkit of best practices that will include tools, tips, and techniques to improve communication and collaboration, between nurses and providers.

Target Audience

The target audience of this presentation nurse managers, directors, senior nursing leaders, and educators

Abstract

The American Nurses Association (2013) describes how effective collaboration in health care is associated with numerous positive outcomes. For example, successful collaboration can be linked to an increase in job satisfaction (Nair et al., 2012). On the other hand, The Joint Commission (2013) found that communication issues were among the top reason for death related to a delay in treatment, and identified communication issues as the third highest root cause of sentinel events.

There were many resources identified including the American Nurses Association, The Joint Commission, and The Institute of Medicine. All the literature reviewed described how effective communication between providers and nurses leads to positive measurable outcomes, including decreased mortality in patients served, as well as improved morale for nursing staff. Despite this, evidence suggests that physicians and other members of the healthcare team assign primary responsibility for patient safety to nurses; however, only an estimated eight percent of physicians recognize nurses as part of the decision-making team (Greene, 2002).

Smith (2004) describes research that demonstrated the importance of a healthy nurse-physician relationship on nurse outcomes and patient outcomes. When nurses are able to demonstrate their contributions to physicians it helps to position nursing as intellectual peers, thus helping to create a partnership with demonstrated patient outcomes. Moreover, behavior expectations and communication standards, which help to set clear expectations in building a collaborative work environment, also have significant influence on nurses’ overall perceptions of their work experience (The Advisory Board, n.d.).

When providers and nurses work in a more collaborative environment and when adopting a partnership between the two professions, overall morale and satisfaction can be improved. Improved patient outcomes may include decreased length of stay, decreased mortality, and improved patient satisfaction (Kupperschmidt, Kientz, Ward, and Reinholz, 2010). Improved communication fosters trust and mutual respect that enhances patient outcomes. To insure success nurses must be valued and committed partners. As identified in the 2013 NDNQI survey, nurses scored the collegial nurse-physician subscale at 2.9, which was below the database mean of 3.1. In addition, communication failures in 2013 and 2014 were one of the most frequently reported processes. This data could indicate there is opportunity for nurses and physician/providers to improve communication and collaboration. To fulfill their role as advocates, nurses must be involved in making decisions about patient care (American Nurses Association, 2001).

The American Association of Critical Care Nurses (2005) describes how organizations have successfully implemented professional care models to attract and retain nurses. These models foster responsibility and respect through authoritative care models that supports autonomous practice. Continuing education, specialty certification, and participation in professional organizations are valuable for life-long learning opportunities in nursing. When nurses are empowered through knowledge, the nurse and the provider become aligned in a collegial, respectful, and problem solving partnership.

Another factor identified in the literature is that communication is necessary and should be a high priority for both nurses and physicians. In addition, the need for the healthcare team to have frequent and skilled
communication is necessary to facilitate integration of care. Integration of care between the nurse and providers is critical for optimal outcomes (The American Association of Critical Care Nurses, 2005). The creation of a resource toolkit will enhance system knowledge and skills needed to improve communication and collaboration. This education will assist in creating a sustained culture of collaboration with the goal of improved patient outcomes. A culture of safety requires all members of the healthcare team to develop professional communication skills (The Joint Commission, 2002).

In short, effective collaborative communication has a number of direct and indirect influences on patient care. The goal is to relinquish hierarchies and miscommunication resulting in a better collaborative practice setting around patient care. Through the use of highly integrated teams’ patient safety is improved and satisfaction in the professional practice setting (mainly nurse and provider) can be improved (Olenick, Allen, & Smego, 2010).

References

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Purpose
The purpose of this presentation is to present a vision for the future of disaster nursing, identify barriers and facilitators to achieving that vision, and recommendations in nursing practice, education, policy and research.

Target Audience
The target audience for this presentation includes pre and post licensure nurses representing a variety of education tracks who are current or potential nurse leaders working in diverse settings within practice, education, policy or research. Non-nurses who may participate in the disaster response cycle are also encouraged to attend.

Abstract
Introduction: A dramatic increase in the frequency and intensity of natural weather-related, technological, infectious disease, and human-caused disaster events have tested the capacity of our health care systems. Registered nurses (approximately 2.8 million in the United States) represent the largest segment of the US healthcare workforce and have the capacity to improve access to healthcare services during emergencies and disasters. Nurses play key roles as responders during disaster, using critical thinking skills to maintain quality care while prioritizing and allocating scarce resources. Employed across diverse settings, nurses collaborate daily with a broad range of healthcare professionals and are consistently ranked by the public as trusted sources of health information. Nurses have the potential to significantly improve the preparedness of their own household, neighbors, patients, families and ultimately, the nation.

Design and Methods: The Veterans Emergency Management Evaluation Center of the U.S. Department of Veterans Affairs convened a series of semi-structured focus groups via conference calls with fourteen national subject matter experts to generate relevant concepts regarding national nursing workforce preparedness, followed by an invitational daylong workshop in December 2014 to explore these concepts. Workshop participants included 70 nurses, emergency managers and public health leaders from academia, government, healthcare industry, professional organizations, and non-governmental organizations. Conference call notes and audiotapes from the workshop were transcribed and thematic analysis conducted.

Findings: The collective group described a vision for the future of disaster nursing “To create a national nursing workforce with the knowledge, skills, and abilities to respond to disasters and public health emergencies in a timely and effective manner.” Ideally, nurses would:

- possess a minimum knowledge base, skills and abilities regarding disaster response and public health emergency preparedness;
- respond directly or provide indirect support (e.g., shift coverage for deployed or data collection) during a disaster event or public health emergency.
- promote preparedness amongst individuals in their care, families and broader communities; and
• demonstrate a commitment to professional preparedness by participating in disaster planning, drills, and exercises.
• create a cohort of highly specialized nurses with advanced disaster skills and expertise.

Recommendations for nursing practice, education, policy, and research as well as barriers and challenges are summarized in this poster/presentation.

Conclusions: This project represents an important step toward enhancing nurses’ roles as leaders, educators, responders and researchers in disaster preparedness and response. Academic, health and human services organizations that employ nurses, policy makers and researchers are encouraged to engage in an expansive national dialogue regarding how the vision and recommendations could be implemented within their organizations.

References

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Leading Transformational Change: An Innovative Preceptor Education Program

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Susan Seibert, DNP, MSN, RN, USA

Purpose
The purpose of this presentation is to describe the efforts of a Professional Practice Council, in consultation with an academic educator, to improve new graduate retention rates by improving the orientation process and transition to practice. An evidence-based preceptor preparation curriculum was adopted and implemented for six pilot units.

Target Audience
The target audience for this presentation is chief nursing officers, nursing directors and managers, staff development specialists and all registered nurses.

Abstract
New RN retention was a strategic goal of the Education and Professional Development Governance Council. Anecdotal reports indicated that new graduate RNs were dissatisfied with orientation, preceptors, and the processes. Staff Development Specialists reported low attendance in the preceptor courses. Newly employed RNs were often not assigned to the same preceptor with preceptors reporting inadequate time with their orientee due to patient load. What was apparent was that the retention rate for RNs who as students completed their medical surgical clinical on the Dedicated Education Unit (DEU) was far higher than employed RNs who had not had the same opportunity (100% vs 85% respectively). The council chose to transform the preceptor program modeling the strategies for developing competent clinical teachers in the DEU.

Three strategies were implemented to achieve the strategic goal: (1) evaluate/revise the current preceptor program; (2) develop and fortify critical thinking in orientees; and (3) support the preceptor/orientee relationship. The Preceptor Survey revealed only 46% of preceptors had taken a preceptor education program. Barriers to being an effective preceptor were lack of self-confidence, not having enough time to spend with orientee, and nervousness. The preceptor voiced being pulled away to do other things and having too many patients to support the orientee. To develop critical thinking the curriculum for preceptor program was reformulated using eight evidence based concepts. A one-day experiential workshop used three high fidelity simulation labs and was piloted for two Medical Surgical units and four Critical Care units. Clinical Supervisors for each unit were engaged in this program to foster preceptor/orientee relationships by arranging appropriate patient load and schedules.

The one year orientee retention rate for this pilot program rose from 73% to 92%. The first cohort of 70 preceptors successfully completed the pilot program where preceptors reported an increase of preceptor knowledge and skills with a score of 3.4 on a 4 point Likert scale. Perceived self-efficacy was also noted. Orientees reported preceptors were competent and available. Coupled with the success was the intentional focus on matching preceptor/orientee schedules and creating a reasonable patient load to meet the need of the newly hired RN. Based on the success of this pilot preceptor program, the Council advocated for and received support to offer the program for all house-wide preceptors. This initial success of this nursing initiative shows considerable impact on the organization goal to retain competent nurses and to support leadership at the bedside.

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Purpose

to relate the achievements, challenges, and lessons learned when implementing a concept-based clinical from a clinical faculty coach perspective.

Target Audience

nursing faculty or administrators interested in concept-based clinicals and/or faculty coaching.

Abstract

Background: Nursing experts are asking which approaches promote nursing student success. Using concept-based clinicals is one approach; faculty support for concept-based clinicals is another. Recently, Williams, Avolio, Ott, & Miltner (2016) used a supportive approach for clinical nurse leader practice integration. We used a similar supportive approach through implementation of a clinical faculty coach role when our nursing program transitioned to concept-based clinicals and 1+2+1 for an RN to BSN pathway. Historically, less than 10% of our nursing program’s graduates planned to continue their education. Methods: Health care clinical site visits were completed at least once per semester for support and to validate clinical concepts with Level I through Level IV clinical faculty (N=25). The clinical faculty ranged from novice adjuncts to expert clinical instructors. Anecdotal notes, emails, and texts written at the time of the visit were analyzed for transformational leadership strategies as described by Sherman (2013). Data were collected on the percentage of graduates who were on the new BSN pathway. Results: Over the two years, clinical faculty demonstrated growth in owning the clinical concepts; nursing students benefited from this growth. Thirty-four percent of graduates completed both AAS and AA degrees. The faculty clinical coach was instrumental in supporting clinical faculty as they successfully transitioned to concept-based clinicals. Summary. This presentation relates the achievements, challenges, and lessons learned when implementing a concept-based clinical from a clinical faculty coach perspective. At the end of this presentation, the nurse participant will have the knowledge to 1. describe the role of faculty coach in a clinical setting, how the role was developed, the responsibilities, and teaching material needed; 2. describe an example of clinical faculty coach support through collaboration with facility staff; 3. discuss two identified challenges of concept-based clinical: scheduling activities and lack of facility support along with solutions; and 4. examine two lessons learned as faculty coach: help faculty to find own solutions and how to offer resources and support. Conclusions. The faculty coach project supports Sherman’s (2013) transformational leadership strategic outcomes, i.e., a healthy work environment and empowerment of clinical faculty resulting in better patient outcomes. In addition, using a faculty coach supported clinical faculty efforts to positively encourage nursing graduates on a BSN pathway.

References


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On-Boarding Adjunct Faculty in Nursing Programs

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Purpose

The purpose of this presentation is to engage the audience in the discussion about the lack of qualified nursing faculty. The lack of sufficient numbers of qualified nursing faculty to prepare nursing students for entry into the field of nursing is of national and international concern. Rising enrollments in schools of nursing have increased the demand for qualified nursing faculty. Recruiting expert clinicians and preparing them as clinical teachers is one approach to addressing the faculty shortage. Adequate training for this new role is paramount to promoting job satisfaction and decreasing attrition. Purpose: Beginning with the interview process, a potential adjunct faculty undergoes a holistic interview approach to ascertain if an organizational fit is compatible. In the model presented, adjunct faculty participate in a holistic interview process and receive a four-hour orientation to the university. Topics covered are: Quality Safety and Education for Nurses (QSEN Competencies), Clinical Reasoning information, Technology Strategies and Examples of common clinical scenarios. In addition, faculty are oriented to the culture of the university as well as the demographic composition of the nursing class. Methods: All adjunct faculty receive the four-hour orientation as well as a faculty "To-Do List" which must be completed prior to hiring. All faculty are required to attend a monthly adjunct faculty meeting during the semester. Results: The take away message for nursing schools is this method works for adjunct faculty. The author is happy to share methods and templates with other universities and program coordinators/directors. Implications: The increasing number of adjunct faculty and their need for orientation to the faculty role presents a challenge to schools of nursing and departments of nursing. The University of San Diego approach is to embrace, educate, and mentor the adjunct faculty.

Target Audience

The target audience for this presentation are Directors, Program Coordinators, and Placement Coordinators of nursing programs across the country.

Abstract

Background: Rising enrollments in schools of nursing have increased the demand for qualified nursing faculty. Nursing faculty are essential to prepare future nurses who will provide expert healthcare that meets the needs of individuals who seek care.

The lack of sufficient numbers of qualified nursing faculty to prepare nursing students for entry into the field of nursing is of national and international concern. In the midst of a nurse faculty shortage, many academic institutions are relying on adjunct faculty to fill the gap.

Recruiting expert clinicians and preparing them as adjunct clinical teachers is one approach to addressing the faculty shortage. Adequate training for this new role is paramount to promoting job satisfaction and decreasing attrition.

Purpose: Beginning with the interview process, a potential adjunct faculty undergoes a holistic interview approach to ascertain if an organizational fit is compatible.

In the model presented, adjunct faculty participate in a holistic interview process and receive a four-hour orientation to the university. Topics covered are: Quality Safety and Education for Nurses (QSEN Competencies), Clinical Reasoning information, Technology Strategies and Examples of common clinical scenarios. In addition, faculty are oriented to the culture of the university as well as the demographic composition of the nursing class.

Methods: All adjunct faculty receive the four-hour orientation. All faculty are required to attend a monthly adjunct faculty meeting during the semester.
**Results:** The take away message for nursing schools is this method works for adjunct faculty. The author is happy to share methods to engage adjunct faculty with other universities and program coordinators/directors.

**Implications:** The increasing number of adjunct faculty and their need for orientation to the faculty role presents a challenge to schools of nursing and departments of nursing. The University of San Diego approach is to embrace, educate, and mentor the adjunct faculty.

**References**


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Effective Strategies to Promote Generational Cohesion in the Workplace

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Purpose
The purpose of this presentation is to share these strategies and guidelines to assist nurse leaders to implement effective problem solving skills and improve generational cohesion within their workplace.

Target Audience
The target audience for this presentation is nurse leaders, across all arenas of the nursing workforce.

Abstract
Despite the rise in the number of entry-level baccalaureate programs, the increase is not sufficient to meet the projected nursing practice demands (AACN, 2015). The aging workforce, high nursing staff turnover and an inability to attract and retain qualified nurses creates additional challenges that impact the ability to appropriately respond to the care needs of the community. Healthcare organizations continue to hire both younger nursing graduates as well as more experienced nurses to fill the void. As a result, five different generations coexist in the nursing workforce. Differences in employment needs and values, work ethics, attitudes towards authority, and professional aspirations, contribute to the creation of cross-generational conflict. This conflict creates unique leadership challenges within healthcare and academic organizations. Understanding the different generational groups may allow nursing leaders and managers to consider what drives, motivates or hinders nurses from different generations. Recruiting and retaining a workforce increasingly made up of nurses from many generational groups is a challenge that can be tackled with a deeper understanding of each of the commonly identified generational groups (Murray, 2013). Following the completion of a year-long leadership fellowship (i.e. National League for Nursing LEAD program), a plan outlining multiple strategies for improving generational cohesion was developed. The purpose of this presentation is to share these strategies and guidelines to assist nurse leaders to implement effective problem solving skills and improve generational cohesion within their workplace. An emphasis will be placed on how generational differences influence education, teamwork, and patient care, along with what challenges and opportunities exist for managers, leaders, and organizations. This session will engage nurse leaders in a dialogue on leadership enhancement that will positively influence generational cohesion within their organizations and influence change at the organizational level. Developing the skill to view generational differences through a different lens will allow the leader to flex their leadership style, enhance quality and productivity, reduce conflict, and maximize the contributions of all.

References

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P 02 - Strategies for Online Learning
A Daunting Dilemma: Providing Simulation for Online Distance Nursing Students

Kathleen Marie-Anne Huun, PhD, MS, MS, BS, BSN, RN, USA

Purpose
The purpose of this presentation is to provide education regarding the integration of simulation entities (e-simulation, video simulation, telepresence simulation) into fully online medical-surgical clinical nursing courses and the alignment with Quality Matters standards to ensure quality assurance.

Target Audience
The target audience of this presentation is nurse educators seeking a different means of education delivery (virtual simulation entities) and stakeholders interested in distance education design/instruction/simulation.

Abstract
Simulation has become commonplace in face-to-face campus based environments. According to Davis, Kimble, and Gunby (2014), “simulation has the potential to change the face of nursing education as it opens doors for students to experience today’s complex and challenging patients and it enhances their critical thinking skills” (p. 149). Therefore, this learning strategy should become an equal opportunity for distance nursing students as well.

A resolution to this problem aligns with a directive from the NLN Vision (2012) priority for research in nursing education to study “the use and cost-effectiveness of technologies (e.g., online, simulation, telehealth) to expand capacity in nursing education” (NLN Board, 2012, p. 3). In regards to this call, an online course aligned to a Quality Matters (QM) rubric, would require that all additional forms of technology intertwined within the course be able to meet the QM standards. The QM rubric is based on best practices and provides a set of eight general standards and 43 specific standards used to align and assess the quality of an online course and its components (Quality Matters, 2016). Thus, to fully institute this process in a tiered series of online clinical nursing courses, following QM standards would be key to student success. In addition to this, creativity, collaboration, continuity, cost effectiveness, and conservation of faculty time drove the development and implementation of the various simulation resources.

Four specific simulation entities have been established and incorporated into a sequence of online medical-surgical clinical courses. These simulation modalities include e-simulation (Shadow Health, mySmartHealth), staged video simulation, and robotic telepresence (Double Robotics) simulation. The latter two items also incorporate the use of standardized patients. The use of standardized patients in simulation “provide rich clinical experiences for undergraduate nursing students” (Sideras, McKenzie, Noone, Markle, Frazier, & Sullivan, 2013, p. 425).

In order to enable quality assurance, all modalities of simulation need to have inherent elements for ease of student and faculty use. Such elements include an introduction to the tool, instructions for use, and available assistance/support. To this end, students will easily understand and operate the e-simulation, drive the telepresence robot in a live simulation, and view the video simulation. Beyond this, further alignment to the QM rubric include clear learning objectives tiered to course objectives available through the e-simulations or as developed by faculty for video and robotic telepresence simulation. Likewise, the ease, variety, and accuracy of assessment strategies are paramount. Expectedly, the better the simulation entity aligned with the QM rubric, the greater ease of implementation, evaluation, and preservation of faculty time. In turn, the greater ease of use, the greater the ability to expand usability, a benefit to both students and faculty.

As with the QM rubric, all simulation entities are supported by research. As is known, “simulation replicates key aspects of a clinical situation to facilitate student learning . . . to promote critical thinking and self-efficacy” (Richardson, Goldsamt, Simmons, Gilmartin, & Jeffries, 2014, p. 309). Therefore, the means to allow the “presence” of a distance student amongst campus based students requires a mobile
robotic telepresence (MRP). To suit our needs, we settled on the cost effective Double Robot with an original cost of approximately $2,000 and a mounted iPad for $500. Comparable devices were far more expensive. The MRP brings distance students to the point of learning, the simulation lab. This opportunity allows students to participate and observe in simulated clinical experiences while engaging with campus-based students from various health care disciplines.

“The cognitive, practical, and didactic benefits of computer-controlled simulation training are that it enables individuals to learn, practice and repeat procedures as often as necessary in order to correct mistakes, perfect techniques, and optimize clinical outcomes” (Guzic et al, 2012, p. 460). Likewise, Cant and Cooper (2014) conclude that web-based simulation has inherent benefits that are above and beyond those of a traditional simulation. The technology offers repeatability, accessibility, feasibility, and “allows integration of multiple ways of learning” (Cant & Cooper, 2014, p. 1440). Therefore, it was decided to utilize e-simulation programs to assist students with assessment (Shadow Health) and skills exposure and training (mySmartHealth). Both e-simulation entities have introductory components and promote student success by allowing multiple attempts to meet benchmarks or performance levels. In addition to this, the Shadow Health costs $100 for a lifetime subscription and mySmartHealth is provided free of charge through the simulation center.

Video simulations were created through a collaboration between faculty and the simulation center staff. Content was chosen based on the perceived needs of the students. According to Cardoso et al., (2011), “a video-recorded simulation is a teaching technology that allows one to represent reality under controlled conditions, both of the environment and the individuals involved, which in turn favors learning” (p. 709). Vital to the video simulation was the use of a standardized patient and spouse and an exemplary registered nurse (role model). “Observation of an expert role model and simulation can impact student development of clinical judgment” (Lasater, Johnson, Ravert, & Rink, 2014, p. 263).

Although great care has been taken to incorporate the four simulation modalities, we are only as good as our chosen tools and the extent of our imagination to provide experiential learning through a virtual environment. Albeit, incorporating observational and participatory simulation opportunities to distance nursing students is no longer such a daunting dilemma.

References

Contact
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P 02 - Strategies for Online Learning
A Unique Academic Leadership Modality and Mentoring Model in an Online, Competency-Based, Graduate Nursing Program

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Purpose
The purpose of the presentation is to examine an academic leadership modality in a competency-based graduate nursing program with a unique mentoring model that enhances the development of leadership skills in nursing students to serve as effective change agents in their healthcare-focused organizations.

Target Audience
The target audience of this presentation is nurse educators, nursing academic administrators, and clinical leaders.

Abstract
This presentation will examine an academic leadership modality in a competency-based nursing program that offers an innovative and authentic method of delivering education in a virtual setting. In this competency-based nursing program, the mentoring model takes a radical departure from the traditional education model. When supported by this intentional academic mentoring model, students experience a profound change in attitudes toward course content, online technologies, teamwork, and applied nursing practice (Barkley, 2014; Parker, 2013).

The unique mentoring model is utilized to enhance the development of leadership skills in faculty and in graduate nursing students. Faculty Course Mentors develop the necessary leadership skills to prioritize and personalize student academic mentoring strategies. Graduate nursing students learn collaborative leadership skills to serve as effective change agents in their healthcare organizations to achieve desired outcomes.

Academic mentoring by Course Mentor faculty offers an innovative and authentic method of delivering education in a virtual setting. In this technology-driven setting, a unique and modern approach to academic leadership is coupled with input from external partners and leaders in the health care industry. This input enhances and promotes the student-centered experience (Jones-Schenk, 2014).

The curriculum design integrates a faculty leadership and mentoring model that promotes ongoing student-faculty mentor interaction and faculty mentor-program manager interaction. The integration of the ongoing mentoring also fosters authentic learning, collaborative scholarly inquiry, and enhancement of student success. The faculty model consists of clearly delineated, disaggregated faculty roles which include Program Managers, Course Mentors, Student Mentors, and Evaluators who are committed to student achievement of nursing program outcomes that align with the CCNE Essentials of Master’s Education in Nursing.

Program Managers collaborate with mentors to ensure ongoing professional growth and development. The Program Manager continually applies metric-driven strategies to promote effective mentoring and enhance student outcomes. Course Mentors are accountable for the quality and integrity of educational programs, and consistently provide relevant and innovative academic resources to meet the needs of a diverse student population. Course Mentors are subject matter experts who support students as they engage in specific sections of the curriculum. Through intentional, individualized interactions, faculty mentors identify academic needs, embrace diversity, and promote scholarly pursuits.

Student Mentors provide foundational and ongoing support for successful student growth. Student mentors advise and coach students throughout the program and offer academic guidance and coaching to promote work-school-life balance. Additionally, the advice provided assists students in successfully navigating their educational experience by utilizing all available resources. Resources include services
identified through referrals to the student support center, the center for writing excellence, and individualized wellness programs.

Evaluators are subject matter experts tasked with reviewing assessment submissions in a fair and unbiased manner to determine if competency has been demonstrated. Evaluators have no contact with faculty mentors nor students in order to preserve objectivity and reduce bias in the evaluation process. Written feedback is provided to enhance student performance.

Student-student, student-mentor, and student-stakeholder interactions are supported by multiple communication technologies such as web conferencing, cohorts, emails, short video recordings, and telephone conversations. Quality mentoring communications support students in overcoming barriers and increase student retention rates through the development of a strong sense of connectedness (Irani, Wilson, Slough & Rieger, 2014; LaBarbera, 2013). Student outcomes demonstrate heightened student satisfaction with 93% satisfied/very satisfied with this academic mentoring leadership model (Jones-Schenk, 2014).

Student reflections have also revealed the positive effects of this academic leadership modality. The authenticity of the mentoring creates a deep sense of connectedness between the students, stakeholders, course mentors, and student mentors, and "brings out the best" in each learner. Students learn to work collaboratively, think creatively, and move beyond their comfort zone. Students also reported a new awareness of the complexity of healthcare systems that transformed their nursing practice and enhanced their role as a clinical/academic nurse leader within organizations.

References


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P 03 - Transformational Leadership for the Advanced Practice Nurse

The Relationships Among Education, Leadership Experience, Emotional Intelligence, and Transformational Leadership of Nurse Managers

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Anne Marie Krouse, PhD, MSN, MBA, BSN, RN-BC, USA

Purpose

The purpose of this presentation is to present findings of a predictive correlational study that examined the relationships among education, leadership experience, emotional intelligence, and transformational leadership of nurse managers.

Target Audience

The target audience of this presentation is front-line nurse managers, mid-level managers, and nurse executives.

Abstract

Healthcare has become increasingly complex. Such complexity calls for nursing leaders who can effectively transform infrastructures and practice environments that enhance and sustain favorable nursing, patient, and organizational outcomes. The examination of transformational leadership and its connection to leader effectiveness has been well documented. While a number of factors have been linked to leader effectiveness, nursing leadership research provides limited evidence for predictors of transformational leadership style, specifically in nurse managers.

The purpose of this predictive correlational study was to examine the relationships among concepts that were empirically linked to transformational leadership to determine which one produced the most variance in transformational leadership of nurse managers. Imogene King’s Conceptual System and Theory of Goal Attainment and Bass’s Transformational Leadership theory served as the theoretical underpinning for this study.

Nurse managers (N= 148) who were members of the American Organization of Nurse Executives (AONE) professional organization and working in varied healthcare settings served as the sample. Data were collected using the Genos Emotional Intelligence Inventory, the Multi-Factor Leadership Questionnaire, and a demographic questionnaire. Statistical analyses included descriptive statistics for nurse managers and each research variable as well as simple linear and multiple regression analysis to determine relationships between and among the variables.

Inspection of data revealed a statistically significant relationship between emotional intelligence and transformational leadership (r = .59, p<.001), indicating emotional intelligence explained 34% variance in transformational leadership of nurse managers.

The results of this study have implications for nursing science and research, education, practice, and administration. Transformational nurse managers are capable of influencing subordinates to achieve optimal outcomes for patients and the organization. Findings of this study may assist nurse leaders in understanding predictors of transformational leadership in nurse managers. The results of this study may inform curricula changes in academic leadership preparation and influence hiring, orientation, and continuing education programs in the work setting.

References


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P 03 - Transformational Leadership for the Advanced Practice Nurse

APRN Transformational Leadership: Implementation of Advanced Practice Nursing Leadership Structure Within an Academic Medical Center

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Purpose

This purpose of this presentation is to describe an academic medical center’s experiences in transformational APRN leadership for >800 APRNs.

Target Audience

The target audience of this presentation would include APRNs, APRN leaders and nursing leaders.

Abstract

To meet the health care drivers of cost-effective, high quality and safe patient care, there has been a rapid growth in the number of APRNs across multiple clinical settings. More and more APRNs are rising to executive leadership levels, leading APRNs in both professional and operational practice. Bridging from clinical expert to expert organizational leader can be challenging without role development, mentorship and structural empowerment.

In 2008, nursing executive leadership of an academic healthcare system recognized the need for specific leadership for APRNs deployed across multiple settings. Over a 6-year period, APRN clinical experts were placed in leadership roles across the organization. The leaders were provided education, training and in some cases supportive funding for higher education, beyond the master’s level. The organizational structure that evolved included direct linkage for the APRN leader to the responsible senior nursing leader and to a centralized office of advance practice for professional practice support. The APRN leadership structure mirrored the nursing leadership structure and emphasized a collaborative model of APRN, nursing and physician leaders. In 2015, a detailed analysis was conducted of APRN specific processes, leadership skill, evolution of the leadership structure, growth of the APRN programs, APRN perceptions of structural empowerment and APRN associated clinical outcomes.

There are now 760 APRNs with 42 operational leaders across the system, 12 of whom hold director level positions. A central leadership team, reporting to the Chief Executive Nursing Officer, offers advanced practice nursing resources and services as needed for all employees and provides professional practice support for system-wide APRNs and APRN leaders. The APRN leaders form the advanced practice nursing leadership board and work together across entities to improve APRN specific processes. These leaders serve as leadership support for the chairs and co-chairs of the advanced practice council and committees. The APRN leaders partner with nursing and physician operational leaders to improve healthcare practice and outcomes.

Skilled APRNs who are structurally empowered can succeed in nursing leadership roles. Having leaders who are knowledgeable of the advanced practice nursing role, scope and outcomes potential, can lead to effective utilization of APRNs across organizations and across the spectrum of health care delivery.

References


Contact
Exerting Capacity: How Bedside RNs Approach Patient Safety

John Leger, PhD, MBA, BSN, RN, USA

Purpose
To describe the two types of mindsets used by the bedside nurse in her approach to the demands of keeping her patients safe from harm in the adult acute hospital setting.

Target Audience
Bedside nurses, nurse educators (in the adult acute hospital setting), and nursing leaders (from all levels).

Abstract
The numbers of patients in U.S. hospitals experiencing unfavorable, avoidable clinical outcomes continue at an alarming rate despite the development and implementation of patient safety initiatives. Until now, the majority of research into the concept of patient safety employed quantitative method approaches to investigate the possible causes of preventable adverse patient outcomes. There are several possible factors identified from research findings that might impact patient safety: an organization's safety culture, the practice environment of the nurse, and nurse staffing. To date, qualitative exploration of the perspectives of those closest to the patient – bedside nurses – has been overlooked. This study incorporated Glaser's Classical Grounded Theory (CGT) to explore bedside registered nurses' (RNs) perspectives of patient safety to generate a substantive theory that explained or described patient safety from the view point of bedside RNs. In addition to the substantive theory, Exerting Capacity, additional concepts that emerged from the data were two mindsets bedside nurses use to exert their capacity in order to keep their patients safe: 'me-centric' and 'patient centric'.

This study is the first of its kind to use CGT as a qualitative methodological approach into the concept of patient safety through the perspectives of bedside RNs in the adult acute hospital setting. CGT is a well-established, rigorous, inductive methodological approach to explore areas of life in which a group of people define their reality through their social interactions (Glaser, 1992), including how they resolve their main concern (Glaser, 1998). Data revealed that the main concern of bedside RNs is indemnifying duty: the RNs' self-ascribed obligation to their patients through guarding or securing against anticipated loss or harm while in their care. From either a 'me-centric' or 'patient-centric' approach, the bedside nurses resolve the main concern of indemnifying duty through their ability to exert their capacity. Exerting capacity describes how the bedside nurses balance their own capacity against the demands of a given situation to fulfill their duty to keep their patients safe.

Understanding patient safety from the perspective of bedside RNs helps researchers to better define the RNs' thought processes and actions with respect to keeping their patients safe. Further, this knowledge adds to what is currently known about the concept of patient safety. It is imperative for the leaders of healthcare organizations, including nursing leaders from all levels, to recognize the value of the perspective of patient safety from the viewpoint of the bedside nurse. In addition, the bedside nurse needs to understand the implications of this study's findings and how the approach to keeping patients safe, either from a 'me-centric' or 'patient-centric' mindset, may not be suited for the current work environment. These findings establish the groundwork for future research into the evolving concept of patient safety.

References

Contact
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Purpose
To show how simulation as a teaching modality helps with the transition to professional practice

Target Audience
nurse educators

Abstract
The purpose of this study was to understand how new graduate nurses perceive the value of simulation in making the transition into professional practice. This study will use a descriptive qualitative approach with a sample of first year nurses. Kolb’s Experiential Learning Model serves as this study’s conceptual framework. For the current study, the sample consisted of 10 newly graduated, female nurses with less than one year of experience working in the hospital setting were interviewed. Data analysis included interviews and transcription by the researcher. Finally, participants were asked about themes to increase rigor. Four themes emerged from this research: 1) how simulation is being used, 2) the perceived value of simulation, 3) simulation versus “real life,” and 4) simulation and preparation for practice.

The nursing education system is facing increasing pressure to adapt to the requirements of a constantly evolving profession (Hegarty, Walsh, Condon, & Sweeney, 2009). The most significant of these requirements is addressing the nursing shortage. In response to the current nursing shortage, the number of nursing students and nursing programs has grown exponentially and overwhelmed clinical sites (the hospitals and clinics where nursing students are taught the practicalities of patient care). In addition, the shortage has left staff nurses overwhelmed with their patient care workloads, a problem compounded by the need to supervise an increasing number of nursing students on hospital units. Another complicating factor of the nursing shortage is the distressing rise in morbidity and mortality among hospitalized patients throughout the United States (Institute of Medicine, 2000). These rates have heightened concerns about professional competency among nurses. Other factors affecting the nursing profession include globalization, technology proliferation, increasingly educated consumers, managed care challenges, skyrocketing healthcare costs (Heller, Oros, & Durney-Crowley, 2000).

Increasing pressure to provide excellent clinical education experiences, which allow nursing students to practice their didactic learning, amid a profound nursing shortage has led to an increasing demand for the limited clinical sites available, making such sites increasingly harder to obtain (Lasater, 2007). Also affecting the nursing students’ ability to obtain a quality clinical experience is the decreasing length of stays for a growing majority of patients, as mandated by the managed health care industry (Lasater, 2007). With patients staying in acute care areas for shorter lengths of time, nursing students have fewer opportunities to practice and gain competency in many of the skills they will be expected to perform on the job. These factors result in a marked deficit in clinical experiences for baccalaureate nursing students (Hickey, 2009). This deficit may be one reason for the increasing criticism of nursing programs by healthcare employers who feel nursing students are not being adequately prepared for the workforce (Candela & Bowels, 2008).

References


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Q 02 - Successful Strategies in Mentoring Nurse Leaders

Mentoring in a Nurse Anesthesia Program: Cultivating Wellness and Developing Leaders

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Michael McLaughlin, MSN, APN, CRNA, USA

Purpose

The purpose of this presentation is to understand the rigors of a nurse anesthesia program and the strategies and ways that student driven nurse anesthesia mentorship program promotes wellness in students as well as develops leaders. The presentation will show how to create, effectively implement and maintain a healthy and viable student-driven mentorship program.

Target Audience

The target audience of this presentation are nurse educators, nurses and nursing students of all levels including undergraduate, graduate and doctoral level.

Abstract

Nurse anesthetists are considered one of the most difficult and demanding specialties for Advance Practice Registered Nurses (APRNs), therefore, nurse anesthesia education and program design is typically rigorous, time consuming and stressful. The nurse anesthesia program at Rutgers, The State University of New Jersey, requires students to complete 85 credits for their post baccalaureate Nurse Anesthesia/Doctor of Nursing Practice degree, including didactic and clinical courses, with a minimum of 2,500 clinical hours to be completed in order to graduate. This translates to 1-2 days of didactic classes and 3-4 days of 10-12 hours of clinical practicum, with an average of 4-6 hours of studying per day in preparation for class and clinical training. This stressful and grueling schedule provides little time for social interaction, wellness preparation, professional organization involvement and leadership development. Literature states that student registered nurse anesthetists (SRNAs) experience stress due to the stressors of school and the emotional experience of being no longer the expert in the clinical setting; rather they are the novice in a new situation. Studies have shown that stressors SRNAs face are often handled through interaction and support from others.

The development and implementation of a student-driven formal mentorship program is an attempt to increase social interaction between different levels (cohorts) of student registered nurse anesthetists (SRNAs) within the program, help alleviate stress by providing necessary emotional and mental support for wellness among SRNAs, and to instill the philosophy of mentoring early in the student’s career which may promote subsequent professional organizational involvement and leadership development. The student-driven formal mentorship program receives unconditional support by both program director and assistant program director. Since the implementation of the mentorship program, there has been increased social interaction between the two cohorts (mentors and mentees) and individuals who have shown professional leadership skills are receiving additional and specialized mentorship to continue to develop and maintain the mentorship program for future incoming cohorts.

References


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Q 02 - Successful Strategies in Mentoring Nurse Leaders

Multi-Dimensional Culture of Mentoring for Nurse Protégés

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Patricia Andrews, BSN, RN, OCN, USA

Purpose

Empowering mentorships for new nurses creates future success. With a diverse leadership approach that is relational, collaborative and transparent a culture of mentoring is evidenced in the environment. Effective mentoring leads to increased retention and success of new nurses.

Target Audience

clinical nurse leaders; directors, managers, and nurse educators. Nurses at all levels would benefit from this presentation.

Abstract

Significance and Background: Engaging nurses from the first day of hire is possible when a culture of mentoring is provided. Effective mentorships provide an environment in which a new graduate nurse can be empowered to implement best practices, collaborate interprofessionally, participate with dissemination of nursing research, all while driving for quality health care delivery. Mentoring provides the framework to allow for the new nurse to provide exemplary work practices that improve patient and nursing outcomes.

Purpose: Empowering mentorships for new nurses creates future success. With a diverse leadership approach that is relational, collaborative and transparent a culture of mentoring is evidenced in the environment. Effective mentoring leads to increased retention and success of new nurses.

Interventions: Leadership mentors for new nurses consist of the unit director, unit clinical nurse educator and central education educator. The three work together in consistent collaboration assessing the strengths of each new nurse, and tailoring the mentorship to pave the way for attainment of career goals. While the formal mentorship roles are identified with job title there is an informal mentorship that develops as professional relationships are established. The unit director and educator focus on specialty growth while the central education educator focuses on career and educational goals. Individual strengths are identified and mentorships are tailored to meet the protégés desires. The institution provides and environment to make mentorship attainable. Structured programs are available for specialty growth: core education, in-services, and certification courses. Programs such as the RN Residency are highly supported; substantial amount of tuition reimbursement is available.

Evaluation: The unit has 40 registered nurses, with 10 new graduate nurses in two years. Professional Advancement System (PAS) participation has increased by 50%. Participation of new nurses on the PAS by is 100%, RN Residency Participation is 80%, and enrollment into an advanced degree program is at 50% within one year of hire.

Discussion: Developing a culture of mentorship is key to success of the new graduate nurse. Having a diverse team to assist in mentoring provides the greatest benefits to the new nurse. Collaboration between mentors provides the environment that allows for the professional growth of the new nurse.

References


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Q 03 - Utilizing Service to Engage Members
Revitalizing a Chapter: One Chapter’s Roadmap to Success

Kady L. Martini, DNP, RN, NEA-BC, USA

Purpose
The purpose of this presentation is to provide an overview of one chapter’s experience of development and impact of a chapter strategic plan and vision to guide the chapter over a five-year period using the STTI Mission to advance world health and celebrate nursing excellence in scholarship, leadership, and service.

Target Audience
The target audience of this presentation is chapter leaders of other STTI chapter struggling with member engagement, member recruitment, successful chapter events, strategic planning, or connecting with members.

Abstract
The mission of Sigma Theta Tau International is to advance world health and celebrate nursing excellence in scholarship, leadership, and service. Many chapters struggle and are challenged with how to achieve this mission in their local setting. According to the literature basic keys to organization’s success are leadership, member commitment and involvement, and meaningful purpose. In the past 2 to 3 years the Epsilon Chapter has made significant progress. Leaders recognized the need for reorganizing the chapter’s focus and energy in order to increase momentum. Inspired by a core group of dedicated leaders, a strategic plan was developed that has guided ideas into action and transformed interest into passion. As part of the strategic plan specific goals were established including: to increase active membership of students and nurse leaders within the community; to increase meaningful engagement of members; and to establish service related, philanthropic activities collaborating with other disciplines and organizations. Appealing to nurses’ cornerstone of caring, a service project evolved linking the chapter to a communitywide effort to impact human trafficking, by increasing awareness and education of healthcare professionals. An emphasis on communication and networking strategies involving social media were initiated this generated interest and support within the college, health care organization, and local community. Additional actions were taken to engage new members by developing a new inductee service project, linking of the academic setting with the practice setting at this university in recruitment efforts. The service goals of the chapter appealed to many new members, resulting in a 200% growth in this last year’s membership recruitment; increased visibility amongst practice-based nurses, increased community involvement and institutional affiliations; greater financial security of the chapter with abilities to invest into members for years to come; and increased participation at chapter events.

References

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Q 03 - Utilizing Service to Engage Members

Influence Through Philanthropy: Engaging Members and Serving the Local and Global Community

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Purpose

The purpose of this presentation is to exemplify various avenues to engage new members and foster active membership through philanthropy, whereby improving the health of the world’s people. Cultivating a philanthropy environment locally and globally ensures member engagement and chapter sustainability, advancing commitment to the nursing profession and global health.

Target Audience

The target audience of this presentation is all members of Sigma Theta Tau International from new members to retirees and across all areas of nursing. All members will become engaged in the chapter and learn how to foster membership engagement to increase service and philanthropy efforts.

Abstract

Innate to the culture of the Beta Xi chapter is the spirit of service and promotion of service and philanthropy. Our desire to promote the welfare of others is expressed through fundraising support and monetary donations in our local communities as well as celebrating member successes while remaining socially conscience of global needs. Beta Xi is committed to demonstrating altruistic and compassionate values in the chapter, community and global initiatives.

There is a dearth in the literature regarding philanthropic activities in nursing. Most of the literature focuses on academia. However, the nursing profession can benefit from philanthropy to advance the health of the nation (Judge, 2014). Maloney (2014) describes an intersection between nursing and charitable giving beyond financial donations.

Throughout the year, the Beta Xi Chapter is involved in annual philanthropy and service as well as meeting immediate needs of the local and global community. The continued tradition of celebrating the STTIs annual Founders Day with 90 Minutes of Service on October 5th aligns with our chapter’s passion for philanthropy. The act of giving is contagious when the outcomes and personal enjoyment in providing service is displayed to others. With this in mind, Beta Xi members were asked to share services completed during this week on social media platforms promoting paying it forward.

Beta Xi holds an annual Membership Appreciation night to celebrate our active, inactive and potential members. The opportunity to newly form and reignite collaborative relationships, offer appreciation, and embrace the spirit of giving is cultivated in this informal gathering. For the past three years, Beta Xi has collaborated with the University’s Nursing Alumni Network to bring together former graduates, Beta Xi members and promote philanthropy. Each year there is a slightly different theme. One year, current and past presidents were honored for their dedication and contributions to the chapter. One past president has started a new journey for Beta Xi in recognizing and renewing our livacy. Creative writings on individual thoughts, feelings and vision for the future of Beta Xi, Sigma Theta Tau International and the nursing profession were collected. Individuals were encouraged to think about what their legacy would be and were then challenged to actively participate and live that journey. Members were also asked to bring personal hygiene items for a future donation to the Newark Empowerment Center, which supports those who are in need.

Beta Xi has a long-standing history of embracing philanthropy and service as a core strategic value. Our service initiatives respond to the needs of vulnerable populations both locally and globally. The outreach endeavors are initiated by, coordinated by, and include a variety of Beta Xi members. Members have formed strategic alliances with numerous community agencies to conduct these efforts, which help publicize the unique contributions of STTI. Community collaborations also help to increase the impact of our service efforts and ensure the sustainability of efforts over time.
Beta Xi recognizes the challenges members of our communities face with chronic mental illness. Members of the chapter, in collaboration with local mental health clinics, hold an Annual Holiday Outreach initiative. Upper Bay determines holiday wish list items and then the wish lists are disseminated among members who may purchase items from the list to be presented during the holiday season. These gifts are often in the form of everyday necessities such as clothing and personal hygiene items. This collaborative effort culminates in an annual Holiday Party for the residents with over 50 Beta Xi members contributing either in donations and/or personal time.

Our Chapter’s Wine Tasting Benefit Event is also held annually in an effort to raise funds for our local and global outreach initiatives. This service initiative involves members and the general community who contribute to the effort either in donations or personal time. Members came out to support the event and donated hygiene products. The chapter receives enough donations to complete over 100 hygiene packs each year for the Newark Empowerment Center which provides support to the homeless.

Beta Xi promotes global health in a variety of ways. Our chapter financially supports its members to travel to other countries, where they educate, conduct health screenings, and care for the ill. Beta Xi currently has two Global Ambassadors. Just recently we financially supported one of our members to go to Haiti to teach health hygiene and safe sex practices. She was able to spend one week in a small village where she discussed proper hand hygiene, food safety, and safe sex practices. Another member was supported to go to Kenya to help with health screenings in a local clinic. From this interaction, our Global Ambassador was able to recommend a new member for induction at Biennium.

Our ability to maintain a vibrant service outreach orientation that responds to the needs of vulnerable populations locally, regionally, and internationally is directly related to the passion, dedication, and enthusiasm of our members. In addition, Beta Xi maintains a vibrant Service and Philanthropy Committee which supports these efforts through a variety of fund-raising activities.

References

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Purpose
The purpose of this presentation is to: (1) inform nursing faculty that traditional undergraduate teaching strategies consisting of didactic delivery methods are ineffective, (2) identify the most effective pedagogy methods for BSN programs using evidence-based practice, and (3) increase awareness that human trafficking content is essential within BSN programs.

Target Audience
The target audience of this presentation is nurses, nursing faculty, nursing administration, nursing students, and all other healthcare professionals.

Abstract
Baccalaureate nursing programs are challenged to provide innovative and evidenced-based teaching strategies to support critical thinking, student engagement, and student development for the constantly changing healthcare system (Orique & McCarthy, 2015; Yu, Zhang, Xu, Wu, & Wang, 2013). Evidence suggests that only 10% of nursing students are adequately prepared to provide safe and effective nursing care to clients (Shin, Sok, Hyun, & Kim, 2014). Thus, there is a disparity between nursing education and modern day nursing practice (Shinnick, Woo, & Mentes, 2011). Born between 1980 and 2000, the majority of present-day undergraduate students are millennial learners (McCurry & Martins, 2010). Millennials require constant encouragement and structure; they prefer group activities, digital technology, and appreciate “doing rather than knowing” (McCurry & Martins, 2010, p. 276). Traditional teaching strategies such as didactic lectures are not effective for today’s undergraduate nursing students and should be replaced with teaching strategies that are experiential and engaging (McCurry & Martins, 2010). The National League for Nursing (NLN) has advocated that nursing education become active, participatory, and experiential. The NLN recommends that nursing education include innovative teaching techniques that focus on practical application of nursing concepts (Crookes, K., Crookes, P., & Walsh, K. 2013). Changes in nursing curriculum and teaching strategies are essential in order to support current nursing practice.

Human trafficking is an emerging problem in the United States of America. As a violation of human rights, human trafficking is considered a modern day form of slavery (Isaac, Solak, & Giardino, 2011). More than 27 million people worldwide and hundreds of thousands of people in the U.S. are living in slavery (U.S. Department of State, 2010). The United States is one of the largest markets and primary destinations for trafficking victims worldwide (Isaac et al., 2011). Furthermore, human trafficking is a multi-billion-dollar industry and is the fastest growing and one of the most lucrative crimes in the U.S. (http://www.unodc.org/unodc/en/human-trafficking/what-is-human-trafficking). Human trafficking exists in a variety of forms including sex trafficking, forced labor, bonded labor, and child soldiers. Victims include all sexes, races, and ages.

A significant obstacle for the rescue and treatment of trafficking victims is identification (De Chesnay, 2013). Nurses are often the only health care provider that interacts with potential and actual victims. However, most nurses, especially nurse generalists, lack sufficient information and skills regarding how to accurately identify and treat victims (De Chesnay, 2013; Institute of Medicine, 2013). According to the Institute of Medicine (IOM), healthcare providers are unaware of the signs and symptoms of human trafficking and are, therefore, unprepared to assess, diagnosis, and treat victims (2013). A critical need for curriculum change within undergraduate nursing programs exists. Effective evidence-based teaching methods must be implemented in order to
successfully integrate human trafficking content into nursing curriculum to increase student knowledge, engagement, and skill retention.

The purpose of the project was to improve undergraduate nursing student knowledge about human trafficking using evidence-based teaching strategies. The first objective was to identify the evidence-based strategies supporting the most effective pedagogy method(s) to increase student learning, critical thinking, and engagement among undergraduate nursing students. Based on the best evidence, human trafficking content was developed, and modified, and then implemented utilizing evidence-based teaching strategies for undergraduate nursing students. The second objective was to determine whether an association existed between exposure to human trafficking material, using an evidence-based multimodal teaching method, and an increase in knowledge. Students’ learning was evaluated for differences in knowledge using a pre- and post-test design.

This project was based on the Rosswurm and Larrabee Evidence-Based Practice Model and Kolb’s Experiential Learning Theory (ELT). ELT views learning as knowledge created through experience (Kaylor & Strickland, 2015). Kolb’s ELT consists of a four-cycle process: concrete experience, reflective observation, abstract conceptualization, and active experimentation (Kaylor & Strickland, 2015). For effective learning to occur, learners must experience each stage. ELT is effective for nursing students to develop clinical judgment skills and meets the needs of diverse learners (Kaylor & Strickland, 2015).

The evidence showed that traditional teaching methods unaccompanied by innovative teaching strategies (i.e., problem-based learning, flipped classroom) for undergraduate nursing students is ineffective and limits knowledge retention (Kantar & Massouh, 2015; Popkess & McDaniel, 2011; Shin et al., 2014). Traditional teaching methods consist of didactic lectures without student engagement. Active learning using mixed methods to deliver content increases student knowledge, critical thinking, and engagement in undergraduate nursing programs (Crookes et al., 2013; Kantar & Massouh, 2015; Middleton, 2013; Orique & McCarthy, 2015; Shin et al., 2014). Active learning results in increased knowledge retention and the transfer of learned content and nursing skills to real-life nursing practice (Middleton, 2013). Active learning includes multiple styles of teaching, engaging all learners regardless of whether a student is a visual, auditory, or kinesthetic learner. Active learning includes problem-based learning, case studies, storytelling, simulation; media formats such as gaming, flipped classrooms, and role-playing (Middleton, 2013).

The project design was an evidence-based education program utilizing a pre- and post-test to measure knowledge acquisition. The goal was to demonstrate an association between exposure to human trafficking content and an increase in knowledge following the teaching session. The target audience was senior level community health nursing students. The teaching session consisted of active learning strategies including case studies, storytelling, and videos focused on sex and labor trafficking. The session included teaching about the health impact that trafficking has in conjunction with the clinical presentation, identification, and treatment of trafficked victims.

The results of the project indicate that there was an association between exposure of human trafficking content provided through active learning, evidence-based teaching strategies and significant changes in knowledge acquisition and confidence levels among senior level nursing students. A paired sample t-test was used to compare the pre-test scores to the post-test scores. This indicated a significant change in knowledge from pre- to post-test (p≤.000). The Cohen’s d value was 1.3 indicating a large effect size; therefore, there was significant improvement beyond chance. On the 13-point test, the 95% confidence interval (CI) ranged from a margin of error of 1.6 to 2.6. Paired sample t-tests were used for the two Likert-scale questions which measured self-reported knowledge and confidence for both the pre- and post-tests. The t-tests indicated significant change in both knowledge and confidence level of subject content (p=.000) with a Cohen’s d value of 2.0 and 2.2 respectively. The 95% CI ranged from 1.3 to 1.8. Thus, the findings support the evidence that active learning teaching techniques increase student knowledge and facilitate students to build on previous existing knowledge (Crookes et al., 2013; Kantar & Massouh, 2015; Middleton, 2013; Orique & McCarthy, 2015; Popkess & McDaniel, 2011; Shin et al., 2014).

Use of active learning strategies demonstrated an overall improvement in nursing student knowledge suggesting that nursing graduates can be better equipped to provide more effective nursing care leading to positive patient outcomes. It is recommended that baccalaureate nursing students be educated about
human trafficking, using evidence-based active learning teaching strategies, to provide effective nursing care, promote human rights, and support social justice.

References


Contact

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Q 04 - Social Justice in Undergraduate Curriculum
Preparing Nursing Students as Leaders for Social Change

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Purpose
The purpose of this presentation is to highlight a leadership development program for underrepresented and under resourced nursing students who will lead the way toward social change and achievement of health equity in a diverse society.

Target Audience
The target audience of this presentation is nurse educators interested in student leadership development with a focus on promotion of health equity.

Abstract
Nurse educators are in a unique position to prepare graduates who can lead the social change required to eliminate structural and social determinants that are barriers to health equity (Chinn, 2014; Mohammed, Cooke, Ezeonwu & Stevens, 2014). Health disparities are a global and local concern (World Health Organization, 2016). In the United States, health disparities disproportionally affect minority populations (Department of Health and Human Services, 2011). Schools of nursing can contribute to the elimination of health disparities by intentionally including underrepresented and under resourced students in curricular and extracurricular leadership development programs and creating an inclusive environment that shifts perspectives among all students with regard to their roles and responsibilities in achieving health equity. Programs should aim to build the students' leadership self-efficacy, include experiences in diverse settings, and provide role models who appreciate the need for positive social change. Ideally, leadership development should begin early in professional education, be guided by a relevant conceptual framework, and be accessible to all, not just to self-identified future leaders or students with the highest grade point averages (Read, Vessey, Amar & Cullinan, 2013).

The mission of our baccalaureate nursing program in the northeastern United States promises a commitment to the promotion of social justice and the development of nurse leaders. However, we recognized that many students, especially those from underrepresented and under resourced backgrounds, did not participate in activities that typically build leadership capacity and nurture the ability to create positive social change. In order to enable those individuals to participate more fully in activities such as research, mentoring programs, service learning, and committee participation, we developed the "Keys to Inclusive Leadership in Nursing" (KILN) program in 2009 with the support of a HRSA Nursing Workforce Diversity grant. The program, now funded by private foundations with assistance from the university, provides financial support, faculty mentorship, and opportunities to network with nurse leaders for 55 students per year. Participants are selected based on information from the university financial aid office that verifies high need and a student essay that describes how he or she qualifies as underrepresented and/or under resourced. We selected the Social Change Model (SCM Higher Education Research Institute, 1996) as the organizing framework for the KILN program. The SCM guides leadership development programs that prepare students to work effectively with others to create positive social change and is especially relevant for nursing leadership in a diverse and global society. It is the model most often applied in college leadership development (Dugan, Bohle, Woelker, & Cooney, 2014), but no evidence could be found for its adoption by schools of nursing.

The SCM asserts that leadership is a collaborative, service-oriented, values–based process that is about effecting change on behalf of society. It posits that leadership includes people in positional and non-positional roles, views leadership as a process rather than a position, and promotes equity, social justice, self-knowledge, service, and collaboration. The seven values of the SCM cluster across individual (consciousness of self and others, congruence, commitment), group (collaboration, common purpose, controversy with civility), and societal (citizenship) domains. Evidence suggests that high-impact pedagogies derived from the SCM and associated with gains that increase college students’ capacities
for socially responsible leadership fall into four categories: sociocultural conversations, mentoring relationships, community service and membership in off-campus organizations (Dugan, Kodama, Correia, & Associates, 2013). The KILN program provides opportunities for activities in all four categories.

Measuring the impact of leadership development and commitment to social change is a challenge, but a number of instruments are available. The “Socially Responsible Leadership Scale” SRLS-R2, Tyree, 1998; National Clearinghouse for Leadership Programs, 2013) was developed to measure the seven critical values identified in the SCM, plus an eighth construct that measures comfort with change. A recent pilot study of the SRLS-R2 with a racially diverse, financially under resourced group of young prelicensure nursing students resulted in highest scores on the construct of commitment and lowest on the construct of comfort with change (Read, Pino Betancourt & Morrison, 2016). However, the SRLS-R2 contains 69 items, so shorter, more focused instruments may be a more practical way to assess leadership self-efficacy and commitment to social change. The Self-awareness/Self-confidence subscales of the Leadership Self-Efficacy Scale (Bobbio & Manganelli, 2009) and the Social Justice Perceived Behavioral Control/Social Justice Behavioral Intentions subscales of the Social Justice Scale (Torres-Harding, Siers, & Olson, 2012), not previously used with nursing students, were included in our study of baccalaureate nursing graduates described below.

In order to assess the impact of participation in the KILN program, alumni who graduated between 2005-2014 were surveyed (using Qualtrics®) about activities in school and after graduation. They also completed the Social Justice Behavioral Intentions and the Leadership Self-awareness/Self-confidence scales. The sample consisted of 340 graduates (45% response rate), 34 of whom had participated in KILN. Respondents were predominantly female (98%), had graduated from the program before the age of 23 (98%), and were currently employed in nursing (96%). Differences between KILN participants and non-participants were evaluated using chi-square analyses or t-tests with significance set at p<0.05. Compared to nonparticipants, KILN program participants were significantly more likely to be Black, Asian, or Hispanic and to have been dependent on financial aid and required to work for pay while enrolled in the program. Despite their identification with underrepresented and/or under resourced groups, KILN members participated in significantly more leadership-building activities while they were students than non-participants. Activities directly related to the SCM included earning a minor in Hispanic Studies and participating in student government, cultural organizations, diversity advisory board, mentoring programs, and nursing-related service immersion opportunities. Other activities indirectly related to the SCM consisted of earning research fellowships and attending professional conferences. After graduation, 68% of KILN participants reported speaking a language other than English at work, compared to 40% of non-participants. KILN participants achieved higher scores on the Social Justice Behavioral Intentions and the Leadership Self-awareness/Self-confidence scales, but the differences were not statistically significant.

The KILN program has led to more inclusive participation in leadership-building activities in our school, and the Social Change Model has provided a guide for program implementation and evaluation. However, long-term outcome evaluation will be essential to ensure continued support and demonstrate the sustained effectiveness of the program. This important work could ultimately help to reduce health disparities, promote global social justice, and contribute to the betterment of society.

References


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R 01 - Experiences in Nursing Leadership Development

Lived Experiences of Internationally Educated Nurses Holding Management Positions in USA: A Descriptive Phenomenological Study

Lilian A. Allen, PhD, RN, USA

Purpose

The purpose of this presentation is to share the findings from the study of IENs in management/leadership positions in the United States. To create awareness of the changing dynamics in nursing and inclusion of IENs in participation in leadership and management within the health care organizations in United States.

Target Audience

The target audience of this presentation is health care organizational leadership, nursing leadership at all levels, internationally educated nurses working in various health care organizations, Nurse leaders from various health care organizations and academic institutions.

Abstract

Understanding the lived experiences of internationally educated nurses (IENs) holding management positions is important because of the changing dynamics of the nursing profession and the increasing ethnic diversity in the United States population. Leaders in health care need insight into the experiences of IENs in order to develop policies and practices that support effective recruitment, retention, and advancement of IENs. The purpose of this descriptive phenomenological study was to explore the lived experiences of IENs holding management positions in U.S. health care organizations. Purnell’s model of cultural competence was the theoretical framework used to guide the study. Data were collected through semistructured, face-to-face interviews with seven IENs holding management positions. The data were analyzed using Colaizzi’s seven-step phenomenological process. The analysis process resulted in six themes: (a) the role of leaders in IENs’ acceptance of management positions, (b) challenges regarding job responsibilities, (c) cultural differences, (d) language and communication, (d) work relationships and support, and (e) educational opportunities. The findings from this study indicate that obtaining and serving in a management or leadership role are challenging tasks for IENs but are also rewarding. Further, opportunities are available for IENs to obtain management and leadership positions. The results of the study may assist health care leaders to establish policies that promote inclusiveness and help IENs advance in their careers. This study may also bring awareness to the responsibilities associated with being a nurse manager or leader. The implications of the study findings include policy formations on inclusiveness. The recommendations for health care organizations and nurse-leaders include transition program implementation, inclusiveness, cultural awareness, professional mentoring, and accent-modification programs. Recommendations for future research will involve conducting a study to better understand the main topics uncovered in the current study, including the role of leaders in IENs’ interest in management, job training for IENs, excessive workload, difficulties in balancing job responsibilities and personal life, workplace bureaucracy, and humility.

References


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R 01 - Experiences in Nursing Leadership Development
Developing Nurse Leaders in Tennessee

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Purpose

To inspire grassroots action to influence change in Tennessee and create nurse ambassadors for the Tennessee Action Coalition. The Culture of Health theme captures the intent to focus on collaborative leadership and empowering nurses to lead and influence change to advocate for actions that support health in Tennessee.

Target Audience

Target audience is nurse leaders and any nurses who are thinking about hosting collaborative regional nurse leader seminars focused on leadership development.

Abstract

Senior nurse leaders must actively support leader development of emerging nurse leaders in their organizations and their communities. Collaborative learning is one way to gather momentum in leadership development and to create energy and engagement of young nurses who want to lead, yet may not have the skills or be empowered to lead change. The Tennessee Action Coalition (TAC) developed a model to plan and implement collaborative emerging nurse leader seminars across the state. This narrative presents the methods and outcomes of the first seminar as an exemplar to be copied by other states and organizations who similarly want to develop leadership knowledge, skills and abilities in emerging nurse leaders.

“This seminar encouraged me to improve health care in my organization. It also allowed me to network with leaders in other facilities and gain new ideas and the tools for improvement in our community.” This comment from an emerging nurse leader in Memphis represents the many positive comments from the attendees at the inaugural Emerging Nurse Leader seminar held on April 1, 2016 at the University of Memphis Loewenberg College of Nursing in Memphis, TN. Hosted by the senior nurse leaders from the University of Memphis Loewenberg College of Nursing, University of Tennessee Health Science Center College of Nursing, and Baptist Healthcare nursing, in collaboration with The Tennessee Action Coalition (TAC), the Emerging Nurse Leader seminar invited 43 young nurse leaders from the Memphis area to gather for networking and leadership development. Attendees participated from a variety of organizations to include Baptist Memorial Hospital, Church Health Center, Le Bonheur Children’s Hospital, University, St. Jude Children’s Research Hospital, UTHSC College of Nursing, Methodist University Hospital, Methodist North Hospital, and Baptist College of Health Sciences, and University of Memphis Loewenberg College of Nursing.

The purpose of the seminar was to inspire grassroots action to influence change in Tennessee and create nurse ambassadors for the Tennessee Action Coalition and transformative change. This seminar was the first of a series of regional leadership seminars planned for nurses in 2016 and supports the TAC emphasis on developing nurse leaders throughout the state. The theme for the seminar was “Nurses Leading Change Towards a Culture of Health in Tennessee.” This theme captures the intent to focus on leadership and empowering nurses to lead and influence change in healthcare to advocate for actions that support health in Tennessee. The seminar included an inspirational keynote presentation on Envisioning the Future of Nursing and Creating a Culture of Change. The keynote emphasized the impact that nurse leaders can and should have at the local, state, regional and national levels. The keynote presented the message that nurses lead from wherever they are and that leadership is not just by people who hold a leadership title. The keynote challenged the audience to bring the excitement of leading change back to their individual organizations, and to respect nursing values, and she said “can you image healthcare without nurses?”

Attendees also heard from a panel of emerging leaders representing various leadership roles in local health systems and academic centers. The panelists fielded questions related to the challenges in leadership, the barriers that they viewed as the most challenging in their leadership roles, their individual
path to their current leadership role, their role models and mentor relationships, their views on developing
the culture of health in their settings, the characteristics of effective leaders, their personal leadership
development plan, and their advice to someone going into a nursing leadership position for the first time.

The attendees also participated in small group discussions to further discuss strategies for developing a
culture of trust, barriers that may impact the development of a culture of trust, strategies for identifying
and fostering leadership skills in emerging leaders, and ways to further engage as nurse leaders in their
organizations and in their communities. Each group presented key outcomes of the small group sessions
to all the attendees. The seminar concluded with an engaging and humorous presentation by a leader
from Church Health Center. Church Health Center is one of the largest faith-based healthcare
organizations of its type in the country caring for more than 58,000 patients of record without relying on
government funding. The leader’s message focused on responding to the call to create a culture of
change. The leader’s primary message was to follow your heart and mind to create the best possible
environment of care for patients and families.

Another attendee commented “I feel encouraged and reassured to attain and secure a leadership role
within my organization.” The Tennessee Action Coalition (https://tac.tennessee.edu/Pages/default.aspx)
is encouraging efforts in Tennessee to develop nurse leadership by collaborating with nurse leaders
across the state. The Institute of Medicine (IOM), now known as the Health and Medicine Division
(HMD), released a report that communicated the results of the committee’s two-year collaboration with
the Robert Wood Johnson Foundation (RWJF) that called for the transformation of the nursing
profession. This report delivered key messages to support their recommendations. One of those
messages states the need to “Prepare and enable nurses to lead change to advance health.”

The successful implementation of the Emerging Nurse Leader seminars is one way to work toward realizing
that goal for nurses in Tennessee.

The outcome of this effort was the successful implementation of the collaborative seminar with the
associated planning tools including financial aspects so that it can be replicated across the state and
shared around the country with other organizations that wish to inspire emerging nurse leaders to
become more active change agents.

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R 02 - Interprofessional Collaboration

Interprofessional Collaboration: A Leadership Imperative to Value-Based Care

Susan Thurman, DNP, MSN, BSN, RN, USA

Purpose

The purpose of this presentation is to discuss interprofessional collaboration during interprofessional rounds at the bedside and to evaluate its effect on HCAHPS data as part of value based care.

Target Audience

The target audience of this presentation are healthcare professionals including managers, clinical nurse leaders, administrative leadership, nurses, pharmacist, physicians, and educators.

Abstract

Abstract: Top priorities in all healthcare organizations are improving patient safety and improving the patient experience. Nationally, The Institute of Medicine (IOM) highlighted many concerns with broken systems and fragmented processes causing harm in the hospital setting (IOM, 2001). The Centers for Medicare and Medicaid Services (CMS) approved the Value Based Purchasing (VBP) program with a goal of improving quality care in the inpatient setting (CMS, 2014; Raso, 2013). Many healthcare organizations are focusing on the patient experience as part of their quality performance measures. Our hospital wanted to focus on interprofessional collaboration as a key strategy in improving patient safety. Therefore, the inpatient units implemented interprofessional rounds at the bedside. Our organization needed to improve the patient experience based on current HCAHPS scores at the start of this project. Achieving HCAHPS benchmarks are a goal from the bedside clinicians to senior leadership. A high importance to achieve top scores is part of the culture within the hospital. Monthly HCAHPS data are analyzed and discussed at unit meetings, shared governance, amongst leadership, and with patients and families. Our hospital had knowledge of rounding processes and had tried several different ways to implement to improve outcomes previously. The team continued to use data, evidence, and collaboration to implement this project. The team focused on interprofessional rounds at the bedside as a process to communicate the patient’s plan of care, discuss any changes in a patient’s condition, allow patient and family involvement, and focus on discharge needs. There is clear evidence that interprofessional rounds at the bedside improve quality including decreasing medical errors, decreasing mortality rates, and fewer hospital admissions (VanderWielen et al., 2014). There is a lack of evidence on how interprofessional rounds at the bedside affect the patient experience or HCAHPS data. Our team wanted to implement this project and determine the impact on HCAHPS data.

It is crucial for hospitals leaders to stay current with the best evidence and relay the information to their teams. For example, the Joint Commission has highlighted the need to improve communication in the hospital setting to improve safety. In fact, ineffective communication is recognized as a contributing factor in medical errors and patient harm (AHRQ, 2014). The Joint Commission reports that approximately eighty percent of errors are related to miscommunication (Kitch et al., 2008). Communication failures are reported as the root cause of seventy percent of sentinel events (AHRQ, 2014). The Joint Commission supports process improvement focused on structured communication to ensure high quality care is provided (Kitch et al., 2008). This is another key reason this project was selected from hospital leaders to improve collaboration and communication to ensure all patients receive the highest level of care.

Methods: This project examined the effects of interprofessional rounds (IPR) at the bedside on three key areas: nurse communication, doctor communication, and discharge information. Interprofessional rounds at the bedside were implemented on a 28 bed medical surgical unit. Process data was collected using an observational format. Outcome data was examined by comparing Hospital Consumer Assessment of Health Care Provider Systems (HCAHPS) data both before implementation of rounds and three months’ post implementation.

Discussion: Effective communication with patients and families is important in increasing quality of care. There is clear evidence that IPR (interprofessional rounds) at the bedside improves quality including decreasing medical errors, decreasing mortality rates, and fewer hospital admissions (VanderWielen et
There is a lack of evidence on how IPR at the bedside affects the patient experience or HCAHPS data. This study focused on the impact of IPR at the bedside on the patient experience by using data collected from a validated tool. This project suggests that IPR at the bedside increases three areas on the HCAHPS survey: nurse communication, physician communication, and discharge information. Barriers exist in implementation of IPR at the bedside including the workload of the unit and the hospital. Hospitalists also have difficulty with patients being admitted on several different units. These hospitals decided the hospitalist would be assigned to a specific unit and oversee the patients on their assigned unit. Barriers still exist with this model; however, much effort is placed on geographic localization of patients without impacting hospital flow of patients. This unit also experienced barriers related the hospitalist first shift for the week. The rotation of hospitalist on this unit started on Monday. The team decided to continue interprofessional rounds but occurring in a conference room on Mondays.

**Conclusion:** According to the literature, evidence suggests that interprofessional rounds at the bedside are a way to increase communication and collaboration between the health care team and patients and their families. Improving communication and collaboration improve quality of care and patient safety. This project suggests a positive linkage between interprofessional rounds at the bedside and the patient experience metrics (nurse communication, physician communication, and discharge information). This project can be implemented on any unit in the hospital setting with the support from leadership and physician involvement. With the right team and the desire to improve patient care, any hospital unit can implement this process.

**Results:** Process data: Three to eight patients were rounded on with every session with an average of six patients per rounding session. Time spent per patient (n=311) ranged from two minutes to eight minutes with an average time per patient of 3.94 minutes. Outcome data: HCAHPS data increased in all three areas identified for this study. HCAHPS data in nurse communication increased from 69.4% in January to 82.4% in June. Physician communication increased from 77.3 % in January to 82.0% in June. Discharge information increased from 77.9% in January to 86.8% in June

**References**


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Effective Nurse-Physician Collaborations: A Systematic Literature Review

Sherita L. House, MSN, RN, CCRN, USA

Purpose

The purpose of this presentation is to examine: (1) nurse’s and physicians’ perceptions of nurse-physician collaborations, and (2) how Relational Coordination (RC) enhances collaborative interactions between nurses and physicians in a professional practice environment.

Target Audience

The target audience of this presentation is: Clinical (nurse managers/leaders) Nursing administration and hospital administrative leaders Academic (deans and program directors of nursing schools).

Abstract

Significance and Background: Positive nurse–physician collaborations are essential to good patient care outcomes, such as decreased health care costs (Hughes & Fitzpatrick, 2010; Rose, 2011), length of stay (Tschannent & Kalisch, 2009), and hospital-acquired infections (Boev & Xia, 2015). By contrast, ineffective nurse–physician collaborations have been linked to poor patient care outcomes (Hughes & Fitzpatrick, 2010). The Institute of Medicine (IOM) recommends that health care professionals improve quality of care through increased trust, respectful communication, and good working relationships (Page, 2004). Positive nurse-physician collaborations can serve as an antidote for workplace incivility. The Theory of Relational Coordination (RC) is an excellent framework to assess nurse-physician collaboration in acute care settings.

Methods and Analysis: A search in PubMed, CINAHL, and PsychInfo was conducted to identify empirical studies of nurse’s perceptions of nurse-physician collaborations. Inclusion criteria included: peer-reviewed and English-text journal articles published from 2000-2015. Articles were excluded if they examined nursing or medical students’ perceptions of nurse-physician collaborations.

Findings and Implications: Fourteen quantitative studies and one qualitative study were included in this review. Team work, communication, and shared decision-making were common and recurring attributes of RN-MD collaboration. Collaboration and coordination between nurses and physicians varied across hospital units. Similarly, nurses and physicians defined collaboration differently. On some units, nurses and physicians rated their collaborative interactions as less than optimal, and on other units, nurses and physicians reported high-quality collaborative interactions. Most studies (n =12) did not use a theoretical framework to examine nurse-physician collaborations and none of the studies used RC. Given this variability, future research studies would benefit from a standard definition of collaboration and a reliable, valid instrument to analyze nurse-physician collaboration across units. Furthermore, The RC survey can provide nurse leaders and managers with baseline knowledge of interdisciplinary collaboration among healthcare providers on their unit. Based on the results, interventions could be developed to improve interdisciplinary collaboration on their unit.

References


Contact

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Purpose
The purpose of this presentation is to provide information on multi-disciplinary interventions to increase efficiency, decrease waste, and increase value to the customer, all while increasing throughput within an organization.

Target Audience
The target audience of this presentation are those leaders seeking to implement strategies to increase throughput within an organization.

Abstract
With the increase volumes and demands of the emergency departments comes the increase need for throughput efficiency. By embracing principles of lean, to “pull” patients from the emergency department, utilization of the National Emergency Department Overcrowding Score (NEDOCS) and implementation of a surge plan policy, we ensure the right patient is admitted or discharged to the right place in the right time. Driven by Emergency Department (ED) volumes, acuities, admits, boarding time and wait times the NEDOCS calculates whether the ED is in Code Alpha, Bravo, Charlie or Internal Disaster.

Based on code status, huddles are facilitated by the House Supervisor and are attended by all departments at set times of 0900 and 1500 in Code Alpha, in Code Bravo, huddles are held every four hours and if in Code Charlie every two hours. “The most successful lean-based projects incorporate an interdisciplinary approach who identify and are involving the key individuals directly impacted by the problem resulting in the sharing of unique perspectives that play an important role in the design of a viable initiative” (Vickers, 2014, p.44).

The multidisciplinary tiered approach has directly impacted, and decreased, discharge length of stay (DLOS), the time at which a patient arrives to the ED and is discharged from the ED, and admit length of stay (ALOS), the time at which a patient arrives to the ED and arrives to an admit unit, despite an increase in ED volumes. In 2013 68,000 patients were seen in the 28 bed ED with an average ALOS of 363 minutes and average DLOS of 209 minutes. In 2015, total ED volume was 74,228 with an average ALOS of 282 minutes and average DLOS of 139 minutes. This is an increase of 9% in patient volume with a decrease of 22% in ALOS and decrease of 33% in DLOS.

The organization learned that true throughput is a 24 hour a day, seven days a week process with a continuous goal for process improvement. To ensure nurses remain at the bedside, caring for the patients, the surge plan clearly defines roles, for all departments to follow, which assist in providing tools necessary for nurses to nurse, thus increasing productivity and decreasing ALOS and DLOS.

The surge plan is a proactive process that embraces thoughts and concepts that increase ownership and decreases silos through teamwork. Inpatient departments don’t wait for the ED to call report; instead they “pull” the patient by initiating the call for report. Department directors and managers have ownership of their patients and assist in transporting patients to decongest the ED because it’s the right thing to do.

As patient safety and continuity of quality of care is dependent on effective communication, the handoff process is integral to the exchange of pertinent patient information between the nurses during transition of care (Johnson & Thordson, 2015). When inpatient units are full, discharged patients await their rides in a discharge suite located on each unit. If rooms are dirty and in Code Bravo, one admitted ED patient is placed in inpatient hallway. If in Code Charlie, two are placed in inpatient hallways while awaiting their rooms to be cleaned. This not only ensures quality in that they are in the appropriate department receiving the appropriate level of care, but directly decongests the ED to allow for other patients to be evaluated and treated. The surge plan is applicable to all facilities, both big and small, because every facility has a goal of going from good to great.
References


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R 03 - Lean: Interventions to Increase Efficiency
The Impact of Shared Governance in Supporting Nursing Practice and Nurse Empowerment

Cheryl Griffith, MSN, RN, RN-BC, USA

Purpose
The purpose of this study is to determine the effectiveness of shared governance and to provide recommendations and guidelines for improvement in order to create an effective and sustainable process.

Target Audience
The target audience of this presentation are direct care nurses, nurse managers, nurse leaders, and Magnet Program Directors.

Abstract
Abstract: Shared governance is important to nursing practice in empowering the nurse at the bedside to improve patient care, patient safety, increase nurse engagement, improve nurse retention, and improve patient and nurse satisfaction. It is important to assess the effectiveness of shared governance and its deliverables to continue improving the processes that make it effective and viable. This study presents the findings at one hospital after one year of implementation.

Aim(s): The aim of this study is to determine the effectiveness of shared governance and to provide recommendations and guidelines for improvement in order to create an effective and sustainable process.

Background: It is believed that Shared Governance is an important component of empowering the bedside nurse through shared decision-making.

Method(s): A validated written assessment tool was used to obtain eleven demographic data elements, a nine-item five-point Likert-type questionnaire, and six open-ended questions. Of the possible 73 shared governance council members, less than 40 received the survey and only 27 submitted their completed survey.

Results: Many of the registered nurses participating in shared governance at this hospital are bachelor’s prepared, work full-time, work the day shift, are staff nurses, have an average age of 43 years, and have worked an average of 18 years in nursing. Responses to the shared governance structure, effectiveness, improving communication, and empowering the work of the nurse have been predominantly positive.

Conclusion(s): This study provides preliminary evidence regarding the effectiveness of shared governance one year after inception at one hospital facility.

Implications for nursing and nursing leadership: Nursing leaders and staff nurses need to understand the value that shared governance can bring in supporting the work of the nurse in improving patient care, patient safety, in empowering the nurse to improve nurse satisfaction, improve nurse retention and maximize nurses’ ability to function to the fullest scope of their practice.

References

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Creating Nurse Leaders Through Mentoring

Influencing Change in Developing Countries Through Mentoring Leaders: A Nursing-Led Quality Improvement Project in Peru

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Joan E. Edwards, PhD, MN, BSN, RNC, CNS, FAAN, USA
Juan Leyva, PhD, MSc, BSc, PGC Diabetes, PGC Aids, Enf. Lic., Spain

Purpose

The purpose of this presentation is to discuss an effective method to mentor and educate nursing leaders in developing countries to advance comprehensive quality improvement and patient safety projects. The method is guided by Roger’s Diffusion of Innovation Theory, King’s Systems Interaction Model, and Donabedian’s Quality Improvement Triad.

Target Audience

The target audience of this presentation is nursing leaders, educators, and practitioners working in developing countries seeking to mentor and educate nurses in implementing system-wide quality improvement projects.

Abstract

Background: In developing countries, nurses are best positioned to lead large, yet feasible and affordable, organizational-wide quality improvement (QI) projects. Although nursing leaders at a Peruvian hospital recognized the need for QI to better serve their patients, they lacked the knowledge, skills, and resources to effect change. A quality improvement framework with nurse leader mentoring was developed to implement a nursing-led international health facility accreditation program. Accreditation standards are an important QI tool for nurses as the majority of the standards, about 65%, are focused on nursing practices, 10% on physician work, 10% on pharmacy performance, 5% on other therapies, 5% on management and leadership, and 5% others. However, the process of international accreditation begins with organization leaders recognizing the need for system-wide changes and the willingness to work toward realizing improved outcomes. The nurse leaders at a small private hospital in the provinces of Peru recognized the need for quality improvement, accepted mentoring and education, and earned hospital leader empowerment to implement a program to achieve accreditation. The overall project lead to improve quality, safety, and financial outcomes.

Methods: The Nursing Mentorship Resource Guide, published by the Canadian Association of Public Health Nursing Management, supported the development of nurse leader mentoring relationship. The resource guide is based on the Mertz’s Conceptual Model of Mentoring that distinguishes mentoring from other kinds of supportive relationships. The quality improvement work was guided by Roger’s diffusion of innovation Theory (changing culture through innovation), King’s Systems Interaction Model (interaction of nursing within organizations), and Donabedian’s Quality Improvement Triad (structures + processes = outcomes). With this framework, the nurse leaders were mentored to developed a project committee and specific chapter teams, where each team identified projects and sub-projects ranked from lowest to highest resistance to change for each deficiency, SMART goals were established, an iterative PDSA quality improvement process was implemented, and the results for each subproject and project were evaluated.

Key points for discussion: The nurse-leaders successfully implemented a system-wide QI project. The first self-evaluation demonstrated 27% compliance with all accreditation standards. Nurse leaders were guided in formulating strategies to impact the uncompliant areas. In addition, nurse leaders receive mentoring to manage and overcome obstacles in implementing QI strategies. The subprojects and projects then resulted in an 86% compliance. Importantly, the standards deemed as “critical standards” were assessed at 100%. Furthermore, the operational balanced scorecard demonstrated improvements in financial outcomes and a decreased number of adverse events with harm. The official accreditation evaluation resulted in no chapter deficiencies and a full three-year accreditation was granted.
Conclusion and recommendations: Hospitals in developing countries can substantially increase the quality and decrease the cost for health services by fully engaging nurses. Specifically, international nurse leaders, educators, and clinicians can empower developing country nurse leaders to effect positive change. In addition, empowered nurses can convince hospital leaders to authorize nurse-led quality improvement projects based on accreditation standards. This quality improvement effort resulted in the diffusion of quality innovation organization-wide. In Peru, the importance of nursing practice in hospitals is under appreciated and not recognized as a quality improvement strategy. This nursing-led project clearly demonstrates that simple, structured, and affordable projects can improve hospital quality in developing countries.

References

Contact
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R 04 - Creating Nurse Leaders Through Mentoring

Mentorship: The Ultimate Form of Leadership

Pennie Sessler Branden, PhD, CNM, RN, USA

Purpose

to engage in the discussion of the mentor role being one to move nursing leadership toward sustainability.

Target Audience

to all nurses, nurse leaders and mentors, and anyone wanting to assume e mentor role.

Abstract

A true leader understands the importance of supporting others to be the best they can be and to achieve their professional goals. Nursing leadership and mentorship go hand-in-hand if the nurse leader believes in the importance of lifting up new and/or established leaders so they may achieve their potential. Some experienced nurse clinicians and academicians consider becoming mentors, yet many do not take on this role. What might be the reasons for this? As the nurse leader transitions to the mentor role there are many things to consider including: what the role entails, how to be effective and how to successfully support the rising nurse.

For both the mentor and mentee there are innumerable opportunities to hone one’s personal and professional skills and goals. These can lead to positive outcomes for the mentee, as seen in the literature, but are not limited to: a smooth transition from a nursing student to becoming an RN (Kaihlanen, Lakanmaa & Salimen, 2013); increased desire to move into managerial roles (Cziraki, Mckey, Peachey, Baxter & Flaherty, 2014; Wong, et. al., 2013); and a decrease in lateral violence in the nursing workplace (Frederick, 2014). Further, there are benefits for the mentor that include: increased satisfaction in academia (Myler, Buch, Hagerty, Ferrari & Murphy, 2014); breaking down boundaries (Allan, Smith & Lorentzon, 2007); knowing that mentoring strengthens the nursing profession and workforce in the United States (Frederick, 2014) and globally (Krause-Parello, Sarcone, Samms & Boyd, 2013); and mentor growth in the professional and scholarly realms. With all of this said, why then aren’t more nurses offering to be mentors as a path to a meaningful career for themselves and others?

This presentation will examine the proposed questions about the mentor and how a nurse learns, implements, and role models that role. Discussion will include how a mentor is chosen by a mentee, and the differences between the two roles. Specific examples of nurse mentor cases will be presented and discussed.

References


Contact

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Research Poster Presentations (poster only)
Purpose
The purpose of this presentation is to explore late case starts in the Operating Room, the reasons for and implications of such. It is to explore alternative methods for starting cases on time.

Target Audience
The target audience of this presentation are Perioperative Personnel and leaders. It is especially relevant for the Operating Room setting, however can be applied to any procedural unit, such as Endoscopy or IR.

Abstract
Time is one of the most valuable commodities in the perioperative area. It is something that is almost impossible to place a dollar value to, yet so many people attempt to do this on a regular basis. The study being proposed is an on-going study regarding efficiency in the perioperative area and, more specifically, the Operating Room Suite. The environment being studied at present is a Level II trauma center, with academic/university affiliation. The presentation's main focus is on efficiency. The poster presentation would define lateness in regard to first-case starts. It would focus on explaining the importance of on-time starts in the Operating Room, as many do not understand the implications of starting a room/cases late. Late cases mean financial loss, as well as decreased patient, staff and surgeon satisfaction, amongst other negative implications.

In addition to simply explaining the issue at hand, late case starts, the presentation would present several ideas in workflow/process changes that, hopefully, will result in a greater number of on-time starts when implemented at the hospital of study. At minimum, the poster presentation would discuss 3-5 ideas for improving the workflow in the perioperative setting that would reduce the number of delays with first-case starts. At present, the presentation is currently a literature review, however, data collection on late versus on-time starts at the institution of study has been on-going for approximately 5 months. As such, at least one of the proposed workflow changes will be implemented at the institution of study, which could be spoken to at the time of the poster presentation if possible.

Perioperative workflow issues are not always mainstream within nursing academia. This presentation will draw light to an issue that effects the Operating Room, as well as other procedural units, and greatly effects the bottom line of the hospital. The Operating Room can either make or lose a considerable amount of money and this presentation seeks to understand and explain manners to make the area more efficient and, therefore, profitable.

References

Contact
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Purpose
The purpose of this presentation is aimed at sharing the understanding of the social processes associated with the decision of diploma and associate degree nurses to advance their nursing education.

Target Audience
The target audience for this presentation is for nurses, healthcare leaders, managers, nursing organization, nursing boards, and stakeholders for nursing and the nursing profession.

Abstract

**Background:** Advanced nursing education needs to be pursued along the continuum of the nursing career path. This education process is indispensable to the role of the nurse as educator, manager, nurse leader, and researcher who will effect policy changes and assume leadership roles as revolutionary thinkers in addition to implementing paradigmatic shifts.

**Purpose:** This grounded theory study sought to unearth the critical factors that motivate nurses to advance academically. The study aimed to gain an understanding of the social processes associated with the decision of diploma and associate degree nurses to advance their nursing education.

**Philosophical Underpinnings:** A qualitative methodology in the tradition of grounded theory using the constructivist and interpretivist approach was used to conduct the study.

**Method:** Data were collected from two groups of participants using a face-to-face semi-structured interview. The first group was diploma and associate degree nurses, and the second group was a focus group comprising of baccalaureate, masters, or doctoral degree nurses who have progressed academically from diploma or associate degree level.

**Results:** Emerging from the thick rich data that were collected from the research participants were the following core categories that ground the theory: rewarding, motivating, and supporting for diploma and associate degree nurses to advance academically.

**Conclusions:** The study concluded by elucidating that professional advancement was the social process that grounds. Hence, the emergent theory was; *The Theory of Professional Advancement.*

**References**

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Retaining the Online RN to BSN Nursing Student: Does Instructor Immediacy Matter?

Jennifer K. DellAntonio, DEd, MSN, RN, CNE, USA

Purpose
The purpose of this study is to determine if perceived nurse educator’s immediacy behaviors impact online RN to BSN student retention.

Target Audience
The target audience of this presentation is intended for nursing faculty and nursing leadership who want to improve online course management with emphasis on immediacy behaviors and impact retention rates in the RN to BSN program.

Abstract
The academic success and retention of nursing students has gained increased attention as the United States endures the most severe nursing shortage in history. While there is a need for greater numbers of registered nurses in general, there is a specific need to increase the baccalaureate prepared nurse to 80 percent by 2020 (AACN, 2008; IOM, 2011). In response to meeting this current educational need, the growth of online RN-to-BSN nursing programs fulfills this demand. Improving retention in these particular programs will help meet the demands for increasing numbers of BSN-educated nurses.

Leadership in nursing education programs are under considerable pressure to recruit, retain, and expand enrollment of students in baccalaureate programs in nursing. Therefore, it is imperative that nursing faculty gain understanding of variables impacting online student success and retention. Developing effective online interaction has become a major challenge for nurse educators. Research data suggests one major reason for low retention rates is lack of instructor immediacy. Immediacy refers to communication behaviors that increase social and psychological closeness between people (Mehrabian, 1971). While instructor immediacy in traditional classes has been shown to motivate and retain students, create a sense of connection, and support their learning and success, it is not known whether or how immediacy can improve retention rates or success in a fully online nursing program. This study seeks to determine if perceived nurse educator’s immediacy behaviors can impact retention rates among RN to BSN students in a web-based program.

The sample population was taken from Lock Haven University, Clearfield, Pennsylvania targeting the online RN to BSN program nursing students. Instrument: The Jeffreys (2004) Nursing Undergraduate Retention and Success (NURS) conceptual model provided the framework for this descriptive correlational study. In addition, Corona’s immediacy survey along with demographics question set was included. The overall survey used a 6-point Likert scale, ranging from “strongly agree” to “strongly disagree”. The research questions investigated in the study focused on online instructor immediacy as it relates to praise (words of approval), encouragement (words of support) and examples provided, such as, during assignment feedback, in email and discussion posts.

Results: Preliminary data suggests instructor immediacy such as praise and encouragement through emails or assignment feedback impacted student’s decision to complete the BSN. Data is currently being collected on this project. The findings will provide faculty with a better understanding of online course management and implement teaching/learning strategies that may increase retention and improve student success with online learning.

References
Purpose
This poster illustrates the importance of membership engagement and its impact on a chapter. A vibrant Leadership Succession Committee cultivates chapter member relationships and develops a lasting commitment to STTI. Boot Camp Programs increase membership engagement as members share knowledge, service, mentoring, and leadership skills.

Target Audience
This poster illustrates membership engagement which is applicable to all attendees at leadership connection.

Abstract
The Beta Xi Chapter of Sigma Theta Tau International (STTI) cultivates future leaders and ensures an active sustainable chapter through various activities of the Leadership Succession Committee. These activities include a Career Development Boot Camp and a Nursing Skills Boot Camp. Members of any chapter have a variety of skills. Beta Xi nurtures the uniqueness of each member and provides opportunities for members to share knowledge, service, mentoring, and leadership through activities of the Leadership Succession Committee.

A review of the literature shows that leadership succession planning is imperative in all areas of nursing. Beta Xi is able to reach nursing students in an effort to increase potential nurse leaders within the profession. It is imperative that today's nurses prepare for the “next generation of nurse leaders” (Crosby & Shields, 2010, p. 363). Leadership extends to all areas of nursing and it is important to have a plan in place to have future nurses ready. There is currently a growing need for nurses in the work force. The Health Resources and Services Administration (HRSA) project that the nursing shortage will be over one million nurses by the year 2020 nationwide (HRSA, 2006). The Bureau of Labor Statistics (2012) found that nursing jobs will increase by 26% from 2010 to 2020. Succession planning helps fill key leadership roles as well as helps with membership retention. It is important for current leaders to not view succession planning as a threat, but as a positive way to develop future leaders (Benjamin, Riskus, & Skalla, 2011).

Mentoring fosters professional and personnel growth and development, which is an essential piece to shape leaders in nursing. Beta Xi developed a Leadership Intern Program as a formal mentoring process that is mutually beneficial for the mentors, mentees, and the chapter. Potential interns who are newly inducted members must complete an application process. The Leadership Intern Program is monitored by our Leadership Succession committee. Beta Xi uses various mentoring modalities including face-to-face contact, emails, social networking, and telephone. Along with STTI, the vision of the Beta Xi Leadership Intern Program is to provide each intern with the opportunity to expand leadership skills, develop a relationship with a mentor, and nurture a lasting commitment to STTI.

The Leadership Intern Program has grown over the years as board members listen to needs and requests of the newly inducted members. In this effort, the Leadership Succession Program organizes Boot Camp Programs, but members, potential members, and Leader Interns volunteer their time, knowledge, and leadership at these events. The Beta Xi Chapter has hosted a Career Development Boot Camp for the past four years and as per members’ request, a Clinical Skills Boot Camp was added this year. These boot camps provide the Beta Xi Chapter an opportunity to share the mission and benefits of being a STTI active member.
The Beta Xi Career Development Boot Camp welcomes all senior nursing students (members and non-members) to assist with interviewing skills, dressing for success, resume development, and graduate school. Volunteers including, faculty, talent acquisition specialists from local hospitals, graduate students, new graduates, and clinicians from various areas of nursing. This boot camp is scheduled around the students’ classes and lasts for 2-3 hours. Senior nursing students are welcome to stop by to network with clinicians, revise their resume, and inquire about interviewing tips of the talent acquisition specialists. The senior nursing students also get to hear from recent graduates who are working and what it is like as a new graduate nurse. This event tends to be highly popular with about a 70% attendance rate.

This year new inductees volunteered to host a nursing skills Boot Camp for accelerated students prior to entering clinical. While this event is organized by the Leadership Succession Committee, new members are taking the lead with mentorship by board members. This event includes nursing faculty, simulation faculty, and clinicians who are members. The senior nursing students have had the opportunity to enhance their clinical nursing skills through simulation and clinical experience. Various nursing stations were set up for students to rotate through each skill. Some of the nursing skills stations were health assessment, gastrointestinal tubes, chest tubes, safety, intravenous therapy, and proper documentation. Nursing skills Boot Camp benefited members and non-members and helped to increase membership engagement. This event provided members who are clinically skilled the opportunity to teach and share their knowledge and provide service to the Beta Xi Chapter. This event was very popular and received positive feedback with 100% participation from the accelerated nursing students.

To develop effective nurse leaders, it is important to have mentoring relationships that foster professional goals and growth. There are stages to the mentoring relationship which include establishing goals and planning, life balance, structuring the relationship, professional socialization, and navigating uncharted territory (Hadidi, Lindquist, & Buckwater, 2013). It is important to develop a good mentor relationship to help nurses be successful in the future. This can be done through a “mutual investment of time, engagement, energy, personal support, and encouragement” (Hadidi, Lindquist, & Buckwater, 2013, pg. 162). Through the many programs of the Beta Xi Chapter’s Leadership Succession Committee, members feel engaged and supported in their professional and personal life.

References


Contact

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Purpose

The purpose of this presentation is to share practices and results for improving patient throughput at a large hospital.

Target Audience

The target audience of this presentation is hospital leaders interested in maximizing hospital patient throughput through early in the day discharges home.

Abstract

Patient flow in hospitals is a multidisciplinary, complex process. Efficient flow of patients is important as hospitals struggle with decreasing revenue and increasing capacity. Patient throughput, particularly timely patient discharges, is an on-going challenge for many organizations. Hospital leadership must set the importance of patient flow with all clinical and non-clinical members of the patient care team. Specific, measureable and attainable goals are an important first step. The ability to collect meaningful data is crucial to achieving targets and tracking progress. Identifying and addressing barriers identified by the team is a required leadership task.

ED overcrowding is a systemic issue in healthcare. Patients boarded in the ED are known to have decreased satisfaction and poorer outcomes than patients who do not have to wait for a bed. By maximizing timely discharges in the morning, boarded or "hold" hours can be reduced and quality and satisfaction of care can be increased. Placing an emphasis on the patients waiting in the Emergency Department and requiring inpatient nursing directors to perform nurse leader rounding on them, the directors have an appreciation and impetus to work with their teams to discharge patients who are ready to go before 1300.

Our hospital Division has a robust data collection process for tracking patient flow. We developed an integrated team to address the issue of low percentage of patients being discharged by 1300. Each nursing unit has implemented a short cycle process improvement tactic to increase the number of patients with discharge orders being discharged from the hospital by 1300. We have seen our percentage increase from 27% to 31% in the first month. Hardwiring the behavior changes for nursing staff, developing hand-off reports and planning for day of discharge needs have been a few tactics implemented. Emphasizing the “why” and importance to the quality of care being delivered to all of our patients will ensure our success to reach our goal of discharging 50% of our patients in the timeframe.

References


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Learning How to Interview for a Professional Role

Purpose

The purpose of this presentation is to help other chapters engage their nursing students in leadership activities that help them with the transition to professional practice and to develop personal leadership attributes.

Target Audience

The target audience is all STTI members.

Abstract

Senior nursing students have many things to consider as they begin transitioning to a newly licensed registered nurse (RN) after graduation. New RN’s are at risk for failing to acclimate to the professional environment with 30-60% often ending their first position within the first year of practice (Kovner, Brewer, Greene, & Fairchild, 2009; Twibell, Johnson, & Kidd, 2012).

Developing leadership and professional attributes is essential when transitioning into practice. Nursing practice is a profession and one that is very demanding on its members. Additionally, nurses should strive to be leaders to help advance nursing as a profession.

Matching an RN with the right organization is key to success for the RN, and this starts with the professional interview. A professional interview is the initial discussion of the RN’s goals, skill sets, clinical expertise, and overall leadership abilities. Senior students need to understand how a professional interview can match them with a position that is long-term and benefits them and the organization.

A Sigma Theta Tau International Chapter, sought to help students understand how to interview professionally while highlighting their own unique skill sets while sharing their goals for the future. The Chapter partnered with a university based Office of Community Engagement to host an active workshop for students. Employment resource professionals were invited to work with students, on the entire professional job search process, including: resumes, seeking the right job, interviewing strategies, and the importance of being a leader.

There were eight junior and senior nursing students and four faculty, who were also STTI members, who participated in the workshop. The workshop was highly successful as students were given individual attention, strategies were provided to successfully interview, write a professional resume, and develop positive leadership attributes as they transition to the professional registered nurse role.

References


Contact

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Fellowship Programme for Nurses and Midwives: Action Plan for Quality Care Delivery in Ghana

Mary Ama Opare, PhD, MN, BA, RN, DipEd, CertMidwifery, Ghana

Purpose
The purpose of this presentation is to illuminate the effort of Nursing and Midwifery Leaders in Ghana in upgrading practical skills and knowledge of nurses and midwives to function as specialized practitioners in specific areas of health care.

Target Audience
The target audience of this presentation is Nursing Leaders drawn from all over the globe and other interested stakeholders.

Abstract
The aim(s) of the project/research: To produce cutting-edge nurses and midwives with specialist competencies who are motivated in leading and developing the future of nursing and midwifery as specialist Nurses and Midwives in Ghana, Africa and beyond

Problem statement: what is the problem / gap addressed by the project/research
The Ghana College of Nurses and Midwives seek to promote Specialist education, continuous Professional development and Postgraduate nursing, midwifery and related programmes and also contribute to the formulation of policies to improve health care. The College aims to build upon foundations set and strengthen competencies through Academics, Clinical care, Sense of professionalism, Research, Leadership and Management drive.

Specialty programmes are designed to be highly practical oriented with 30% academic work and 70% Practicals. Courses are modular and self-driven with the support of accredited training sites of the college.

Methodology: 30% Competency-based teaching and learning approaches using a robust curriculum developed through assessment of needs and global/regional best practices coupled with 70% clinical practicum is employed over a period of 3 years full-time education.

Results: Ongoing: Residents successfully received exposure into 2nd block of academic programme. Residents are showing signs of leadership and drive to care. Clinical practicum to be implemented in May to assess level of competence after the first academic year.

Conclusions: Specialist training through Fellowship Professional Colleges creates opportunities for professional nurses and midwives to develop themselves into high level clinicians and academicians through mentoring and competency-based teaching and learning.

Lessons learned: Fellowship specialist programmes must be backed by strong political will and institutional commitment to drive a concept into a reality

In developing a new programme, access to fully committed faculty could be challenging

Recommendations for research: Assessment of impact of care by specialist nurses and midwives and implications for continuing academic development
Recommendations for practice: In order to develop strong specialists in nursing and midwifery, competency based approach to teaching and clinically focused curriculum are critical for success.

References

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Purpose
The purpose of this presentation is to describe a pilot where research assignments and competencies have been intentionally inserted across an undergraduate nursing curriculum, beginning in the second semester of the sophomore year and culminating prior to graduation.

Target Audience
The target audience for this presentation includes participants at the 2016 Leadership Connection, sponsored by STTI, and held in Indianapolis, Indiana.

Abstract
Current undergraduate nursing education literature reveals that achieving student buy-in to the relevance of evidence-based practice (EBP) and application of research to everyday nursing practice is a challenge. One possible contributing factor could be the level of emphasis placed on evidence-based practice and research throughout undergraduate nursing curricula. A comparison of degree completion plans demonstrates a varied approach to the threading of research concepts in traditional undergraduate nursing programs. Students may display the natural tendency to not retain certain skills if these skills are not reinforced across time with practice opportunities built in to the program. With intentional integration of specific aspects of EBP/research principles throughout the upper division of an undergraduate nursing curriculum, students may recognize the important role that research skills may play in their clinical practice. The specific skills that will be discussed in the overview of this pilot and the broader research study at hand are: 1) Development of a research question using the PICO model; 2) the identification of the levels of evidence; 3) integration of EBP assignments.

Beginning in the second semester of the sophomore year, undergraduate nursing students are introduced to the constructs that comprise the practice of research. As part of this fundamental learning experience, students work in groups to practice skills related to identifying credible sources of information regarding a phenomenon of interest. Assignments have been designed and imbedded into the following subsequent courses in order to reinforce and offer opportunities to build skill and confidence in the use of reach skills: Maternal/Child, Community Health, Medical/Surgical, and Leadership. The leadership course is taken in the final semester of the program, just prior to graduation. In this leadership course, students are assigned to work in groups to develop a practice improvement proposal (Capstone Project) related to some area of practice they have observed in clinical. Though implementation of the proposed change is not feasible due to time constraints, students walk through the development of a PICO question, conduct a robust literature review, and recommend practice modification based on EBP found in the scholarly literature.

References

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Developing Nurse Leaders Through Human Patient Simulation

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Purpose

The purpose of this presentation is to describe a study using peer-facilitated human patient simulation methods to develop nursing students’ leadership skills and to foster peer support. This simulation strategy exposed students to realistic, peer-facilitated learning experiences and incorporated measures of leadership, simulation evaluation, and qualitative focus group data.

Target Audience

The target audience of this presentation is nurse educators who aim to incorporate human patient simulation into the curriculum with a unique strategy to create nurse leaders and foster peer support among nurse learners.

Abstract

Background: Human patient simulation (HPS) is an educational strategy that provides students with exposure to realistic clinical situations using life-like examples, thereby increasing clinical reasoning skills (Lapkin, Levet-Jones, Bellchambers, & Fernandez, 2010). It allows learners to enhance existing knowledge and to practice psychomotor and critical thinking skills in a safe environment while improving teamwork, confidence, and communication (Figueroa, Sepanski, Goldberg, & Shah, 2013); these capabilities contribute to the leadership skills needed by nurses.

Leadership abilities are essential for all baccalaureate nursing graduates and “emphasize ethical and critical decision-making, initiating and maintaining working relationships, and mutually respectful communication and collaboration within inter-professional teams” (American Association of Colleges of Nursing, 2008). Additionally, the American Association of Critical Care Nurses (2016) maintains that a healthy work environment includes ‘authentic leadership’ as one of six standards needed for professional practice. Last, the Institute of Medicine (2011) further emphasizes the need for nurse graduates with leadership competencies to deliver high quality care. However, practice environments rarely include leadership development opportunities for nursing students.

Nursing education programs provide few opportunities for students to experience the role of expert and develop leadership skills in a clinical setting. HPS facilitation experiences may provide opportunities for students to progress into the role of a professional nurse leader, a skill deemed to be vital to the profession of nursing. This study implemented senior nursing students as HPS facilitators for their junior and sophomore peer participants in the HPS experience. HPS facilitation is characterized by guiding participants through a HPS clinical scenario and leading a debriefing discussion and reflection of events. This creates a leadership development opportunity for senior nursing students in a peer-assisted learning environment (with faculty supervision).

Evidence suggests that peer-assisted learning, characterized by learning guided and facilitated by peers, increases self-confidence and communication skills (Awasthi & Yadav, 2015), which may contribute to leadership abilities. HPS provides an ideal opportunity for a peer-assisted learning environment, allowing all levels of learners to safely participate and/or facilitate. HPS also provides an opportunity for senior learners to practice and reflect on their leadership skills, their strengths and their weaknesses. Sophomore and junior participants also benefit from peer-assisted learning as they build relationships and respect with novice and experienced students, modeling a desirable, collaborative, supportive work environment.

Method: This study examines the effects of Human Patient Simulation (HPS) on leadership skills in a peer-assisted learning environment. We developed and implemented a unique learning opportunity for senior nursing students to function as experts in a peer-assisted, small-group HPS experience.
Four small-group HPS experiences were developed and integrated into four existing nursing specialty courses: OB, pediatrics, gerontology, and psychiatric nursing. Each HPS experience included one to two sophomore and one to two junior nursing student participants, one senior student facilitator, and one faculty supervisor. The senior student facilitated the HPS and led junior and sophomore debriefing.

To investigate the effects of HPS facilitation on leadership, senior students (n=75) completed a self-assessment of leadership (Authentic Leadership Questionnaire). Junior and sophomore students completed a peer-assessment of leadership for their senior facilitator following each HPS experience. Qualitative data regarding leadership was gathered following the intervention with four student focus groups including sophomore, junior and senior students.

Impact: This research will fill a gap in the literature as an evaluation of HPS as a pedagogical approach for leadership development and peer-assisted learning. Additionally, the study contributes by increasing the understanding of elements which may have an impact on the leadership skills of senior level nursing students. Ultimately, the study’s results will assist nursing faculty in the development of curricula to best meet their students’ leadership needs.

References

Contact
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Purpose

The purpose of this presentation is to highlight health disparities present on the Native American reservations of the western United States and discuss a DNP project addressing barriers to health care.

Target Audience

The target audience of this presentation is any professional nurse, nursing student, nurse leader, nurse educator, and leader in any capacity.

Abstract

Native American populations are plagued with health disparities. The Pine Ridge Reservation, situated in the southwest corner of South Dakota, is noted to be one of the poorest counties in the country. Statistics about the health of Pine Ridge residents provided by The American Indian Humanitarian Foundation (“AIHF”) indicate that 97% of residents living on the Reservation live below the poverty line with an average household per capita income of less than $6,000. There is an 85% or higher unemployment rate (AIHF, 2015). The average life expectancy on the reservation is between 45 and 48 years of age. Health statistics reported by AIHF include diabetes rates of 800 times the national average, infant mortality 300%-500% higher than the national average, teen suicide 150% higher than the national average, and tuberculosis at 800% higher than the national average.

The Pine Ridge Reservation is a large Native American Reservation in South Dakota. Geographically, the Reservation covers almost 3,500 square miles, making the Reservation close in size to the State of Connecticut. The population of Pine Ridge Reservation is reported at approximately 40,000 people (Friends of Pine Ridge, 2015). Healthcare on the Reservation is provided primarily by Indian Health Services (“IHS”) and facilities include Pine Ridge Hospital, Kyle Health Clinic, Wanblee Health Clinic and smaller sites at Porcupine, Allen and Manderson (IHS, 2015). Fieldwork was completed at Wanblee Health Clinic in Wanblee, South Dakota. This clinic is staffed by a physician, advanced practice nurse, pharmacist, nurse and part time radiology staff and treats both pediatric and adult patients. The Wanblee Clinic offers care of patients, as well as pharmacy, radiology (two days per week) and dental services. The clinic is limited in services that it can offer. Regular physicals, sick visits, and follow up care can easily be provided. Radiology is only available twice per week, so patients are often transferred to another facility for urgent needs. No orthopedic or surgical services are offered. Pine Ridge Hospital is a 90-minute drive from the Wanblee Clinic. Pine Ridge Hospital is a 45 bed hospital. More complex needs will be referred to the hospital in Rapid City, South Dakota, which is off the Reservation, about two hours away. Ambulance service is also limited and may take several hours for an ambulance to arrive.

This DNP fieldwork project was made possible through collaboration with a group of health professionals from a large health system. Achieving buy in from the group to allow an individual that was not part of the health system took years. Initial planning and networking with this group began in early 2010. Travel was originally supposed to take place in 2014, but due to a change in workplace, the travel was not possible at that time and was deferred to August 2015. Personal goals for the fieldwork included travel to South Dakota, observation of life and healthcare on the Reservation and to identify how skills and resources could be devoted to improving the care of the residents of the Reservation. Significant time was spent on planning of the trip, travel to South Dakota, background checks and fingerprinting, and cultural orientation. Once in South Dakota, further cultural orientation was completed and computer training on the electronic medical record (“EMR”) was completed with IHS staff at the Pine Ridge Hospital. After these initial requirements were met, work in the clinic could begin.

Fieldwork at the clinic included direct patient care, observation and discussion with clinic staff and Native American patients. Knowledge that was brought to this experience included cardiothoracic patient care, emergency room care, and case management. Patients of the clinic can make appointments to be seen or can show up and request to be seen. There is no triage system in place, making prioritization of
patients and protection of staff difficult. Many patients travel long distances to be seen at the clinic. Patients are seen for everything from well visits/physical exams, follow up for chronic conditions, sick visits and diagnosis of new conditions.

At this time, a relationship has been established with a second group providing care on a reservation close to Pine Ridge. This group travels to Cheyenne River Reservation, also in South Dakota. The care provided by this group focuses on health education as opposed to direct hands on care. The role of nursing, nursing leadership and this DNP project will be to address two areas of healthcare and the barriers to healthcare on the Cheyenne River Reservation. The first project will focus on creating a tool to do a holistic evaluation of patients to evaluate all aspects of their lives and living environment which may affect health. The second project will focus on creating a training program to train home health aides to care for elders or disabled members of the tribe. This will not only create jobs for many unemployed tribal members, but will also allow the elders or disabled members to remain in their homes with assistance for self-care, ambulation, and other factors which affect safety and health.

Nursing leadership is vital to changing the landscape of healthcare delivery to the Native American populations in the western United States. Through leadership and collaboration, this DNP project will continue to build relationships and influence change to improve the lives and health of Native Americans.

References


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LDP PST 2 - Leadership Poster Session 2  

Nursing Academic Leadership, Learning from the Past, Planning for the Future: A Systematic Review

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Renee Cantwell, DNP, RN, CNE, USA
Patricia Wagner, DNP, GNP-BC, USA

Purpose
To educate nurses about the demand for strong nursing academic leaders and to highlight the requirements, benefits, and path to position attainment.

Target Audience
The target audience for this presentation includes nurse educators, nursing academic leaders, and nurses interested in academic leadership positions.

Abstract
Not only is there a shortage of qualified nursing faculty, a dearth in top nursing academic leaders is real and threatens the growth and stability of nursing education. Upper-level nursing academic leaders are essential to maintain sound nursing education, continue building nursing as a profession, advocate for nurse and patient safety, and develop healthcare related policy. A systematic review of current literature was analyzed to answer the questions:

1. What has been learned related to strengthening and planning for quality nursing academic leadership?
2. What components are needed to assist in planning for next steps in preparation of prospective nursing academic leaders?

Methodology: Cumulative Index to Nursing and Allied Health Literature (CINAHL) was the primary database utilized in gathering literature for this review. The following search terms used included combinations of: leadership, academia, nursing education, deans, directors, chairs, mentoring, succession planning, strategic planning, and leadership development. Journal articles published in the last 15 years were reviewed and articles written between 2005 and 2016 were selected. The CINAHL search identified 25 articles from which 15 provided information about the characteristics of academic nursing leaders and suggestions regarding succession planning for academic leaders in nursing.

Findings: Nursing literature has been inundated with urgent messages about the nursing faculty shortage. Based on data from the American Association Colleges of Nurses (ACCN, 2006), the shortage of nursing education leaders is correspondingly dire. According to AACN, nursing administrators are at or beyond retirement age and there are many vacant positions for qualified nursing academic leaders. Proficiency in leading nursing education programs is not instinctively absorbed by faculty being in close proximity to nursing administrators. Just as good staff nurses do not automatically translate into clinical nurse administrators, time and effort must be placed into the intentional development on strong nursing academic leaders. Academic nurse leaders must:

1. be proficient in leadership multi-generational groups at varying levels of experience in nursing education,
2. have politically acumen in educating and communicating needs of students and faculty senior level administration and local government officials,
3. engage in budget planning, monitoring, analysis, and make projections about vision for future expectations,
4. keep abreast of trends in research, business, health law, education, health/disease trends, and clinical practice,
5. have the ability to understand statistical data and use the evidence as a basis for decision-making,
6. maintain close connections to health care organizations and professional nursing organizations, and
7. participate on committees, taskforces, and local, national, and international boards.

Current issues facing the present-day nursing education leaders include: the faculty shortage, increased licensure requirements and rigor, increasing cost of program maintenance, global environment, technological advancement, inter-generational dynamics, and changes in healthcare environment for clinical partners.

Conclusion: The literature is replete with research relating to the responsibilities, characteristics, and leadership styles of nursing leaders while very few studies exist that suggest mechanisms for ongoing leadership maintenance and succession planning for leaders in nursing education. In addition, several articles focus on the difficulties associated with the nursing academic leadership role, and not on the positive aspects of leadership in academia.

Recommendations: To attract quality academic leadership candidates, the literature suggests early identification of highly capable individuals, the implementation of formal mentorship support from organizations, identification of clearly defined pathways to leadership, presentation of positive views of nursing education administration, and the creation of accessible support systems.

References

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Purpose
The purpose of this presentation is to share an evidence based fall risk assessment tool and a patient education program for post-partum women.

Target Audience
The Target audience of this presentation is clinicians and educators interested in evidence based practice project or collaborative projects between service-academic partners.

Abstract
The Joint Commission lists, reducing the risk of patient harm from falls as an annual safety goal. Completing a fall-risk assessment is part of nursing documentation in many settings. Existing fall-risk assessment scales focus mainly on falls in older patients. Yet, these tools are used across settings, including with women who have just given birth. Generally, the population of younger, primarily healthy women in the perinatal setting are not considered high risk for falls. However, falls are the leading cause of physical injury during the post-partum period. Changes associated with pregnancy and birth such as postural adaptation and changed center of gravity, increased elasticity of the blood vessels, increased mobility of the pelvic ligaments and joints, blood loss at delivery and changing blood volumes, and diuresis as well as medical interventions such an epidural anesthetic, pain medication and catheterization all impact a woman sense of balance and increase the risk of falls. Yet these factor are not incorporated into existing falls-risk assessments.

This poster will illustrate the collaboration of an academic-service partnership and the power of student-nurse synergy on a Dedicated Education Unit (DEU) to develop evidence based and population specific tools to promote patient safety and to prevent falls in the post-partum population. A three stage process was used to integrate the developing skills of Nursing Students and the expertise of the Mother-Baby Nurses at a partner hospital.

- Stage 1: Students assigned to the mother-baby DEU completed a systematic literature review and developed a literature matrix. Students and RNs discusses the matrix content and assigned level and quality of evidence ratings to each article. Through collaborative discussion students and RNs extracted the evidence for practice from the literature.
- Stage 2: The extracted evidence was shared with another group of student on the mother-baby DEU. Using the evidence and in collaboration with the unit-based RNs, a falls risk assessment tool specific to the post-partum population was developed.
- Stage 3: An evidence based patient teaching tool was developed. This tool has the potential to be used in the hospital setting as well as post discharge to keep new mothers and their infants safe and to decrease the risk of falls.

Falls during the post-partum period can lead to injury to both mother and infant. Using evidence to recognize the unique factors increasing the risk of falls in a specific patient population as well as developing evidence based assessment and teaching tools are important components of nursing practice.

References

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Promoting Student Leadership: Implementing a Quality Improvement and EBP Project to Address Clinical Problems

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Purpose
The purpose of this presentation is to share a learning activity that addressed the development of leadership skills in senior nursing students through a quality improvement and evidence-based practice project.

Target Audience
The target audience is nurse educators, nurse managers, and nurses.

Abstract
The American Association of Colleges of Nursing (AACN) has identified that baccalaureate graduates should develop leadership skills to promote quality care including quality improvement concepts and the ability to assist or begin basic quality improvement initiatives. In addition, graduates need learning experiences to prepare them to address safety and quality concerns in the clinical setting by applying evidence-based knowledge to professional practice (AACN, 2009). Quality management focuses on identifying potential health care problems and improving care and quality (Sullivan, 2013). These opportunities can be challenging as nurses serving in leadership roles often have limited availability to work directly with nursing students, thus restricting student exposure to this content. Students need other creative opportunities to understand leadership roles and the process of quality and safety in the clinical setting.

This poster presentation will share a learning activity that addressed quality improvement using an evidence-based practice approach in a nursing management/leadership clinical course. Senior nursing students worked in pairs or small groups to identify a clinical problem during their leadership/management rotation. The students reviewed the hospital’s current policy related to a clinical issue (for example, patient falls). Building on their research skills from the junior level, students evaluated and critiqued current literature related to the clinical topic. As part of the quality improvement project students also collected data on the clinical unit by observing whether or not staff followed appropriate protocol(s) according to hospital policy. After reviewing current literature and data findings, students identified best practice recommendations related to the clinical problem. These were shared with nursing staff on the clinical unit in the form of a professional poster. This presentation will provide an overview of the learning activity and how it was implemented in a clinical course. Findings from students’ quality reviews and identified outcomes related to the projects will be discussed. Results of sharing best practice recommendations with staff, and lessons learned for future projects will also be addressed. The learning activity provided students with multiple opportunities to apply leadership skills in the clinical setting including: application of quality improvement and safety principles, incorporating evidence-based practice principles to address a clinical problem, collaborating with the health care team by sharing best practice recommendations with staff, and development of professional communication skills through the use of poster presentations.

References

Contact
Service Leadership: The Role of Supervision in Advanced Nursing Practice

Renee Simone, BSN, MSW, RN, LICSW, LADC I, USA

Purpose
The purpose of this presentation is to clearly define the supervisory skills and attitudes needed to support and empower developing nurses as leaders of the profession. Specific principles used in clinical social work practice will be applied to the nursing profession to improve job satisfaction, motivation and engagement.

Target Audience
The target audience includes both seasoned and developing nurses motivated to practice or benefit from skilled supervisory behaviors whether from clinical or administrative positions. Expert and developing nurse leaders seeking positive outcomes of skilled clinical supervision will discover antidotes to burnout and to feelings of powerlessness.

Abstract
Significant attention in research and education has been paid to the importance of leadership in nursing, especially for the developing role of the Advanced Practice Registered Nurse (APRN) / Nurse Practitioner (NP) (Metzger & Rivers, 2014; Severinsson, Johansson & Lindquist, 2014; Dale et al., 2013; Taylor, 2013; Queiros, 2014). Supervision as one aspect of leadership has been linked primarily with managerial responsibilities and mentorship for new nurses (Moked & Crach-Zahavy, 2016). Efforts have been made to capture and quantify both the harmful sequelae of unsupportive supervisory relationships on staff and positive behaviors among managers and supervisors (Kuehnl, Rehfuess, von Elm, Nowak & Glaser, 2014; Dingley, Daugherty, Derieg & Persing, 2008). There is little clarification however on the conscious implementation of specific supervisory skills, practices and approaches toward the ongoing leadership development for APRNs / NPs as well as for all nurses (Kuehnl, Rehfuess, von Elm, Nowak & Glaser, 2014; Metzger & Rivers, 2014). There is also a gap in the literature regarding the utility of supervision in the reduction of negative outcomes of stress and improvement of both health related and leadership behaviors (Kuehnl, Rehfuess, von Elm, Nowak & Glaser, 2014). Lack of opportunities for leadership development through supervision may contribute to feelings of disempowerment and job dissatisfaction, whereas positive outcomes of skilled clinical supervision within the nursing profession may be an antidote to burnout and to feelings of powerlessness as well as fuel motivation and engagement (Metzger & Rivers, 2014; Severinsson, Johansson & Lindquist, 2014). Both supervisors and supervisees need time for reflection to internalize the desired knowledge, skills and attitudes consistent with best practice especially in light of the multi-layered pressures associated with productivity, outcomes, and sustainability. (Kuehnl, Rehfuess, von Elm, Nowak & Glaser, 2014; Queiros, 2014). Effective communication is a core skill in setting the tone for a safe, supportive and empowering work environment and is vital to risk reduction of poor outcomes in patient care. It makes intuitive sense that as the roles of APRN/NP expand and deepen, an objective way to measure professional outcomes is needed. APRNs/NPs have a unique opportunity to participate in the development and modeling of leadership behaviors through skilled supervision as well as to define, distill and disseminate the essence of their dynamic roles (Dale et al., 2013). The arena of clinical social work is rich with applicable models for developing leadership qualities and skills (Kanter & Vogt, 2012; Pack, 2009; Long, Harding, Payne & Collins, 2014). There are many parallels that can be drawn upon and applied to a meaningful use of skilled supervision to support and promote leadership potential, empowerment and professionalism (Kanter & Vogt, 2012; Pack, 2009).

References

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Perceived Benefits and Challenges Reported by Early Career Graduates in Providing Family-Focused Nursing Care

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Purpose

The purpose of this research was to understand the perceived benefits and challenges of providing family-focused nursing care in practice as reported by recent graduates of an undergraduate curriculum with an emphasis on family nursing science and practice.

Target Audience

The target audience of this presentation is for leaders in academics, practice, and administration who can advance the practice of family-focused nursing care to promote individual and family health.

Abstract

Family nursing science identifies illness as affecting an individual family member, and the family unit (Wright & Bell, 2009; Wright & Leahey, 2013). Evidence also indicates the significance of the family to health outcomes (Chesla, 2010). Research describes the benefits of family-focused nursing care during illness experiences with improved outcomes in chronic illness, mental health and family coping (Kelo, Eriksson, & Eriksson, 2013; Svavarsdottir, Tryggvadottir, & Sigurdardottir, 2012; Sveinbjamardottir, Svavarsdottir, & Wright, 2013). In fact, family scholars (Wright & Leahey, 2013, p. 1) assert that nurses have a moral and ethical obligation to involve family in their nursing practice. Yet, practicing nurses report family-focused care is not routinely practiced (Duhamel, 2010; Duhamel, Dupuis, Turcotte, Martinez, & Goudreau, 2015; Santiago, Lazar, Depeng, & Burns, 2014) and families report troubling relationships with nurses (Vandall-Walker & Clark, 2011; Eggenberger & Sanders, 2015), thus limiting positive health benefits to families. These deficiencies and concerns may be linked to a lack of attention to current evidence related to family nursing practice and the significance of family health in nursing education curricula (Denham, Eggenberger, Young, & Krumwiede, 2016; Duhamel, Dupuis, & Girard, 2010; Eggenberger, Krumwiede, & Young, 2015a, 2015b; Nyriati, Denham, & Ware, 2012).

In an effort to more fully translate family nursing science into nursing practice, Minnesota State University, Mankato, developed a family-focused baccalaureate-nursing curriculum (Eggenberger, Meiers, & Krumwiede, in press). Undergraduate students’ complete courses in family nursing science, with family-focused care integrated throughout the curriculum. Courses blend family theory, research, and practice with experiential, simulation, or service learning components to prepare students to overcome the barriers they may encounter in their personal, professional, and practice world (Eggenberger, 2014). Course development focuses on encouraging students to gain knowledge, skills, confidence, and attitudes necessary for providing family-focused nursing care. Students in this program learn to “think family” in their nursing practice, regardless of the setting or the course. The faculty teach from the stance that family-focused education in nursing curricula are critical for translating evidence into nursing practice at the bedside. However, the impact of these educational processes in being able to fully operationalize family-focused nursing practice has yet to be described. The challenges these future nurses face in implementing a nursing practice focused on family in a health care system that is often individual focused need to be identified. Therefore, the purpose of this research was to understand the perceived benefits and challenges of providing family-focused nursing care in practice as reported by graduates, with less than two years of experience, from this innovative curriculum.

An online survey (N = 150) was conducted of recent graduates from Minnesota State University, Mankato’s family-focused curriculum. Recent graduates who chose to participate responded to open-ended questions about their experience in providing family-focused nursing care, and about the perceived benefits and challenges of incorporating family-care nursing into their daily nursing practice. Questions seeking narrative responses will focus on the experience in providing family-focused care, as well as the
key benefits and challenges. A thematic analysis using descriptive phenomenology methods described by Speziale, and Carpenter (2011) and Spiegelberg (1975) will be used to examine the data. A team of two researchers analyzing data will enhance the rigor of the study. Results from this study will inform faculty and nurses in patient care settings about ways in which practicing nurses implement family nursing at the bedside. These findings may serve to inform nurses in practice about how family nursing care can be incorporated into their practice setting. Faculty may also use findings to strengthen family-focused nursing curricula.

References


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Nurse Integrated Rounds

Miranda Marie Schmidt, BSN, RN, CCRN, USA

Purpose
The purpose of this presentation is to provide an educational opportunity to other nurses and organizations to improve their practice and care delivered to patients.

Target Audience
The target of this audience is broad, all

Abstract
There are a lot of potential reasons that patient and nurse satisfaction can decrease. In order to target both of these a pilot study and rounding tool were designed to increase both of these quality indicators. Specifically, the use of nurse integrated rounds at a leading research facility in the pediatric intensive care unit. Understanding positive patient care outcomes that are derived from using this change and improving nurse satisfaction are two crucial components that solidify the foundation and support this change process.

Implementation: Implementing change within a healthcare organization takes a significant amount of consideration, thought and careful planning. First, participants were surveyed on the understanding, experience and knowledge. The data acquired from the pre-survey was used to support this initiative and its process development. Identifying the experience and the comfort level that nurses felt they had in advocating for the patients helped to tailor the program to the unit. During the implementation phase, a video was created to demonstrate the behaviors and desired styles that coincide with nurse integrated rounds. A useful rounds flow sheet was designed to direct nurses on what to communicate on rounds.

Discussion: This tool proved to be very useful in providing data to the team. Leaders must possess the knowledge, skills and traits needed to implement the changes needed to improve care environments and patient outcomes. These traits ensure that the change will most likely be implemented without disregard to important components being missed. Through joint collaboration with an interdisciplinary care team successful implementation of nurse integrated rounds occurred. After the change is implemented an evaluation must occur in order to determine the effectiveness and the outcomes associated with the change.

Conclusion: The tool proved to be useful in creating a process within a leading pediatric intensive care unit as a means to target nurse involvement in bedside rounds. Further research and evidence based practice is suggested to continue to support the use of nurse integrated rounds in healthcare organizations.

References

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**LDP PST 2 - Leadership Poster Session 2**  
**Impact of Presidential Succession on Local Chapter Leadership in an International Honor Society**

*Patricia L. Hockensmith, MSN, RN, USA*

**Purpose**  
The purpose of this case study research is to describe a presidential leadership succession in a local chapter of Sigma Theta Tau International. The propositions of a single case study highlight components of transformational leadership. A better understanding of transformational leadership will be helpful to nursing.

**Target Audience**  
The target audience of this presentation is nurses, nurse educators, and nurse leaders.

**Abstract**  
A case study of a local chapter of Sigma Theta Tau International (STTI) was selected to describe presidential leadership succession. Transformational leadership theory guided the research question: How does Presidential leadership succession at a local chapter in a nursing organization role model the components of a transformational leader?  

After Institutional Review Board approval was obtained, a questionnaire including demographic information was used to interview a former local chapter president of STTI. The study site is a state university baccalaureate nursing program in western Pennsylvania. The STTI chapter has an affiliation at this location. The digitally recorded interview transcription and other data sources were analyzed. Pattern matching logic was used for the data analysis. Propositions provided a theoretical orientation to guide the study analysis and point to relevant contextual conditions to be described (Yin, 2014). The propositions of this critical single case study are linked to the four components of the transformational leadership theory. The following propositions were derived from the literature on transformational leadership and the researcher’s experience with nursing leadership.

1. Presidential leadership in a local chapter nursing honor society provides idealized influence to an emerging leader membership.
2. Motivational inspiration shared by a nurse leader encourages new members in leadership activities.
3. A nurse leader employs intellectual stimulation to promote involvement in a local chapter nursing honor society.
4. Individual consideration of new members can encourage new leadership engagement in nursing.

The results of this case study revealed themes of involvement, role modeling, education, and networking. The findings support the theoretical propositions of the study. Presidential succession contributes to leadership involvement (idealized influence), leadership role modeling (inspirational motivation), leadership education (intellectual stimulation), and leadership networking (individual consideration). This study contributes to better understanding of leadership succession and is helpful to the nursing profession.

**References**  

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The Use of a Nursing Workload Tool to Reduce Burnout

Nicole K. Greives, MSN, ANP-BC, USA

Purpose
The purpose of this presentation is to show that decreasing workload improves the emotional exhaustion aspect of burnout.

Target Audience
The target audience of this presentation is clinical leadership.

Abstract
Nursing burnout and workload is a complicated issue with far-reaching effects. Nursing burnout and inappropriate nursing workload have been linked to increased risk of urinary tract infection, respiratory infections, decreased patient satisfaction, decreased quality and safety of care, and increased mortality. It has been estimated that if nursing burnout was decreased by 30%, there would be 6,239 infections, with a resulting savings of up to $68 million (Cimmotti et al., 2012). There has been an established relationship that exists between staffing, decreased job satisfaction, and staff turnover (Pearson et al., 2006). Aiken et al. (2008) Aiken et al. (2010) and Aiken et al. (2012) found that staffing impacted burnout, job satisfaction, and quality of care. In terms of workload, nurses with the highest workloads were five as likely to be burnt out as nurses with the lowest workload (Flynn et al., 2009).

Therefore, the purpose of the project was to decrease nursing burnout on a Medical Progressive Care Unit (MPCU) by moving patients with high workloads and medical instability to a higher level of care. The intervention consisted of a presentation to Intensive Care Unit (ICU)/Pulmonary physicians on the correlation between workload, burnout, and other issues pertinent to MPCU including current turnover rates and the experience level of the nurses. The project also included a daily workload tool, Nursing Activities Score (NAS), for each patient in the progressive care unit for the first two months in order to gather evidence for a previously submitted proposal by nursing management to improve nurse:patient ratios. The last four weeks of the project consisted of identifying patients at risk for transfer to the ICU due to their medical instability and then calculating the NAS.

The NAS is a validated ICU level nursing workload tool utilized for this project. Within the study by Miranda et al. (2003), the NAS for one patient was found to have a mean of 56 +/- 17.5 (SD) with a median of 54 (Miranda et al., 2003). Therefore, a threshold of 54 was set as the ICU level workload per patient. If the patient reached an ICU level workload of 54 and was deemed ICU appropriate, the goal was to move patients due to their workload and acuity. If the patient could not be moved due to extraneous factors such as lack of nursing staff in the ICU, then the pulmonary consult team, if appropriate, would consult.

The Maslach Burnout Inventory (MBI) was utilized to measure burnout. It is made up of three subscales that are scored individually: Emotional Exhaustion (EE), Personal Accomplishment (PA), and Depersonalization (DP). Pre and post burnout scores were gathered with a preliminary burnout score mean for the EE subscale of 29.88. Post EE scores were 23.32. The paired t tail for emotional exhaustion was 5.55 with a p-value of < .001. A significant decrease was found between the pre and post emotional exhaustion scores. The mean score for the pre emotional exhaustion score was 29.88 (SD = 10.13). This meets a high level for emotional exhaustion for the MBI. The post emotional exhaustion score was 23.32 (SD = 8.15), which lowers the emotional exhaustion scores to moderate. A statistically significant decrease was found with t (24) = 5.55, p < .001. There was not found to be significant results with the depersonization and personal accomplishment subscales. The mean DP subscale pre-implementation of project was 10.52 (SD = 5.16), post project implementation was 8.88 (SD = 4.95) with an overall t(24) = 1.64, p = .114. Both pre and post project scores are considered moderate for the DP subscale of the MBI. The PA subscale had a pre project mean of 34.54 (SD = 5.76), post project mean of 35.21 (SD = 5.84) with a t(23) = 1.64, p = .114. Both pre and post scores are considered a moderate level for the PA subscale for the MB (Maslach & Jackson, 1981.)
In the original study by Miranda et al. (2003), a standard total score of 100 was supposed to indicate the patient workload of one nurse per shift for a 24-hour period. In other words, two patients scoring 50 each on the NAS would be assigned to one nurse per shift (Miranda et al., 2003). In the MPCU, a median workload score of 41.8 and mean workload score of 43.55 (SD 14.57) per patient was found. Given that the standard ratio is 3 patients: 1 RN in the MPCU, a nurse’s work assignment per shift could easily exceed a total workload score of 100.

Results demonstrate that decreasing workload can improve the emotional exhaustion aspect of burnout. During the post project time-frame, the proposal to improve nurse: patient ratios was accepted and is currently being implemented.

References

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Purpose
The purpose of this poster presentation is to communicate the details of a four-hour interactive workshop for nurse managers and the benefits to nursing leadership, their staff, and ultimately their patients.

Target Audience
The target audience of this poster presentation is Nursing Leadership, Nurse Managers and Educators.

Abstract
Effective nursing leadership is vital to the success of individual staff as well as the organization they represent. Nurse managers are often placed in their role due to their excellent clinical skills, without adequate resources, preparation, or support (Curtis & O’Connell, 2011). Leadership skills, specifically managing relationships is not taught in basic nursing training (Curtis, Sheerin, & deVries, 2011). Managing relationships can also be described as emotional intelligence. Having emotional intelligence and managing relationships is a vital competency for a manager, affecting positive outcomes for the hospital, nursing unit, nursing staff, and patients cared for on their unit (Akerjordet & Severinsson, 20011, AONE, 2015). Nursing leadership affects the success of individual staff and the organization they represent.

Nurse Managers, Assistant Nurse Managers, Clinical Operations Managers, and Clinical Coordinators (henceforth called Nurse Managers) in this large Midwestern healthcare system took the Manager Ready® (2015) online competency assessment in 2014 and 2015. Approximately 200 managers were identified with low competency in the area of managing relationships, out of nine competencies in the assessment.

The Doctor of Nursing Practice project consists of an interactive 4-hour leadership development Managing Relationships workshop with intermittent feedback and an audit process. Practicing their reaction and communication during various staff encounters in a safe environment and receiving feedback can increase the manager’s awareness of his or her communication strengths and areas for improvement (Boynton, 2012). Having managers experience and practice what they would do in various situations with staff while supporting emotional intelligence and transformational leadership concepts can strengthen their actions in these situation. The workshop was offered in March 2016.

This 4-hour program introduced topics such as emotional intelligence, listening and responding with empathy, and maintaining or enhancing self-esteem of others. Multiple presentation methods included videos followed by discussion, brief presentations and discussions, role playing, table exercises and report back to the large group with feedback and clarification. For each topic, a brief introduction to the concept and suggested strategies to use in the situation was reviewed. The program participants divided into small groups and work through scenarios and give feedback to each other. These scenarios contained common manager/staff communication opportunities. Major concepts from each small group were presented to the large group with participant feedback and discussion.

The managers left the program with personalized action items to share with their directors. They were asked to document their experiences with staff interactions in a reflective journal and are expected to continue to utilize the tools and interventions provided during the workshop to improve their ability to manage relationships.

The project compared data from two independent groups: Nurse Managers prior to beginning the Managing Relationships Workshop and Nurse Managers two to three weeks after completing the Managing Relationships Workshop. Prior to the start of the workshop, managers consenting to the project completed a demographic questionnaire and a survey tool intended to measure participants’ current level of EI. The Schutte Self-Report Emotional Intelligence (SSREI) used in this project was developed by Schutte et al, (1998). The SSREI is a 33-item scale assessing the individual’s level of emotional...
intelligence. All workshop participants were sent an email with a link to complete an anonymous second demographic survey and EI survey instrument two to three weeks after completing the workshop.

An increase in emotional intelligence is anticipated after participation in the Managing Relationships Workshop. The demographic variables in this project are gender, age, years of experience as a registered nurse, years of experience in the manager role, years of experience with the healthcare system as a registered nurse, highest level of nursing education, and highest level of education, non-nursing. All numbers listed by managers will be rounded to the nearest whole number.

Descriptive data analysis for categorical variables will be summarized with the number and percent of subjects in each group. In addition, groups will be compared using a chi-square test, or a Fisher’s exact test if the outcome has cells in the RxC contingency table with less than the n=5 expected frequency.

Continuous variables will be summarized with the mean, standard deviation, median, minimum, and maximum valuables. If the outcomes are approximately distributed, a t-test will identify any differences in demographic variables between the groups of managers who participated in the workshop and the group that did not participate in the workshop. To delineate differences between nurse manager groups based on attendance at a manager workshop for managing relationships on managers’ scores on the SSREI, a t-test will be conducted. In addition, content identified as requiring additional time during the workshop will be recorded and reviewed for any relationship between both workshops. If the outcomes are markedly non-normally distributed, a non-parametric Wilcoxon rank sum test will be used. The outcome of the data analysis will evaluate the intervention of the manager workshop on managing relationships.

The Managing Relationships Workshop is scheduled for two additional times in 2016 and will become part of the leadership development program for all new managers within the healthcare system. Improving a manager’s relationship with his or staff is central to the success of the manager. Implications for nursing and healthcare are the relationship between managers and their nursing staff can positively or negatively affect job satisfaction, retention, and a healthy work environment (Bormann & Abrahamson, 2014; Heuston & Wolf, 2011). One of the most important attributes of a nurse leader is the ability to listen (Garon, 2012; Honkavuo & Lindstrom, 2014). The manager has the ability to create or stifle an environment of open communication between the manager and staff (Garon, 2012). The expectation for a leader to have an understanding and sympathetic attitude as well as the ability to support nurses during a difficult situation (Honkavuo & Lindstrom, 2014) is vital to nursing staff’s perception of support.

References

Contact
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Purpose
The purpose of this quality improvement project was to develop an electronic survey tool that could identify specific factors that contribute to a new GN’s decision to separate from this hospital system.

Target Audience
The questionnaire was specific to new GNs hired during a two-month period to work on five units within the 8 campus Central Florida Hospital system, these new hires were not required to sign a 2-year contract.

Abstract
The continued turnover of newly hired graduated nurses (GNs) impacts the culture of retention on a national, regional, and departmental level. In the case of a hospital located in Central Florida, factors determining why new GN retention rates are decreasing have not been identified. The Human Resource (HR) Department, gathered statistical data on hires and separations of new GNs from June 2014 to May 2015, but the factors contributing to the voluntary and involuntary separations were not captured.

The significance of this quality improvement project is to identify key factors that contribute to the decreased retention rate of a Central Florida hospital’s newly hired GNs the first year of hire. A qualitative evidence-based purposeful sampling electronic questionnaire that can be used prior to or at the 6-month post-hire date for GNs was created and disseminated.

The purpose of this quality improvement project was to develop an electronic survey tool that could identify specific data that contribute to a new GN’s decision to separate from the hospital.

The questionnaire was specific to new GNs hired during a two-month period to work on five units within the 8 campus Central Florida Hospital system, these new hires were not required to sign a 2-year contract. The five units included the Medical-Surgical, Medical-Tele, Pediatric Medical-Surgical, Maternal Infant, and Psychiatric Medical Units. The questionnaire was disseminated from January 7, 2016 through February 29, 2016 via Survey Monkey. There were 87 out of 311 voluntary participants in the purposeful sample.

The findings contributing to the decreased retention rate of new GNs the first year of hire included relocation, entering graduate school, work visa expiring, wanting a higher acuity of care, and a desire to become a travel nurse. Only 1.15% indicated plans for separation from the Central Florida hospital system within the next 6 months. The second largest group 35.63% of the participants indicated they planned to stay for the next 2 years. The largest group indicated they planned to stay for the next 5 years. Participants indicating plans to stay for the next 3-4 years were 17.24%.

In conclusion, the evidence indicated that only 1.15% of the participants planned to separate within the next 6 months and out of that 1.15% only 13 out of 87 participants answered why they were contemplating leaving. Further research is necessary to capture why new GNs are leaving their workplaces within the first year of hire.

References

Contact
Purpose
The purpose of this presentation is to describe the collaborative interprofessional efforts in educational program development and implementation to improve students' scholarly communication writing skills.

Target Audience
The target audience for this presentation is BSN faculty who struggle to cultivate students' critical thinking, communication, and writing skills. Especially targeted is RN to BSN online faculty who seek innovative and effective strategies for their students.

Abstract
Introduction: Effective communication is essential in business and academia for professional success. RN-BSN students struggle with scholarly composition as a result of limited formal writing opportunities during their prior studies. A collaborative interprofessional education effort is described to improve students' professional writing skills.

Methods: After assessing observational qualitative data from Nursing, English and Writing Lab faculty, two (2) online, 7-week, asynchronous, 1-credit hour courses were developed and implemented. Both courses are instructed by English or Writing Lab faculty. To promote content alignment Nursing faculty are ‘guest instructors’ in the course.

The first course is co-requisite with the introductory course in an online RN to BSN program. The second writing course is co-requisite with the EBP Research Essentials course. Using nursing content, writing activities provide nursing students with learning opportunities for practicing grammar mechanics, writing skills, and organizing scholarly summaries.

Specifically, students receive an overview of professional and technical writing principles that focus on identified skills necessary for success in the academic and professional environments. The students develop their skills through multiple writing assignments, and constructing a professional portfolio of documents deemed essential. These documents include emails, letters, literature reviews, annotated bibliographies, and scholarly papers. Other assignments such as the annotated bibliography, curriculum vita, and portfolio creation and management are specifically designed toward the nursing educational and professional expectations.

Using a quasi-experimental, pre-post survey design, the Post Secondary Writing Self-Efficacy Instrument (PSWSES) is used to assess students' belief in their ability to meet the writing objectives. Successful course completion is another outcome measured. Upon program completion, graduates will also complete the Professional Role Confidence survey provided by the University Quality Enhancement Plan office.

Results: Preliminary results indicate students are satisfying course objectives and successfully completing both courses. Student qualitative comments are overwhelmingly positive, with participants reporting that they learned valuable skills, information, and increased confidence in completing scholarly writing assignments. Faculty report a decreased need to spend time on correcting grammar, APA format, and style and an opportunity to spend more time on content evaluation and feedback.

Discussion: The interprofessional instruction in these two writing courses is key. English composition faculty provides purely grammatical feedback on students' writing practice. This division of faculty instruction focuses on word usage, paragraph organization and APA writing mechanics, all within the
background of nursing context. The co-requisite practice prepares students for the concurrent Nursing course activities.

Pilot course offerings were initiated during the 2016 Spring and Summer terms. The English and Writing Lab faculty continue to work closely with Nursing Department faculty to update the new courses based on student and faculty feedback.

**Conclusion:** These foundational writing activities help students’ express scholarly language, and promote critical thinking abilities. Linking the writing workshop course assignments to selected existing nursing course assignments allows for the utilization of profession-specific academic assignments while providing a theoretical foundation of communication skills and specific feedback to enhance development and proficiency of the students' critical writing, learning, and thinking skills.

Supporting and promoting self-efficacy and competence in professional writing creates nursing students who can be successful writers (Miller, et.al., 2014).

**References**


**Contact**

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Purpose

The purpose of this presentation is to describe a strategy for leaders who supervise teams and who would like to build stronger working relationships, trust, and understanding with colleagues two levels down from them. A step-by-step process for conducting engaging and purposeful skip-level meetings will be detailed.

Target Audience

The target audience of this presentation is academic or clinical nurse leaders who manage teams.

Abstract

As a nursing leader, developing collaborative and engaged teams is a priority in achieving strategic goals. Skip-level meetings are geared towards any leader who supervises teams and would like to build stronger working relationships and understanding with colleagues who report to the leader’s direct-report managers. The purpose of skip-level meetings is to provide an opportunity to gain unfiltered perspectives from colleagues about particular topics. The leader creates a solid foundation of trust by allowing for open and honest dialogue. Valuable feedback on new initiatives, colleague motivators, process improvement strategies, professional development needs, and mentoring opportunities are possible outcomes of developing stronger relationships with team members.

There are two types of skip-level meetings: leader/colleague meetings and leader/team meetings. The type of meeting conducted varies with the outcome and benefit the leader plans to achieve. Leader/colleague meetings are best implemented when the goal is to know colleagues and their individual's perspectives. Leader/team meetings are best planned to understand how a team functions and challenges the team is managing. In conducting both leader/colleague and leader/team meetings, a six-step process is used to ensure a productive, beneficial skip-level meeting. Focus questions are prepared prior to the meeting with the intent to address the major meeting topics.

In describing the goals and benefits of skip-level meetings, it is also important to recognize areas to avoid. Discussions related to the manager’s performance, venting frustrations about colleagues and their manager, and probing for problems are not the intent of skip-level meetings. Leaders should use this opportunity to gain a more global perspective of the individual or team’s experience.

It is important for leaders to understand that managers may feel threatened by the skip-level process. Open door discussions with managers are designed to discuss their questions, alleviate concerns, and reconfirm the purpose of the skip-level meetings. It is critical for leaders share feedback from the meetings with managers and discuss strategies to act upon the main issues and concerns. Feedback can be provided in a way which is categorized by topics and themes, without associating the colleagues to the information.

The goal of skip-level meetings is to increase engagement, establish trust, and improve communication between leaders and their direct reports’ team members. The honest and open dialogue that occurs as a result of skip-level meetings can greatly accelerate a team’s productivity. Skip-level meetings should be implemented as a standard leadership strategy.

References

Purpose
The purposes of this presentation are to (a) overview a nurse-led research study that compared quality outcomes from two methods of blood sampling, specifically drawing blood per venipuncture and from peripheral intravenous infusions in hospitalized pediatric patients, and (b) provide a model for direct care nurse leadership in clinical inquiry.

Target Audience
The target audiences for this presentation are (a) nurses who participate in blood sampling among pediatric patients, (b) nurses from all levels of organizations who want to strengthen clinical inquiry processes in a shared governance system, and (c) direct care nurses who seek to expand their professional role.

Abstract
Introduction: An exemplar of direct care nurse leadership in a clinical inquiry process began when a pediatric nurse raised a question. The question was, “Since venipunctures are painful for children, could blood samples be drawn from pre-existing peripheral intravenous (IV) infusions?” The case that prompted the clinical inquiry was one of a young inpatient who had a peripheral IV but experienced over 30 venipunctures for blood sampling during a short hospitalization. The clinical inquiry was submitted to the shared governance system of one Midwestern teaching hospital, and it was assigned to the Nursing Research Council. An evidence review revealed that the majority of pediatric patients have multiple venipunctures during hospitalization and that patients and families report pain, emotional distress and dissatisfaction with venipunctures. A small number of research studies offered mixed results regarding the accuracy of blood drawn from infusing peripheral IVs. Professional guidelines did not support drawing blood from infusing peripheral IVs. Following the Iowa Model for Evidence-based Practice, the hospital’s Nursing Research Council recommended an original nurse-led research study to explore further this clinical inquiry.

A clinical inquiry team was formed and included the pediatric direct care nurse, an infusion nurse specialist, medical laboratory scientist, nurse researcher, academic faculty partner, and pediatric nurse educator. Doctorally prepared team members provided mentoring of the direct care nurse in research processes. The research study proposal and protocol were designed collaboratively by the team and approved by the hospital’s Institutional Review Board, with the direct care nurse leader as a co-investigator. The purposes of the study were to (a) compare quality outcomes from two methods of blood sampling, specifically drawing blood per venipuncture and per pre-existing peripheral infusing intravenous (IV) access, and (b) provide a model of direct care nurse leadership in an original research study.

Methods: The design of the study was correlational. The sample consisted of patients on one pediatric unit in one Midwestern teaching hospital who were between 6 months and 17 years of age. Parental consent and participant assent for children 7 years of age and older were required. Per study protocol, two blood samples were drawn, one blood sample per venipuncture and one blood sample from an existing infusing IV. The two blood samples were compared for accuracy through tests of hemoglobin, glucose and potassium. The protocol prescribed the sequence and timing for pausing and flushing the existing IV. In addition, patients or family members scored patient satisfaction and patient distress for both methods on 1-10-point visual analog scales and stated their preference of methods. Rates of
hemolysis and IV occlusion were recorded. The pediatric direct care nurse enrolled 95 patients with complete data sets. The response rate was approximately 66%.

Results: The convenience sample (n = 95) was 52% female and averaged eight years of age. Potassium and glucose levels were not statistically significantly different between the two blood draw methods. Hemoglobin levels were statistically significantly different (p < .001). A case-by-case review of the hemoglobin values was conducted by a team that included an experienced pathologist, statistician, and medical laboratory scientist. The statistically significant variance in hemoglobin levels was within the acceptable margin of error set by the College of American Pathologists and was not deemed clinically significant. Patient satisfaction was higher and patient distress was lower with the IV method (p < .001, p < .001, respectively). Samples drawn per IVs were more likely to hemolyze than were the samples from venipuncture, per laboratory reports (p < .002). However, the frequency of hemolyzed samples was not beyond the usual expected rate per national standards. Younger participants reported higher distress with the venipuncture method than older participants (p < .05). No IVs occluded. Participants (99%) overwhelmingly preferred the IV method of blood sampling.

Conclusions: The results indicate that blood samples can be drawn accurately and safely from existing infusing peripheral IVs in hospitalized pediatric patients, as compared to blood samples drawn by venipuncture. Hemoglobin, potassium and glucose levels across the two sampling methods were similar. There was no clinically significant evidence of hemolysis or IV occlusions when blood samples were drawn from IVs. Participants strongly preferred the IV method.

Implications: Pediatric nurses can pilot procedures to draw blood samples from existing infusing peripheral IVs in hospitalized children, giving careful attention to the pausing and flushing of the IV and the monitoring of quality outcomes. Recommendations are that this study be modified and conducted as a randomized control trial, with each participant assigned randomly to a blood sampling group, rather than all participants experiencing both methods of blood sampling. This study provides a model for direct care nurse leadership in clinical inquiry within the structure and processes of a shared governance system.

References

Contact
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Purpose

The purpose of this session is to present the ongoing project “Peer Counselors to Improve Exclusive Breastfeeding Rate and Duration in Mauritania: A Pilot Project.” The project began in Nouakchott, Mauritania in January and will be completed in August, 2016. The goal of the pilot was to assess the feasibility of organizing peer counselor (PC) home support during the first month postpartum. The goal was to investigate the potential for nurse leaders to train and mobilize PCs to improve the rate and duration of exclusive breastfeeding.

Target Audience

The target audience is nurse leaders, particularly those that work in places where there is poor access to healthcare. The presentation will be of interest to those working in locations where there are low literacy rates, scarcity of clean water and sanitation and poor vaccination adherence.

Abstract

BACKGROUND: The World Health Organization, The United Nation Children’s Fund and the American Academy of Pediatrics recommend exclusive breastfeeding for the first six months of life. Exclusive breastfeeding has many benefits and is known to reduce infant mortality in countries with developing infrastructure. Peer counselors have improved the rate and duration of exclusive breastfeeding in many countries through one on one education and support.

PURPOSE: The purpose of this pilot project was to implement a peer counselor intervention in Mauritania where infant mortality is high and exclusive breastfeeding rates are low. The goal of the project was to observe whether there was an improvement in the rate and duration of exclusive breastfeeding among mothers who participated in the project.

METHODS: The pilot project was conducted in three phases. The first phase involved the selection and training of peer counselors. The second phase included the recruitment of mother-infant pairs and weekly visits by an assigned peer counselor. Simultaneously the chief investigator and a local nurse conducted two visits with each mother-infant pair to collect exclusive breastfeeding data and weigh the infant. The final phase of the pilot will take place in August when each mother will have a final visit. All data was extracted from interviews and is pending analysis.

RESULTS: The chief outcome of interest is the rate and duration of exclusive breastfeeding among mothers who participated in the pilot project. The final data collection will take place in August. The data will be compared with what is known about exclusive breastfeeding from the United Nation Children’s Fund multi-indicator cluster study (MICS). The most recent MICS was conducted in 2012.

CONCLUSIONS: Nurse led peer counselor training and facilitation resulted in peer support for a group of mothers during the first month postpartum. Pre-lacteal feedings were the most common cause for non-exclusive breastfeeding and occurred prior to the first peer counselor visit. Data gathered during this pilot project is consistent with previous studies on the effectiveness of peer counselor support on rate and duration of exclusive breastfeeding. Because of the frequent pre-lacteal feedings, a better result may have been achieved if peer counselors were able to visit with expectant mothers at least once before their due date. The role of nurse leaders is essential in establishing peer counseling training and programs such as this one.

References

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Building Collaborative Teams: Teaching Graduate Students Strategies for Effective Hiring

Kristy Chunta, PhD, RN, ACNS, BC, USA

Purpose
The purpose of the presentation is to present a learning activity that was used in a graduate level nursing leadership course to address skills needed for hiring effective teams.

Target Audience
The target audience for this presentation includes nurse educators and nurse administrators.

Abstract
Master's level nurses will assume leadership positions that require the development of collaborative teams to meet quality outcomes in clinical and academic settings. Some of the leadership skills essential to team building include communication, collaboration, negotiation, and coordination (American Association of Colleges of Nursing (AACN), 2011). A key component to building an effective team includes employing qualified personnel by recruiting the most appropriate candidate for the position. Yet, often potential employees are hired because of the need to rapidly fill an empty position (Roussel, 2013). Cottrell's leadership principles suggest that leaders should "hire tough" to manage easy and avoid potential problems even if this process requires more time (Cottrell, 2002). Although faculty serve on search committees they may lack experience recruiting appropriate personnel or assisting with this decision making process.

This presentation will describe a learning activity that was implemented in a graduate nursing leadership course to address effective skills for hiring. Students were given case scenarios of potential candidates and asked to rank them based on the information provided. The students served on fictitious search committees and worked in groups to determine the best candidates for the positions. Students identified strengths and weaknesses for each candidate and used a variety of skills including communication, collaboration, negotiation, and decision making skills to reach consensus on ranking the candidates. Each group shared their rankings with the entire class and further discussed the candidates to reach final agreement.

An overview of the learning activity, how it assisted students to understand principles of effective recruitment and hiring will be discussed in the presentation. The presentation will also describe how the activity promoted leadership skills necessary to build collaborative teams and reach consensus.

References

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Academic Leadership: Reducing Barriers to Student Veterans in Nursing Education

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Beverly Jones, PhD, MPH, BSN, FAAN, USA

Purpose
The purpose of this presentation is to describe University of Michigan-Flint's Veterans Bachelor of Science in Nursing project which is focused on building healthy communities by strengthening the healthcare workforce through recruitment, successful nursing program matriculation, reducing barriers to program completion, licensure, and employment of veterans in the nursing workforce.

Target Audience
The target audience of this presentation is nurses, nursing faculty and staff, academic administrators, as well as clinical administrators and nurse educators, who have an interest in assisting student veterans who are pursuing professional nursing careers.

Abstract
Background: One of the identified barriers to veterans returning to academia is the transition from military culture to civilian and academic life. The transition from the regimented lifestyle of military teamwork, individual sacrifice, and “no-excuses” goal achievement, to the less structured and self-seeking individualism sometimes encouraged in U.S. higher education, can be difficult for veterans to navigate. Further, challenges to traditional ideas of patriotism and altruism that some in American higher education promote, are sometimes difficult for veterans to overcome (McReynolds, 2014). This culture shock for returning veteran students can be difficult, and without concerted efforts by faculty and staff within higher education to assist, listen and offer counsel, veteran students are vulnerable to self-isolating behaviors that may result in the veteran withdrawing from class participation, and eventually in leaving the institution. Understanding of the cultural changes awaiting transitioning veteran students, as well as implementation of strategies to avoid the possible pitfalls associated with the transition, are foundations of the Michigan Veterans Bachelor of Science in Nursing (VBSN) program.

Veteran population: The state of Michigan boasts more than 660,000 veterans ranking it 11th nationally for veteran population. UM-Flint is located in Genesee County, and ranks 5th out of all Michigan counties with 30,000 veteran residents (Michigan Dept. of Military & Veteran Affairs, 2016; U.S. Census Bureau, 2015). The current overall unemployment rate in Michigan is at 5.0% (U.S. Bureau of Labor Statistics, 2015) however, among 18-24-year-old Michigan veterans the unemployment rate of 6.8% continues to exceed that of non-veterans, according to the U.S. Congress Joint Economic Committee (2014).

University of Michigan Flint is nationally recognized for its exemplary service to student veterans and recently placed in the top 15% of all schools nationwide for being a "Military Friendly School" by G.I. Jobs, and was also named a "Best for Vets" College by EDGE Magazine (Military Times, 2015). Among all of the student veterans at UM-Flint, 18% are declared as either Nursing or Pre-nursing for the Winter 2016 semester, making our campus one of the regional leaders in transitioning veterans and training them to be nurses.

Theoretical background: Two of the seminal studies about collegiate student success suggests that adaptation to the institution and social interaction among peers is key to traditional student success (Tinto, 1993). Conversely, studies by Bean and Metzner (1985) have shown that similar social interaction is not nearly as important for non-traditional (and therefore veteran) students to be successful, but that environmental support services are most important to the academic success of this population. Bean and Metzner concluded that, regardless of a non-traditional student's academic success, if adequate environmental support is not in place then that student may not persist. Further, non-traditional students are shown to persist if the environmental support is favorable, despite marginal academic performance (Bean & Metzner, 1985). This suggests that given adequate academic support and services, a veteran
student will persist and graduate despite a lack in the institutional and social interactions that traditional students may require.

**Methodology:** Through a focus on innovative reduction of the barriers that interfere with nursing education and career transition for veterans, coupled with awarding of academic credit for prior military education and health-oriented training, University of Michigan-Flint Nursing will address both veteran unemployment and increased demands for BSN prepared registered nurses. The project will:

1. Develop and integrate BSN career ladder programs targeted to the unique needs of veterans with prior military health and other career experience and training into University of Michigan Flint BSN programs.
2. Reduce barriers through provision of an array of transition enrichment and support services, including tutoring and writing assistance, and competency assessments to identify nursing academic credits to be awarded that enable veterans to successfully progress through the BSN program, NCLEX licensure exam, and employment in professional nursing.
3. Employ UM Flint Nursing's reputable faculty experience, knowledge and resources to support and prepare a diverse veteran student body in the provision of culturally sensitive and competent quality nursing services.

The VBSN program will be guided by the mission and values of UM Flint's Department of Nursing, and the Essentials of Baccalaureate and Graduate Education for Professional Nursing Practice (Essentials, 2008). The Michigan VBSN Program is open to all honorably or generally discharged service members with healthcare training and experience, and offers the opportunity for veterans to build on prior learning to obtain a BSN degree. Nursing as a career option for returning veterans will also help fill the expected growth of 500,000 professional nursing jobs over the next decade (Bureau of Labor Statistics, 2015; Occupational Outlook, 2015), while concurrently reducing veteran unemployment.

The Michigan VBSN program seeks to discover non-traditional educational pedagogies for student veterans that encompass an expedited admission process for newly entering veterans and those returning from deployments, early assurance of entry into the nursing program (upon completion of three required prerequisites with a minimum GPA of 3.0), allowances for stop-outs/restarts for deployments, and a 16 month accelerated nursing program. From the time of University admission through graduation, students are assigned a Nursing Department Academic Advisor who provides individualized guidance and counsel, referrals and follow-up regarding program matriculation, transition, and/or disability accommodation services.

Military training, college transcripts, and other challenge test certifications from veterans are evaluated for transfer and college credit by the Undergraduate Admissions office; evaluations and granting of college credit will be guided by the American Council on Education (ACE) guidelines and nursing department predetermined parameters. Health Education Systems Incorporated (HESI) practice and validation assessments will be utilized to identify student veteran levels of nursing licensure exam readiness, required remediation, and additional needed support.

Students will be admitted into a compressed accelerated nursing program that will be able to accommodate nursing program completion within 16 months. Students will be encouraged to take prerequisite courses over a one to two-year period depending on the number of college credits of record at time of selection into the nursing program. After successful completion and graduation from the program, students will be eligible to sit for the National Council Licensure Examination (NCLEX) examination.

**Transition into professional nursing:** To strengthen student employment opportunities and address employer retention interests, a hospital-university employment-on boarding partnership has been implemented. The program is designed to track graduate progress for one year after graduation, and to complement facility orientation processes by assisting graduates to successfully transition into their new professional nurse roles.

Graduates are prepared to provide services to underserved populations by virtue of the curriculum’s cultural competence focus and student clinical experiences conducted at clinical facilities across the Mid-
Michigan region. In the most recent two-year period, 60-70% of the UMF graduates have been employed in medically underserved communities in and around Flint, Michigan and Genesee County. These areas have high populations of persons living in poverty (42% and 22%, respectively); higher than the state average of 16.2% (US Census Bureau, 2015).

References

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Transformational Leadership in Evidence-Based Practice: An Integrative Review

Jan V. R. Belcher, PhD, MS, BSN, RN, NEA-BC, USA

Purpose
The purpose of this presentation is to identify successful strategies and summarize methodological issues with transformational leadership research in evidence-based practice using an integrative review.

Target Audience
The target audience is Registered Nurses and nurse leaders.

Abstract
Leaders are critical to implementing successful evidence-based practice in health care. Although there has been much research on leadership, research on explicit leader behaviors to support the implementation of evidence-based practice in health care has been limited. To narrow the scope of leadership, research addressing transformational leadership in evidence-based practice was systematically reviewed to reveal implementation strategies in health care settings. Electronic health care databases were searched with over 113 articles initially identified from 2000 to 2015 limited to the English language. After screening the articles, 16 studies met the criteria for inclusion in an integrative review which included research focused on transformational leaders implementing evidence-based practice in clinical settings. The 16 studies found successful leadership strategies such as inspiring, mentoring and coaching, supporting innovation, securing resources, promoting staff development, and inclusive decision making which were common functions of leaders from most theoretical frameworks. However, methodological issues clouded the studies from clinical practice. One issue was clarifying the definition and roles of the leader and manager. Another issue was the overlapping nature of transformational leadership functions with other leadership theoretical frameworks. Leadership was broadly defined in practice and the literature so it was difficult to differentiate transformational leadership frameworks in practice from other leadership frameworks. For nurse leaders and nurse researchers, specifying leadership behaviors that support evidence-based practice is paramount. With this specification, nurses should identify leadership strategies that sustain ongoing evidence-based practice. The 16 studies had limitations in research designs including a small number of control groups. Nurses in clinical practice need to strive to develop evidence-based research with rigorous research designs. This integrative review synthesized research studies on transformational leadership in evidence –based practice in clinical settings. A weakness of the integrative review is not creating a summary statistic because of the heterogeneous nature of the research articles which were both quantitative and qualitative. From this integrative review, nurses can identify successful leadership strategies for implementing and sustaining evidence-based practice guided by transformational leadership across studies.

References

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LDP PST 2 - Leadership Poster Session 2
Curriculum Development for Masters in Nursing: Collaboration Between Central University and Carnegie African Diaspora Fellowship

Mary Ama Opare, PhD, MN, BA, RN, DipEd, CertMidwifery, Ghana

Purpose

The purpose of this presentation is to describe the process, lessons learned and challenges working together to produce curriculum for graduate education in Nursing at the central University, Ghana.

Target Audience

The target audience of this presentation is Nurses, Program Directors, Administrators and other interested stakeholders. Also in particular nurses from sub-Saharan Africa and other Third world countries where graduate programs are lacking.

Abstract

Carnegie African Diaspora Program invites higher educational institutions that are accredited in Ghana, Nigeria, Kenya, Uganda, Tanzania and South Africa to submit a project proposal to host an African–born scholar who lives and works in a college or university in the United State or Canada. A Nursing scholar from the Central University, Ghana, and an African Nursing scholar from Fairleigh Dickinson University, submitted a proposal to develop a research Masters Curriculum, to run Master’s Degree in nursing in Ghana. This was crucial because many diploma awarding nursing Institutions have converted into degree awarding ones. The only master’s program in nursing at the University of Ghana is unable to meet the demand for graduates to function as faculty in the converted nursing institutions as well as new institutions cropping up from the private sector. Thus there is an acute shortage of Masters Prepared Nurses to function as faculty. There are situations where institutions have been given accreditation by the National Accreditation Board to run nursing programs but due to lack of faculty, they are unable to roll out the programs. In addition, graduate nurses are needed in evidence-based practice to conduct research into practice at the same time, many nurses are eager to enhance their education in administration and Community services. The lack of nursing faculty in education and training affects the current and future of nursing specifically in Ghana, sub-Saharan Africa and the world at large.

The project proposal went through rigorous test and finally, the project request and the scholar application were found to match and therefore selected for Funding. The Fellow arrived in Ghana in December, 2014.

Methodology: The Diaspora Scholar met with Central University key people, this was followed by examining the format for developing graduate program in Central University. Familiarization tours to health facilities and Educational Institutions including, Ministry of Health, Ghana Health Service, Korle-Bu Teaching Hospital, University of Ghana and Tema General Hospital took place.

There were two stakeholders meeting, one on arrival and another one for debriefing. The first stakeholders meeting was to create a common vision, foster collaboration, derive objectives for the curriculum and to establish stakeholders support for the Initiative.

After needs assessment goals and objectives were set and documented. The sequencing of courses was also considered and Educational strategies were outlined and courses developed with internal consistency, objectives, content, learning activities, methods of delivery, evaluation and reading text. The important issue was designing the curriculum to mirror Central University’s mission and philosophy statement.

Results: Central University met its obligation in cost-share for hosting the Fellow. The Fellow in collaboration with Faculty of Central University, other stake holders like practicing nurses, students, members of the Civil society, Ministry of Health and National Accreditation Board Officials, produced a working Masters Curriculum within the stipulated time. The exercise enhanced the experience of all participants in curriculum development. The document serves as a guideline for developing other graduate nursing tracks such as advanced practice nurse on focus areas in Central University and in other institutions. The opportunity serves as a gateway for further faculty collaboration for research,
students exchange programs between Central University and the Fellow’s institution which is Fairleigh Dickinson University.

References


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LDP PST 2 - Leadership Poster Session 2
Nursing Huddle in Academia Improving Teamwork and Communication

Anne McGrorty, DNP, MSN, BSN, AD, RN, CPNP-PC, USA
Rita A. Laske, EdD, MSN, BSN, RN, CNE, USA

Purpose
The purpose of this presentation is to share this innovative program with administrators, clinicians, and faculty members. The Huddle is a unique addition to academic settings. It has the potential to improve communication, and foster teamwork.

Target Audience
The target audience is faculty interested in improving communication and teamwork within their academic settings. The Huddle, an inpatient tool, was implemented in an academic setting to improve faculty communication and student outcomes.

Abstract
Teamwork is an essential component of successful organizations. Productive teams communicate effectively; they involve participants in the work of the team and the organization. Consequently, members feel connected with the mission and vision and with the plans of their units or departments. In 2011 the Institute of Medicine’s report, The Future of Nursing: Leading Change Advancing Health, recommended research on teamwork (IOM, 2008). In addition, the Institute of Healthcare Improvement suggested that Huddles are essential to teambuilding and interdisciplinary development (IHI, 2011).

In an effort to develop teams and improve communication, organizations have incorporated the huddle as a teambuilding and communication strategy (Setaro & Connolly, 2011). Building on the success of the business huddle model, nursing huddles were established in healthcare agencies for inpatient units as a strategy to improve patient outcomes and to facilitate nursing staff communication (Glymph et al, 2015). A quick, 15-minute huddle conveys mission and safety and suggests inclusivity; huddles have the potential to foster effective teams.

Huddles are being used as a strategy to build team competencies among nursing faculty teaching junior and senior baccalaureate students at a private university. The goal of the academic huddle is to convey inclusivity, improve communication, build a unified team, and improve student outcomes (Little, 2014). Both junior and senior level coordinators joined efforts to foster effective communication and teamwork and instituted the huddles.

The level coordinators typically invite all didactic and clinical faculty to join the huddle. Huddles are scheduled every one to three weeks depending on weekly plans and availability. Led by level coordinators/facilitators, meetings are informal, in person, or online. Attendees discuss departmental goals, scheduling, and student outcomes quickly and efficiently.

The context of the academic nursing huddle consists of faculty members’ class schedules, research productivity, and clinical practice and teaching commitments. Faculty who cannot attend due to conflicts receive a list of topics discussed during the huddle as do those who attended the current huddle.

Communication in the15-minute, academic huddle sets the tone for daily and weekly activities.

Huddles have provided an opportunity for the level coordinator/facilitator to share experiences of teaching university students with less experienced faculty. They have also addressed faculty concerns voiced within the safety of a huddle and helped faculty to focus on process improvement activities. Faculty’s satisfaction with the academic huddle and perceptions of team building are being elicited during a phase I study to determine concerns to target improvements in huddle processes and structures.

References
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Purpose
The purpose of this presentation is to help nurse leaders understand issues that may arise from nursing students not obtaining sufficient sleep. Study results indicate nursing students do not realize sleep deprivation may have led to motor vehicle accidents and increased probability for errors in a work or school clinical setting.

Target Audience
The target audience of this presentation is all registered nurses in all areas of nursing practice.

Abstract
Nursing students are an important part of the overall healthcare team. In addition to the didactic aspect of nursing student education, students also complete required clinical experiences in a variety of healthcare organizations. Today's nursing students are often engaged in full or part time employment, sometimes working 12-hour shifts (Robinson, 2011). Obtaining nursing clinical sites has become more difficult due to increased competition because Schools of Nursing are jockeying for the same sites which leads to decreased clinical day availability. This problem has often led faculty to place students in the clinical site for 12-hour experiences thus reducing the number of clinical days in the organization. An additional rationale for 12-hour clinical experiences is that 12-hour clinical experiences better prepares the students for the real impact of the work environment. However, there is a concern that 12-hour work commitments and 12-hour school clinical experiences may lead to safety issues, increased errors, sleep dysfunction, and acute and chronic health issues for students.

Additionally, there is concern that student sleep dysfunction may lead to increased automobile accidents and work related error rates when working 12-hour shifts (Eanes, 2015). Some research has indicated that sleep deprivation resulting from poor habits, stress, increased work and clinical experience commitments could lead to safety concerns for students and patients (Abdalkader & Hayajneh, 2008; Eanes, 2015; Kurebayashi, Miyuki, & Paes da Silva, 2012). The results of sleep deprivation may also contribute to a decline in student course performance, early burnout, acute and chronic health issues, and substance abuse (Eanes, 2015).

There were 328 undergraduate nursing students invited to participate in the study. One hundred eighty-two students responded and 179 students completed the study, resulting in a 54% response rate. Demographically, (n=157) were 19-24 years old, (n=169) females and (n=163) were single. There were 21 (4-point Likert type) questions, including demographic, personal sleep habits, motor vehicle uses after working and program clinical experiences, student spare time activities, and work safety and program clinical experiences. An online Qualtrics survey method was used to distribute the study questionnaire.

The results of the study found that (n=120) participants needed 7-8 hours of sleep daily to feel rested, and (n=35) needed 8 or more hours of sleep to feel rested for a total of (87%). However, (n=107) students were actually receiving 5-6 hours of sleep daily and (n=35) slept 7-8 hours daily. Sixty-two percent of the students reported 6 hours of sleep or less prior to attending class and 83% received 6 hours or less sleep prior to a nursing clinical experience. Ninety-eight percent of the student participants believed they would perform better academically if they had more sleep. To combat sleep 85% admitted to consuming caffeine, and 31% took sleeping pills to fall asleep, while 20% took stimulants to stay awake. Bootzin and Stevens’ (2005) study indicated that 90% of college age people entering drug rehabilitation programs admitted to self-medicating to stay awake and then to obtain sleep. The majority of students were awake 18-19 hours per day.
Participants reported employment of 8-12 hour shifts, and 12-hour nursing clinical experiences, while often combining employment and clinical consecutive days of 12 of more. Student participants (99%) believed they could provide safe care and were safe to work and practice in a clinical setting when obtaining very little sleep. Eighty-five percent of student participants believed that work and school clinical experiences of 12 hours or more did not impact safety. Schools of nursing may need to develop policies and promote strategies that encourage adequate sleep. There is a lack of research on the impact of nursing student’s performance and safety when working 12-hour shifts during employment and required program clinical experiences. Study results may help nurse leaders to teach and inform nursing students about the negative consequences of sleep deprivation possibly leading to sleep dysfunction. Nursing leaders have a responsibility to cultivate strategies in order to help students improve sleep and improve personal and patient safety.

References

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Leadership and Its Effects on RN Recruitment and Retention: A Case Study

Tanya Marie Benjamin-Wilson, DHSc, MPH, MSN, RN, APHN-BC, CHES, USA

Purpose
The purpose of this presentation is to show how evidence-based strategies from the literature can help to improve RN recruitment and retention that has suffered due to poor nursing leadership practices.

Target Audience
The target audience of this presentation is nurse leaders (i.e., managers, executives, supervisors, educators, and clinicians).

Abstract
Leadership can have an effect on the RN recruitment and retention efforts of healthcare facilities. Good leadership can have positive effects on RN recruitment and retention. However, bad leadership can severely affect the amount of staff nurses available to provide care to individuals at the bedside. A behavioral health hospital in Georgia experienced adverse effects in relation to RN recruitment and retention based upon current leadership practices. After a series of interviews with randomly-selected staff nurses from the facility between October and November of 2015, it was discovered that problems related to nursing leadership had an adverse impact on recruitment and retention efforts. Issues identified from the staff nurse interviews included “poor leadership” which was described as “poor organization/chaos” (personal communication, October 27, 2015). In addition, the nurses felt that there was a “lack of good communication between nurse managers and nurses” (personal communication, October 27, 2015). The nurse interviews revealed both advantages and disadvantages of working at the hospital. As a result, the disadvantages were in excess of the advantages, and many nurses cited the disadvantages (i.e., low pay, insufficient staffing, mandatory holdover policy, disrespect from nurse managers, etc.) as reasons for possibly seeking other employment in the near future. Strategies to improve RN recruitment and retention were presented to hospital nursing leadership (i.e., nurse executives) based upon a literature review. The negative effects of nursing turnover (i.e., decreased quality of patient care and satisfaction, lower organizational productivity, increased costs, etc.) was presented to the hospital nurse administrators (Li & Jones, 2013). Suggested strategies based upon the literature included elimination of the mandatory holdover policy, the creation of a New Nurse Fellowship Program and Nurse Managers Academy, and the adaptation of a transformational leadership approach by nursing administration (American Nurses Association, 2015; Kooker & Kamikawa, 2010; Rivers et al., 2011).

References

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LDP PST 2 - Leadership Poster Session 2
Succession Planning: Nurse Leaders Learning From Leaders to Promote Workforce Excellence

Kim Tharp-Barrie, DNP, RN, SANE, USA
Tracy Williams, DNP, RN, USA

Purpose

the purpose of this presentation is to exhibit the success of The Nurse Leadership Intensive developed for nurse leaders wishing to advance to nurse executive positions, enhance nurse leaders' and executives’ performance in their current role, and prepare them for advanced roles within the organization and the community.

Target Audience

The target audience is Nurse Leaders wishing to advance to nurse executive positions and interested in learning about rolling out and effectively implementing six strategic delivery of care model change projects consistent with the organization’s, “Vision 2020 Nursing Strategic Plan”, and the Institute of Medicine’s, The Future of Nursing, recommendations.

Abstract

The Nurse Leadership Intensive was designed specifically for nurse leaders wishing to advance to nurse executive positions and includes three tiers of nursing leaders: nurse fellows, nurse executives, nurse managers and educators. The academic-practice partnership was designed to prepare five cohorts of 20 to 30 baccalaureate prepared staff nurses as DNP graduates eligible for certification as advanced practice registered nurses (APRN). The three nurse intensive groups received formal developmental planning and mentoring with emphasis on high level operational issues, developing vision, financial and business acumen, and teamwork. Their practicum involved identification and leadership of system-wide change projects with coaching from nurse executives and teams composed of participants with expertise across the multi-hospital system. These change projects demonstrate the impact nursing leaders have on safe, quality, affordable patient care and healthier communities. The two-year program included intensive assessment and development planning, didactic and experiential curriculum, networking and mentoring between upper and mid-level leaders and engagement in a system-wide project practicum. Simultaneously, workforce succession planning was underway with focus on the development of infrastructure to promote and foster an academic-practice partnership initiative. The culmination of this program was to roll out and effectively implement six strategic delivery of care model change projects supported by the organization’s, “Vision 2020 Nursing Strategic Plan”, and consistent with the Institute of Medicine’s, The Future of Nursing, recommendations. Baseline data and metrics have been established, project teams have identified key stake holders, project time lines and end state deliverables are in place for sharing lessons learned and tips for developing an effective nursing leadership intensive. In addition, from a Return on Investment prospective, 40 nurse leaders completed the initiative with the following results: 10 were promoted internally; 10 achieved DNP degree; five were promoted in a different organization; eight left the organization; and seven remain in their current position. The sponsoring Institute for Nursing was the only designated health organization accredited by the National League for Nursing (NLN) in 2013 as a Center of Excellence, and believes that leaders do indeed learn from leaders. From an academic-practice partnership perspective, the partnership is on task and trending to produce, over a seven-year period, the necessary workforce to meet patient population management needs for the regions served.

References


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Purpose

The purpose was to assess a school of nursing Bachelor of Science pre-licensure program and healthcare system partnership on Acuity Adaptable (AA) units.

Target Audience

The target audience is nurses involved in academia, administrative or clinical practice as well as student nurses and nurse preceptors.

Abstract

Purpose: The purpose was to assess a school of nursing Bachelor of Science pre-licensure program and healthcare system partnership on Acuity Adaptable (AA) units.

Background: Western Governors University (WGU) is an accredited, online nursing school with a competency-based learning model. Clinical education is comprised of learning skills and patient care competencies in simulation labs followed by agency-based clinical intensives. One of the agency-based clinical sites is the AA units at Eskenazi Health where students are guided by expert AA staff nurses (Clinical Coaches) who provide coaching and clinical learning opportunities. Eskenazi Health is a county safety net facility with 320 inpatient beds. The Acuity Adaptable Units are located on 3 hospital floors with 144 capable beds. All rooms are telemetry capable, private and have patient ceiling lift equipment.

Description: The Clinical Coaches (CC) and Clinical Instructor (CI) were trained by WGU and met school requirements. The CI is a Clinical Nurse Specialist at Eskenazi Health on the Acuity Adaptable Units. Students attend clinicals on the AA units for 3 courses: CASAL I, CASAL II, and Chronic Care. If available, students have the same CC and CI for all three clinical experiences. Each clinical group has 10 students. Students work the CC’s schedule and complete 60 hours of clinical for CASAL I and II and 72 hours for Chronic Care. Students are evaluated by the CC and CI. Additionally, the CI evaluates the students’ weekly journal and facilitates the online post-conference.

Outcome: The partnership began in 2012. A total of 5 cohorts (3 clinical groups per cohort) were completed on the Acuity Adaptable units. The sixth cohort will end shortly and the seventh cohort will soon begin. Students reported satisfaction with having consistency in CI, CC, and clinical site and enjoyed real-life learning experiences. Three WGU graduates are currently employed as Eskenazi RNs.

Interpretation: The partnership should continue to be evaluated. A formal evaluation process of CC and CI experiences should be included in future evaluations.

References


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LDP PST 2 - Leadership Poster Session 2
Peer-Mentorship for Clinical Leadership

Lynn H. Buckalew, PhD, MSN, RN, USA

Purpose
The purpose of this presentation is to identify best practices and recognize barriers related to peer mentoring. Nursing faculty using senior students as peer mentors will be interviewed regarding effectiveness of the project, senior student preparedness, helpfulness, and potential for future use.

Target Audience
The target audience of this presentation is nursing faculty and those in hospital leadership.

Abstract
Nurse educators are challenged to find methods that promote clinical leadership and collaboration in the rapidly changing health care arena. In an effort to provide senior level nursing student's opportunities to function in a leadership role, a peer-mentoring program is being implemented. Hunt and Ellison (2010) define peer mentoring as a relationship between people with varying levels of expertise. Currently, a peer-mentoring project is being implemented to assist the senior level student with leadership in the areas of communication, collaboration, and coordination of patient care. Senior level students have been paired with first and second semester faculty to assist with mentoring of lower level students in the clinical setting.

The clinical instructor defines the peer-mentor's responsibilities in the various clinical settings guides and provides an overview of the lower level student learning objectives. Peer-mentor duties include, but are not limited to: medication preparation, clinical skills, therapeutic communication, supervision, and delegation. The desired outcome of this project is for the senior student to demonstrate leadership skills, to promote collaboration, facilitate learning, and inspire the lower level nursing student.

A review of the literature supported the decision to implement this project. Ford (2015), Rosenau, Lisella, Clancy and Nowell (2015), Zentz, Kurtz, and Alverson (2014), and Hunt and Ellison (2010) all researched the student's experiences of peer-assisted learning in the clinical or laboratory setting. And in 2010, Dennison described the potential of peer mentoring. The literature review revealed a lack of perceptions from nursing faculty regarding the leadership potential of peer mentoring. This lack of information inspired the notion of a qualitative study on faculty perceptions of peer mentoring as a method to promote leadership and collaboration.

At the end of the semester, clinical faculty will be individually interviewed on a volunteer basis regarding their experiences with peer mentoring. Questions regarding effectiveness of the project, senior student preparedness, helpfulness, and potential for future use will be asked. All questions will be recorded and analyzed for recurring themes.

As faculty members are encouraged to develop leadership potential and collaboration skills in students, information gathered will examine the peer-mentoring project through the lens of the experienced faculty member. The lived experience of the clinical nursing faculty will help shape the use of peer-mentors for future semesters. With this in mind, best practices for the peer-mentors can be developed.

References

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"Baby Meets World": Implementation of Bedside Transition of the Newborn

Patricia A. Heale, DNP, RNC-OB, EFM-C, USA

Purpose
The purpose of this presentation is to provide leaders with the tools to successfully implement an Evidence-based Practice into a culture that is resistant to change. Six Sigma methodology was used to Define, Measure, Analyze, Improve and Control the implementation process.

Target Audience
The target audience of this presentation is nurse leaders who are striving to implement Evidence-based Practices into resistant cultures.

Abstract
Family-Centered Care (FCC), providing for non-separation of mother and infant at birth, has been supported by research for over 30 years. FCC provides an opportunity for the parents to get to know their infant, gain experience in performing infant care and for mother to establish a milk supply for breastfeeding. However, it can take decades to translate evidence into practice and this was true at a large academic medical center where infants were still being routinely separated from their mothers and taken to the nursery for transitional care after birth. Nursing leadership recognized that this practice needed to change. The project aim was to move from traditional nursing practice to one that was evidence-based achieving an optimal level of care for mother and infant.

A new nursing-care model, “Baby Meets World” (BMW), was to be implemented to provide for non-separation of mother and infant including; to carry out transition of the newborn at the mother’s bedside and to provide rooming-in during the hospital stay. Nurse leaders led staff nurse implementation teams which were formed to oversee each aspect of model implementation and the nurse leaders actively participated in assessment, planning and evaluation of the model change. They used Six Sigma methodology throughout the project. Define, Measure, Analyze, Improve and Control were used to gain crucial information regarding the outdated process and to guide the new process planning, development and implementation. Using the Six Sigma Toolbox the staff nurses developed current and future-state process maps, workflows and standards of care. Lastly, the implementation teams used Fishbone Diagrams to expose barriers to the implementation of the new Evidence-based Practice. Staff nurses then completed a questionnaire before and after model implementation to assess nurses’ attitude towards the model change, efficacy of the education provided and to measure nurses’ perceptions of their input into the model change.

An improvement in the exclusive breastfeeding rate was one indicator of the success of the implementation. In January 2013, six months prior to BMW the exclusive breastfeeding rate at discharge was 27.09%. In June 2013, at the time of the implementation the exclusive breastfeeding rate was 46.67%. In December, six months after the implementation the rate had climbed to 51.62%. Nurses’ agreement with the statement “The couplet care model provides the best possible care for infants and their families” increased from 55% (n=40) pre-intervention to 68% (n=47) post-intervention. Agreement with the statement “I am comfortable with the skills I have acquired since implementation of the model in my area” increased from 42% (n=40) pre- to 80% (n=47) post-model implementation. Nurses’ perception of their input being well received increased from 42% (n=40) to 59% (n=47) pre- and post- involvement in the project. A nurse-led initiative can change traditional nursing practice to an evidence-based care model meeting best practice standards.

References

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Clinical Experience for Senior Level Nursing Students: Impact of a Designated Education Unit

Jill May Krell, DNP, MSN, BSN, RN, USA

Purpose

The purpose of this presentation is to identify the value of developing academic-practice partnerships to develop a method of educating nursing students that are "practice ready". This transformation in education will assist in filling the increasing number of registered nurse vacancies in healthcare organizations.

Target Audience

The target audience of this presentation are leaders in both academia and clinical practice. Academic-practice partnerships are not only necessary but invaluable to effectively educate nursing students.

Abstract

Healthcare organizations that depend greatly on an adequately prepared nursing workforce, have voiced concerns about the new nurse candidates not being "practice ready" to fill the increasing number of registered nurse vacancies in their organizations. In light of these concerns, nurse educators throughout the country have explored ways to transform nursing education in order to produce the type of skilled and knowledgeable nurse that is practice ready for the future healthcare environment. After conducting a thorough review of the evidence which included searching data bases, professional organizations websites, attending conferences, and interviewing other nurse educators around the country, the evidence strongly supported development and implementation of a Designated Educational Unit (DEU). In order to implement a project of this magnitude, a great deal of investment in time and personnel are needed to develop the academic-practice partnership and the infrastructure to ensure success. In collaboration with the academic and practice leaders, the author set out on the journey of building a strong partnership between a large health care system and a private religious liberal arts university offering several health profession programs in the Midwest. A taskforce, led by the author, was formed that included members from both the practice and academic organizations. After 18 months of strategic planning, an academic-practice partnership between the SON and the health care system has been achieved. The process and framework for the DEU was established and began January 26, 2015.

The DEU is located on a 24 bed inpatient unit. The small unit size has placed a limitation on the number of students that can be placed on the unit each semester. To date eight senior level students have completed a one semester Medical/Surgical clinical experience on the DEU. Due to the small data collection is ongoing. Outcomes measures for this project evaluate students - readiness to practice, self-efficacy, critical thinking, knowledge of readiness to practice, and student perception of readiness to practice. Tools utilized for measurement of outcomes are student surveys and focus group questioning. Currently positive outcomes have been noted as a result of the development of the practice partnership formed between the Regional Medical Center and the University as well as positive clinical experiences for the nursing students.

References


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LDP PST 2 - Leadership Poster Session 2

A DNP Project: Improving Skin-to-Skin in the O.R. Following a C-Section

Joanna L. Horst, MSN, RN, NEA-BC, USA

Purpose

The purpose of this session is to share a leadership experience which was part of a DNP EBP project. This project took a leader back into the O.R. in order to identify barriers to STS after a C-section delivery.

Target Audience

The target audience of this presentation is nurse leaders who no longer spend the majority of their time at the bedside, but are expected to implement practice change.

Abstract

Studies conducted for more than ten years have described how placing a newborn on their mother’s bare skin immediately following birth provides both physiologic and psychological benefits for the newborn and the mother (Moran-Peters, Zauderer, Goldman, Balerlein, & Smith, 2014, p. 296). In a Cochrane review of thirty-four studies it was demonstrated that skin to skin, (STS) contact immediately after delivery provides the newborn with improved stabilization of the heart rate, respiratory rate, blood oxygen saturation, blood glucose levels, and temperature consistency (Moore, Anderson, Bergman, & Dowswell, 2012, p. 5). A secondary outcome is when a mother and newborn were provided STS contact immediately after delivery is the improved outcomes with breast feeding rates (Moore et al., 2012, p. 12).

According to the World Health Organization (WHO), newborns have improved health outcomes when being fed exclusively with breast milk (Moran-Peters et al., 2014, p. 298). The American Academy of Pediatrics position on newborn feeding is that breastfeeding and human milk should be considered the normative feeding for newborns (American Academy of Pediatrics, 2012, p. 600). In the Moore et al 2012 Cochran review, when newborns were placed STS after delivery the overall rate of breast feeding was both higher, and for longer duration than the mother newborn couplet who did not experience STS (Moore et al., 2012, p. 12).

The experience of STS contact after vaginal delivery is consistently in the 70th percentile within our organization. However, baseline data on chart reviews on all women who delivered by a C-section revealed that only 20% had STS in the O.R. in January 2016, and 24% in February 2016. This organization is not alone in this trend. Research supports this trend in the United States, and the UK, with obstacles being identified as lack of interdisciplinary collaboration in the O.R. at the head of the bed with anesthesia, lack of support from the obstetrician performing the surgery, and nurses being more task focused than experience focused when in the OR (Gregson, Meadows, Teakle, & Blacker, 2016, p. 25).

As part of a DNP EBP project the first goal was to identify barriers to STS in the O.R. Steps taken included chart audits, meeting with Labor & Delivery leadership and nursing staff. Meeting with shared governance counselors, speaking with nursing and scrub staff, and spending time in the O.R. and watching the C-sections learning the process and observing for barriers.

Barriers identified and action steps taken included enhanced communication to clarify the expectation of when STS could occur in the OR. Refocusing staff nurses to the experience of STS after a C-section. Setting realistic time frames and documentation consistency have all improved the C-section STS rates.

The outcome measurements are not yet complete however, the outcomes to date for April 2016 outcome demonstrated a STS rate in the O.R. as 50% which is a 30% improvement from this project.

Lessons learned is that sometimes leaders need to get back in scrubs, get back to the bedside to fully understand why best practices are not being implemented. Also, acknowledgement of the many tasks bedside nurses are expected to perform and document which can distract from the patient experience.

Next steps are to continue monthly data collection. Offer reminders at huddles and staff meetings to enhance the patient experience through shared communication.
In the future STS will continue to be a focus and will be correlating STS with exclusive breastfeeding rates

References

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Purpose
The purpose of this presentation is to share the findings of an evaluation study of an evidence-based parent education program on safe infant sleep.

Target Audience
The target audience of this presentation is clinicians interested in EBP and quality improvement work.

Abstract
In infants, sleep related deaths including SIDS, accidental suffocation and strangulation are the leading causes of post-neonatal deaths in the United States. Educating new mothers about safe sleep practices for their infant is an important opportunity for nurses to use evidence based teaching protocols. In 2013 an evidence based safe sleep program was implemented on the mother-baby unit at our partner Hospital (Povinelli, Manquen, Wagner, & Raines). The teaching program was based on a systematic review of the literature and the American Academy of Pediatrics’ recommendations about sleeping position and environment. However, in August 2015 Eisenberg et al published a study concluding that mothers commonly reported receiving either no advice or advice different from the AAP guidelines from healthcare providers. This poster reports the findings of an evaluation study on the effectiveness of our teaching program by focusing on where infant is sleeping and the infant’s sleep position at home in the week following discharge from the hospital setting.

This is an evaluation study with two data collection points. The initial data collection point focused on evaluation of the unit’s safe sleep teaching program prior to hospital discharge and the second data collection point was a phone call to evaluation the infant’s sleep position and environment in the home. A total of 48 mothers completed the initial data collection phase and forty-four (91.6%) completed the post-discharge data collection point. The findings of this evaluation study demonstrate the effectiveness of this evidence-based teaching program. Both maternal knowledge, recall of the nurses’ teaching and post-discharge behaviors are evidence of the effectiveness of the teaching program.

References

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Purpose

The purpose of this presentation is to provide academic programs with information, lessons learned and current level of research on service learning and medical mission trips. Sharing the value of national based trips is intended to provide programs with limited resources to consider alternate opportunities for their students.

Target Audience

The target audience of this presentation is primarily academic nursing programs; faculty who are attending the leadership connection would benefit from this presentation. However, local chapter leaders may be interested if they are interested in educating their members about mission trips, and leading a trip for a local chapter.

Abstract

Nursing education has embraced the value of service learning, and numerous programs have integrated this pedagogy into their curriculum with a variety of approaches, ranging from offering international experiences to integration in clinical courses. This innovative educational pedagogy allows students and faculty to engage in activities that address a variety of needs, incorporate self-reflection, and embrace the concept of reciprocity between students and the community receiving care (Schofield et al, 2013). Service learning activities must intentionally complement program outcome goals and/or course objectives, provide students contextual experiences for understanding abstract health/illness and nursing concepts, assist in the development of personal/professional values, citizenship and cultural competence through collaborative efforts to meet the needs of a specific community/population (Adegbola, 2013, Washington-Brown & Ritchie, 2014). Without service learning opportunities, programs and in turn students may be restricted in the variety of clinical experiences that provide exposure to diversity, health care disparities and social justice issues, dependent several on several factors, including geographic location, lack of availability of diverse populations and competition for clinical placements (Long, 2016).

Despite the evolving research base in nursing and other health professions demonstrating positive effects of various aspects/outcomes of service learning as well as the broad recognition in nursing education of its value and benefits for students as well as faculty, service learning in any approach/format requires an enormous amount of time and effort to develop, implement and maintain over time (Sabo et al, 2015). Numerous nursing research studies have been published on the impact of both local activities and international trips on student learning, yet none have been identified that document the impact of trips taken within the United States. The United States is one of the largest countries in the world, with five distinct regions (Northeast, Southeast, West, Southwest, Midwest), all of which have diverse cultural traditions. Short term mission trips do occur annually in both developing countries around the world, as well as the United States, however, currently no official or complete compendium exists to track the total number, dominant organizational structures used, or the quality/outcomes for the communities of interest (Maki et al, 2008).

There is value in providing students a service learning activity that is not embedded in one particular nursing course, especially since establishing a routine short term medical missions in the United States is a particular challenge. By offering a trip as an adjunct to the program curriculum experiences, students at different levels of the program (junior and senior level) are given an opportunity to travel to a different region of the United States and provide care to vulnerable populations that they may not have contact with in their region of the country. Students who are able to attend the trip are supported in achieving multiple program outcomes; including but not limited to the integration of liberal arts concepts into nursing practice, promotion of health and wellness to a variety of populations, including vulnerable populations.

This presentation will share and discuss the development, implementation of an annual short term medical mission trip based in the United States, along with efforts to build a sustainable model, which
initially offered the opportunity for the traditional undergraduate baccalaureate students in the spring semester of 2016. The initial short term mission trip was to a remote area of Tennessee, which is part of the Appalachian Region. The county the clinic was hosted in has been designated as an at risk county by the Appalachian Regional Commission (www.arc.gov). Compared with the county that the undergraduate program is located in, the poverty levels rates and the amount of residents without health insurance of the county are significantly higher (www.census.gov). The presentation will discuss future goals and plans to expand offering the opportunity to RN-BSN students and alumni. Resources, benefits, challenges and lessons learned will be incorporated into the presentation.

References


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Purpose

The purpose of this poster presentation is to inform nursing professionals from bedside to executive administrative practice about the current need to recognize leadership at the generalist level and through research to identify the essential leadership components needed for safe effective patient care.

Target Audience

The target audience is both nurses in academia and inpatient hospital nurse administrators.

Abstract

The purpose of this qualitative study was to identify the essential leadership components needed for generalist nurses to provide safe and effective nursing care at the bedside. Current nursing practice over the last decade has faced many challenges that include shorter inpatient length of stay with a population of patients that have higher acuities with more complex health care needs, rapid advancement of technology, and health care reform effects. All nurses are leaders in the context of their specific practice role. In order to determine the essential leadership components, an interpretive phenomenological approach was used. Participants in this study included practicing bedside nurses in acute care hospitals, nurse administrators with direct contact with bedside nurses, and nurse faculty teaching in an undergraduate program. Participants were individually interviewed using a literature-based interview script. Analysis of findings were used to develop a model of the generalist nurse as leader with three main components: (1) effective communicator at shift change, in patient-nurse relationships, and with health care team members, (2) accurate and safe clinical decision making, and (3) approach to care dispositions of integrity and openness to change. However, since the bedside nurse participants in this study did not view themselves as a leader, there is a need to change the mindset of generalist nurses to recognize that leadership is an essential function of their practice role. In order to make this transformative mindset change, undergraduate nursing programs may need to be more explicit o students regarding the specific educational experiences that are aimed to prepare them to function as leaders at the bedside. Innovative learning strategies such as simulation, and service learning projects could assist in the development of effective communication, clinical decision making, and dispositions needed for safe effective nursing practice. Additionally, health care institutions could provide entry-level nurse graduates with support to continue bedside leadership development.

References


Contact

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Purpose
The purpose of this presentation is to share the lessons learned in the first year of the Academic Partnership program to enable Schools of Nursing to develop Partnerships to increase clinical preceptorships for nurse practitioner students, and to improve the student-preceptor experience using education modules for preceptors.

Target Audience
The target audience for this presentation is faculty and staff from Schools of Nursing who are seeking ways to increase preceptorships for graduate nursing students. This presentation is also directed at nurse practitioners who are primary care providers and serve as preceptors to graduate nursing students.

Abstract
Purpose statement: The University of Michigan-Flint Department of Nursing (UM-Flint DON) is providing and evaluating Academic Partnerships with Primary Care Clinics to create designated clinical training preceptorships for nurse practitioner (NP) students. The UM-Flint DON has experienced the same challenges to APRN clinical education that has been noted nationwide: an increase in enrollment in Doctor of Nursing Practice (DNP) and Master of Science in Nursing (MSN) NP programs, a lack of available clinical sites with qualified preceptors, and competition for sites with other educational programs (Fitzgerald, Kantrowitz-Gordon, Katz & Hirsh, 2012). The creation of Academic Partnerships was selected as a problem-solving strategy to increase the number of preceptorships for nurse practitioner students and improve readiness to practice for graduates, which are both expected outcomes of effective Academic Partnerships (Beal, 2012). The American Association of Colleges of Nursing and American Organization of Nurse Executives Task Force stated that Academic Partnerships “prepare nurses to practice and lead” (2012, p.1). Additionally, creating quality preceptorships and clinic sites are key factors that influence NP students to choose to practice in primary care (Budd, Wolf & Haas, 2015).

Methods: The initial Partnership program was developed in July 2015 with the Genesee County Health Department (GCHD) Primary Care Clinic through HRSA Advanced Nursing Education grant funding. The Primary Care Clinic is in a medically underserved setting that provides primary care to HIV positive patients and their families within the HIV Treatment Cascade model. The model utilizes an interprofessional team approach including a nurse practitioner with a joint appointment at the GCHD and the UM-Flint DON and an HIV Infectious Disease Specialist, which ensures high-quality clinical training and preceptor preparedness. Partnerships will be expanded to additional clinic sites that are within Health Professional Shortage Areas (HPSA) and Medically Underserved Areas (MUA) in Michigan. Placing students in underserved settings increases their willingness to practice with vulnerable populations (Rasmor, Kooienga, Brown, & Probst, 2014). This aligns with the 2015 HRSA statutory purpose of Title VIII and Healthy People 2020.

The nurse Program Director chairs an interprofessional program planning committee to provide leadership to the partners to reach the program objectives. The project objectives include: 1. Increase the number of high-quality primary care clinical practice placements for the DNP and MSN nurse practitioner programs at UM-Flint. The goal of this program is to create more than fifty designated preceptorships over the next three years. Meetings were held between UM-Flint DON faculty leadership and healthcare organizational nurse executives to develop Academic Partnerships. Outreach to recruit partners was made using clinical contacts of the program Infectious Disease Specialist, to clinics within
healthcare networks, and to nurse practitioners who were interested in precepting students. Communication with partners included meeting minutes, informational letters, and informal clinic visits, emails, and phone conversations. 2. Provide and evaluate preceptors in assessment, teaching, and evaluation of students by creating online preceptor training modules with learning assessment outcome measures and feedback surveys. Online training is an effective and satisfactory way to educate preceptors (Wilkinson, Turner, Ellis, Knestrick, & Bondmass, 2015); 3. Evaluate DNP and MSN student clinical experiences for increased effectiveness in primary care management of HIV positive patients via HIV/HCV online learning modules including pre- and post-clinical placement surveys of students and preceptors and knowledge testing of NP students; 4. Evaluate and make quarterly improvements in the learning modules and preceptor-student experiences using the Plan, Do, Study, Act model. Evaluation tools include: preceptor evaluation of student, preceptor satisfaction survey of program, and student evaluations of preceptors and clinic sites; 5. Increase the number of graduates who practice with underserved populations from 40% to 50% by requiring commitment letters from students in clinical placements to practice in these areas.

Results: Participation: Four graduate nurse practitioner students (3DNP, 1MSN) participated in the program during the Fall 2015 and Winter 2016 school semesters. Two nurse practitioners served as preceptors, with an additional three preceptors and six-seven graduate students expected to participate in the Spring/Summer 2016 semester. The preceptorships are in primary care clinics serving the HIV, HCV and geriatric populations. Recruitment of new partners via leadership meetings are in progress and the program expects to place eleven to twelve students with preceptors in the Fall, Winter and Spring semesters over the next two years, which will result in seventy-six students finding clinical placements through this program. Preceptors showed increased interest in the program with informal communication and clinic visits from program staff. Evaluation: Student feedback about the preceptors and clinic sites was consistently the highest-rank of Likert-scales. The Preceptor Learning Modules were consolidated and reorganized per preceptor feedback. Both the preceptor evaluation of students, and student self-evaluations reflected an increase in readiness to practice following student completion of the HIV/HCV Learning Modules. All participating students (100%) signed a Letter of Intent to practice as Primary Care Providers in underserved settings after graduation.

Conclusions: Program practices that facilitate Academic Partnerships: Involvement of nurse faculty leadership and nurse executives is necessary to establish contracts and form Academic Partnerships. The demand for quality preceptorships requires that Partnerships are not limited to one kind of clinic or healthcare network. Recruitment of nurse practitioners to be preceptors leads to forming Partnerships with healthcare systems. Informal communication (emails, phone calls, clinic visits) is more effective than formal communication to foster relationships between the program and clinic preceptors.

Program evaluation identified: Student feedback reflects that the students are engaged in their clinics, and highly rate their preceptors, which have been identified as key factors influencing students to become primary care providers. Modifications to the Preceptor Learning Modules should be ongoing, to increase preceptor satisfaction and knowledge of precepting skills. The Preceptor Learning Modules provide quality improvement to the student-preceptor experience. Preceptors’ evaluation of students and student self-evaluation demonstrate that students have an increased readiness to practice when participating in this program. Program practices that increase students’ intent to work in underserved settings: Placing students in underserved settings, and use of the Letter of Intent are effective approaches to increase the number of students who intend to practice in primary care in underserved settings.

References

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Leadership Literacy: Strategies for Leadership to Support Bringing Evidence to the Bedside

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Purpose
To utilize an innovative, interactive workshop design for building knowledge to engage leaders in the process of mentoring and supporting evidence-based practice translation at the point of care.

Target Audience
Nurse leaders in the clinical setting that would like to gain knowledge and skills for supporting and mentoring evidence-based practice translation.

Abstract
In today's professional nursing practice environment, it is imperative for evidence-based practice (EBP) translation to occur at a more rapid pace. As the delay continues between research and translation, leaders are needed at the forefront to facilitate EBP becoming and being a sustaining part of patient care practices. Leadership must also play a significant role in cultivating the conditions for supporting and enabling EBP translation. The knowledge deficit is present among the leadership as well as the belief and skill set required to support EBP at the frontline. Now is the time for creating cultures in the acute care settings for increasing quality care, reducing risk, reducing healthcare cost, and considering the patient experience in clinical practice. Therefore, healthcare leadership is critical to building and establishing a culture that will believe, embrace, mentor, and champion the idea of bringing evidence to the bedside. This paper will discuss identification of the current problem in the acute care setting, an innovative instructional methodology of "edutainment" to improve the process, and the necessity for expanded knowledge of leadership to be at the helm of supporting and mentoring teams to increase EBP at the point of care. The intervention consists of the nursing leaders participating in a four-hour, innovative, interactive, evidence-based practice "edutainment" workshop show and training methodology based on entertaining for engagement as well as a designed to teach material that would be considered tedious and challenging to understand (Woratanarat, 2014). There will be two points for data collection with a validated instrument to provide baseline data and data following the intervention. The Evidence-Based Practice Belief Scale (EBPB), a 16 point Likert–item scale for measuring beliefs, intent to use and recognize EBP will provide outcome measures.

The Institute of Medicine (IOM) expects healthcare systems to make significant improvements in patient safety to decrease errors with improved quality and to utilize the approach of EBP implementation as a means for achieving this goal (Melnyk, 2012). Practice recommendation is to provide effective training for leadership to gain the knowledge and skills needed to support, mentor, and become champions of evidence-based practice translation, the essential elements lacking in the acute care setting. Therefore, providing an effective, innovative training program will increase awareness, belief, knowledge and skills set to move EBP implementation forward for a higher quality of care, reducing cost, and ultimately positively impacting the patient experience. As we look to make a difference using innovative methodologies to engage leaders to utilize and champion EBP, we can simultaneously envision global relevance for our nation via widespread use of EBP at the point of care for optimal outcomes.

References
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Purpose

to share the Director of Nursing's perspective of a Long Term Care Facility corporate buyout. It is invaluable to have prior knowledge of the experiences forthcoming and to be prepared for what to expect.

Target Audience

Nursing Home Administrators, Directors of Nursing, Assistant Director of Nursing, Clinical Managers, Corporate Nurse and Nurses. Knowing what to expect during the transition of ownership in a Long Term Care Facility prepares all staff for the changes that are about to occur.

Abstract

The disruption to the lives of the residents and staff in a Long Term Care Facility during a transition of new ownership can be stressful. Nursing Leaders possess the qualities to assist in achieving the goals of both the new owners as well as meeting the needs of the residents. It is the leaders who plot the course and motivate those involved to promote the change needed.

Different styles of leadership are needed in order to accomplish not only the demands of following a financial budget in order to be profitable, but to do so without risking the safety of the staff and residents, while continuing to meet their needs for quality of life. These leadership styles portrayed by those in charge often change and adapt to the situation and may be displayed differently in times of need.

Long Term Care (LTC) is an area of healthcare that undergoes constant change. The process of LTC ownership change often causes physical and mental unrest and uncertainty for employees. Dorgahm & Al.Mahmoud (2013) comments on the importance of the Nurse Leader role by stating, “The role and influence of first line nurse managers are becoming increasingly important in today’s complex and changing health care organizations” (pg.71).

A LTC buyout is one example of such change. During the transition of change of ownership in LTC, Huber (2014) relates, “the amount of change and the rapidity of change disrupt and disorganize people “(p.45) in such a way that inevitably it results in stress as they try to cope. Different leadership styles can be helpful in facilitating change of ownership, easing the transition.

Authoritarian Leadership: As the nurse leader, there are times when the authoritarian type of leadership is required. The plan for staffing the facility must be determined by the new owners according to the acuities and at the Per Patient Day (PPD) allowance. After a review of current patterns, decisions are made in which the staffing pattern for every unit on each shift is decided upon and then put into practice. Discussions with the new owner’s center around what they feel is adequate staffing numbers from a financial standpoint. The Nurse Leader must find ways of how to turn those numbers into reality. After the schedule is implemented, it is then determined if the staffing pattern meets the needs of the residents. A strong quality assurance program can point to areas needing adjustments.

After the decision of which staff would be rehired by the new owners, it is up to the administrative staff to inform the employees of the intent to rehire or not. As difficult a task as it is, the authoritarian leader must display tact, diplomacy and consistency in the process. There should be no discussion initiated regarding how the decisions were made, nor any bargaining to change the decision. It is a firm decision with a straight forward conversation of either “Here is your letter of employment offered” or “I am sorry to inform you of the decision to not rehire you”. Either way, emotions played a large part in the stress of the situation that can be carried through to the day of transition.

Democratic Leadership: There are a few instances in which decisions made by the Nurse Leader allow for the Democratic Style of Leadership to be utilized. An expression of the new transition being a “team” effort can pull everyone on the same side to work together in a democratic fashion. Choice of vendors can be one example of the use of this leadership style in which the decision is made between both the
new owners and the administrative management. Allowing both current and prospective vendors to present their services and demonstrate the products they have with new proposals to the newly formed organization may offer the opportunity for a voice and a vote from both sides. Compromising of sorts begins, and at times the adage of agreeing to disagree is where it is left.

Proposals are presented to the new owners of the changes needed to promote quality of care for the residents. A second Automatic External Defibrillator (AED) machine in the building, or switching the medication administration system from the pharmacy to a modified unit dose system or bubble pack card instead of the unit dose pill box are examples of such proposals. As the new owners are just that, new to the facility, they listen to the arguments and offer a compromising solution to the issue at hand. A collective agreement is reached to allow a second AED machine to be purchased, but from the new owner’s choice of vendor and changing of medication administration system is left up to the Director of Nursing as there is no cost to the facility.

**Laissez-Faire Leadership:** Laissez-Faire may be the preferred style of leadership during certain periods of the transition. This leadership style can be utilized at times when the stress level resulting from change is high. Once staff have expressed their concerns, a new plan of action can be implemented. Allowing the employees to express their concerns may be what is needed to handle high anxiety demonstrating a positive relationship between staff, administration and new owners.

An example would be the implementation of new staffing pattern with the reduction of the number of staff on each shift. Allowing the employees input on how to best plan for new staffing utilization to complete the assignments is one way the Laissez-Faire leader gives back. After instituting this change, Nurse Leaders periodically check for efficiency. Any identified areas of concern are addressed with the staff and changes implemented.

Monitoring the situation should continue for a period of time with conversation involving employees as it will keep them invested in the process assuring them their voice matters. The Laissez-Faire leader gives the employees a voice and/or some control in the new staffing patterns. This is a win-win situation and involved feels as though their opinion counts.

In order to earn and maintain the respect of the employees, nurse leaders must adapt their leadership styles to the individual situations at hand. “Clinical decision making is an essential component of professional nursing care, nurses’ ability to make effective clinical decisions is the most important factor affecting the quality of care,” (Dorgham & Al.Mahmoud, 2013, p. 71). Nurse Leaders must use their decision making skills to continue to provide leadership to their staff to achieve patient, staff and institutional goals. There cannot be just one leadership style that can be utilized in every decision to be made during the transition of a sale of a Long Term Care Facility.

The staff is at a very vulnerable stage when it comes to continuing to work together as a team in order to maintain a sense of order. This is extremely important so as not to disrupt the lives of the residents who reside in the facility. The staff look to the Nursing Leaders to find the stability needed to come to work every day with the right attitude in order to complete the tasks at hand. In utilizing the different leadership styles, the staff finds comfort in observing their leader taking control of the situations and keeping order during the transition. The Nurse Leader is the liaison between them and the new owners in order to convey their emotions invested in their jobs at the facility, while looking for the strength to help them through this emotionally stressful time.

“Traits alone don’t define leadership, rather, leadership is based on individual characteristics, approaches to situations, and the ability to handle change” (Perkins, pg. 36). Experience is a characteristic of a leader that is not inherited, but rather gained through trial and error. There are no perfect solutions to leading through a transition. There are those managers who emphasize the leader’s need to control others in order to accomplish the goals, but in reality it is the leaders who motivate the staff in order to obtain the desired results (Perkins, 2013).

Leaders cannot exist without their followers, and in order to effectively lead, one must adapt to the tasks at hand.

**References**

Contact
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Purpose
The purpose of this DNP project was to investigate the implementation of virtual simulation to improve the quality and efficiency of novice nurses’ actions/interventions in response to an obstetrical emergency (postpartum hemorrhage [PPH]). A one-group pretest-posttest design was used to measure the time in which correct actions/implementation occurred pre and post achieving a 95-100% on a PPH virtual scenario.

Target Audience
The target audience includes hospital administrators, healthcare providers, educators, supervisors, managers and nursing staff, simulation coordinators and their staff within a healthcare system as well as a school of nursing, faculty, and healthcare staff.

Abstract
The Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine (IOM), “seeks to transform nursing as part of larger efforts to reform the health care system” (IOM, 2010) in the effort to improve healthcare outcomes. Simulation, as a teaching methodology, presents an option in helping nurses meet nursing competencies in a creative, effective manner that can meet the fascination of computer savvy Gen “X”ers, Gen “Y”ers, and Millenials who possess an inherent fascination with technology. At the same time, these technologies and strategies promote practice and mastery of nursing skills in a safe environment with immediate feedback and the potential for enhanced critical thinking skills and clinical decision-making skills for all obstetrical nurses. Comparisons in performance, clinical competence, critical thinking, and readiness for practice, as well as in satisfaction, confidence, and effectiveness and increased learning have been reported (Bambini, Washburn, & Perkins, 2009; Jeffries & Rizzolo, 2006; Lambton, O’Neill, & Dudum, 2008).

This project presents a strategy to increase the obstetrical competencies of novice obstetrical nurses at a large community hospital using the Lippincott Evidence-Based Obstetrical Virtual Scenarios involving Post-Partum Hemorrhage. The significance of the practice problem will be presented along with the PICOT question, theoretical framework, synthesis of the literature, practice recommendations, mission, vision, objectives, project plan, evaluation and data analysis, and plans to disseminate the project results.

The Joint Commission on the Accreditation of Healthcare Organizational Standards has stated that “inadequate training . . . was a major threat to patient safety” (Fero et al., 2009). With a demand for improving nursing by decreasing errors, increasing safety, improving patient outcomes, and improving the quality of healthcare, nursing is forced to respond with implementation of evidence-based solutions to increase patient safety and improve healthcare outcomes. Nursing orientation programs are called upon to answer this call to improve healthcare outcomes by enhancing novice nurse experiences in preparing for the challenges of working in their particular hospital setting.

The novice nurse or new nurse graduate can face significant obstacles and challenges as a new employee—especially in a specialized area of nursing. Every hospital institution is concerned with The Joint Commission (TJC) concerns regarding the above aforementioned problems and in providing improved “transition to practice” programs to address these problems as well as in addressing the needs of the new orientees and the needs of the patient as well as the healthcare team.

There are other organizations that express an interest in these same goals. In particular, the World Health Organization [WHO] (2012) updated their recommendations for the prevention and treatment of post-partum hemorrhage to reduce childbirth morbidity. According to the Association of Women’s Health, Obstetric and Neonatal Nurses [AWHONN] (2015), Obstetric hemorrhage is the leading cause of death in the United States with 54-93% of deaths being prevented if early and effective intervention is taken. The
AWHONN Postpartum Hemorrhage (PPH) Project is an example of an evidence-based intervention that needs to be added to the orientation program of novice nurses in the attempt to answer this call to improved healthcare outcomes.

The purpose of this DNP project was to investigate the implementation of virtual simulation in a novice obstetrical nurse orientation program in order to improve the quality, correctness, and efficiency of novice nurses’ actions/interventions in response to an obstetrical emergency (postpartum hemorrhage [PPH]). “Expert-based Virtual Simulation” as a teaching strategy within an “OB Novice Nurse Orientation Program” that can bridge the theory-practice gap in nursing—improving the quality and effectiveness of an OB orientation for nursing, and, thereby, the quality of nursing care and healthcare. Virtual simulation allows for a learning environment with virtual patient situations wherein the nurse must implement a course of action to keep the patient alive. Immediate feedback is provided, and with the addition of “determined practice”, the nurse is allowed to repeat the virtual simulation until mastery is reached. This allows the nurse to practice in a risk-free environment, make mistakes in a risk free environment, analyze the patient situation, and become better equipped with the interventions necessary to implement a plan of care when a similar situation comes about in real life. This strategy not only improves the quality of nursing, but also improves and transforms nursing, the nurse, nursing care, patient care, the nursing profession, and healthcare (and saves patient lives, reducing patient mortality) (Ross, 2015)—aligning with the goals of this conference by influencing change through leadership.

A one-group pretest-posttest design was used to measure the time in which correct actions/implementation occurred pre and post achieving a 95-100% on a PPH virtual scenario. Preliminary results indicated that virtual simulation can decrease the time to correct action/intervention in the care of a PPH patient.

References


Contact
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LDP PST 2 - Leadership Poster Session 2
Situational Teaching in Nursing Effectiveness of Workplace Violence Prevention

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Purpose
The purpose of this presentation is constructed a situational teaching prevention training for WPV and a quasi-experimental design was used to determine the perception, attitudes and confidence in dealing WPV following an educational intervention.

Target Audience
The target audience of this presentation is healthcare workers.

Abstract
Workplace violence (WPV) is a serious issue in nursing in the healthcare setting. Healthcare workers are nearly four times more likely to be injured and require time away from work as a result of workplace violence (WPV) than all workers in the private sector combined. Prevention focused education is an important strategy to reduce the risk of violence. Patient violence against nurses in their work environments is a widespread global concern. A high prevalence of violent events impacts the well-being of nurses and may also impair overall ward climate. However, it has been proposed that nurses’ use limited techniques to prevent patient violence, and, therefore, more comprehensive methods for dealing with patient violence are needed. There is still restricted understanding of the ward climate during the occurrence of a violent event as well as how these incidents could be more effectively prevented. Nurses’ attitudes toward workplace violence are still inadequately explored, and possess an impact in preventing, and managing the violent incidents and the quality of nursing care. Creating a demand for an effective intervention program to improve nurses' knowledge of and attitudes toward workplace violence. The aim of this study was constructed a situational teaching prevention training for WPV and a quasi-experimental design was used to determine the perception, attitudes and confidence in dealing WPV following an educational intervention. Sixty-six nurses that completed the WPV prevention program were enrolled in the study. Data were I and statistically analyzed by Generalized Estimating Equation (GEE). The results revealed that overall, the participants had improved significantly in their perception, attitudes and confidence in dealing WPV at post-test (p<0.01). Meanwhile, after training with the program, the participants showed considerable improvements.

In conclusion, using the WPV prevention training can improved the perception, attitudes and confidence in dealing WPV significantly. Suggest the WPV prevention situational teaching education may be used as a regular training program for nurse. Specific training program for different department of healthcare setting and future studies were also suggested.

References

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Influence of Shared Governance on the Level of Engagement, Satisfaction, and Turnover Intention Among Nurses

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Purpose

The aim of this study is to measure the impact of nurses’ participation in shared governance on their level of engagement, satisfaction, and turnover intention.

Target Audience

Nurses, nurse mangers and leaders, policy makers, nursing administrators, graduate students.

Abstract

Increased engagement of registered nurses through different professional practice models such as shared governance has been proposed as a necessity to improve quality patient care, contain costs, increase nurses’ satisfaction and retain qualified nurses. Employee engagement was found to be significantly associated with high job performance and a lower absenteeism rate in many healthcare organizations. Furthermore, increased nurses’ engagement was linked to reduced turnover rate and increased job satisfaction among nurses. Shared governance is one strategy that could be used to enhance nurses’ engagement and satisfaction in the workplace and was recognized by American Nurses Credentialing Center (ANCC) as one of the essential criteria for the Magnet Recognition. Shared governance is a professional practice model in which all staff and leadership collaborate, share decision-making and accept accountability for improving the quality of care, safety, and enhancing work life. Shared governance in nursing provides a vital decision-making infrastructure that allow nurses to be engaged in making essential decisions about their practice. Decisions that are solely depend on data may not be accurate as decisions that are staff driven. Quality in nursing practice can be achieved and sustained if nurses have influence and contribute in the decision making process. Despite the positive outcome that result from participation of registered nurses in shared governance activities and meetings, there are limited studies that examine that influence of shared governance on nurses’ level of satisfaction, engagement, and turnover intention.

Aim: The aim of this study is to measure the impact of nurses’ participation in shared governance on their level of engagement, satisfaction, and turnover intention.

Method: Pretest-posttest quasi-experimental study design.

Result: In progress

Nursing Implications. Nurses want their voices to be heard and their contributions to be valued, shared governance in nursing would help nurses to work collaboratively and collegially to reach best decisions about their practice. shared governance can be seen as a valuable resource to increase engagement, satisfaction and reduce turnover intention among registered nurses.

References


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Purpose

The purpose of this presentation is to provide an overview of professional identity with a focus on leadership. Educational strategies will be described including a state board of nursing visit, a book club, and reflective paper that were used to facilitate professional identity formation with sophomore and senior nursing students.

Target Audience

The target audience includes nursing students, educators and clinicians. Professional identity is relevant in all domains of practice including care delivery, research, education, policy and administration.

Abstract

Institutes of higher learning have responded to the challenge to better prepare nurse graduates with the needed skills to meet demands of 21st century practice through curriculum reform. One learning outcome for a baccalaureate program is to facilitate the formation of professional identity and the demonstration of professionalism in attitudes and behaviors. Professional identity relates to one’s self concept, how one views the nursing role, and responsibilities to self, society, patients, families and others. Self-awareness is important in order to articulate the role of nursing to the public. Professional image influences our speech, behaviors, and appearance and also represents specialized knowledge and skills that distinguish nursing professionals from others. The importance of clinical leadership in relation to professional development is supported in the literature. Clinical leadership has positively impacted patient outcomes, the integration of evidence within practice, patient and nurse satisfaction and nurse retention. Professional identity requires commitment to life-long learning and the strengthening of leadership abilities due to the need for nurse leaders to advocate for informed decision making, advance needed change, influence policy actions, and assume the leader role on the interdisciplinary team. Professional identity represents the essential cornerstone of professional nursing practice.

The process of developing professional identity originates in the educational setting where educators transform individual values to align with professional practice. It is essential that nursing education is purposeful to facilitate student commitment to professional values at a time when healthcare reform, declining reimbursements, and the potential to focus upon efficiency over quality outcomes, present a potential threat to the values of professional practice. Professional identity promotes the needed moral stability. Educational strategies including instruction and reflective experience have been found effective for role transition and professional socialization. A model from the literature review provided educators a framework for aligning educational strategies in the sophomore and senior courses to facilitate formation of professional identity. Educational strategies utilized to promote development of professional identity in the Leadership course at one mid-west university following curriculum redesign will be the focus of the presentation.

References

Contact
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Implementing an Innovative Advanced Practice Preceptor Development Program: Assuring Quality Clinical Education and Practice Transitions

Janet Marie Myers, DNP, APRN, FNP/GNP-BC, ADM-BC, CDE, NE-BC, CLNC, USA
Susan M. Bosworth, MSN, BSN, APN, RN, NP-C, USA

Purpose
The project’s purpose was to create and implement a program to formally train and develop advanced practice registered nurse (APRN) preceptors to provide quality preceptorships for graduate nursing students and facilitate positive transitions to practice for novice and experience advanced practice professionals into a large academic medical center.

Target Audience
The target audience of this presentation would consist of nurse leaders, administrators, and educators who are responsible for the precepting or onboarding experiences for advanced practice students, and novice as well as experienced clinicians. Trained preceptors support relevant, individualized learning experiences, enhance organizational assimilation and provide positive and meaningful transitions into practice environments.

Abstract
Clinicians, nurse administrators, graduate nursing educators and students acknowledge the challenges inherent in securing advanced practice preceptors who are passionate, skillful, experienced providers who also demonstrate a zest for teaching. Advanced practice registered nurse (APRN) preceptors provide a unique, valued, and critical role in a graduate nursing student's clinical education, as well as the professional acclimation and practice transition of novice and experienced providers.

To maximize clinical learning and onboarding experiences, APRN preceptors must demonstrate skills in learner assessment and evaluation, interprofessional communication, effective role modeling, and appropriate socialization of individuals to specified roles, practice settings, and organizational culture. In addition to an orientee or students' educational needs, curricular and onboarding requirements and outcomes, preceptors must also balance the rigors and perpetual demands of clinical practice, including productivity, in a face-paced, quality-oriented industry.

Just as preceptors make investments in the professional acclimation and growth of peers, they also need to invest in their own professional development. Consequently, a program was needed that would provide structured training and support to new and experienced APRN preceptors, as well as promote the recruitment, individualized development, continued skillset enhancement, recognition, and retention of quality preceptors.

Based on a needs assessment and gap analysis of advanced practice providers conducted in early 2015, an academic medical center developed and implemented an innovative, structured advanced practice preceptor program. The objective of the program's design was to effectively transition and successfully assimilate students, novice and established clinicians into a diverse, complex healthcare system. The targeted curriculum coaches’ preceptors to elicit critical thinking, demonstrate effectual communication, facilitate interprofessional team building, apply conflict management skills, model professionalism, and evaluate clinical and social competence.

Launched in late 2015, the program utilizes a three tiered, multi-modal approach to learning and has several participating cohorts of advanced practice providers. An initial intervention is administration of an assessment tool with an evidence-based, nursing process focus. This sixteen question online self-assessment enables participants to reflect and evaluate their current precepting skills and practice using a 4 point Likert scale (1 = never, 2 = sometimes, 3 = most of the time, 4 = always). The self-assessment is then repeated at 3, 6, and 12 months post educational interventions and organized according to a modified Benner’s novice to expert theory.
Initial self-assessment of two cohorts (n=34) revealed the majority of practitioners were <90% on “most of the time” or always completing that portion of the precepting process. Following this self-assessment were two distinct and separate educational interventions. The first is a web-based series of interactive online modules called "E-Tips for Practice Education" designed to develop the precepting skills and confidence of healthcare practitioners. E-Tips was developed by an interdisciplinary team of professionals and sponsored by the British Columbia Academic Health Council and permission to use was obtained by the creators of the current APRN preceptor program. The second educational intervention is a series of two group training sessions consisting of discussion and interactive learner activities to support the online learning content. Participants were required to complete four online modules prior to the first 1-hour group session (focusing on assessment and planning) and the remaining four modules prior to the second group 1-hour session (focusing on implementation and evaluation). Both group sessions were developed and facilitated by two Nursing Professional Development Specialists in collaboration with department leadership and educators.

The resulting program accomplishes its objective by yielding fully functioning core team members with preceptors who optimize students’ educational experiences and transition and onboard professionals, while serving as a compelling recruitment and retention strategy. Group discussion has stimulated ideas and plans for developing and improving current orientation processes, student coordination, and teamwork. Data extraction from the first two cohorts shows that there was a statistically significant improvement in the assessment and evaluation portions of precepting. Qualitative feedback included comments such as “student shared goals and both of us had a great learning experience” and “I asked the preceptee about her learning style at the beginning of the day and she made note of it in her eval of me that I was the first person to do that!”

The grid below demonstrates participants’ baseline and 3-month self-assessment of individual precepting practices related to key components: learner assessment, planning, implementation and evaluation. Initial self-assessment was completed by 34 individuals, 3-month self-assessment by 26 with notation of a 33% attrition rate. Data for later trained APRN cohorts has not yet been included due to timeframe of training and data extraction.

<table>
<thead>
<tr>
<th></th>
<th>Assessment</th>
<th>Planning</th>
<th>Implementation</th>
<th>Evaluation</th>
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<tbody>
<tr>
<td>% answered “most of the time” or “always”</td>
<td>Initial 3 mo (n=34)</td>
<td>Initial 3 mo (n=34)</td>
<td>Initial 3 mo (n=34)</td>
<td>Initial 3 mo (n=34)</td>
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<tr>
<td>Novice (&lt;1 yrs)</td>
<td>81% 69% 94%</td>
<td>100% 96% 92% 75% 83% 75% 92%</td>
<td>100% 97% 95% 92%</td>
<td>87% 100% 95% 92%</td>
</tr>
<tr>
<td>Advanced Beginner (1-3 yrs)</td>
<td>83% 96% 80% 92% 75% 83% 75% 92%</td>
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</tr>
<tr>
<td>Competent (3-5 yrs)</td>
<td>92% 100% 97% 95% 92% 67% 71% 71%</td>
<td>---</td>
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</tr>
<tr>
<td>Proficient (5-10 yrs)</td>
<td>67% 67% 79% 88% 75% 79% 67% 71%</td>
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<td>---</td>
</tr>
<tr>
<td>Expert (&gt;10 yrs)</td>
<td>64% 92% 82% 90% 97% 95% 64% 92%</td>
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By sharing clinical expertise and role modeling professionalism, skilled preceptors provide quality learning experiences, guide transitions to practice, support succession planning, and shape the further of the advanced practice workforce. Using an innovative, e-learning format paired with interactive sessions for integration and application of key concepts and principles of precepting, an academic medical center developed and implemented a preceptor development program focused upon advanced practice. The objective of the program’s design was to effectively transition and successfully assimilate students, novice and experienced clinicians into a diverse, complex healthcare system. Mindful of the art and science of precepting, program components prepared novice preceptors and promoted the ongoing development of experienced preceptors. The targeted curriculum coaches’ preceptors to assess learner needs; plan, implement and evaluate learning effectiveness; elicit critical thinking; demonstrate effectual communication; facilitate interprofessional team building; apply conflict management skills; model
proficiency; and evaluate clinical and social competence. The resulting program yields preceptors who optimize the educational experiences, transition and onboard advanced practice students & professionals, and support recruitment and retention initiatives.

References


Contact

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Leadership Academy at Baptist Health, Corbin, KY

Sandra Lynn Myers, MSN, BSN, RN, APRN, CCNS, CNS-CP, CNOR, USA

Purpose
The purpose of this presentation is to share our Baptist Health Corbin Leadership Program with other facilities interested in developing a leadership program for their facility.

Target Audience
The target audience of this presentation is anyone currently or pursuing a leadership position in the clinical setting.

Abstract
Professor Warren G. Bennis said: “Leaders are people who do the right thing; managers are people who do things right.” A recent needs assessment at our small community hospital resulted in an overwhelming request for leadership training. Mid-level managers are often placed in a position of leadership without ever completing any formal training or given access to helpful tools.

The Baptist Health Corbin “Leadership Academy” was developed in response to the initial needs assessment and was geared toward those mid-level managers who were new to leading. The initial request was for basic leadership training, conflict resolution skills, time management and facilitating effective meetings.

The series was titled “Leadership Academy” with the classes offered monthly to all Nursing Staff, Directors and any other hospital personnel that were interested in learning about leadership were invited to attend voluntarily. Two classes were offered on the same topic before the start of the usual work day and again during the lunch hour. Attendance increased as the series progressed with the highest attendance for the “Facilitating Meetings” lecture and workshop.

Classes began with opening videos or scenarios followed by review of tools and discussion. The following class scheduled for the next month included implementing the tools discussed in the previous class using simulation or scenarios.

The Conflict Resolution Class began with great discussion and a review of tools to utilize in various conflict scenarios. The students anonymously submitted actual conflict scenarios from their respective workspaces for the following class during the Skills Lab portion. The class was divided into small groups for discussion of the assigned actual conflict with names and locations changed. The small groups were also given tools to utilize in resolving the conflict. The result was discussion and positive feedback for resolution of the assigned conflict.

Citing John C. Maxwell, “The pessimist complains about the wind. The optimist expects it to change. The leader adjusts the sails,” the participants in the inaugural program responded positively when surveyed and wish to continue the program for another year and incorporating Leadership Programs from various authors selected by the students.

References

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Nurse Opinion Helps Shape Peer Review

Patricia C. DeMellopine, MSN, RN, CNS, USA

Purpose
The purpose of this presentation is to use measurement of nurse opinions of peer review as a means to shape a sustainable peer review program in a hospital setting.

Target Audience
The target audience of this presentation is direct care nurses, formal and informal clinical leaders, nurse educators.

Abstract
The direct care nurse aims to provide the highest standard of patient care, using evidence-based practice delivered in the safest manner. To achieve the highest standards nurses must routinely evaluate their own performance and participate in substantive peer review. Peer review is an organized effort and principled approach in which the quality and safety of nursing care is assessed in comparison to established standards, and non-biased feedback is provided. Nurses are responsible for developing criteria for evaluation of practice and for using those criteria in both peer and self-assessments. Nurses also have a responsibility to plan establish, implement, and evaluate review mechanisms, including peer review, in order to safeguard patients and nurses. Additionally, peer review is an expectation of the American Nurses Credentialing Center Magnet Recognition Program. As a mechanism, peer review relies heavily on nurse participation; therefore, nurse perceptions are a key measurement to map progress toward shaping an effective and sustainable peer review program.

Nurses at an ANCC certified community hospital developed criteria for evaluation of practice using the mechanism of peer review. From 2012 through 2015 a Peer Review Committee has implemented skill assessments through peer review and provided education on methods to provide peer-to-peer feedback in a real-time framework. Moving forward, the Committee desired input from nurses about their perception of peer review in order to shape next steps. Data was obtained from nurses currently employed at the hospital through two surveys. The first survey related to a cohort of nurses trained in peer review that observed their peers perform a skill set. Nurses responded positively to peer review as an effective method to educate, promote skill, and increase accountability for performance. However, only 44% agreed that peer review was overall effective for adoption of a new skill. The second survey was targeted at the less formal everyday use of peer review and peer feedback. Hospital-wide, nurses were asked if peer review is actively used amongst nurses on their work unit; more than half of nurses surveyed agreed. This measurement of nurse opinions tells us there is an opportunity to craft a comprehensive peer review program that is effective and sustainable, in which nurses are primed to participate.

References

Contact
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Purpose
The purpose of this presentation is to share one pilot studies results pertaining to falls in Long-term care using the RCA (Root Cause Analysis) method. The use of this method can lead to improved patient outcomes if utilized in this setting and may improve fall rates in other settings as well.

Target Audience
The target audience for this presentation is any individual or organization that deals with patients that fall.

Abstract
Falls among the elderly are a public health problem that has economic and quality of life burdens not only to the individual patient, but also to society. The Joint Commission identified patient-safety goals to improve patient safety by attempting to eliminate any identifiable risk factors. There are multiple factors that lead to falls in the elderly. All stakeholders need to be aware of these risk factors and implement preventative strategies to assist this vulnerable population in the overall improved quality of care. This economic burden is substantial and increases the likelihood of mortality to the individual (Chen, Zhu, & Zhou, 2014).

Due to the rise in life expectancy in our society and the growing number of elderly, stakeholders need to be motivated to identify proactive plans that will improve falls in this population. Current falls risk assessments and programs utilized today are not enough to prevent reoccurrence of falls in this population. All stakeholders need to be involved in the care of these patients at the onset of care in order to provide adequate preventative modalities that will lead to fewer falls in this population. Providers need to do more than just a fall risks assessments and then treat after the fall. Modifiable programs need to be implemented for falls in the elderly that will improve patient outcomes.

In one pilot study the question was raised Does an evidence-based intervention (falls risk assessment tool) decrease the rates of falls in a long term care facility over a 10-week period compared to fall rates before a given pre-fall intervention? The population for this project includes any individual admitted to the long-term care facility that has a history of falls, or that falls during their stay in a long-term care facility. The intervention is to see if an education program that increases the awareness of individuals at high risk for falls in reducing the number of falls in this institution. The comparison will be a chart audit of falls prior to the implementation to discover if the number of falls pre and post implementation. The outcome is to have fewer falls in this population and improve stakeholder's awareness of risks, as well as the need for effective interventions. The intervention will take place over a 10-week period.

The intervention is to see if an education program that increases the awareness of individuals at high risk for falls is effective. The RCA (Root Cause Analysis) method was taught and utilized during this project initiative change. The comparison of falls pre and post intervention will be completed by a chart audit of falls prior to the implementation and post implementation. The outcome is to have fewer falls in this population and improve stakeholder’s awareness of risks, as well as the need for effective interventions.

The results and data analysis were shown in this study by a bar graph showing before and after values using the RCA method. It was noted that there was a decline in patient falls post implementation of an educational intervention on the use of RCA to prevent falls in this population.

Implications for future research would be to identify if the use of the RCA would result in fewer falls in other populations as well.

References

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Servant Leadership in the Emergency Room

Chris Allen Joyner, MSN, RN, USA

Purpose
To instill servant leadership in the emergency room setting to improve patient satisfaction and change the metrics for satisfaction into a positive rating.

Target Audience
The target audience is front line staff while the abstract focuses on the emergency room the process can be implemented in any patient care setting at the beside.

Abstract
Doing business the same way it was done ten years ago is not feasible and will cause the facility to fall behind the times and become stagnant. Having fresh ideas and processes are inevitable to keep up with the ever-changing ways of healthcare. The key is to not chase a specific metric, especially when dealing with patient satisfaction, but to observe the overall process. Servant leadership is a tool that when implemented raises the patients’ satisfaction and increases the scores for the metrics. It is also important to remember the success is measured from the patient’s point of view not the staff. To meet the needs of change it is imperative the culture of the facility be changed instead of a specific metric. If a specific metric is chased, then the focus and goal will change every month. With a culture it is not an end goal but an ever-evolving practice where all are expected to participate. This new culture is servant leadership and serving the patient rather than feeling like they owe the nurse for being there. This new servant leadership culture seeks to anticipate the needs and desires of the patient and proactively strives to meet them. Eventually this culture of teamwork will be the expected normal and focusing on the patient. When teamwork makes the patient the focus, the metrics will reach the goals. Reaching the goal is accomplished through a process revealing the strengths, weakness, opportunities and threats. By understanding the weakness, the team focused on how to be a servant and overcome the weaknesses. When everyone feels they are important, they have a voice in the process, and can observe the influence from senior leadership the new values will evolve and become the expected culture (Joyner, 2015). This project helped to change the culture of the facility and improve the service and satisfaction that the patients felt when they visited the department. Though there were some initial setbacks the overall results were positive and prove that servant leadership has a place in bedside care in the emergency room. The culture is mentored by a stable leadership will improve patient satisfaction scores.

References

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Purpose

The purpose of this presentation is to increase awareness of the concept of synergism as applied to the context of perioperative services. An extensive concept analysis of synergism was completed as an initial step in the creation of a comprehensive model of Synergism in Perioperative Services.

Target Audience

The target audience of this presentation is hospital executives, perioperative services management personnel, academicians interested in concept analysis, and health services researchers.

Abstract

Perioperative services carry the highest expenditures while simultaneously accounting for the largest portion of net income for a hospital. For example, up to 65% of net revenue and 40% of resource costs originate from perioperative services for large healthcare organizations (Saadouli, Jerbi, Damaak, Masmoudi, & Bouaziz, 2015; Welder, 2013). Each minute of operating room staffed time is estimated to be worth an average of $52, and ranges from $22 to $80 depending upon the complexity of the case (Akron General Medical Center, 2016; Macario, 2010; Volpin, Khan, & Haddad, 2016). The costs and revenue aspects of perioperative services is a major focus of healthcare. As payment systems shift from procedure-based to outcome-based as a result of the Affordable Care Act, it is imperative that hospital leadership and perioperative services management understand how to effectively and efficiently maximize quality outcomes.

The multi-unit and multi-disciplinary constitution of perioperative services requires teamwork, communication, working toward a common goal and synchronization of scheduled events to create value over and above what would otherwise be possible. A concept analysis of synergism was conducted using the methodology of Walker and Avant (2011) to determine its applicability to a perioperative services environment. The concept analysis served as an initial step in the creation of a comprehensive model to manage perioperative services from a holistic perspective.

Extensive literature searches were conducted to ascertain how the concept of synergism has been used within and outside of healthcare. The literature searches consisted of online websites—using google scholar, the Association of Perioperative Registered Nurses (AORN) website, dictionaries, thesauri, and dissertations. Databases searched were “all databases” from GALILEO and EBSCOhost to include CINAHL, PubMed, Ovid, ProQuest, Science Direct, Business Source, Education Source, and PsycInfo from 2001 to 2015. Database searches were limited to full-text, English language articles in published in scholarly journals. The search for synergy initially yielded 333 articles and the search for perioperative services initially yielded 509 articles. Summary of records were reviewed and 34 articles were included in the concept analysis.

The concept synergism was found to be used in many areas outside healthcare including corporate mergers in business, psychology, information technology, and theology. Some examples of the use of synergism outside of healthcare include the positive value added as a result of merging individual companies, and the value that emerges when compatible information technology assets are combined with other organizational resources. In healthcare, the concept has been employed to explain the supra-additive effects of combined medications, biological systems, teamwork, patient care, and quality assurance procedures for cleaning effectiveness. The examination of how the concept has been used across these contexts highlighted two defining characteristics: an emergent property not present in the constituent components or antecedents, and an emergent value that is positive. A case was presented to illustrate the use of this concept in perioperative services.

The tactical and strategic allocation of resources, with an emphasis on team cohesion, careful scheduling, enhanced communication, and a common focus on the patient can maximize synergism leading to
increased patient and staff satisfaction, a positive organizational culture, a high net-revenue stream, and optimized outcomes. Future plans are to utilize the concept of synergism to create and validate a comprehensive model of perioperative services. Forming a framework through which the complexities of perioperative services can be researched and discussed, the model will serve as a useful tool to improve the management of and practice within perioperative services; bridging the knowledge gap between the research and clinical lanes.

References

Contact
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LDP PST 2 - Leadership Poster Session 2
Perceptions, Acceptance and Cultural Beliefs Regarding Vaccination Uptake and Health Screenings at Native American Venues

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Gregory Douglas Poe, BS, USA
Joshua Staples, MA, MS, USA
Virginia A. Caine, MD, USA

Purpose
The purpose of this presentation is to discuss some of our important study findings from a survey of 228 Native Americans residing in Indiana regarding: Cultural and personal beliefs and attitudes regarding vaccination, access to care and testing practices for: Influenza, pneumonia, hepatitis B and C and sexually transmitted infections.

Target Audience
The target audience for this presentation is any health care provider caring for Vulnerable populations.

Abstract

Introduction: Indiana has a unique and tribally diverse Native American Population that resides throughout the state. Of the 55,000 Native Americans/Alaska Natives (NA/AI) that reside in Indiana, only an estimated 15% access Indian Health Services (IHS) care. It is important to understand the closest Federal Tribal Healthcare facility is over 150 miles away from central Indiana. It has been noted that those identified tribal facilities may decline to care for persons of tribal affiliations other than the one designated for that area. Additionally, Indiana does not have any federally recognized Native American tribes that have tribal lands in the state. This has the potential to adversely impact health care access for all Native Americans/Alaska Natives who reside in Indiana.

Incidence rates for some infectious diseases in NA/AIs have decreased, serious disparities related to infectious diseases continue. Adekoya, Truman and Landen (2015) have noted that incidence rates for invasive pneumonia, acute hepatitis C, West Nile virus, and shigellosis are higher in NA/AI than in whites. Additionally, incidence rates for gonorrhea is 4.2 times higher and Chlamydia trachomatis is 3.7 times higher—in NA/AI than in whites. And it was noted that the disparity in gonorrhea rate for American Indians/Alaska Natives in 2014 was larger in the Midwest than in the West, Northeast, and South (CDC STD surveillance, 2014).

Background: A mixed-method study was conducted from October 2014- June 2015. Participants were recruited by purposeful sampling—228 adult men and women, self-identified as Native American or Alaska Natives—from six Pow woes and one community event that were located throughout Indiana. These gatherings were Intertribal—i.e. any tribal affiliation was welcome.

Paper surveys were completed by all 228 participants. Of the participants, 25 persons from the 228 pool were invited to participate in one-on-one interviews with the P.I.

Findings: Of the 228 participants recruited, 56% were female, 40% were male and 4% were Two Spirit. Ages ranged from 18- 81 years, with a mean age of 48.1 years (SD 15). There were over 50 different tribal affiliations noted. Regarding general health ratings-76% of the participants rated their health as good or excellent. It was noted that there were no significant differences in age for participants' self-reported health rating.

Vaccine and screening acceptance: When questioned regarding offering vaccinations at POW wow settings, a majority 69% (N=158) viewed it as a valuable health service, even though over half of the participants did not seek or receive influenza or hepatitis B vaccination. Nearly 40% would accept vaccines, with those willing to accept being significantly younger than those who would decline [p=.04 to p=.01, depending upon the vaccine]. It was noted that 62% of participants supported confidential health screening and care. It was also noted that 37% stated they would participate in confidential health screenings, if offered.
Qualitative interviews were conducted with 25 of the participants who had also completed the survey. Participants ranged from 24 to 76 years, with 9 men, 13 women and 3 two-spirit. There were 21 tribal affiliations noted in the interview population. The interviews were audio-recorded and transcribed verbatim. Three major themes emerged with analysis of findings: Community as a part of health and life; discretion, modesty and privacy as a part of Native American life; and culturally relevant, trustworthy and open opportunity for access to confidential health screening and care without coercion. More than 75% of the participants spoke of the Native American community as important to their life and health—it was considered an integral hub of their daily lives. The second theme of discretion and privacy—was noted to be paramount for over 90% of the persons interviewed—related to any type of healthcare screening. Finally, over half spoke of the importance of providing health screening that was accurate, open to all and not coercive (i.e. without a powerful assertiveness for involvement in screening)—and again linked to privacy and trust.

Conclusions: It is our conclusion that with appropriate planning and community support, Native American sponsored cultural events are seen as acceptable locations for communicable disease preventive services. It was noted that while older individuals perceive a lower risk than younger participants, a majority of the participants considered the POW wow gathering as an appropriate location for discreet, confidential health screening and educational services.

References

Contact
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Chapter Invited Posters
Purpose
To describe Alpha Gamma Chapter’s strategy to engage Student Leadership Interns in the development and publication of the Chapter newsletter, and demonstrate the impact and benefit of student intern engagement in the newsletter publication.

Target Audience
Sigma Theta Tau International (STTI) Chapter officers and members.

Abstract
This poster demonstrates the outcome of student intern support through mentorship of the Past President and current Treasurer of the Alpha Gamma Chapter of STTI. One of the desired outcomes is to facilitate and develop leadership competencies as described by the ANA Leadership Institute (2013).

The Mentor assigned student interns to interview and collect data from current Board members. The student Interns refined interview questions for Board members that reflected and focused on the mission and values of STTI. Questions included:

1. What has STTI done for your personal leadership expertise?
2. How has STTI helped you stimulate your strengths, values, and experiences to advocate for the future of nursing and system improvement opportunities?
3. How has STTI enhanced your partnership within the profession and the community?
4. How have your professional contributions served as a role model to the next generations of nurse leaders?
5. How have your strengths contributed to the advancement of the development and advancement of scholarship, leadership, and services?

Next the interns arranged interview appointments, prepared the articles, and assisted with the development and printing of the Newsletter. Through this project the Interns were able to enhance leadership skills related to building relationships, communicating appropriately, and resource management. The Past President/Treasurer mentoring role reflects an effective strategy in fostering leadership capacity.

The President and President-Elect were featured with their vision for leadership and collaboration. Board members also emphasized the rewards and benefits of community partnerships and local and global engagement. In addition, members stressed the importance of current evidenced-based research, lifelong learning, scholarship, system improvement, and collaborative learning through technology. The interns also reflected on the significant role that STTI will represent in their current and future roles as diverse nurse leaders in a rapidly changing healthcare environment.

According to Curtis, et al (2011), relationship skills are more important than financial and technical abilities. The implementation of this project provides a strategy for student interns to participate in building relationship skills.

References

Contact
Purpose
The purpose of this presentation is to discuss the vision of the founders of STTI and to demonstrate how their vision has led to the continued creation of inspired leaders across the world.

Target Audience
STTI leaders and members. Any professional nurse would benefit from this presentation.

Abstract
The creation of innovation often stems from bending current conceptions. In 1922, nursing bore a resemblance to a group of skilled workers caring for the hygiene needs and comfort of patients rather than intelligent, decision-making, innovative leaders. The founders of Sigma Theta Tau International (STTI) had a different vision of nursing. This vision has served nursing for just under a century. Since the genesis of STTI, the organization has worked to improve the nursing leadership skills, nursing science, global minded-ness and an appreciation for civic responsibility. Through the use of grant monies, workshops, conferences, and collaboration, members of sigma theta tau across the world have shown leadership innovation and have improved nursing science. Sigma leaders have shown a tremendous ability to engage nurses in science and research, and have inspired, at least four generations of nursing leaders.

The ideals and purposes of the profession of nursing are many, however, through leadership, scholarship and service to the discipline, innovation can be the driving force behind the changes, choices and direction of the profession. The original leaders had a vision of nursing excellence framed on recognizing and providing support for superior achievement, leadership, high professional standards, and creativity in the discipline. This has led to an explosion in memberships worldwide and a greater sense of purpose among those who participate. This inspiration continues to serve nurse leaders as they create and implement nursing science, as they engage global perspectives at a local, state and national level, and as they create and pass on a sense of civic responsibility for nurses.

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The creation of innovation often stems from bending current conceptions. In 1922, nursing bore a resemblance to a group of skilled workers caring for the hygiene needs and comfort of patients rather than intelligent, decision-making, innovative leaders. The founders of Sigma Theta Tau International (STTI) had a different vision of nursing. This vision has served nursing for just under a century. Since the genesis of STTI, the organization has worked to improve the nursing leadership skills, nursing science, global minded-ness and an appreciation for civic responsibility. Through the use of grant monies, workshops, conferences, and collaboration, members of sigma theta tau across the world have shown leadership innovation and have improved nursing science. Sigma leaders have shown a tremendous ability to engage nurses in science and research, and have inspired, at least four generations of nursing leaders.

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implement nursing science, as they engage global perspectives at a local, state and national level, and as they create and pass on a sense of civic responsibility for nurses.

The purpose of this presentation is to discuss the vision of the founders of STTI and to demonstrate how their vision has led to the continued creation of inspired leaders across the world.

The creation of innovation often stems from bending current conceptions. In 1922, nursing bore a resemblance to a group of skilled workers caring for the hygiene needs and comfort of patients rather than intelligent, decision-making, innovative leaders. The founders of Sigma Theta Tau International (STTI) had a different vision of nursing. This vision has served nursing for just under a century. Since the genesis of STTI, the organization has worked to improve the nursing leadership skills, nursing science, global minded-ness and an appreciation for civic responsibility. Through the use of grant monies, workshops, conferences, and collaboration, members of sigma theta tau across the world have shown leadership innovation and have improved nursing science. Sigma leaders have shown a tremendous ability to engage nurses in science and research, and have inspired, at least four generations of nursing leaders.

The ideals and purposes of the profession of nursing are many, however, through leadership, scholarship and service to the discipline, innovation can be the driving force behind the changes, choices and direction of the profession. The original leaders had a vision of nursing excellence framed on recognizing and providing support for superior achievement, leadership, high professional standards, and creativity in the discipline. This has led to an explosion in memberships worldwide and a greater sense of purpose among those who participate. This inspiration continues to serve nurse leaders as they create and implement nursing science, as they engage global perspectives at a local, state and national level, and as they create and pass on a sense of civic responsibility for nurses.

The purpose of this presentation is to discuss the vision of the founders of STTI and to demonstrate how their vision has led to the continued creation of inspired leaders across the world.

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References
None.

Contact
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**Purpose**

The purpose of this presentation is to highlight how the Pi Zeta Chapter showcased the diversity of nursing through the group viewing of The American Nurse film followed by a conversation with the producer. Fundraising and collaboration with local healthcare providers and colleges contributed to the success of the program.

**Target Audience**

The target audience of this presentation includes chapter leaders and particularly those who develop programs. Those who are responsible for fundraising and member recruitment will also be interested. Governance persons linking with colleges are also a target audience.

**Abstract**

A fundraising and chapter meeting was held on October 28, 2014. The event was unique in that it included a film viewing and a Talk-Back with the producer of the film and engaged the community of nurses and health systems. The local chapter leadership of Sigma Theta Tau International Honor Society (STTI) was looking for a new way to recruit members as well as a way to recognize and highlight nursing while increasing the visibility of the chapter. One hallmark of a successful organization is the ability of the leaders to effectively collaborate and communicate to bring about successful change and opportunities for engagement (Akans et al., 2013). As the leadership of the local STTI chapter brainstormed ideas for meetings and engagement, they determined to host a film viewing of *An American Nurse* – a documentary that depicts nursing and the diversity of nurses along with a Talk-Back via Skype with the producer of the film. The film viewing idea began as a way to bring recognition to nurses and soon blossomed into a fundraising event, community partnership development, fundraising and collaborative educational opportunities with local colleges.

This poster presentation is intended to provide chapter leaders with information and resources to assist other chapters with events that are designed to bring recognition to nurses and to the STTI chapters. The intention of this presentation is to serve as a catalyst for the generation of ideas for increased membership growth, partnerships and fundraising opportunities and visibility – all methods demonstrated to increase chapter sustainability (Akans et al., 2013). This poster will include a description of the processes of obtaining viewing rights to the film, coordinating with the producer of the film for the Talk-Back, and utilizing the available online resources related to the film for group discussion of the film at the event. Also included will be descriptions of how the viewing was publicized and the multiple steps needed to secure adequate technology at the host STTI School for the film viewing.

This poster presentation is also intended to describe various methods of fundraising that were associated with the film viewing event. Fundraising is vitally important to sustainability of non-profit organizations and is the responsibility of the leaders of the organization (Whitney & Gale, 2015). As the viewing began to generate interest the leadership team of the chapter recognized an ability to raise funds for the local STTI chapter. The local chapter leaders began to develop fundraising strategies including a basket raffle, 50/50 raffle and charging of admission as a means of meeting the costs associated with screening the film. A description of the budget for the film viewing as well as the total income following the viewing will be available.

Finally, this poster presentation will demonstrate how the chapter engaged with the local community in an effort to increase visibility of the chapter, recruit potential members to STTI, collaborate with local health care systems as leaders in the local market and offer educational support to local colleges and students pursuing nursing degrees. Partnerships are one way to build sustainable organizations leading to potential benefits of professional development, mentoring, leadership development, networking and advocacy (Whitney & Gale, 2015). Partnerships also increase an organizations’ visibility while building
strong collegial relationships (Caughlin, Crain and Sherwood, 2014). This poster will describe the various benefits realized through community collaborations.

The presenter will be available during the poster presentation session to answer questions and discuss how other chapters could discover ways that participants can tailor the information to best fit their chapters’ individual needs for future chapter programs designed to collaborate, fundraise and recruit new members.

References


Contact

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Purpose

The purpose of this presentation is to share the best practices of Phi Gamma as a STTI Virtual Chapter and encourage all stakeholders in joining its advocacies.

Target Audience

STTI Leaders, Chapter Officers, and Committee Chairs

Abstract

The Phi Gamma Chapter: A Virtual International Engagement: Connecting to diverse nurse leaders worldwide can be difficult especially in places with no land-based Sigma Theta Tau International (STTI) Chapter. This resulted in the establishment of the Phi Gamma Chapter (481) as a virtual honor society by the direction of the International Board. In June 2010, the Phi Gamma Chapter was chartered and received its Coat of Arms. Its mission and vision correspond to the STTI Honor Society of Nursing with an international focus. As the only virtual chapter, Phi Gamma offers boundless opportunities in promoting global health and nursing excellence on an international scale. Following its success, Phi Gamma has evolved into meritorious chapter with several recognitions in 42nd and 43rd Biennial Convention, which includes Chapter Global Community Building Award (2013) and Phi Gamma's first Chapter Key Award (2015). The Chapter also sponsored honorary members from the Daisy Foundation, which likewise honor international nurses.

Chapter Highlights: A Virtual Advocacy: Successful chapter operation generally requires transformational leadership, professional interactions, and adequate resources. Phi Gamma Chapter has planned its programs and activities strategically and virtually. However, a customary approach of a land-based organization may not be necessarily effective for a Chapter located in the cyberspace. This challenge has necessitated the utilization and integration of information and communication technologies as Virtual Resources to support Phi Gamma Chapter operations, meetings, discussions, and presentations.

Virtual Leadership has been reinforced through regular online board meetings to ensure effective directions and sustainable operations. Although many Board Members, Committee Chairs and Members have not met in person, they have maintained good working and harmonious relationships. Phi Gamma’s electronic delegates were from outside the United States in 2012 – 2015 to leverage an international footprint. Likewise, a director-at-large for international was appointed per proviso to the 2013 – 2015 Chapter Bylaws. These initiatives have resulted in membership involvement and collaborative partnership at the international level. Many excellent programs and activities were offered by a variety of speakers, and co-sponsored with other chapters. A memorandum of understanding is being signed between Phi Gamma Chapter and Our Lady of Fatima University for joint activities such as research and presentations.

Phi Gamma Chapter has facilitated Virtual Interaction through the use of reliable media and technology to allow outreach throughout the world like conferencing and even large presentations. The STTIconnect and The Circle have been exploited to maintain contact with members and ensure their engagement by keeping them informed and updated about the Chapter news, events and activities. Online induction has been conducted quarterly to foster membership engagement. Further, an International Poster Presentation was successfully presented virtually in 2014. These interactions have been recorded to allow synchronous events to become asynchronous information in the Phi Gamma Circle Library. Phi Gamma Chapter also blends different STTI and external platforms (i.e. Google Drive and GoToWebinar) to foster effective communication among members and stakeholders.
Despite the presence of virtual leadership, interaction and resources, Phi Gamma Chapter has experienced a struggle in finding ways to promote Virtual Advocacy (i.e. social responsibility and philanthropic activity) that could involve and be meaningful to all Chapter members. As for social responsibility, Phi Gamma is considered a feeder chapter for other areas, and it maintains many dual members. This provides several opportunities for involvement. Members from dissolved chapters, who have not indicated a transfer chapter, are designated to Phi Gamma Chapter. Moreover, nurse leaders from countries without land-based Chapters are given the chance to become STTI members. Phi Gamma is also involved in supporting development of new honor societies to become land-based chapters in international settings such as Egypt and Philippines.

On the other hand, philanthropic activity needs to consider the interests and needs of nurse leaders from 27 countries in the world. When planning such an event, it should somehow involve all members. However, this proves to be demanding especially it cannot be confined in one place at one time. In addressing this challenge, Phi Gamma Chapter conceptualized the Water Access Virtually Ensured (WAVE) project. The WAVE project was launched to support STTI Global Initiatives by incorporating one of the United Nations Sustainable Development Goals that is access to water and sanitation for all. In partnership with a non-profit organization Water.org, the Phi Gamma Chapter encourages its members to participate in this cause. This strategy is highly relevant since Water.org provides innovative solutions that change everyday lives with safe water and sanitation in several countries, where most if not all Phi Gamma Chapter members are residing. It was initiated strategically by marketing the WAVE project in the STTIconnect and Phi Gamma Circle. Members were informed about this fundraiser activity to see who would participate. Further discussion about their experiences with poor water access and sanitation has been made on Phi Gamma Circle page.

**Future Directions: A Virtual Dream:** The Phi Gamma Chapter has become what the STTI had planned it to be as the only Virtual Chapter for nurse leaders globally. Upcoming plans includes (a) creation of an Information, Education and Communication Committee for better global visibility and campaign using social media like Facebook and other platforms, (b) implementation of monthly chapter activities with a different type each month on a quarterly rotation, namely: synchronous conversations (July, October, January, and April) for real-time knowledge exchange; program events (August, November, February and May) for continuing education in cooperation with Omicron Delta and other activities with collaborative partners; and virtual induction (September, December, March, June), (c) intensification of the Virtual Advocacy campaign for Founder's Day in October 2016 with all members encouraged to participate and contribute $2-3 to the WAVE Project through Water.org, and (d) expansion of the collaborative partnership with various institutions and organization worldwide for joint activities. On the whole, Phi Gamma Chapter continues to evolve in promoting global health and nursing excellence through its virtual leadership, interaction, resources and advocacy. It is hoped that these virtual initiatives would produce sustainable impacts on the real world.

**References**


**Contact**

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Leaving a Legacy: The Omicron Delta Presidential Stole

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Antoinette M. Dziedzic, MSN, RN, USA

Purpose
The purpose of the poster presentation is to share our unique leadership tradition: the presidential stole and to describe how other chapters can create similar traditions and symbols unique to their chapters to recognize the significant commitment of their leaders, past and present.

Target Audience
chapter leaders and chapter members who may become future chapter leaders.

Abstract
Leading a chapter board as president is a major responsibility that requires a personal investment in terms of time, intellectual resources, and emotional responsiveness. Omicron Delta is a large, diverse chapter with members and chapter leaders in distant geographic regions. We value the leaders who accept the challenge to lead our chapter, and who go on to be past presidents who stay actively involved in service activities, mentoring future leaders and leading other initiatives on behalf of our members.

To recognize these leaders, Omicron Delta created a presidential stole that is a leadership symbol in the same vein as the presidential chain worn by the Sigma Theta Tau ceremonies. The Presidential Stole is a purple velvet stole that has the names of the current president and past presidents along with the years they served embroidered in gold letters. The stole is passed on to the incoming president during the installation of new officers. The president wears the stole during inductions and other important ceremonies. We have found that our members appreciate the symbolism. The leaders who are recognized in this way have also indicated that they in turn feel appreciated for their service to the chapter and our members.

As other chapter leaders know, leadership succession is something that chapters struggle with as they seek presidential candidates given the busy schedule and multiple commitments of the nursing leaders we tap for this important position. Having the presidential stole to serve as a tangible form of recognition may be a motivating factor as prospective leaders make their decisions. Furthermore, this has allowed us to create a legacy for our chapter. Jim Rohn, a philosopher shares nine principles necessary for a successful life and a lasting legacy noted the following as his first principle: "Life is best lived in service to others."

As our presidents and past presidents live their lives in service to our chapter and its members, we celebrate their leadership through our legacy of the presidential stole.

References

Contact
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Developing Future Leaders: Mentoring Students to be Sigma Theta Tau International Rising Star Researchers

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Karin L. Lightfoot, PhD, MSN, RN-BC, PHN, USA
Gayle J. Kipnis, PhD, MSN, BSN, RNC-OB, AHN-BC, USA

Purpose

The purpose of this presentation is to explain how chapter members support undergraduate nursing students to become future leaders through engagement in rising star poster presentations at the 43rd Sigma Theta Tau International Biennial Convention in Las Vegas, Nevada.

Target Audience

Nurse educators, clinical nurses, student nurses

Abstract

In support of Sigma Theta Tau International’s mission to advance world health and celebrate nursing excellence in scholarship, leadership, and service, the Kappa Omicron chapter fostered and supported nine newly inducted baccalaureate nursing students as Rising Stars of Research and Scholarship. The students had demonstrated excellence in their undergraduate nursing research course and were invited to share their research proposals at the 43rd Sigma Theta Tau International Biennial Convention in Las Vegas, Nevada. Under the guidance of the Kappa Omicron chapter president, the students developed their research proposals, submitted abstracts to Sigma Theta Tau International for consideration, and created professional posters on the topics of Water Births vs. Traditional Birth Infection Rates, Depression Among New Graduate Nurses Working in ICU and Medical-Surgical Units, and Exploring the Impact of Sister to Sister Surrogacy. The Kappa Omicron chapter also granted $200 scholarships to each student to help offset their travel expenses. Funds for these scholarships were raised through various chapter fundraising efforts and presented to the students during their induction ceremony. To express their appreciation for the guidance and support provided by the Kappa Omicron members, the students presented their research proposals at the induction ceremony. The nine students represented the largest cohort of students at the 2015 Biennial Conference.

By attending the conference and presenting the Rising Star posters, the students were able to share their ideas as novice researchers, interact with nurse leaders from around the globe, and envision their own paths as new members of Sigma Theta Tau International. After attending the opening ceremonies and noting that there was no flag to represent Russia, a student who grew up in Russia explored ways in which a Russian chapter could be launched. This poster will include information about how one local chapter of Sigma Theta Tau International, Kappa Omicron, supported nine nursing students and set them on a lifelong journey of nurse leadership, scholarship, and service. Attendees will be provided with information regarding the benefits of mentoring nursing students as Rising Stars and how other local chapters can support their own students in pursuing research opportunities.

References


Contact

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Purpose
The purpose of this presentation is to inform STTI members and Leadership Connection attendees of the importance of the Next Generation Leaders Task Force role in identifying strategies to engage the next generation of STTI leaders.

Target Audience
The target audience will be all event attendees (STTI Members, Non-members, presenters, and STTI staff.)

Abstract
Each Biennium, the Sigma Theta Tau International Honor Society of Nursing President, Board of Directors, and Executive Director identify strategic goals that align with the long range plan to achieve the mission and vision of the professional organization. One stated goal is to promote the recruitment, retention, and engagement of new members who will be serving as the next generation leaders. To address this goal, STTI has formed a Task Force – the Next Generation Leaders Task Force. The Task Force is composed of selected STTI seasoned and emerging leaders from around the globe.

The Next Generation Leaders Task Force members are committed to the achievement of the stated objectives of this Task Force which are:

- Identify strategies to engage new leaders at the individual and chapter level
- Identify barriers that prevent younger members from being involved and
- Recommend relevant topics and programs to engage next generation leaders.

To emphasize the importance of mentoring emerging leaders, STTI decided that the Next Generation Leaders Task Force would be co-chaired by an experienced leader and an emerging leader. This leader-partnership exemplifies the goals of the NGL Task Force by leveraging and role modeling the blending of the experience of the seasoned chairperson with the innovative ideas and energy of next generation, or emerging leader, chair-person.

Task Force meetings have focused discussion on delineating strategies to overcome known barriers to the effective and ongoing engagement of emerging leaders at both the individual and chapter levels. NGL Task Force members have identified preliminary ideas and recommendations and at the end of the Biennium will propose these recommendations to the STTI Board to support the engagement of STTI Next Generation Leaders.

This poster presentation summarizes the activities of the Task Force with the goal of encouraging input from chapter leaders about how to engage, motivate, and mentor Next Generation Leaders at the chapter, regional and international levels of STTI.

References
None.

Contact
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Purpose
The purpose of this presentation is to share how Pi chapter was successful in partnering with the Daisy Foundation to recruit new members.

Target Audience
The target audience is STTI chapter leaders responsible for recruitment and induction of candidates.

Abstract
One of the objectives in the Pi chapter strategic plan is to increase the focus on extending invitations to community nursing leaders. Each board member is encouraged to invite at least two members per year. One of the members of the Pi board, who works with the Daisy Foundation, made a presentation to the board outlining the concept of inviting Daisy Awardees as community nursing leader members. The Pi chapter board of directors voted to pilot the opportunity and to evaluate the process and the number of invitation acceptances. The Pi president met with the dean of the school of nursing to outline the proposed project and to solicit feedback on the potential pros and cons of moving forward with the pilot.

Pi chapter partnered with the Daisy Foundation and a large metropolitan hospital to offer nursing leader membership invitations to qualified Daisy Awardees. It is the policy of the Daisy Foundation to ask each hospital to determine the criteria for selecting Daisy Awardees. A review of the criteria at the partner hospital indicated that they were very rigorous and focused on high professional standards.

The project will be developed during the summer of 2016 and the first invitations will be extended in September of 2016. Invitees will follow the nursing leader criteria set forth by STTI. Those accepting the invitation to membership will follow all STTI procedures.

The Pi chapter induction is tentatively scheduled for mid-October. Pending the successful implementation of this project, other hospitals who participate in the Daisy Foundation program will be invited to partner with Pi chapter.

This presentation will provide the steps in planning the pilot project, developing the collaborative relationship with the pilot hospital, determining the review process of the Daisy Awardees by both Pi chapter and the Daisy Award Committee at the pilot hospital, and, the methodology for extending invitations to STTI membership.

References
None.

Contact
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Purpose
The purpose of this presentation is to show the past, present and future of Tau Alpha Chapter.

Target Audience
The target audience of this presentation are chapter leaders, nursing professors and chapters members.

Abstract
Objective: To describe the transition of Tau Alpha Chapter through past, present and future.

Past: The vision of a Mexican Nursing Leader Esther C. Gallegos, PhD, FAAN was created the Honor Society of Nursing in the School of Nursing at Universidad Autonoma de Nuevo León in Monterrey, Nuevo León, Mexico in 2002. Dr. Gallegos and her team worked very hard to create first the Honor Society and second the Chapter. To create the STTI chapter in Mexico, it was work of many nurses, Mexican and from US. They were a principal support. The leadership and vision to show and offer other view to the Mexican nurses it is real.

In March 24 2004 the Tau Alpha (431) was established, the ceremony was address by Daniel J. Pesut, PhD, FAAN who was the president in that time. The induction was included 164 new members (students and leaders) from all Mexico (32 states) For seven years the chapter was part of the Region 9 and received a lot of support for the leaders of this region.

The Tau Alpha Chapter had been five presidents since 2004-2016.

Present: The Tau Alpha Chapter is still the only chapter in Mexico, the chapter is consolidating, the board include new generations and nurses’ seniors as the founder of the Chapter Esther C. Gallegos, PhD, FAAN. The chapter is part of the Latin & South America/Caribbean Region, since 2011. The social media are using to communicate with the members and the

Future: The Nursing students from graduate and undergraduate programs and the new generations of nursing with the mentors of the nursing seniors are the future of the Tau Alpha Chapter. The board and members of Tau Alpha Chapter have very clear that the chapter needs be change, include the innovations, new ideas, and new networks. Also, the leadership, passion, gratitude and respect must be part of Tau Alpha Chapter.

References

Contact
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Purpose

The purpose of this presentation is to offer an innovative strategy to other chapters struggling with member involvement and member retention challenges. Members who utilize the website and social media feel more connected to the chapter community.

Target Audience

The target audience of this presentation is any chapter facing decreased member involvement and diminishing chapter retention. To be successful it is recommended that the chapter have the ability to invest a minimal amount of time, (approximately 2 hours) to facilitate of such a contest.

Abstract

Communication, Connectivity and Community: A Chapter’s Experience with a Profile Updating Contest

Background: Membership involvement is a common struggle for many chapters. In particular, at large chapters face additional struggles with extended geographic barriers. Utilizing online resources is one way to combat this challenge, however many members may be unaware of what is available to them through the Sigma Theta Tau organization. Methods: We visited the existing Circle website and identified activities that could be initiated, including personalizing the home page, posting news about chapter events, and publishing information in the discussions section to raise awareness within the membership. The board members responsible for this exercise learned the functions of various aspects of the Circle website and encouraged all board members to develop their own profiles. The next objective was to drive member traffic to the Circle website as a means to promote chapter communication, connectivity and community. Taking into consideration the motivation that a contest could generate, we came up with the idea to offer a nominal prize to incentivize the members into visiting the Circle site and personalizing their profiles. This would accomplish two goals: raising awareness of the chapter website itself and offering the members a potential for professional networking. A timeline of one month was established. A discussion post was initiated to advertise the contest. The board members decided on a $25 gift card as being the easiest gift to deliver to a member who might be remote. The rules of the contest were developed and posted. These rules established that in order to participate, a member would need to be current in chapter membership, and would need to attach a photo to the profile. The photo requirement allowed for easy verification of participation by the board leadership. Periodic reminders about the contest and drawing were posted to promote interest. The deadline for completing the profile personalization was announced, and as means of making the contest inclusive, we allowed members who had already personalized their profiles to be included. After the deadline, a list of those members eligible was generated, and one name was selected via a random drawing. The drawing was videotaped and posted on the chapter Facebook page and promoted on the chapter website. Due to the statistic information available through the social media sites we were able learn the reach of our efforts. On the day of the drawing 129 people had viewed our Facebook post regarding eligibility, and 267 people had viewed the video announcement. While the total number of members who participated in the contest was modest in relation to overall size of our chapter, we were encouraged by the outreach that this activity afforded. Conclusion: The blending of social media along with the STTI chapter website allows for a broader reach than a single website post. Members who are not close in proximity can still be involved and can experience a sense of connectedness when resources such as the chapter website and social media are implemented. Recognizing that our new membership’s demographic has an affinity for these resources, this contest was an ideal method for promoting involvement. This was also a way for us to implement a new strategy and gauge the extent of participation. The investment in this project was minimal: $25 for a gift card, a nominal amount for mailing the card to the winner and a time investment of a couple of hours with creating content for Facebook and website postings. The use of photographs and video in the posts...
proved to increase viewership and ultimately participation. We recognize that this is just one of many ways to involve members and create the communication, connectivity and community.

References
None.

Contact
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Purpose
The purpose of this presentation is to discuss the steps Iota Upsilon took to move the chapter forward, including regaining tax exempt status, to become a thriving chapter now moving towards applying for the Chapter Key Award.

Target Audience
The target audience of this presentation is chapter leaders of Sigma Theta Tau Chapters or any other board that is struggling with leadership.

Abstract
This presentation will discuss the steps that board members followed to transform from a challenged chapter to a Chapter Key candidate. During this four-year transformation, board members followed Sigma Theta Tau International best practices and accessed all resources available to it including the Sigma Theta Tau International headquarters staff, Regional Coordinator, and chapter officers. Through the hard work and dedication of these officers, the chapter was able to work through this difficult transition which included a complete board turn over and was able to regain tax exempt status, engage members, build a strong board and move the Chapter forward. Strong nurse leaders were key to this transformation. Through the leadership of the board, the Chapter engaged in strategic planning, mentoring, and team building (Barbe, 2014). Every aspect of Chapter operations was examined including banking practices, policies and procedures, board member accountability, awards process, travel and reimbursement practices, and nominations/elections. Through careful consideration chapter functions, key areas for improvement were identified. The Chapter also worked to survey members to identify what Sigma Theta Tau Membership meant to individual members and how to provide meaningful programs to the members to meet their needs. The Chapter was able to build a vibrant chapter which now hosts community service projects, social and networking events, a beautiful induction ceremony, research events, educational programs, and mentoring activities. The Chapter now looks forward to applying for the Chapter Key Award to highlight the excellent work being done by the Chapter. Chapter leadership engages in mentoring of new members as a method of succession planning. The Board and Leadership Succession work together to ensure that candidates for office understand the commitment to the Chapter, the Society and the STTI members. Officers are expected to attend all board meetings and to submit reports prior to the meeting to ensure that chapter business can be conducted in an officer’s absence (Catrambone, 2012). Transition meetings and new officer orientations are offered to assist new officers with understanding their role and responsibilities. Communicating clear expectations and time commitments of the role assists the new officer in performing their duties (Collins-Christie, 2015).

References

Contact
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Rising Stars of Research and Scholarship Invited
Student Posters
Quality Improvement of Documentation of the Use of Chlorhexidine in Patients with Central Venous Catheters

Dani Palmer, N/A, N/A, USA
Margaret Miles, N/A, N/A, USA

Purpose

to (1) determine the causes for the lack of documentation of chlorhexidine (Hibiclens) use in patients with central lines, then (2) differentiate the reasons for these causes.

Target Audience

The target audience of this presentation includes (1) nurses in clinical practice, (2) academic nurses who are teaching students about the reasons nurses do not document as instructed, and (3) administrative nurses who need to discover rationales for a lack of clinical documentation.

Abstract

The objectives of this poster presentation are to (1) determine the causes for the lack of documentation of chlorhexidine (Hibiclens) in patients with central lines, then (2) differentiate the reasons for these causes. A central venous catheter is an intravenous port placed in a large vein of a patient. Central venous catheters are direct access devices that allow healthcare providers to deliver long-term treatments to their patients; furthermore, these devices are used for administration of fluids, medications, parental nutrition, and the drawing of labs. According to the Joint Commission, “CVCs are the most frequent cause of healthcare–associated bloodstream infections.” After interviewing the Clinical Decision Unit manager at a central Kentucky Hospital, it was brought to our attention that the documentation of using Hibiclens during central venous line care is an issue on the unit. To investigate this issue within the unit a written survey will be performed by the hospital infectious control team, unit administrative staff, and twenty floor nurses to determine the reasons why chlorhexidine (Hibiclens) is not being documented. From these results, a review of the documentation system and of the central line care kit will be performed to differentiate the causes. After all data is collected, an analysis will be performed to code the data and draw conclusions as to why there is minimal documentation. Then, interview of a sample of the nurses will be performed in order to discuss the responsibility involved with the documentation of the use of Hibiclens. The hypothetical outcomes to be found include no use of chlorhexidine (Hibiclens) related to time deficit or lack of education; therefore, no documentation. This is also hypothesized to be possibly related to unclear documentation responsibility, lack of time, and inadequate education regarding the documentation system. Once data is confirmed, recommendations to the nurse administrators of the unit will be provided, based on the guidelines discovered from The Joint Commission and other sources.

References


Contact

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Target Audience

The target audience of this presentation is practitioners who perform invasive procedures while the patient is awake. This presentation is geared towards practitioners who work with adult women but is applicable to practitioners who work with men and children as well.

Abstract

Background: The CDC reported 1 in 5 women (19.3%) will experience sexual assault or rape during their lifetime. Thus, there is approximately a 20% chance that certified nurse midwives (CNMs) and women’s health nurse practitioners (WHNPs) will provide care to a sexual assault survivor. Sexual assault is a traumatic experience that often affects the way a survivor trusts others and responds to touch, examination, or intimacy. In order to protect survivors from retraumatization, CNMs and WHNPs should be able to accommodate their practice to the needs of survivors. Aims: (1) describe how CNMs and WHNPs screen for a history of sexual assault; (2) describe how CNMs and WHNPs accommodate needs of survivors; (3) identify how CNMs and WHNPs comply with survivor requests; (4) compare CNMs’ and WHNPs’ accommodation and compliance practices. Methods: The descriptive study used a survey design. An online investigator-created, 65-item survey was used. The principal investigator (PI) asked directors of WHNP and CNM programs in the US to disseminate an invitation inviting faculty to participate in this study via email. Faculty members of WHNP and CNM programs in the United States were eligible to complete the survey. Statistical analysis included means (SD) for continuous variables, frequencies (%) for categorical variables, and Mann-Whitney U tests for non-parametric data. Results: 18 advanced-practice nurses completed the survey in total; including 10 CNMs and 8 WHNPs. The survey response rate was approximately 32%. CNMs were more likely to accommodate their breast/pelvic exam practices for all survivors, and were significantly more likely to comply with requests when preparing for an exam (p=0.02). There was no correlation between screening frequency and accommodation or compliance practices. Conclusion: There were few statistical differences between CNMs and WHNPs during the conduct of exams, suggesting that neither CNMs nor WHNPs were better at providing care for survivors while conducting the exams. However, there were statistically significant differences in the way CNMs and WHNPs prepared for exams.

References

Contact
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Purpose
The purpose of the poster presentation is to disseminate findings of a statistical analysis regarding APRN practice environments of states with full versus limited practice authority and 30-day re-admission rates of pneumonia in Medicare patients.

Target Audience
The target audience would be for advanced practice nurses and those involved with prevention of 30-day re-admissions in the Medicare population.

Abstract
Background: The Patient Protection and Affordable Care Act (PPACA) became law in 2010. Two major goals of the legislation were to reduce health care costs and improve quality of care. Hospital readmissions within 30 days of discharge were identified as a significant expense to the federal government that might be reduced by improving quality of care.

Purpose: To determine if clinical processes, prevention measures, or advanced practice registered nurse (APRN) practice environment influence excess 30-day excess readmission ratios for community-acquired pneumonia (PN) among patients insured by Medicare.

Methods: The relationship between the variables was analyzed by a multiple linear regression. Data included only those 65 and older enrolled in Medicare. The outcome variable was excess PN 30-day readmissions as reported by Center for Medicare and Medicaid (CMS). The predictor variables were analyzed in three clusters—clinical processes, pneumonia primary prevention strategies and APRN practice environment. The clinical processes the Medicare dataset included the proportion of care plans transmitted and proportion of discharge instructions given. Primary prevention variables based on CDC data included the proportion of flu vaccinations and proportion of tobacco use. The APRN practice environment variable from Kaiser Family Foundation data categorized states as having full or restricted practice.

Results: Across the United States, independent APRN scope of practice was associated with a 3.7% reduction in the excess 30-day readmission ratio compared to states with restricted practice (p = .000). In contrast, clinical processes and primary prevention strategies were not associated with decreases in the excess readmission ration (care plan B=0.000, p=0.469; discharge B=0.000, p=0.041; tobacco B=0.000, p=0.885 and flu vaccine B=0.001, p=0.018)

Conclusions: Hospitals located in states where APRNs practice independently had a 3.7% lower 30-day readmission ratio for PN compared with hospitals located in states where APRNs have legally-imposed restrictions on their scope of practice. Higher proportions of discharge teaching, care plan transmission, influenza vaccination and lower proportions of tobacco use did not lower the national PN excess 30-day readmission ratio.

Implications for nursing education, practice and/or research: In clinical trials, APRN have demonstrated high quality health care. In these national data, independent APRN scope of practice was associated with a statistically significantly lower excess readmission ratio for pneumonia. Consequently, among multiple strategies for reducing 30-day readmissions, we recommend APRNs, consumers, and policy makers work to remove legal barriers to independent APRN practice. This approach is supported
by the IOM’s recommendation that nurses practice at the highest level of their education. Future research should be done to identify how scope of practice differences contributes to reductions in 30-day readmissions.

References

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A Grounded Theory Approach to Explore How Women Perceive Menopause

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Purpose
The purpose of this poster is to present the perceived meanings of menopause using Grounded Theory.

Target Audience
The target audience of this presentation is any health care professionals who provide care for menopausal women including gynecologists, nurses-midwives, women's health nurse practitioners and nursing students.

Abstract
Aim: This poster aims to present the perceived meanings of menopause using Grounded Theory approach within the Iranian context as a Muslim country. The poster’s main objectives are: (a) to understand the uniqueness of an individual’s menopausal perceptions and that how these differences influence in delivery of nursing care. (b) to identify the multiple dimensions of women’s menopause perception as a nursing phenomenon within Iranian context as a Muslim country

Background: 220 million Muslim women reported to be in the postmenopausal or climacteric period (Mahadeen, Halabi, & Callister 2008). It is predicted that the amount of postmenopausal women will rise from almost 477 million in 1998 to 1.1 billion in 2025 (Theroux, 2010). A study by Ama & Ngome, (2013) has shown that menopause is a transitional period which continues from 1 to 10 years depending on different internal and external factors. Menopause is defined physiologically as the permanent session of menstruation, which normally occurs between the ages of 45 and 54 and lasts for one year. This physiological definition does not cover all aspects of women’s menopause experience. Many of the studies in the literature have focused on one aspect of menopause. Although physiological, socio-cultural, spiritual, individual, sexual, and psychological dimensions of menopause have been studied in the literature, they have not been integrated collectively (Lindh-Åstrand, Hoffmann, Hammar, & Kjellgren, 2007). Differences in menopausal symptoms have been referred to multiple factors such as “culture, society, education and economic condition” (Hakimi, Simbar, & Tehrani, 2014). The meaning of menopause is different among women because menopause experience is unique for each individual (Hakimi, et al., 2014). Physiological and symptomatology focus on menopause is gradually shifting to reality of human experiences and perceptions.

Methodology: A qualitative exploratory research applying grounded theory approach will be used. Data has been collected from 9 individuals through 1 focus group and 6 individual in-depth interviews. Data collection was started with an open ended question of “what does menopause mean to you” and further questions asked based on participants’ responses. Collected data was audio-taped, transcribed verbatim. Coding process will be performed and emerging themes will be reported.

Significance: Holistic care provides the opportunity to provide care based on cultural competence care. Cultural competent care is highly important in pluralistic multicultural societies such as United States. As the U.S. becomes more heterogeneous, the role of cultural competent care becomes more critical. Health care professionals need to provide care for patients from different racial, ethnic, and cultural backgrounds through culturally competent care. It is important to note that women will bring their individual culturally based menopausal concerns that reveal how menopause is perceived and defined by them.

Implications: Understanding the fact that what really a woman goes through during her menopause experience and knowing multiple dimensions of women’s menopause perception, can help health care providers to promote woman’s health by providing support, education, and performing necessary interventions. Increasing patient’s self-efficacy can be performed while considering patient’s cultural
sensitivities. Patient education can reform wrong cultural beliefs and myths regarding menopause. In addition, information gained from the women’s menopause experiences can be used as a resource to support future community public health programming and appropriate policy changes necessary to ensure continued positive social change for this vulnerable group of women.

References

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Fathers' Experiences in the Neonatal Intensive Care Unit: A Research Proposal

Lisa A. Cummings, MHA, MSN, BSN, RNC, USA

Purpose

The purpose of this presentation is to introduce the importance of the issue of fathers’ experiences in caring for premature infants in the NICU by describing a proposed study to understand these experiences. Given the importance for positive infant outcomes, supporting fathers may promote early interactions with their infants.

Target Audience

The target audience of this presentation is aimed at NICU and other practitioners who can support fathers and promote early interactions with premature infants to foster healthy relationships and infant development.

Abstract

Purpose: Prematurity is a global, national, and regional problem affecting one in ten babies each year. The costs associated with prematurity are multifaceted, since prematurity impacts families, healthcare, society, and parents. Infant costs include immediate and long lasting negative effects including pathologies that result in impairments and even death. Infants born prematurely often exhibit varying neurological deficits including developmental delays, behavioral problems and mental retardation. Hence, health care expenditures associated with prematurity are staggering. For instance, the average health care expenditures for a preterm birth/low birth weight infant are more than 10 times that of the cost of an uncomplicated newborn.

Societal costs associated with prematurity also are high since resources used to treat the condition include medical care, special education, and developmental services. It is known that parent-infant bonding can mitigate problems associated with these costs. Close physical contact between infants and their parents enhances the bonding process, improves infant outcomes and reduces cost. However, most of the research has considered the mothers’ experiences of having a premature infant and the quality of the mother-infant bonding process. Evidence suggests that the father-infant bonding process and fathers’ involvement with their infant is also associated with improved developmental outcomes. Bonding can be described as the establishment of an emotional connection between the parent and infant. This process may be impeded or disturbed by several factors associated with timing of birth and/or prolonged hospitalization, which many of these premature infants require. Survival rates and lengths of hospitalization are increasing, which can affect both the mother-infant and the father-infant bonding process. Research is needed specifically to address the gap in knowledge regarding fathers’ experiences.

The aim of this study is to understand experiences of fathers of premature infants in the neonatal intensive care unit (NICU) and to generate an interpretation of the meaning of the father-infant interaction in the circumstances of premature birth. A hermeneutic phenomenological approach will be used to collect and analyze data. Fathers of infants of various gestational ages and lengths of stay (n=15) will be interviewed in a private, one-on-one setting. The audio-recorded, de-identified transcripts will be analyzed by a team of investigators with skills in phenomenological analysis, resulting in patterns and interpretive commentary. A literature review was undertaken to explore extant research on fathers’ experiences of caring for their infants admitted to a NICU. Seventeen papers reporting primary research were identified. In highlighting the experiences of fathers, this study will add to the extant literature and raise awareness of the needs, perceptions, and experiences unique to fathers in the context of the NICU. Given the importance of positive infant outcomes, this study will be a valuable contribution to the literature that may promote fathers’ early interactions with their infants and foster healthy relationships and infant development.

References

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RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1

Bridging the Gap in Care to Prevent 30 Days Readmissions

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Purpose
The purpose of this presentation is to: 1. Raise awareness on the importance of transitional care in healthcare delivery 2. Bridge the gap in care during the health and illness transition phase to address patient’s needs and decrease the prevalence of 30 day readmissions in the primary care practice settings.

Target Audience
The target audiences for this presentation are: nurses, social workers, physicians, health care organizations, insurance companies and patients. Although transitional care has been a subject of interest in healthcare delivery it is not a standardized process, a concerted effort is needed to make it a standard in healthcare delivery.

Abstract

Background: In the United States 30-day hospital readmissions is a national concern; this problem is significant because it is costly and is a poor indication of the quality of our healthcare delivery system. Patients face many challenges after hospitalization; a concerted effort is needed to improve care during the health and illness transition phase.

Purpose: The purpose of this project is to heighten awareness on the importance of post hospital discharge transitional care. Create and implement a post hospital discharge follow-up protocol in a primary care setting to reduce the prevalence of 30 day readmissions in the diabetic and hypertensive population in the practice.

Theoretical Framework: The theoretical framework selected by the researcher for the capstone project is based on the middle range Transition Theory of Drs. Afaf Ibrahim Meleis, Dr. Eric Coleman Care Transitions Program model, and Kurt Lewin Change Theory.

Methods: To conduct a descriptive study. To examine de-identify data to identify gaps in transitional care. To introduce and implement a post hospitalization transitional care protocol in a primary care setting to address diabetic and hypertensive patients post discharge needs during the health and illness transition phase to improve health outcomes.

Results: A sample size of 80 de-identified data was analyzed. It included 40 de-identified records pre-protocol intervention, and 40 post discharge intervention protocol. Data was categorized into two groups diabetic and hypertensive groups, and into two categories those who had follow up with their primary care physician post discharge and those who did not. A Chi-square Fisher Exact test was conducted in SPSS. Based on the results there was no significant statistical difference between the pre and post intervention groups. However, based on the numbers less people were admitted post protocol intervention.

Recommendations: More studies are needed with larger sampling size as this may impact statistical results. Studies focusing on the causative factors of 30 day readmissions may provide in-depth understanding of the phenomenon of 30 day readmissions. More advocacy work is needed to influence policy makers and the insurance industry in making transitional care a standard of care for all.

Conclusion: Because of the penalty imposed by Medicare on hospitals for 30 day readmissions of patients with specific diagnoses; the focus has been on preventing readmissions of Medicare patients. Medicare provides a special ICD 10 code with special reimbursement rates for post hospitalization transitional care face to face visit with primary care physicians that occurs between 7-14 days. To improve health outcomes transitional care must be recognized as a standard of care for all patients regardless of payer source and diagnoses.
References
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RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1

Feel It! Stress Reduction for Nursing Students Using Mindfulness Meditation

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Purpose

The purpose of this presentation is to share a quality improvement project developed by two senior leadership students that implemented mindfulness meditation strategies with 200-level nursing students in a medical/surgical clinical to reduce student stress.

Target Audience

The target audience includes primarily beginning nursing students, as well as nursing faculty, clinical preceptors, and advisors. Senior level nursing students and nursing staff can benefit from the mindfulness meditation strategies as a way to manage inherent stress and improve patient and nurse satisfaction.

Abstract

This presentation will address mindfulness meditation as a quality improvement project completed by two senior leadership nursing students in collaboration with preceptors who were clinical faculty leading 200-level nursing students in a clinical setting, along with the course professor. An assessment of needs was completed and a mutually identified topic was agreed upon to be completed within the time frame of a 15-week semester. In working with beginning nursing students, there were many aspects of care and floor nursing that were new and exciting to them, and some were overwhelming and stressful. Educational needs of 200-level students and degree of coaching support required were assessed. In addition to addressing the potential needs of the students, the need for quality improvement (QI) in their clinical practices was also considered. The Neuman Systems Model (NSM) was used to assess needs and stressors of the beginning nursing students. These needs were then prioritized. Specifically, intrapersonal stress related to “fear” of initiating patient conversation, performing new skills, and entering the room of an adult client in the complex and fast-paced environment of the medical/surgical unit was identified as the highest stressor. To address these fears, evidence-based mindfulness meditation strategies were applied in a teaching project, ongoing coaching during weekly clinicals, and evaluation through conversation and written journal reflections. With this level of nursing students, it became apparent that concrete techniques were required over abstract and more undefined methods to decrease stress and increase therapeutic relationships during clinical.

A literature review identified three mindfulness meditation techniques used to decrease student stress. The techniques need to be personalized and understood in order for the student to implement them into their clinical experience. The project itself consisted of a short oral presentation, including education and instruction on mindfulness meditation, followed by discussion and a question and answer period. This teaching methodology was specifically chosen to keep the session personal, interactive, and responsive to student reactions to the strategies that target their fears.

Mindfulness meditation and the focus on its use in stress reduction in the United States has been frequently attributed in part to the Mindfulness Based Stress Reduction (MBSR) program developed by Jon Kabat-Zinn at the University of Massachusetts in 1979 (The Greater Good Science Center, 2016). As a Professor of Medicine Emeritus, Kabat-Zinn emphasizes the importance of mindfulness meditation for those in healthcare careers (Kabat-Zinn & Gazella, 2005). Dr. Kabat-Zinn explains that this form of mindfulness is not something that just happens, but is something that needs to be taught, developed, practiced, and maintained (Kabat-Zinn & Gazella, 2005, p. 60).

The mindfulness meditation strategies determined appropriate for this audience consist of three specific techniques used to focus the student on the physical feeling of their body for a brief moment, to help bring them into that exact moment without focusing on other tasks, and establishing connection with what is to be done at present. Dr. Kabat-Zinn primarily discusses how the technique of “watching” one’s own breath helps to center the student, connect them with their physical self, and create mindfulness by focusing on the present moment (The Greater Good Science Center, 2016). “Watching” a breath can be done in a
variety of ways, depending on how and where the individual physically feels their breath, and focusing their attention to that point (The Greater Good Science Center, 2016; Dr. Brown, personal communication, February 28, 2016). Examples include how the breath feels on the upper lip coming from the nose, how the air feels passing in and out of the nostrils, how the stomach feels when breathing, or the rise and fall of the chest. The two other techniques included have similar grounding effects, and consist of feeling your feet in your shoes and on the floor, or what water on their hands feels like while washing them prior to entering a patient room.

As a leadership student, it was critical to establish a trusting relationship and collaborative rapport with underclassmen while providing respectful, positive and corrective feedback. Multiple measures were used to evaluate student knowledge, skills, and attitudes (KSAs) after implementing mindfulness meditation strategies in the real-world clinical setting were used to assess the learning outcomes. Multiple measures included reflective journaling, weekly conversations, and observation of behavior changes in the students. The most meaningful and informative findings were revealed in reflective journaling. The written student journals showed a willingness to reflect on practice and to implement the use of the strategies. Student comments and themes will be included in the poster presentation. In addition, reflections and learning outcomes by the senior leadership students will be reported.

References

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Purpose
To describe the study design, and preliminary data, evaluating innate and adaptive immune function in pediatric patients undergoing cardiac surgery and determine its relevance to development of post-operative infection.

Target Audience
The target audience of this presentation are nurses, educators, and advanced practice providers interested in understanding immune system function in critically ill pediatric patients, with an emphasis on those undergoing cardiac surgeries.

Abstract
Infections occur in up to 20% of pediatric patients who undergo cardiac surgery. Post-operative infections are a significant source of additional morbidity, and can result in re-operations, lengthen hospital stays, and necessitate longer durations of mechanical ventilation and inotropic support. Proper immune function is vital for prevention of post-operative infections. Two arms of the immune system operate together to maintain suitable function. First, the innate immune system serves as the key regulator of the inflammatory response that activates other immune cells and facilities repair of injured tissues. Second, the adaptive immune response confers specificity to the immune response and their cells typically require presentation of antigen by a member of the innate immune system in order to become activated.

The combination of local trauma, cardiopulmonary bypass as well as pulmonary and myocardial reperfusion results in a significant systemic inflammatory response post-cardiac surgery. The compensatory anti-inflammatory response syndrome is activated to counteract this pro-inflammatory surge. This involves the elaboration of anti-inflammatory mediators resulting in down-regulation of the pro-inflammatory response and inhibition of leukocyte function. If the compensatory anti-inflammatory response is severe and persistent, it represents a form of secondary immune deficiency, which can profoundly affect immune function. This immune suppression has been demonstrated in critically ill children and adults following sepsis, trauma, and severe viral infections, and is also evident post-cardiac surgery.

It is currently unknown how cardiac surgery impacts both innate and adaptive immune function in pediatric patients. Therefore, the purpose of this study is to gather data in pediatric cardiac surgery patients and demonstrate the incidence of cardiac surgery induced immune suppression. In addition, this study will be the first of its kind to evaluate innate and adaptive immune function and determine their relevance to post-surgical outcomes, namely infection. The study described will test the hypotheses that: 1) Cardiac surgery will be associated with a reduction in innate and adaptive immune function in comparison to pre-operative function, with those undergoing cardiopulmonary bypass having the most severe reduction, and 2) Severe, early reductions in innate and adaptive immune function will be associated with increased risk for the development of nosocomial infection.

References

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**Purpose**

The purpose of this presentation is to inform listeners about the concept of palliative wound care and the common symptoms and wound presentations associated with recalcitrant wounds at the end of life. The palliative wound care protocol is introduced as a formal protocol with interventions that can be utilized to control the symptoms of pain, odor, bleeding, drainage, and bacterial bioburden.

**Target Audience**

The target audience for this presentation includes physicians, nurse practitioners, physician assistants, nurses, and anyone in contact with patients in the healthcare field with chronic wounds.

**Abstract**

Successful wound management in the palliative care and hospice arenas is a challenging process that requires progressive clinical knowledge, explicit goal communication, and creativity to provide comfort and symptom control. While most acute and chronic wounds encountered by a provider can be healed effectively if the appropriate treatment is employed, there are some recalcitrant wounds and many comorbidities that prevent wound healing, especially at the end of life. This circumstance causes providers to evaluate appropriate interventions for wound maintenance. Providers should be able to utilize protocols with symptom control in mind when providing palliative, or comfort-focused wound care (CFWC). The literature regarding palliative wound care is abundant. However, the availability and utilization of a standardized protocol for palliative wound care and symptom management is lacking.

**Purpose:** The purpose of this capstone project was to conduct a comprehensive literature review to determine the knowledge base regarding the treatment of wound from a comfort-focused, or palliative aspect. The researcher noted that, although there is a great deal of information regarding the treatment of wounds at the end of life, there was no formal protocol that provided treatment guidelines. The researcher developed a palliative wound care protocol that addressed the elements of palliative wound care, including pain, odor, drainage, bleeding, and bacterial bioburden.

**Manifestation and Treatment of Pain:** Several studies in the integrative review discussed the manifestation and treatment of pain in relation to palliative wound care. One study found that pain was the most distressing symptom regarding wound care and affected a myriad of other activities, such as sleep, mobility, and relationships (Chrisman, 2010). The assessment of pain is important data to extract and influence treatment. One must attempt to ascertain the onset, location, duration, aggravating & alleviating factors, characteristics, radiation, and timing of the pain as part of history of present illness information. There are measurement tools to assist with objectifying pain, such as the Numerical Pain Rating Scale (0-10), McGill Pain Questionnaire, and the FLACC score (Alvarez, et. al., 2007). Secondly, there are several non-pharmacological interventions for the treatment of pain as well as utilization of medications. Many studies review relief mechanisms such as leg elevation, sitting or stretching, cooling. Also, using non-adherent dressings that avoid trauma or epidermal stripping during dressing changes is encouraged (Alvarez, et. al., 2007; Naylor, 2005). Pharmacological treatments include numbing agents such as lidocaine, pain relievers such as acetaminophen and non-steroidal anti-inflammatory as well as opiate analgesia. The provider should consider both systemic and local uses of pharmacological treatment (Naylor, 2005).

**Manifestation and Treatment of Odor:** Regarding malodorous wounds, many studies were reviewed and offered rationale for wound odor in addition to possible treatment options. Wound odor is typically caused by bacteria within the wound, typically organized in nonviable tissue. Anaerobes are the most common cause of wound odor, and examples include *Pseudomonas, Klebsiella, and Clostridium* species.
(Gethin, 2011). Options for treatment of wound odor in the palliative setting include topical metronidazole for the treatment of anaerobic bacterial bioburden, debridement of devitalized tissues, honey, and charcoal dressings (Chrisman, 2010; Gethin, 2011; Naylor, 2005). Many wounds with odor correspond to a malignant fungating wounds (MFW). There is no assessment tool in the integrative literature review as it relates to wound bleeding. Discussion regarding the pathophysiology of problematic wound bleeding relates to fragile vessels within the wounds. Other factors for bleeding include bone marrow suppression, disseminated intravascular coagulopathy, and thrombocytopenia (Recka, et. al., 2011). Regarding local wound care, it was discussed that slow, careful removal of dressings that have been previously moistened with warm saline are a mainstay in prevention of bleeding associated with dressing change. Dressing choices should be made with the understanding that the bleeding should be wicked away from the wound bed and absorbed (Chrisman, 2011). Secondly, pharmacologic treatments are discussed, such as the use of topical vasoconstrictors like epinephrine, cocaine, and oxymetazoline. Chemical cauterization is an option as well with the utilization of silver nitrate. Systemic therapies include vitamin K, fresh frozen plasma and other blood products. If the tumor burden can be relieved with radiation or surgery, this should also be considered (Recka, et. al., 2011). There was no noted assessment tool in the integrative literature review as it relates to wound bleeding.

**Manifestation and Treatment of Drainage:** Comparatively, the literature reviewed yielded fewer articles discussing the pathophysiology and management of drainage. There are tools available for the measurement of exudate or drainage, most commonly noted are the PUSH tool and BWAT tool. As mentioned before, heavy exudate can impede wound healing as well as leak out of dressings and get on clothes or linen, causing embarrassment and possibly social isolation (Naylor, 2005; Chrisman, 2011). It is important to choose a topical dressing that can absorb the drainage the wound produces without drying out the wound bed. Also, dressing choice should include a dressing that meets absorption needs while limiting the number of dressing changes as much as possible to reduce discomfort and pain (Alvarez, et. al., 2007). It is also important to review drainage amount with each dressing change and alter the dressing choice if drainage changes occur (Chamanga, 2015).

**Manifestation and Treatment of Bleeding:** Many of the articles reviewed regarding bleeding associated with recalcitrant wounds were related to tumor burden. Discussion regarding the pathophysiology of problematic wound bleeding relates to fragile vessels within the wounds. Other factors for bleeding include bone marrow suppression, disseminated intravascular coagulopathy, and thrombocytopenia (Recka, et. al., 2011). Comparatively, the literature reviewed yielded fewer articles discussing the pathophysiology and management of drainage. As mentioned before, heavy exudate can impede wound healing as well as leak out of dressings and get on clothes or linen, causing embarrassment and possibly social isolation (Naylor, 2005; Chrisman, 2011). It is important to choose a topical dressing that can absorb the drainage the wound produces without drying out the wound bed. Also, dressing choice should include a dressing that meets absorption needs while limiting the number of dressing changes as much as possible to reduce discomfort and pain (Alvarez, et. al., 2007). It is also important to review drainage amount with each dressing change and alter the dressing choice if drainage changes occur (Chamanga, 2015).

**Management of and Treatment of Bacterial Bioburden:** Bacterial bioburden is a common problem regarding recalcitrant wounds. Bacterial colonization of a wound increases the risk of chronicity. Davis and colleagues report that there is suggestion regarding wounds with more than 1,000,000 organisms contributing to delay in wound healing (Davis, et. al., 2013). Similarly, wounds with bacterial colonization can become more painful, increase drainage, and contribute to odor. Wound infection and colonization can be related to the body’s response to the bacteria, and the virulence of the particular offending bacteria (Butcher, 2012). There are several topical agents that have been cited in the literature review regarding topical control of bacterial bioburden. Silver is an agent that has been used in wound care for many years. The silver element is antimicrobial in nature, inhibiting bacterial growth. There are many wound care dressings that contain silver. However, there have been growing concerns regarding the possibility of silver toxicity and silver resistance (Butcher 2012). Iodine has been used in wound care since the Civil War time period (Schwartz, et. al., 2012). Iodine works on the bacterial bioburden by disrupting the bacterial cell membrane and causing cell death (Schwartz, et. al., 2012). The iodine can be used in the form of a pained swab over a stable wound with dry eschar or as an ingredient in cadexomer iodine, which will also aid with drainage absorption. The literature review has also revealed the usefulness of medical grade honey in the management of bacterial bioburden. Although the mechanism is not fully known, it seems that the hyperosmolar properties of the honey inhibit the access to water by bacteria, causing bacterial cell death (Butcher 2012).

**References**

RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1

Feasibility and Acceptability of Integrative Therapy for Management of Symptoms in Persons With Pulmonary Hypertension

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Susan Thrane, PhD, RN, USA
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Purpose
The purpose of this presentation is to describe the feasibility and acceptability testing of the Urban Zen Integrative Therapy for symptom management for persons with cardio-pulmonary disease. This study’s multi-modal components and integrative approach serves as an excellent exemplar for feasibility and acceptability testing and methods for intervention fidelity monitoring.

Target Audience
The target audience for this presentation is researchers planning behavioral intervention research. This exemplar will be useful for doctoral students and behavioral intervention researchers who are interested in testing multi-modal integrative therapies for symptom management in chronic conditions.

Abstract
Background: Persons with the life-limiting cardiopulmonary disease face many symptom management challenges. Pulmonary Hypertension (PH) is one such progressive and debilitating chronic condition and serves as an excellent model for symptom management intervention development and testing. High mean pulmonary pressure characteristic of PH and the medications used to treat the disease lead to distressing symptoms such as chest pain, anxiety, nausea, insomnia, dyspnea, dizziness, and fatigue. Increased symptom burden can impair patients’ ability to manage and adhere to medical treatments leading to reduced quality of life. Integrative approaches to symptom management are urgently needed. Many integrative health approaches have shown benefit in symptom alleviation in chronic conditions such as cancer and heart disease and may have therapeutic benefits in severe cardiopulmonary conditions such as PH. A patient-centered, pragmatic integrative approach to symptom treatment can provide holistic management without added side effects. The purpose of this mixed-methods pilot study is to determine the feasibility, acceptability, and preliminary efficacy of a 6-week integrative therapy program, Urban Zen Integrative Therapy (UZIT) among community-dwelling adults with PH.

Methods: The presentation will describe methods of determining the feasibility of a 6-week UZIT intervention in community-dwelling adults with PH. Feasibility will be determined by 1) Recruitment rate (>40% recruited from those approached), 2) Enrollment rate (>two/month), 3) Home practice (>1/week), and 4) retention rate (>70% of participants remaining at study completion).

The presentation will describe methods of determining the acceptability of UZIT among community-dwelling adults with PH for symptom management. Acceptability will be determined by 1) Participants’ evaluation of the UZIT program (composite mean System Usability Scale score > 5, scale 1-7), 2) Session completion rate (at least 5 of 6 sessions [83% attendance] by the participants retained at the study end), and 3) An exploratory sub-aim (Aim 2-A) is to determine what components of the UZIT program are preferred by adults with PH.

The presentation will describe strategies in maximizing intervention fidelity of a UZIT intervention that will include: consistency of intervention delivery and intervention dose. To strengthen the study design, we will address: 1) research intervention protocol, 2) interventionists’ competency training, 3) quality audit, and 4) research process evaluation.
The study will enroll a single cohort of 20 patients with PH at The Ohio State University Wexner Medical Center PH outpatient clinics who are willing to participate in 6 weekly 60-minutes sessions of UZIT. The UZIT intervention will include four integrative modalities: essential oil, gentle body movement/restorative pose, body-awareness meditation, and Reiki. A trained UZIT therapist will provide treatments tailored to patients’ symptoms and physical capability, within the bounds of the research protocol. Qualitative and quantitative data will be used to assess the feasibility and acceptability of the UZIT intervention. Field notes, semi-structured interviews, and daily symptom diaries will provide a qualitative description of symptoms and UZIT acceptability and constant comparison. Intervention sessions will be remotely video recorded and examined for fidelity.

Discussion: Implementation of behavioral intervention is challenged by many threats to study’s internal validity. Furthermore, mind-body integrative therapy with multi-modal components (UZIT) adds complexity to the scientific testing standards. Measuring ways to assure that the intervention is feasible and acceptable to participants and that the intervention delivery dose is consistent will optimize scientific rigor. In preparation for future efficacy testing of this intervention, these basic requirements proposed in this preliminary testing detailing the design and implementation of UZIT research for symptom management in cardiopulmonary illness is necessary. If feasible and acceptable to cardiopulmonary patients, this intervention has the potential to mitigate the bothersome symptoms inherent in life-limiting, cardiopulmonary diseases and improve patients’ quality of life. This presentation will use the exemplar of UZIT integrative therapy for symptom management in patients with pulmonary hypertension.

References

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**RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1**

**Neurobiology of Sexual Assault**

*Erin Misch, USA*

*Denise Saint Arnault, PhD, RN, FAAN, USA*

**Purpose**

The purpose of this presentation is to inform health care professionals, law enforcement, and the victims themselves about why the victim reacted the way he/she did during a sexual assault. It is available to provide comfort for those who have been assaulted, as they are not alone.

**Target Audience**

The target audience of this presentation is researchers, nurses, and the victims of trauma. College-aged women would also benefit from hearing about this information since sexual assault is a growing problem with that specific population.

**Abstract**

Sexual assault is a widespread problem. Nationally 19.3% of all women have reported being raped and 43.9% of all women have reported sexual assault other than rape (however, it is estimated that only 16% of these incidences are reported to law enforcement). A literature review was conducted and the goal of this research is to apply neurobiological theory of tonic immobility to understand underreporting of sexual assault. Tonic immobility (AKA "rape-induced paralysis") is defined as an uncontrollable mammalian response in fearful and inescapable dangerous situations. Driven by the reptilian brain, this is a documented natural instinct found in many animals, such as sharks, rabbits, possums, and frogs. In sexual assault, the theory states that many victims' natural instinct is to freeze, making them unable to fight back. In addition, during tonic immobility, naturally occurring opiates, cortisol, and catecholamines are released in the body, and the hippocampus and amygdala cannot process memories because both of these structures are highly sensitive to hormonal fluctuations. Theoretically, these neurobiological responses protect the victim from both physical pain as well as preventing memories and strong emotions. The implications of these neurobiological responses during the sexual assault have implications for the victim in several ways. First, victims doubt their own memories, and may blame themselves for "not fighting back," feeling shame and avoiding disclosure. In addition, these responses impact the prosecution process. Officers who are unaware of neurobiological happenings may have skewed views of the event, also believing that since the victim did not fight back, the sex was consensual. The victim may present no emotion when recalling the event. Law enforcement is then inclined to believe that the story is false since "no person would act this way after a trauma". Victim advocacy in nursing requires understanding and assisting victims and law enforcement to be educated about these natural biological processes. Once law enforcement has a better knowledge background about this, they will be less likely to re-victimize the victim, which could help increase reporting these cases. Nurses must work with these groups to endorse education, promote safety, and prevent any further trauma to the victim.

**References**


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Purpose

The purpose of this cross sectional descriptive study is to identify, by survey, what education and research barriers exist for operating room and post anesthesia care nursing staff in the rural hospitals of the Mississippi River Delta.

Target Audience

The target audiences for this poster are: rural nursing staff, rural hospital administration, nursing faculty, and nursing researchers.

Abstract

Background: Rural settings comprises about 20% of the nursing workforce practice. The literature suggest rural nursing staff do not have the same opportunities for continuing education or the implementation of research in their practice as do nursing staff of larger urban hospitals. Rural nursing staff face unique barriers in obtaining the needed continuing education and research. Identifying and accommodating these barriers is needed.

Purpose: The purpose of this study was to identify by survey, what education and research barriers exist for operating room and post anesthesia care nursing staff in the rural hospitals of the Mississippi River Delta.

Methods: A cross sectional descriptive study using a one-sample t-test was implemented. Cronbach’s alpha for reliability and Shapiro-Wilk for normal distribution was performed. Thirty-one subjects from three rural hospitals in the Mississippi River Delta volunteered for the study. Basic statistical demographics were obtained, while preserving the subject's anonymity.

Results: The top 3 barriers to continuing education and implementing research in practice are identified and discussed. Education barriers (M = 1.62, SD = .02362, n = 28) chosen by the subjects is statistically significant. Research barriers chosen by the subjects (M = 1.7586, SD = .13427, n = 28) is also statistically significant. Suggestions for accommodating these barriers was explored for translation of the research into practice.

Conclusions: Barriers to continuing education and research implementation do exist in rural hospitals in the Mississippi River Delta. A clear strategy to assist rural hospitals to accommodate these barriers needs to be developed. Alternative partnerships and education systems are two accommodations that are described and can be implemented. Further study is needed in the areas of hospital funding and collaboration efforts to assure the educational needs of rural nursing staff are met. In addition, further study is needed using a larger sample size to establish generalizability and to increase the power of the statistical testing.

References


Contact

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Combating Childhood Obesity With Education: A Quantitative and Qualitative Study

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Purpose
The purpose of this presentation is to educate primary care providers on childhood obesity current practice guidelines. Studies have shown that providers are not aware of the current guidelines. Knowledge is key to the use of the guidelines. Use of the guidelines have been proven to decrease childhood obesity.

Target Audience
The target audience of this presentation is nurse practitioners and nurse practitioner students. All participants, including students at the conference, were eligible to participate in the educational portion of the study with the pretest/post-test. Only those in current practice, that treat children were eligible for the follow up questionnaire.

Abstract
The purpose of this study was to provide an educational program to providers and nurse practitioner students in order to evaluate whether an increase in knowledge and accuracy occurred based on correct answers to specific indicators of childhood obesity. It also aimed to determine if a self-perceived practice change occurred six weeks post education with the providers. This two-part study evaluated the results of educating primary care providers on childhood obesity guidelines over a six-week period. Part one measured if an increase in knowledge of the 5210 components, labs and assessment of comorbidities occurred. Improved accuracy in applying diagnostic criteria based on current practice guidelines in childhood obesity after education was provided was also evaluated. The second part of the study evaluated if a self-reported perceived practice change occurred six weeks post education.

The target population was recruited from the 4State APN (advanced nurse practitioner) conference in March 2016. A pretest was given to participants followed by a power point presentation and concluded with a posttest. Once the surveys were complete a question and answer period followed. A paired t test was conducted on the pretest and posttest results. A six week follow up study was performed utilizing comparative analysis post education. The follow up surveys were sent out via email. The study concluded with statistical significance (p < 0.05) that the education provided increased knowledge of the providers with current practice guidelines on childhood obesity. All respondents (n=41) had an increase in posttest scores after the education was provided. The qualitative results indicated an increase in usage of the 5210 guideline components with patient education and an increase in co-morbidity assessment.

Current practice revealed low use and documentation of BMI, even though studies have established that the use of an accurate diagnosis of obesity is one of the highest indicators of treatment. Providers that participate in obesity related CE, were found to be more familiar with the recommendations and have better adherence to current guidelines. The findings of the study indicate that many providers are not aware of the current clinical practice guidelines in childhood obesity. Although information is readily available, providers must continuously update their knowledge to improve care for overweight and obese children. This study validates the need for continued educational programs for providers in childhood obesity.

References
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RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1

Comparison of Nurse Practitioner Knowledge and Treatment Choices for Chronic Unexplained Orchialgia

Susanne A. Quallich, MSN, BSN, BS, RN, ANP-BC, NP-C, CUNP, FAANP, USA

Purpose
The purpose of this study was to compare knowledge, treatment choices and referral patterns between two groups of Nurse Practitioners treating men with chronic unexplained orchialgia.

Target Audience
The target audience of this presentation is practicing Nurse Practitioners, NP preceptors and faculty that influence NP program curricula.

Abstract
Purpose: Chronic unexplained orchialgia is “a subjective negative experience of adult men, perceived as intermittent or continuous pain of variable intensity, present at least three months, localizing to the testis(es) in the absence of objective organic findings, that interferes with quality of life” (Quallich & Arslanian-Engoren, 2014). The purpose of this project was to survey the knowledge base of nurse practitioners (NP) and their experience treating chronic unexplained orchialgia (CUO) in adult men, as urology and pain are topics that receive variable attention in nurse practitioner curricula.

Data sources: This was a descriptive survey design. Data was gathered from a convenience sample of NPs attending two national conferences, using a survey instrument designed for the project, and based on current treatment guidelines for CUO.

Conclusions: This is the first study to report prevalence specifically for CUO, in both urology-focused NPs (3.57%) and generalist NPs (1.77%), and in the combined study sample (2.12%). NPs in non-urology settings did not have routine exposure to chronic unexplained orchialgia in their male patients. However, the treatment pattern of both NP groups was consistent with what they suspected as a cause. NPs in urology settings have greater exposure to CUO and exhibit more varied treatment patterns.

Implications for practice: Pain is one of the most common reasons that people seek care from a healthcare provider, but literature supports that pain management is underemphasized in all healthcare provider programs, suggesting that providers may not be prepared to meet the needs of the estimated 126 million Americans with chronic pain. Chronic pain, men’s urology and men’s genital health issues are traditionally unrepresented in NP curricula. Increasing numbers of men will seek both primary and specialty care since the establishment of the Affordable Care Act (ACA). While this sample size limits generalizability, this study highlights a knowledge gap in NP practice that may disadvantage a chronic pain subpopulation.

References

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RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1

Pregnancy and Alcohol: The Need for Alcohol-Screening and Brief Intervention in Women of Childbearing Age

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Purpose

The purpose of this presentation is to educate nurses on the teratogenic effects of alcohol and to promote the utilization of alcohol Screening and Brief Intervention in order to reduce the risk of alcohol-exposed pregnancies.

Target Audience

The target audiences of this presentation are psychiatric nurses, public health nurses, and women’s health nurses; additionally, any healthcare providers who have frequent interaction with women of childbearing age will benefit from this presentation.

Abstract

Background: Fetal Alcohol Spectrum Disorders (FASD) consists of a wide variety of physical, behavioral, and cognitive dysfunctions resulting from prenatal alcohol exposure. Developmental and cognitive defects affect approximately 3 in every 1,000 live births; this not only creates turmoil for individuals and families involved, but also results in an economic burden to the U.S., evidenced by the fact that FASD-related healthcare costs are approximately $5.4 billion annually. Because prenatal alcohol consumption is the leading preventable cause of birth defects and disabilities, it is crucial that nurses who frequently encounter women of childbearing age are adequately educated on the evidence-based practice of alcohol Screening and Brief Intervention (alcohol-SBI.)

Methods/Results: The University of Pittsburgh, University of Alaska Anchorage, and University of California San Diego collaborated with the Centers for Disease Control and Prevention in order to promote the utilization of evidence-based strategies, specifically alcohol-SBI, amongst nurses who encounter women of childbearing age. A literature search was conducted in order to evaluate current resources, identify gaps and opportunities, and develop strategies in order to prepare nurses to be able to effectively address alcohol use in women of childbearing age.

92 journal articles met inclusion criteria and summarized nursing knowledge and attitudes; barriers for addressing alcohol misuse; intervention effectiveness; and practice implications. To summarize, the current literature highlights the need for alcohol-SBI training specifically geared toward women of childbearing age. In order to address this gap in current practice, this workgroup plans to encourage the adoption of practice guidelines, provide training materials regarding alcohol-SBI, develop patient education materials, and work with national nursing organizations in order to expand position statements regarding alcohol-SBI and FASD.

Conclusions: In order to reduce the individual and economic burden associated with FASD, it is imperative that information/education and training materials are disseminated to nurses who frequently encounter women of childbearing age. Nurses should be comfortable utilizing alcohol-SBI in order to provide care for this population, thereby identifying at-risk women and subsequently providing appropriate intervention in order to minimize the risk of FASD, a disorder that is 100% preventable.

References


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Parental Human Papillomavirus Knowledge and Intentions to Vaccinate Their Daughters

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Purpose
The purpose of this presentation was to examine the association between HPV knowledge and parental intentions to vaccinate daughters (PIVD) for HPV.

Target Audience
This presentation seeks to target individuals in the learning areas of Nursing, Allied Health Professions including Public Health, and Medicine. Also, audiences including parents considering HPV vaccination for their daughters aged ≤18, adolescent girls, and individuals seeking information about HPV vaccination.

Abstract
INTRODUCTION: The human papillomavirus (HPV) causes 66 percent of cervical cancers. Although vaccination during adolescence can prevent HPV-associated cervical cancers before sexual debut, less than half of adolescent girls are vaccinated. This study examined the association between HPV knowledge and parental intentions to have their daughters vaccinated against HPV. METHODS: A retrospective, cross-sectional, national dataset for 2006-2007 from the Health Information National Trends Survey (HINTS) was used, after adjusting weights to account for nonindependence within the primary sampling unit. The subanalysis used data from parents who reported having a female child aged ≤18 (n = 1,039). Bivariate analysis assessed the association between various study characteristics and PIVD for HPV. Multivariate multinomial logistic regression analysis was used to estimate the association between intent to vaccinate and HPV knowledge, after controlling for other covariates in the final model using a forward stepwise, manual selection process. RESULTS: Parental intentions to have their daughters vaccinated against HPV were: no (18%, n = 196), not sure (22%, n = 256), and yes (60%, n = 585). Most parents were knowledgeable about HPV (88%, n = 918). Differences were observed among those who were knowledgeable about HPV and intended to vaccinate their daughters: no (14%, n = 164), not sure (18%, n = 208), and yes (56%, n = 544); $F_{1.61, 78.68} = 10.66^{***}$. After controlling for other covariates, parents/guardians who intended to vaccinate their daughters were more likely to be knowledgeable about HPV than those who did not intend to have their daughters vaccinated (aRRR = 3.96**). CONCLUSION: Results suggest that if more parents knew about HPV, vaccination against the disease would increase significantly. Program managers and healthcare practitioners should integrate HPV-related education for parents with their services, and policymakers should explore the idea of recommending HPV vaccination as a requirement for school attendance with stakeholders.

References

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Purpose

The purpose of this presentation is to describe a dimensional analysis of dignity. This presentation will explain the characteristics and dimensions of dignity through the categories of perspectives, contexts, conditions, processes, and consequences. A proposed definition of dignity for use in nursing practice is offered.

Target Audience

The target audience for this presentation is all nurses and any others who are interested in learning about dignity. Dignity as a concept is found widely throughout the profession of nursing including, but not limited to, fields of geriatrics, mental health, maternal health, pediatrics, education, ethics, and community health.

Abstract

Dignity is a word used frequently throughout nursing literature. It describes fundamental practices in nursing and directs nurses how to care for individuals and communities. Yet, the concept of dignity used by the nursing profession remains unclear through obscure and vague definitions and understandings.

The aim of this concept analysis is to provide a dimensional analysis of dignity as a fundamental value in nursing practice for the purpose of furthering nursing’s understanding of dignity. As part of the analysis, a literature review was completed to explore literature specific to dignity and how it is used and defined, not only by nursing, but also by other disciplines. Articles included in the review were obtained through a search based on dimensional analysis using the keywords dignity, concept analysis, and nursing, and then casting a wider net to explore and evaluate the use and understanding of dignity through other professions. The main results include identification of five themes: use of dignity in laws, codes, and declarations; definitions of dignity; dimensions in dignity; general actions that affect dignity; and confusion in use of the concept of dignity. Overall, literature revealed the emergence of two dimensions understood in dignity: inherent dignity and personal dignity.

The method used for concept analysis is dimensional analysis, which provides structure and explanatory power to communicate research findings. Findings are reported through use of an explanatory matrix in which characteristics and dimensions can be categorized into perspectives, contexts, conditions, processes, and consequences. Perspective is the central component. It explains the relationships in the remaining four dimensions and is used to organize the integration of all other findings within the dimensions of the matrix. Context refers to the situation in which the dimensions are found and provides for boundaries and circumstances. Conditions facilitate, block, or shape actions or interactions of a phenomena. Processes are moved by specific conditions and include intended or unintended actions or interactions. Consequences are outcomes of specific actions and interactions.

The perspective in this concept analysis of dignity reflects that dignity is a whole concept, which includes two inseparable components: inherent dignity and personal dignity. Personal dignity has two intertwined parts -- dignity of self and dignity in relation to others. The context, or where dignity is embedded, is described through the perspective of inherent and personal dignity. Through inherency, dignity is a common quality belonging to all humans and cannot be quantified, created, or destroyed. The context of personal dignity includes characteristics of being an attribute of self, of a social nature, and being dynamic and changeable. Since inherent dignity is inviolable and unchangeable, it is unaffected in the remaining three dimensions of condition, process, and consequence. The conditions, or components that facilitate actions, of personal dignity include, but are not limited to, self-value, self-control, autonomy, adequacy of healthcare, privacy, symmetrical relationships, vulnerability, and compassion. Processes, or the actions and interactions of personal dignity of self include: perseverance, independence, discipline, avoidance, and resistance. Processes specific to dignity in relation to others include actions that can move dignity in either a positive or negative direction and include acceptance, advocacy and
empowerment, or rudeness, abuse, and exploitation. The consequences of dignity are expressed mostly through personal dignity of self and are described positively as pride, sense of freedom, and successful coping, or negatively as shame, degradation, and humiliation.

Through dimensional analysis, the following definition of dignity is offered: Dignity is a quality unique to all humans, and includes the two inseparable components of inherent dignity and personal dignity. Personal dignity reflects both dignity as related to the person, and the social aspect of dignity through relations to others. Inherent dignity is inviolable and unchangeable. Personal dignity is dynamic, exists with broad conditions, and can be affected by processes that will lead to positive or negative consequences.

References

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Heart Failure Readmission: From the Eyes of a Patient

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Purpose
The purpose of this presentation is to explore perceptions of patients who had acute congestive heart failure regarding factors that influenced their readmissions to the acute care setting and to identify areas of teaching that needed to be increased in emphasis or added to decrease readmissions of this patient population.

Target Audience
The target audience is healthcare professionals who care for heart failure patients and provide patient education to this population of patients. Those individuals interested in patient perceptions regarding heart failure education and future improvement to decrease heart failure readmissions.

Abstract
The purpose of this study was to explore perceptions of patients, who have congestive heart failure and who had a recent admission to the acute care setting, regarding factors that influenced their readmissions to the acute care setting, as well as to identify if there are areas of teaching that needed to be increased in emphasis or added to patient education to decrease future readmissions. The sample consisted of seven patients who had a readmission to the acute care setting and had a diagnosis of acute congestive heart failure. This qualitative study utilized semi-structured patient interviews to identify new insights and patient perceptions. The three main categories identified from the data included: A Deficit in Continuity of Care; Resilience in the Face of a Chronic Debilitating Illness; and Heart Failure Knowledge and the Role of Education in Self-Care. Despite patient determination and strength of character, readmissions were experienced by all patients. Readmissions resulted due to a lack of adherence to their heart failure self-care regimen, poor responsiveness of their bodies to heart failure management measures, and/or poor healthcare provider continuity. The data also revealed that improvements in communication among healthcare providers was a source of frustration for the interviewees. Home healthcare visits to assist with medication management and reinforcement of heart failure education are important in prevention of exacerbations. Palliative care consults to initiate advanced care planning in patients who have heart failure should be considered in the future to ensure patients’ wishes for their future are known and planned prior to end stages of heart failure. Increased communication through better use of the electronic medical record could improve the continuity of care of these patients. It is important to continue this research, expanding it to other chronic illnesses such as, chronic renal failure, diabetes, and chronic obstructive pulmonary disease. Readmissions of congestive heart failure patients to acute care facilities can cause increase health complications as well as financial costs to patients and acute care facilities. These readmissions can lead to poor outcomes and decreased patient safety. Patients need to be given appropriate education, resources, and most importantly the self-empowerment for home care that can ultimately lead to an increased quality of life.

References

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RSG STR 1 - Rising Stars of Research and Scholarship Invited
Student Poster Session 1

Co-Morbid Depression and Diabetes: A Collaborative Community Health Center Study

Nichole W. Rosette, DNP, MSN, APRN, RN, USA

Purpose
The purpose of this study was to evaluate the effectiveness of depression treatment on glycosylated HbA1c levels among diabetic patients.

Target Audience
The target audience of this presentation is all advanced nurse practitioners or health care professionals interested in learning if treatment of depression reduces HbA1c levels in a cohort of type 2 diabetic patients.

Abstract
Chronic medical conditions such as heart disease, depression, and diabetes mellitus (DM) are responsible for 70% of death, disability, and healthcare cost in the United States. Depression is common in individuals with diabetes mellitus (DM). An estimated 41% of patients with DM experience poor psychological well-being, but only 12% of them reported receiving psychological treatment. Comorbid depression also adversely affects diabetes outcomes and decreases therapeutic adherence. Treating depression can improve treatment adherence and lead to improved DM control.

The study objective was to determine whether treatment of depression improved HbA1c levels in diabetic patients diagnosed with comorbid depression. This study involved a retrospective cohort chart review of all patients diagnosed with type 2 DM and comorbid depression as indicated by ICD-9 code groups 250 and 311. The charts of all patients diagnosed with type 2 DM and depression, between June 2014 and July 2015, were reviewed to extract the demographic characteristics, and to compare changes in glycosylated HbA1c levels (baseline to follow-up). The study groups were patients who received treatment for depression: antidepressant only group, behavioral health treatment group, antidepressant and behavioral health treatment group. Additionally, there was a control group that did not receive treatment for depression.

Ethical approval was received from Prairie View A & M University Institutional Review Board (IRB) and permission was obtained from the clinic’s medical director, administrative director, and information technology (IT) coordinators to conduct the review.

Of the 125 charts reviewed, only 85 were included in the final analysis. Participants in the sample were aged between 22 and 64 (m = 51.05, sd = 9.42). There were 42.4% of Hispanics, 29.4% of African Americans and 28.2% Caucasian. The decrease in average HbA1c level for the entire sample n = 85 between baseline and follow-up was statistically significant t (84) = -2.56, p = 0.012. One-way ANOVA test was utilized to test if average changes in HbA1c levels among groups were the same. No statistically significant differences among average changes in HbA1c levels across four groups were detected F (3,81) = 0.27, p = 0.85. Partial η² = .01 and achieved statistical power (9.9%) were very low. A nonparametric Kruskal-Wallis validated this conclusion (χ²(3) = 2.79, p= 0.42).

The study found a statistically significant decrease in HbA1c levels between baseline and follow-up in diabetic patients after receiving treatments for depression. The findings in this study further confirm the importance of treating depression in type 2 DM patients to lower HbA1c levels. However, the comparison of the four depression treatment groups showed no statistically significant effect in HbA1c levels across the groups.

References

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Purpose
The purpose of this presentation is to evaluate parents’ knowledge and usage of popular social media apps, including Snapchat, Instagram, Kik, Yik Yak, Twitter, and Facebook, and their usage as a platform for cyberbullying in their child(ren)’s lives.

Target Audience
The target audience of this presentation is academics and nurses with a focus in pediatric health.

Abstract
Of American teenagers ages 12-17, 93% report going online daily, with more than 71% of teens reporting the use of more than one social media site. Data such as this emphasizes the increased focus on technology in the younger generations. As the world becomes more technologically oriented, so does the method of a consistent problem in this age group – bullying. Social media has become a frequently utilized platform for bullying. Social media not only distances the bully so he/she doesn't have to see the reaction of his/her victim but also potentially provides anonymity. This form of online bullying, known as cyberbullying, makes it more difficult for third parties, such as teachers and parents, to identify, witness, and intervene if a child is being bullied. Additionally, older generations are frequently not as knowledgeable about social media sites and apps as school-aged children who grew up using them. Only 39% of adults aged 30 or older report using social media, a significantly smaller percentage than the amount of teens using social media. This disparity in use and knowledge results in many parents being unaware that their children are bullying or being bullied.

Therefore, as a subpart of a larger research study to develop a youth bullying screening tool, the goal of this study is to evaluate parents’ knowledge and usage of popular social media apps, including Snapchat, Instagram, Kik, Yik Yak, Twitter, and Facebook. An electronic survey will be sent to variety of parents from diverse geographic, racial/ethnic, and socio-economic backgrounds. The survey will include the following components: 1) parents’ knowledge of bullying and cyberbullying, 2) parents’ knowledge of commonly used apps and their components, 3) family patterns of usage, including both their personal use of apps and their children’s use, and 3) demographic information about the survey participants. Results are pending.

References

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RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1
Maternal-Infant Separation During Hospitalization After Birth

Megan P. Ogren, BSN, RN, USA

Purpose

The purpose of this study was to analyze maternal-infant separation after birth in order to understand the “rooming-in” practices at the study facility. The Guidelines and Evaluation Criteria for Facilities Seeking Baby-Friendly Designation (2010) define “rooming-in” as separation of mother-infant dyads less than one hour in a 24-hour period.

Target Audience

The target audience of this presentation is the members of Sigma Theta Tau International attending the Rising Stars of Research and Scholarship Poster Program.

Abstract

Purpose and Background: The purpose of this study was to examine mother-infant separation after birth as a means to understand the “rooming-in” practices at the study facility. Rooming-in is defined as care of the mother-infant dyad with minimal separation. To obtain a Baby Friendly Hospital designation a birthing facility must provide “rooming-in” for all mother-infant dyads, unless separation is medically necessary.

Theoretical Framework: Anderson’s mother-infant mutual caregiving model (1977) was used to guide this study. This model posits that mother-infant interaction should be self-regulatory and uninterrupted directly after birth to encourage shared maternal-infant caregiving.

Method: This descriptive study took place at a Midwest academic medical center. Data were collected September, October, and November 2015. Mother-infant separation was recorded at the crib by care providers each time the infant arrived or left the mother’s room. Variables for analysis included time of each separation, number of separations, and reason for mother-infant separation. Data were entered into SPSS for analysis by the research team. Statistical analysis included descriptive statistics (means), t-tests, and ANOVA.

Results: A total of 403 births occurred during this study. The mean length of maternal-infant separation in minutes cumulative throughout hospital stay for September, October, and November was 56.90, 60.53, 57.47, respectively. Additionally, mean number of separations per infant cumulative throughout the hospital stay was 0.72, 0.94, and 1.12 for each month. The two most common reasons for separation were circumcision and maternal request. Additionally, there were no statistically significant differences in mean length of separations or mean number of separations between male and female infants.

Conclusions and Implications: According to Guidelines and Evaluation Criteria for Facilities Seeking Baby-Friendly Designation (2010), maternal-infant separation less than 60 minutes a day provides the optimal environment for bonding and breastfeeding. On average, maternal-infant dyads participating in this study experienced separation less than 60 minutes per day. Understanding the length of separations, and reasons for separation, between mothers and infants helps the hospital reduce separation. The results of this study are directing efforts for achieving Baby Friendly Hospital designation at the study facility.

References


Contact
Purpose

The purpose of this poster presentation is to disseminate results of the research study entitled “Oncology Nurses' Knowledge and Perceptions of Music Therapy Effectiveness for Cancer Treatment-Related Symptoms in adults”, and implications for nursing practice and future research.

Target Audience

The target audience for this presentation are registered nurses, advanced practice nurses, and health care professionals who are interested in symptom management in the adult oncology treatment setting, as well as, nurses interested in conducting nursing research.

Abstract

Background: Music therapy has shown efficacy for management of cancer treatment-related symptoms in the adult oncology treatment setting; thus, oncology nurses need adequate knowledge regarding this intervention for symptom management. The purpose of this study was to explore oncology nurses’ knowledge level and perceptions regarding efficacy of music therapy for cancer treatment-related symptoms in adult oncology patients.

Methods: This descriptive, exploratory study used a survey design. The research electronic survey was sent via Survey Monkey® by the Oncology Nursing Society (ONS) Marketing Department to a random sample of 1,000 active ONS members who met study inclusion criteria. The 33-item investigator-created survey had 3 sections: knowledge; perception; and demographics. Participants were given three weeks to complete the survey. Statistical analysis included means (SD) for continuous variables and frequencies (%) for categorical variables. For continuous variables, the non-parametric Kruskal-Wallis test was used to examine differences between groups’ averages because data normality assumption was not satisfied. Chi-square and Fisher exact tests (cell counts <5) were used to explore relationships for categorical variables.

Results: Participants stated they had most knowledge of the rationale of music therapy for pain, anxiety, and depression. Participants also indicated that they perceived music therapy to be most effective for pain, anxiety, and depression. There was a significant relationship between the nurse’s perception of music therapy efficacy and the nurse initiating a discussion of music therapy with patients and making a referral.

Conclusions: If nurses perceive music therapy to be effective for patients, they are more likely to incorporate it into patient care by initiating a discussion or referral for music therapy. It is important for oncology nurses to have access to sources of information regarding music therapy, such as a lecture by a music therapist, self-taught modules, and teaching videos, all of which participants stated would be helpful sources of information regarding music therapy. Further research is needed with larger samples of nurses and to examine specific factors that impact the nurse’s knowledge level of music therapy.

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**References**


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Purpose

The purpose is to describe: a) the results of a multi-site study of EBP knowledge across levels (sophomore, junior, senior) in a concept-based curriculum in baccalaureate nursing education; and b) how objective evaluation can inform course and program planning as it relates to teaching the concept of EBP.

Target Audience

The target audience for this presentation is faculty and academic leaders involved in baccalaureate nursing education and program planning, most especially those working with concept-based curriculum.

Abstract

Although elements of evidence-based practice (EBP) have long been incorporated into nursing education, studies continue to show that EBP is not fully implemented in practice. To prepare nurses to provide evidence-based care it is imperative that undergraduate nursing students attain the knowledge necessary to enact EBP. While EBP is a common focus of research, the discipline lacks an objective evaluation of EBP knowledge across levels (sophomore, junior, and senior) in traditional baccalaureate nursing education. Yet it is unclear how specific curriculum (i.e., concept-based curriculum) facilitates the EBP knowledge of nursing students. Rigorous evaluation is essential to determine if students’ EBP knowledge advances, stagnates, or declines as students’ progress toward program completion.

This poster presentation will report results from a multi-site study of EBP knowledge across levels (sophomore, junior, and senior) in a concept-based curriculum in baccalaureate nursing education. The presentation will describe the EBP knowledge of each level and differences in mean total scores between levels (sophomore, junior, and senior) in the sample. The presentation will also describe associated coursework for each level in the concept-based curriculum.

For this study, the Evidence-based Practice Knowledge Assessment in Nursing (EOKAN) was used to objectively evaluate EBP knowledge. The EKAN, an objective instrument derived from the Quality and Safety Education for Nurses (QSEN) Competencies and the American Association of Colleges of Nursing (AACN) Essentials of Baccalaureate Education for Professional Nursing Practice, was designed to objectively test EBP knowledge across levels of education in academic and practice settings. Finally, the EKAN demonstrated validity and reliability in a prior study of baccalaureate nursing students. Implications for faculty and clinical leaders will also be presented. With objective evaluation, faculty can begin to: a) assess the effectiveness of specific courses and teaching strategies to teach the concept of EBP; and b) develop and test targeted enhancements in a concept-based curriculum. Rigorous evaluation with a valid, reliable, objective instrument will also enable academic leaders to determine the effectiveness of programs to facilitate EBP knowledge. Ultimately, faculty and academic leaders can use evidence to guide decisions about student exposures (i.e., learning experiences, course content, course sequence) at the course and program level in an effort to advance the EBP knowledge of undergraduate nursing students in a concept-based program.

References

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The Value of Napping in the Workplace

Angélica María Henry, USA

Purpose
The purpose of this presentation is to portray an investigation of the literature relating to value of napping in the workplace to reduce nurse burnout and counteract its effects on intent to leave and ultimately nurse-sensitive patient outcomes in nurses working the night shift.

Target Audience
The target audiences of this presentation are nurses working or have worked the night shift and unit managers.

Abstract
Background: Nurses working night shifts have disrupted sleep patterns that are associated with emotional and physical fatigue, burnout, intent to leave, and poor nurse-sensitive outcomes. Twenty to 30 minute naps allow for sleepers to achieve the first two of the four total stages of the sleep cycle. Following these first two stages alone, sleepers effectively reduce the circadian drive to sleep and can function at a more optimal level once awake. Due to the inability to have uninterrupted sleep while working, napping should be researched as a solution to reducing fatigue and improving performance in the workplace. Hospitals should develop sustainable plans to implement napping as well and study its effects on night shift nurses.

Objective: The purpose of this review of literature is to investigate the value of napping for night shift nurses to reduce nurse burnout and counteract its effects on intent to leave and ultimately nurse-sensitive patient outcomes in nurses working the night shift.

Methods: Ovid Medline and CINAHL were searched using the following keywords: napping, nurses, workload, night shift, and burnout. The following phrases were also used to yield relevant results: “napping during the night shift,” “nurse burnout,” “clinical support in the workplace,” “intent to leave,” and “nurse sensitive patient outcomes.” The inclusion criteria included nurses working night shift and studies conducted in the United States and Canada. Articles were excluded if they focused on patient sleep results, the effects of sleep on hypertension, were published before 2010, and studies conducted in France, Brazil, and Finland.

Results: The search results yielded seven non-experimental studies. These articles were grouped by physical and psychosocial findings that contribute to poor nurse-sensitive patient outcomes. Three articles correlated physical fatigue and emotional exhaustion to professional commitment and nurse-sensitive patient outcomes. Two articles found that disrupted sleep patterns in nurses working consecutive twelve-hour night shifts led to a negative alteration in the quality of care they reported providing. Finally, two articles attest to the benefits of napping as an “evidence-based practice that has the potential to improve workplace safety” (Geiger-Brown, Sagherian, Zhu, Wieroniey, Blair, Warren, & Szeles, 2016, par. 28)

Conclusion: Based on the findings of this review of literature, the general consensus is that fatigue caused by disrupted sleep patterns in the setting of nurses working the night shift causes slower cognitive responses and decision-making abilities, disruptions in short-term memory, difficulty maintaining attention to detail, and slower motor skills. With napping recognized as a solution, barriers should be brought down by reworking the culture, initiating a dialogue, and elevating the solution to appropriate decision makers.

References

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Purpose

The purpose of this presentation is to examine the prevalence, nature, and impact of frailty in older cancer survivors.

Target Audience

The target audience of this presentation is healthcare professionals interested in enhancing and improving the quality of life of older cancer survivors. Healthcare providers in the clinical or academic setting can benefit from the information learned from this literature review.

Abstract

Background/Purpose: Frailty is a multi-dimensional syndrome characterized by decreased physiologic reserve that results in increased vulnerability to stressors and adverse health outcomes. It has been hypothesized that cancer treatment is associated with accelerated aging and frailty; yet frailty in older cancer survivors is not well understood. The purpose of this literature review was to examine the nature and impact of frailty in this population.

Methods: We conducted a comprehensive search using CINAHL, PubMed, EMBASE, Psych INFO, and Proquest. Search terms included: cancer or neoplasms, cancer survivors, older adult, elderly, aged, frail elderly, frail and frail elder. Reference lists of retrieved articles were manually reviewed for additional articles. Included studies were published between 1990-2015, had a study population of older adults with a history of adult cancer, and frailty assessed as a primary or secondary outcome. Study designs could be randomized controlled trials or prospective or retrospective cohort studies. Review articles, case reports, editorials, and doctoral dissertations were excluded. Studies of patients currently receiving or planning to receive cancer treatment or survivors of childhood cancer were also excluded. Three research team members independently assessed the abstracts and identified articles meeting the inclusion and exclusion criteria. An evidence table detailing key study components was compiled.

Results: The initial search resulted in 70 titles and abstracts; 46 abstracts were retained after eliminating duplicates. Six studies meeting criteria were included in the review. The studies utilized prospective (n=5) and retrospective (n=1) designs and were conducted in community-based populations. The sample sizes ranged from 91 to 12,480 (2349 [18.8%] participating in this study had a history of cancer). Ages ranged from 53 to 95 years old, with average ages > 65 years. Frailty was measured using components of the Frailty Phenotype (n=3), Balducci Criteria (n=2), and Comprehensive Geriatric Assessment (n=1). The prevalence of frailty in patients with a history of cancer ranged from 13% to 29.2%. The prevalence of pre-frailty was up to 50%. In one study, older breast cancer survivors exhibited more frailty at a younger age than women in a population-based study (18%; 3%). In another, individuals with a cancer history had a higher prevalence of ADL limitations (31.9%; 26.9%), IADL limitations (49.5%; 42.3%), geriatric syndromes (60.8%; 53.9%), and vulnerability (45.8%; 39.5%). In a third, older cancer survivors who were frail had a greater risk of premature mortality than those who were non-frail (HR=2.79; 95% CI=1.34-5.81).

Conclusions: The effect of cancer and cancer treatment on the development of frailty in older adults is not well studied. Scant data indicate that a history of cancer is associated with increased prevalence of frailty, ADL/IADL limitations, presence of geriatric syndromes, and vulnerability. Frailty in older cancer survivors is also associated with increased risk of premature mortality.

Implications for Practice/Research: Studies on frailty in older adults with a history of cancer are limited. More research utilizing rigorous methods and standardized measures is needed. Implementation of
screening and targeted interventions could minimize frailty, decrease disability, enhance quality of life, and improve survival in older cancer survivors.

References

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Purpose
The purpose of this presentation is to educate the audience on what caregiver role strain is, why it is important, and potential ways it can be addressed.

Target Audience
The target audience of this presentation is nurses, nursing students, and other health care providers who regularly encounter patients with chronic illnesses and disabilities and their families.

Abstract

Aim: The purpose of this research is to explore whether caregivers are being assessed for caregiver burden, and whether they are being provided with the appropriate resources to minimize this burden.

Framework: The framework used for this research was the Family Stress Theory and addressed how the condition of the patient impacted the stress experienced by the caregiver and the family while caring for a chronically ill or disabled family member.

Methods: A review of the literature produced 23 peer-reviewed articles related to impact of caregiver role strain on the primary caregiver and families of patients with chronic illnesses and disabilities.

Results: Caregiver role strain is a growing concern. There are an estimated 34 million caregivers of people with chronic illnesses and disabilities (CDC, 2011), but the subject of caregiver role strain is often overlooked by providers. In a study by Kim, Chang, Rose, & Kim (2012), it was found that the more time a caregiver spent providing care, the greater the burden. Role strain can also have a negative impact on the health of the caregiver. However, caregivers do not always see their health and the stress they experience as a priority. The inability to afford mental health services to help cope with stress of caring for someone with chronic illness or disability, makes it difficult for family caregivers to seek help (Mosher, Given, & Ostroff, 2015). Seeking mental health services for counseling is also seen as a “last resort” because there is a stigma in our society in regards to seeking mental health services such as counseling. Caregivers do not want to be seen as weak and unable to take care of their loved one. Caregivers of adults and children with chronic illnesses and disabilities know that they need breaks from caregiving. In a study by Larson (2010), parents of children with disabilities felt that being able to recuperate would allow them to maintain their well-being and provide for their disabled child and the rest of their families better. Research does not indicate that caregivers are being assessed regularly for role strain and being provided resources to help them cope.

Conclusion: Caregiver role strain is rarely addressed by providers, and nurses are in a position to be advocates for not only the patient but their caregivers as well in order to provide holistic nursing care. Nurses can advocate for more support for caregivers, assess caregivers for role strain, and provide them with information on resources to help reduce caregiver role strain. A study has been proposed to understand what resources caregivers of children with chronic illnesses and disabilities have available to them and how they are helpful has been provided.

References


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RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1

Nursing Workload and its Relationship to Patient Care Error in the Paediatric Critical Care Setting

Ruth M. Trinier, MN, RN, CNCCP(C), Canada

Purpose

The purpose of this presentation is to add to the understanding of the relationship between nursing workload and patient care error and its related human and fiscal cost.

Target Audience

The target audience of this presentation would include staff nurses, to provide a voice to their concern of unattainable workload; nursing educators, to provide direction for education to reduce patient care errors; and nursing leaders, to provide insight into the possible implications of reduced staffing.

Abstract

Patient care error, a leading cause of death and disability in the critical care setting, contributes to suffering of the patient and family; can precipitate an emotional crisis for health care staff; and creates an increased financial burden to the health care system. Nurses, who provide the majority of direct patient care in the hospital setting, have reported a perception that increased workload contributes to many of these errors. Nursing practice, which requires complex knowledge work and vigilant patient assessment to promote best outcomes, may be compromised by time and manpower constraints.

To examine the relationship between nursing workload and the delivery of best-practice care in the paediatric critical care setting, a prospective observational study was performed. This study was nested within a larger study, using direct observation strategies of critically ill patients admitted to a critical care unit over a period of 5 months. The main outcome was the occurrence of 13 complications of care. For each patient-day, nursing workload scores, which quantified physical and emotional care of the patient including underlying cognitive activities and indirect care, were determined for each patient using data entered directly by the patient’s nurse. Using a correlational design, the presence or absence of complications was compared to the workload score for the nurse(s) over a 24-hour period.

Data for 2,117 total patient days representing 3,845 nursing shifts over the 5 months of the study identified 665 complications that occurred on 497 (23%) patient days. A statistically significant (p < .001) association between nursing workload and patient care error was identified. Although the relationship was small (rho (2117) = .11), the odds of error increased as the nursing workload increased. The difference in mean workload hours between those entries with an error and those without was 1.77 hours over 24. Further findings indicated that a large number of patients in the study required nursing care in excess of what was suggested that one nurse could provide.

Staffing models responsive to the nursing care needs of individual patients have been suggested as a method to reduce the potential for error and increase the nurse’s ability to complete appropriate patient care in the time allotted.

References

in high-intensity settings. American Journal of Critical Care, 24(5), 412-420. doi:

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Characteristics of Effective Nurse Educators

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Emily M. Piech, BS, SN, USA

Purpose

to offer a concise evaluation of the personal and professional skills necessary to be an effective nurse educator. The goal is to promote self-reflection on the part of the consumers of this poster in reference to their comparative strengths and weaknesses.

Target Audience

current nurses and nursing students considering a future in nurse education. Additionally, the presentation targets nurses and nursing students who had not previously considered becoming a nurse educator.

Abstract

The purpose of this study was to evaluate what essential personal and professional characteristics needed to produce effective nurse educators. Considering the rise of open nursing faculty positions, and the fact that most nursing educators are over the age of 60, many nursing programs face an increasing shortage of quality professors. It is necessary that in order for the profession of nursing to thrive recruitment must be made of a younger generation of registered nurses interested in higher education. Starting early in the development of a specific set of characteristics may enhance their ability to be effective in the classroom.

By using quantitative study guidelines and collecting data at the ordinal, interval, and ratio levels, a clearer picture of the most and least important qualities became clear. Online surveys sent to local nursing program faculty provided feedback on both demographic information and essential nurse educator characteristics. With the use of Patricia Benner’s novice to expert framework, effective nurse educators were defined by having at least five years of teaching experience. Additional inclusion criteria were holding a minimum of an MSN and teaching either associate’s degree or bachelor’s degree students. Nurse education administrators were excluded from participation.

The survey itself allowed the research subjects to categorize a series of both professional and personal characteristics from one to five with one being the least influential to their success as an educator and five being the most influential. Fourteen professional qualities and seventeen personal qualities were evaluated including characteristics such as fairness, leadership and practical skills, humor, humility, and compassion.

At this time the results of the study are pending, but we anticipate a more complete understanding of the data in July. When this data is available it will be statistically analyzed to determine which characteristics were deemed most and least influential in relation to being an effective nurse educator.

References


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A Motivational Profile of Nurses Who Pursue Doctoral Education

Tomekia Luckett, MSN, RN, USA

Purpose
The purpose of this presentation is to increase awareness among nursing professionals of the need for registered nurses to pursue doctoral education.

Target Audience
The target audience for the presentation includes nursing professionals, students, policy makers, administrators, and educators with an interest in advancing the science of nursing.

Abstract
The purpose of this study is to describe the motivational orientation and factors of nurses pursuing doctoral education. Advanced education for nurses, is at the forefront of the healthcare environment. The need for nurses to pursue additional education is imperative to the professionalization of the discipline of nursing and the healthcare environment. Furthermore, characteristics of nurses who seek advanced education are poorly understood. This information is critical to planning long-term strategies for US nursing education (Kovner, Brewer, Katigbak, Djukic, & Fatehi, 2012). Secondary to the need to understand characteristics of nurses pursuing advanced education this research study, will describe the motivational orientation and factors of nurses pursuing doctoral education. The descriptive correlational design will be utilized to examine concepts relating to motivation in registered nurses pursuing doctoral education. A sample of registered nurses enrolled in either a PhD or DNP educational program in the southeastern region of the United States from various universities will be invited to participate in the study. Participants will be divided into two groups: (1) registered nurses seeking the PhD; and (2) registered nurses pursuing the DNP. A power analysis was performed to identify the needed sample size. A total of 250 completed questionnaires are needed for the sample so the targeted sample size is 1,000 to ensure that a sufficient number of surveys will be available for analysis. Data collection: Potential participants for the research study were sent an email invitation for participation in the study by a contact person within each of the randomly selected institutions. Data was collected using the Academic Motivation Scale (AMS) and a demographic data sheet. Data collection occurred during a 30-day time frame using Qualtrics to arrange collected information. After data collection was completed, Qualtrics data was then exported directly into Statistical Package for the Social Sciences (SPSS) for Windows version 22 for analysis.

References

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The Relationship Between Depression Scores and Readmission Rates in CHF Patients

Sarah Linder, BSN, RN, PCCN, USA

Purpose
The purpose of this presentation is to identify the effect depression has on readmission rates in patients with congestive heart failure.

Target Audience
The target audience for this presentation is provider's, nurse's, nursing administrator's, and nursing student's.

Abstract
There are between five and six million people in the United States who suffer from congestive heart failure (CHF). Of those as many as 60% suffer from depression which leads to an increase in the morbidity and mortality rate. A decline in patient condition causes an increase in acute care facility usage. The focus in healthcare is shifting toward a state of wellness and prevention causing us to better manage disease to promote improved quality of life. This shift requires us to identify where best to utilize our resources to allow for the best care for the most patients.

The purpose of this study was to identify the effect depression has on readmission rates for patients with congestive heart failure in the acute care facility. The process to improve clinical outcomes and reduce morbidity is a two-step process: screen and intervene. By practicing the screening process this study aims to identify the following:

- Determine if a significant correlation exists among CHF patients between a positive depression screening on the PHQ-9 and an increased readmission rate to an acute care facility.
- Were CHF patients who have a positive depression screening more likely to be readmitted to the hospital within 30 days than patients who do not have a positive depression screening?
- Does the readmission rate increase when extended to 60 days?
- The PHQ-9 categorizes the scores into mild, moderate, or severe depression. At which level of depression does a correlation for readmission exist, if any.

A descriptive, quantitative, retrospective chart review was completed over a six-month period including all patients who were admitted with a primary or secondary diagnosis of CHF. The review included the depression screening score that was completed on admission to the acute care facility and demographics information. Each patient was tracked by patient identification number to monitor for readmission within 30 days and 60 days.

Analysis: Using the scoring guide for the PHQ-9, of the 316 patients included into the study: 262(82.9%) had a score of 0-4 (minimal depression), 51 (16.1%) had a score of 5-14 (mild/moderate depression), and 3 (0.9%) had a score of 15-27 (severe depression) (see Table 1). The total number of patients who were readmitted as inpatient were 51 (16.1%). Looking at only the first readmission, of the 51 patients who were readmitted, 40 (78.43%) were readmitted within the first 30 days and 11 (21.57%) were readmitted between 301 to 60 days post discharge.

After the initial research data was obtained further analysis was indicated. Many patients were not being admitted to the hospital but were still seeking care in the Emergency Department within 30 days of discharge from the acute care facility. This increased the number of resources needed to care for these patients. Further analysis was indicated to determine if a difference exists between mean score
depression screening in patients who were readmitted to the hospital, not readmitted to the hospital, and admitted to the emergency department using the PHQ-9 (1990) in patients with CHF.

Limitations to this study related to the high percent of patients who had a depression screening score of 0 (N=173 of 316, 55%). Furthermore, the PHQ 9 tool identified that a PHQ-9 (1990) score of 0-4 is considered to be minimal or no depression. The overall N size for this study that had a depression score of 0-4 was 262 out of 316 (83%). This was inconsistent with current research that suggests that as many as 60% of patients with CHF suffer from depression and 21% suffer from clinically significant depression (Rutledge, et. al., 2006). This data suggests that the screening completed by nursing was ineffective at the time of admission. An understanding of why the depression screening was ineffective is unknown at this time. Possible reasons include: lack of understanding of importance of depression screening, nursing answers questions based on what they observe and score accordingly, patients are less willing to answer accurately when the tool is administered verbally, the body language or tone from nursing while administering tool influences the patients’ response.

Additionally, many charts were excluded from the study because the lack of completion of the depression screening tool upon admission to the hospital. This also suggested a lack of understanding of the importance of the tool by nursing or the unwillingness of nurses to complete the tool accurately.

**Recommendations**: Patients should be screened for depression at key points of their care, which includes admission to an acute care facility. Although the question remains unanswered at what point of hospitalization is the most beneficial and accurate point to screen for depression, it is understood that depression screening is an important step in the planning of care while in the hospital. Developing a process to manage patients who scored positively on the depression screening tool is necessary to improve patient outcomes and reduce readmission to the hospital. This process should include care of the patient across the continuum. The patient should have resources available to better manage their depression at any point in their care. A communication vector between points of care also needs to be established. If a patient is identified as having a positive depression screening score while in the acute care facility, then interventions need to be started before they are discharged. Severe depression must be handled emergently. A mental health provider must be consulted to evaluate the patient for risk of harm and appropriate safety measures need to be in place.

The primary care provider needs to be included in the plan of care. The primary care provider should validate the preliminary findings of depression upon follow-up to the clinic after discharge. Subsequent follow up screening should occur at intervals, annually, or if the patient demonstrates symptoms. The primary care provider should also be informed of what interventions were recommended to the patient during hospitalization.

It is appropriate for nurses to complete the depression screening; however, nurses must be appropriately educated on how to complete the depression screening effectively. After effective screening is completed, nurses must have the support and resources to facilitate the intervention process based on patient need and should start immediately while the patient is hospitalized.

Possible recommendations to education include the importance of screening and its benefit to the patient, the perception of the behaviors of a patient with depression, and the correct way to administer the tool without bias.

Nursing education is a vital part of the depression screening process. It is important to determine how nurses perceive screening for depression. Once an understanding of how nurses perceive depressed patients, an educational plan can be developed based on gaps in nursing perception.

Patients require education on the importance of why the screening should be completed and why it is important to answer the questions honestly. The also should be educated on how this can improve their quality of life. Patients may withhold answers because of the fear that they may be judged or other similar reasons. Depression often has a negative connotation and may have other sensitivities based on the patients’ culture. These patients may be less likely to express their true feelings.

Recommendation to policy includes establishing resources and interventions prior to discharge. Policy should require that a patient who has a positive depression not be discharged until resources are
established. A list of required resources will be applied to corresponding depression scores of mild, moderate, and severe.

Patients should have an established contact person in the outpatient setting prior to discharge. In addition to their primary care provider, patients also need to have a social worker contact established in the outpatient setting. It should be hospital policy for an outpatient social worker established along with the first appointment made for the patient to follow up.

Screening for depression often requires the use of more resources. This is taxing on the healthcare institution. Recommendation to policy should reflect the reimbursement for screening along with follow up care. Depression should be included on the patient’s problem list as a billable diagnosis.

Summary: This research study rejected the null hypothesis that there was no significant difference in readmission rates (dependent) based on their depression score (independent). It provided data suggesting that there was a relationship between depression and readmission rates may allow us to allocate the appropriate resources to help these patients cope effectively. This effective coping may result in decreased morbidity, prolonged length of life, improved quality of life, and healthcare cost reduction.

This research was a study to ascertain the association that depression has on readmission rates in the CHF population in an acute care facility. With the current state of healthcare changing it is more important now than ever to utilize our resources effectively. This study may further help us to identify cost effective interventions. The effective utilization of depression screening may be expanded to other disease processes to help our community as a whole. Information gathered from this data could also support the development of a depression care team for those who screen positive for depression.

References

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Purpose

The purpose of this study is to measure the ease of use, patient privacy, student comfort using the tool, if the tool improved communication, if patients responded appropriately and if more information was disclosed when using the health assessment tool.

Target Audience

The target audience for the poster are nurses, nurse educators, nursing leadership and nursing students.

Abstract

The Cultural Considerations in Patient Communication study is a prospective study that utilizes a tool containing phrases frequently used during health assessments. The health assessment tool was translated into Haitian Creole for use by Chamberlain College of Nursing students and volunteers in mobile clinics around Leogane, Haiti. It is essential for the health care team to show respect for cultural differences and to acknowledge values, beliefs, and language of the host country (Byrne, Collins, & Martelly, 2014). The health assessment tool incorporates the language of the host country while respecting cultural differences in order to overcome the language barrier. The tool was utilized to facilitate communication when there was not an available translator or when the translator did not understand what was being asked. The health assessment tool has English to Haitian Creole translations printed on the cards along with a picture depicting what the pre-licensure nurse or volunteer would like to assess on the patient. Some examples include a picture of a nurse listening to the heart, taking the pulse, and a pain scale. Other cards address drinking and smoking habits. Patients can point to a range of numbers to choose the duration of the habit and how many packs or drinks a day are consumed. Most importantly, patients can be asked discretely if they feel safe at home with options for pointing to yes or no. Questions are closed ended since open ended questions require the student nurse to understand the patient’s native language. The tool may assist with privacy when patients are triaged in an open area with multiple patients in the vicinity (Byrne et al., 2014). For the purpose of this study a satisfaction tool was used to measure the ease of use, patient privacy, the student’s comfort using the tool, if the tool improved communication, if patients responded appropriately and if more information was disclosed when using the health assessment tool. Overall, Chamberlain College of Nursing students found the health assessment tool to be easy to use, were comfortable using, noted increased privacy, received an appropriate response from patients, improved communication with patients and would use the health assessment tool again. Tools like this could be used on other international trips with questions catered to different health issues that are common in that area.

References


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RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1

Improving Neurological Outcomes in Post Cardiac Arrest Adults Using Therapeutic Hypothermia

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Purpose
The purpose of this presentation is to explore whether or not therapeutic hypothermia treatment has neurological significance in post-cardiac arrest patients with shockable and non-shockable rhythms.

Target Audience
Critical care/Trauma nurses, nurse practitioners, nurse educators, nurse researchers and student nurses

Abstract
Cardiac arrest remains one of the most unexpected, dramatic, & life-threatening events in medicine with about 356,500 people experiencing out-of-hospital cardiac arrest in the United States during 2014 (American Heart Association, 2015). Cardiac arrest leads to loss of circulation, causing a decrease in cerebral oxygen and therefore brain cell death, leading to the most common cause of death after a cardiac arrest. Those who survive often have poor neurological outcomes, resulting in the patient to suffer a lifetime of cognitive impairment and immobility. Over the past 10 years, researchers have found that hypothermia can decrease cerebral oxygen demand and block chemical cascade responsible for cerebral injury. This has led to the American Heart Association to add therapeutic hypothermia to its cardiopulmonary resuscitation guidelines. The goal of the therapeutic hypothermia guideline is to improve survival and neurologic function in post-cardiac arrest patients following return of spontaneous circulation. The purpose of this literature review is to determine whether or not therapeutic hypothermia treatment has neurological benefits in post-cardiac arrest patients with shockable and non-shockable rhythms. As research supports therapeutic hypothermia treatment in patients of shockable rhythms, it is unclear whether therapeutic hypothermia is effective in decreasing neurological damage in patients of non-shockable rhythms. To support the American Heart Association therapeutic hypothermia guideline, further research is necessary to understand the neurological benefits in patients of non-shockable rhythms. As cardiac arrest is the most leading cause of death in the United States, nurses must be competent in the implementation of therapeutic hypothermia. During therapeutic hypothermia treatment, nurses are responsible for preventing, identifying and treating adverse effects and complications in a timely matter. Education and training is essential in ensuring that competent nurses and medical staff initiate therapeutic hypothermia promptly and safely. Furthermore, nurses play a crucial role in providing family support and education during this overwhelming experience.

References

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Purpose

The purpose of this presentation is to help understand ways to improve the long-term care environments based on the cues utilized by the cognitively impaired. The ultimate goal of this presentation is to improve the independence and quality of life of those in long-term care facilities.

Target Audience

The target audience of this presentation are those involved in the care of Alzheimer's or mild cognitively impaired patients. This includes but is not limited to nurses, nursing students, and long-term care facility administrators.

Abstract

Wayfinding is the ability to find one’s way from one place to another. Persons with Alzheimer’s disease and mild cognitive impairments have a profound wayfinding impairment and often get lost in new or challenging environments. Distinctive cues (visual landmarks) can help people find their way in complex environments. In this study, subjects with early stage Alzheimer’s disease (AD) and mild cognitive impairment (MCI), due to Alzheimer's disease, as well as a control group of similar aged subjects with normal cognitive abilities were asked to find their way repeatedly in a virtual reality simulation of a senior living facility. The subjects were placed in two different environments, the cued and uncued conditions. The cued condition had salient cues, or cues that are bright and contrasting, while the uncued condition did not have these cues. For the purpose of this study, we focused on the effects salient cues had on the success of the cognitively impaired group within the cued condition. Data was collected using eye-tracking glasses and software to determine how much time subjects spent visually fixating on certain cues while repeatedly finding their way in the virtual environment. This study reports the amount of time subjects spent fixating on cues that were not helpful (distractor cues) as well as the time required to complete wayfinding for each trial. Results showed that persons with AD/MCI spent much more time fixating on the distractor cues than did the control group. Furthermore, the results indicated that the AD/MCI group showed improvement in the time it took to complete the wayfinding task; however, this group's improvement was less pronounced than the control group. The implications of the study are that persons with AD/MCI may have an inability to disengage from distractor cues and may need more time and reinforcement to learn which cues are helpful in complex environments.

References


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RSG STR 1 - Rising Stars of Research and Scholarship Invited
Student Poster Session 1

Integration of Evidence-Based Practice in Undergraduate Nursing Education Across Australian Universities: A Grounded Theory Study

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Purpose
To provide insights into findings from a doctoral study that employed a grounded theory methodology to examine the processes undertaken by nursing academics when considering to incorporate EBP into their teaching and learning practices. The poster will discuss the resulting substantive theory grounded in data and theoretical model explaining the relationships between the concepts.

Target Audience
Target audience for this presentation is academics within universities and other educational institutions offering undergraduate nursing programs. Additionally, clinical staff, clinical educators and preceptors will benefit. Leaders within academic institutions and clinical settings should find the results enlightening in possibilities for promoting evidence-based practice.

Abstract

Background: Considering the growing need to adopt an evidence-based practice (EBP) approach in response to increasing complexities in healthcare, nurses must be adequately prepared in their undergraduate degrees to implement EBP in clinical practice. However, there is a plethora of studies reporting that nurses’ educational preparation for embracing EBP is consistently inadequate (Malik, McKenna & Plummer, 2015; Eizenberg, 2010). EBP adoption by graduating nurses depends on the degree to which it is emphasised by academics and the extent to which it is integrated into course content and outcomes (Melnyk & Fineout-Overholt, 2015). Despite the existence of many studies on EBP, its inclusion in nursing education is limited and represents an area of crucial investigation.

Although the significance of applying evidence to practice is unquestionable, many Australian and international undergraduate programs continue to emphasise research process and underpinning methodology, rather than teaching research from evidence-based perspectives (Malik, McKenna & Griffiths, 2015; Brooke, Hvalič-Touzery & Skela-Savič, 2015). An analysis of curriculum outlines from tertiary education providers exploring how EBP was introduced into Bachelor of Nursing programs across Australian universities revealed that amongst 35 education providers, three did not appear to offer any units on research or EBP. Twenty-five providers combined units on research and EBP with major emphasis on research designs and process. In regards to EBP integration into curricula, a majority of the providers appeared to embed EBP related concepts between one and twelve units of study. Significant variations were found between universities with regards to when these units were introduced (Malik, McKenna & Griffiths, 2015). This analysis has given insight to some extent into EBP education in Australian undergraduate programs, however further understanding into processes academics undertake to incorporate EBP concepts into their teaching practices within BN programs was needed, which this study aimed to explore.

Aim: This poster reports the resulting substantive theory, conceptualised as: “On a path to success: Endeavouring to contextualise curricula within an EBP framework”, which offers an abstract understanding of the processes and activities academics were engaged with when considering to integrate EBP in undergraduate education.

Methods: Design - Considering the aim of the study, a constructivist grounded theory informed by Kathy Charmaz was employed. Having its roots embedded in symbolic interactionism, this methodology was suitable for the current study as the purpose was to explore processes in the specific context. Informed by Charmaz, (2006), the constructivist theorist views data as constructed between participants and
researcher rather than discovered; and analysis as interpretive rather than predictive. The resultant theory offers the greatest range of interpretation and understanding of concepts, grounded in data. An important characteristic of GTM is allowing data collection using a variety of sources to understand how research participants construct and define their realities through interactions (Charmaz, 2006).

**Data Collection** - Ethical approval was granted from the relevant university. Using purposive sampling, nursing academics across Australian educational institutions offering undergraduate nursing programs were invited to participate. Study invitations were sent to the respective heads of schools for distribution to potential participants. Interested participants contacted the researcher and consented to be interviewed and/or observed. Twenty-three nursing academics were interviewed until emerging categories were saturated. Participants were interviewed one-on-one at their work premises, or a mutually agreed location for approximately one hour, using a semi-structured format. With participants’ permission, interviews were audio recorded and subsequently transcribed.

Nine participants consented to be observed during lectures, tutorials or laboratory teaching with undergraduate students. Field notes were written during and after observations. Additionally, twenty unit guides were analysed to add richness to data that were shared by some participants. Throughout the research process, participants were assigned pseudonyms by which their anonymity and confidentiality were protected.

**Data Analysis** - In keeping with the tenets of grounded theory, data collection and analysis were simultaneously performed and continued until theoretical saturation was reached. Data were analysed using open, focused and theoretical coding, proposed by Charmaz (2014). NVivo 10 was used to organise data. Interview transcripts and field notes were read multiple times to generate open and focused codes. Codes were raised to sub-categories which were compared with data to seek relevance and fit. By using the constant comparative method, sub-categories were further developed to a level where emerging categories could be examined and compared with codes and emerging concepts. As a result of this iterative and interactive process, four categories emerged. Using theoretical coding, the emerged categories were further raised to an abstract level where they were theorised in a form of a core category. Immersion in data by reading and analysing interview transcripts repeatedly, writing field notes, maintaining a reflective diary and engaging in extensive memo writing allowed the researchers to acknowledge their own assumptions and ensured that preconceived ideas were not imposed on findings.

**Results:** In line with constructivist GTM, the theoretical construct, “On a path to success: Endeavouring to contextualise curricula within an EBP framework”, explicates a core process utilised by most participants and offers understanding of participants’ actions and processes, as a response to the central problem. The theoretical construct overarches the existing processes identified in three transitional stages: Embarking on a Journey-Being prepared, Encountering challenges and Moving Ahead-Linking EBP theory to practice. This theoretical construct reflects the actions, perspectives and interplay between academics, curricula and practice settings. Four interrelated categories present the activities academics undertook during the core process comprising Valuing and Engaging with EBP, Enacting EBP curriculum, Influencing EBP integration and Envisaging EBP use. However, these processes are moderated by a number of contextual determinants found to be influential, including academic settings and individuals, curricula design and delivery, and practice settings. The theoretical model, provides a visual representation of the relationship between them, which will be illustrated in the poster.

In the first transitional stage, the initial approach for all participants was to embark on a journey to offer EBP education. By getting involved with research activities, understanding EBP concepts, keeping abreast with literature and using evidence in their teaching, academics had demonstrated their preparation towards instilling EBP knowledge and skills in students. A number of academics were engaged in designing and enacting EBP and research units and others worked towards embedding EBP across units. Academics’ understanding, their engagement and passion for EBP determined how they moved forward in their journey and influenced the design and implementation of curricula fully underpinned by EBP principles.

Moving forward, the second stage posed many challenges with regard to research and EBP units’ content and delivery. Embedding EBP across units by unpacking the curriculum to see how EBP was integrated in existing units and how this could be fully embedded were considered demanding but an ongoing process. All participants expressed concerns including students’ disengagement with research and EBP
units, limited time to aligning and updating units, crowded curricula, heavy workloads, inexperienced academics in designing curriculum, and lack of support from schools.

The third transitional stage reflects strategies used by academics in minimising their struggles faced earlier. Despite those challenges, academics moved ahead and endeavoured to include EBP concepts into teaching units. This was mainly an individual approach of using a variety of teaching and learning strategies to make EBP theory and practice link visible, and striving to engage students with the EBP framework as an ultimate outcome. In its interpretation, the theory reflects the endeavours of academics’ aiming to contextualise curricula in a manner that engages students with the EBP framework. Overall, this path appeared to be winding and was influenced by contextual determinants. The presented journey is not linear, rather it meanders back and forth, connected in each phase very closely.

The presented theory is grounded in data as the core process meets the criteria proposed by Charmaz (2014) that integrates relationships between the stages and categories. It is a process, which is comprehensive, occurs over time, and helps to understand variation in the data.

**Implications:** Current study findings create a call for educational institutions and practice settings to employ strategies such as including EBP as an integral part of a school’s philosophy, infusing EBP principles and concepts into academics’ ongoing developmental opportunities, mentoring in designing and implementing an EBP embedded curricula, creating academia-practice partnerships, and provision of sufficient resources within school and clinical settings serve as effective means for successful EBP integration. These implications support participants’ recommendations for a paradigm shift from isolated research courses to curricula fully encompassing EBP pedagogies. Largely, very limited examples of how EBP has been threaded through the curriculum are cited in the global literature.

**Conclusion:** This study has adopted a unique approach in presenting a core process, explaining academics’ journeys that may be used to explain similar phenomenon. Our theory raises awareness of activities undertaken by academics and related challenges faced by them when considering to include EBP into undergraduate education. Future research could examine effectiveness of implemented strategies on academics’ engagement with EBP and its inclusion into their teaching practices.

**References**

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Purpose
To examine potential alcohol related adverse drug reactions, the mechanisms by which they occur, and the nurse’s role in mitigating risks of alcohol related drug interactions

Target Audience
Current and future registered nurses, nurse educators, and nurse researchers.

Abstract
In the United States, 56.9% of people ages 18 years or over consumed at least one alcoholic beverage in the past month; 24.7% of people in the same age group reported binge drinking in the past month; 6.8% of people in the same age group reported having an alcohol use disorder in the past year. Also, approximately 59% of adults take prescription medications, many of which are considered alcohol-interactive (AI); AI medications are those that interact negatively with alcoholic beverages, resulting in alcohol related adverse drug reactions (ADRs). An estimated 41.5% of current drinkers are on AI medications. Because alcohol related ADRs are suspected to contribute to 25% of all emergency room admissions, we are concerned about concurrent consumption of alcohol and medications, even for responsible drinkers and medication users. The purpose of this literature review is to examine the prevalence of AI medications and the means by which healthcare providers mitigate the risks of alcohol related ADRs.

Literature related to the prevalence of alcohol consumption, the prevalence of AI medication consumption, the mechanisms by which the two substances interact, and the prophylactic efforts of healthcare workers to mitigate risks of alcohol related ADRs was reviewed. Preliminary findings from this review reveal a lack of patient education related to alcohol and that the degree of patient education does not match the potential severity and prevalence of alcohol related ADRs. More effort is required to reduce the specific risks of alcohol related ADRs, even to patients who practice responsible drinking and self-managed medication management.

Literature related to healthcare providers’ functional knowledge about AI medications was searched, but, to date, no such studies specifically focused on healthcare provider knowledge have been published. A functional knowledge of AI medications is necessary for nurses to be vigilant and perform effective patient education to patients on AI medications. This review suggests future research should nurses assess knowledge of AI medications, as nurses are on the frontline of patient care.

References
Peterson, A. M., & Dragon, C.

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A Model for Falls With Major Injury in Nursing Home Residents

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Purpose
The purpose of the presentation is to examine risk factors for all falls and falls with major injury in elderly nursing home residents. The environmental press theory will be presented as a possible model for falls with major injury and proposed as a guide for a research study.

Target Audience
The target audience of this presentation is nurse researchers, nurses, and administrators working in nursing homes.

Abstract
Background: The combination of more elderly living longer and needing more supportive care means the absolute proportion of older adults in nursing homes is likely to rise. Nursing home residents are more likely to fall as compared to community dwelling older adults. Consequently, the absolute number of falls among nursing home residents will also increase with a concurrent rise in falls with major injury: bone fractures, joint dislocations, closed head injuries with altered consciousness, and/or subdural hematoma. The increased falls with major injury will negatively impact the physical and psychological health of older adults and will expand health care spending. There is a significant gap in research on falls with major injury among nursing home residents. Previous research is inconsistent and conflicting in defining and determining risk factors for falls with major injury. Purpose: The purpose of this study is to identify intrinsic and extrinsic factors from the Long-Term Care Minimum Data Set (MDS) 3.0 for 2014 associated with major injury falls in elderly nursing home residents and use these to develop a parsimonious explanatory model of falls with major injury. Specific Aims: The aims of the study are to answer the following questions. In elderly nursing home residents: (Q1) What are the intrinsic and extrinsic factors that contribute to falls with major injury? (Q2) Do these factors interact and if so, how do they interact?; (Q3) Which factors and/or interactions of these factors are most useful for explaining who will have a major injury upon falling? Methods Design: The study design is an exploratory, retrospective, and secondary analysis of the MDS 3.0 for 2014. The national MDS 3.0 dataset from the Chronic Conditions Data Warehouse contains about 1.4 million beneficiaries. According to Senior Health Informatics Analyst, D. Messenger (written communication, May 2016), each beneficiary carries a maximum 655 variables. Sample and setting: The sample is approximately 594,000 through 712,000 Medicare and Medicaid certified nursing home residents in the United States who fell in 2014. Sample size is estimated based on the literature. Inclusion criteria are (1) age 65 years and over; and (2) had at least one fall in 2014. Exclusion criterion: a movement disorder diagnosis (e.g., Parkinson's disease, multiple sclerosis). Variables: Intrinsic factors include: age, gender, race/ethnicity, marital status, vision, hearing, cognitive pattern, mood, behavior, functional status, bladder and bowel continence, diagnoses, pain management, fall history, swallowing and nutritional status, and skin condition. Extrinsic factors include: mobility devices, corrective lenses, hearing aid, medication category, polypharmacy, and length of stay. The outcome or dependent variable is fall with major injury (yes or no). Analysis: After data cleaning, at least two subsets will be created by randomly splitting the dataset of eligible beneficiaries. One data set will be used to answer the research questions and the other(s) will be used to test the explanatory model for cross-validation. Q1 will be addressed using descriptive analysis to compare intrinsic/extrinsic factors of beneficiaries with no major injury versus major injury. Next, assumptions for logistic regression and the strength of association between each independent variable and dependent variable (falls with major injury) will be examined. Q2 will be addressed using multiple logistic regression to examine the strength of association between interaction of factors and dependent variable (falls with major injury). Q3 will be addressed using multiple logistic regression to develop a model for falls with major injury by using only statistically and/or clinically significant factors found from simple logistic and

References

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**RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1**

**A Positive Deviance Approach to Understanding HIV Risk and Testing**

*Asa Benjamin Smith, BSN-GN, USA  
Rob Stephenson, PhD, MSc, USA*

**Purpose**

The purpose of this poster presentation is to 1. Highlight the reasons for testing among Sub-Saharan African men 2. Compare the reasons for testing in different communities and the differences from the individual 3. Compare the rates of positive deviance between countries of high and low HIV infection rate.

**Target Audience**

The target audience for this presentation includes nurses and health care researchers interested in HIV prevention testing and global health research.

**Abstract**

**Background and Significance:** Despite high adult prevalence of HIV, routine testing for HIV remains low in many Sub-Saharan African countries. There is strong evidence that men are less likely to test for HIV than women, who typically receive routine HIV testing as part of antenatal care. Increasing routine HIV testing is a significant prevention priority: HIV testing can act as a gateway to care for those who are HIV positive, and other behavioral and medical prevention options (e.g. PrEP) for those who are HIV negative. Understanding the factors associated with the adoption of HIV testing is a vital first step in designing programs to encourage routine HIV testing in at-risk individuals. Positive deviance – sometimes referred to as resiliency – refers to the process in which individuals achieve a goal despite their disadvantaged surroundings. In this study, we examine the extent to which positive deviance – operationalized as individual differences to community aggregates – are associated with the uptake of recent (<12 month) HIV testing among samples of adult men from six African countries.

**Objectives/Aims:** Applied to HIV testing, positive deviants would be men who test routinely for HIV in an environment of low testing and where cultural norms are against testing. In this study we analyze Demographic Health Survey (DHS) data from six African countries; Cameroon, Ghana, Malawi, Lesotho, Swaziland and Zambia were selected to represent environments with differing levels of HIV prevalence.

**Methods:** Survey data was selected from the DHS to acquire a broad sample size from African countries with both low and high rates of HIV infection. We selected countries with DHS data within the last 10 years, and included survey data of men from ages 15-45. The sample sizes are 7191 from Cameroon; 4388 from Ghana; 7175 from Malawi; 3317 from Lesotho; 4156 from Swaziland and 14773 from Zambia. Individual variables were chosen that influence how often an individual test for HIV. The individual variables that were selected included age, age at sexual debut, socioeconomic status, place of residency, amount of education, stigma towards HIV and people who have HIV infection, knowledge about HIV pathology and transmission, marital status, and number of sex partners. Community variables are then created from calculating the means of the individual's community through the primary sampling unit (PSU). From the calculated community means, we subtracted the individual from the community aggregate to determine a positive deviance variable. We assigned a binary sequence to separate the positive deviants from the community outputs. Using regression modeling, we examine how individual differences from community norms (positive deviance) are associated with recent HIV testing, and how this changes with varied rates of HIV infection within the different countries.

**Results:** As this study is currently in analysis, there are no results at the moment of abstract submission.

**Conclusions/Implications**

The results can inform the development of public health and clinical messaging aimed at increasing routine HIV testing, and provide a corollary along education and level of risk for individuals to determine positive deviance risk.
References


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Purpose
The purpose of this presentation is to discuss the association of anti-hypertensive medication regimen with dietary intake of sodium.

Target Audience
The target audience of this presentation is registered nurses in cardiovascular care, nurse practitioners in chronic care, and those interested in sodium restriction in heart failure.

Abstract
Background: Adherence to low-sodium diet is crucial to heart failure (HF) self-management. Angiotensin converting enzyme inhibitors (ACEi), commonly prescribed to HF patients, decrease salt taste perception and patients taking ACEi may increase dietary sodium intake in response to reduced perception. We hypothesize that HF patients on ACEi will have significantly higher sodium intake, indicated by dietary sodium density.

Objective: To examine whether having a prescribed ACEi was associated with increased dietary sodium density.

Methods: This was a secondary analysis of baseline data from HF patients in an observational longitudinal study. Dietary sodium intake measured from 4-day food diaries was analyzed with NDS-R software (NRCC, Minneapolis, MN). To control for differences in dietary sodium due to differences in amount of food consumed, dietary sodium density was calculated as 4-day averaged daily sodium intake divided by averaged kilocalories (kcal) consumed. Prescribed medications were ascertained through medical chart review. Patients were categorized into 2 groups: those prescribed and those not prescribed ACEi. We used t-tests to compare sodium intake between ACEi groups. Linear regression was conducted to determine whether prescribed ACEi independently predicted sodium density controlling for age, gender, NYHA Class, and prescribed diuretics and beta blockers.

Results: There were 262 HF patients (age 61 ± 12, 68% male, 44% NYHA Class III/IV); 76% were prescribed a diuretic, 89% a beta blocker, and 68% an ACEi. Patients prescribed ACEi consumed 13% more sodium per kcal than those not prescribed ACEi (1.8 mg Na/kcal vs. 1.6 mg Na/kcal, p = .001). Prescribed ACEi independently predicted dietary sodium density (beta=−.207, p=.002). No confounding factors predicted density.

Conclusions: The results support the hypothesis that patients on an ACEi have higher sodium intake. Assessing medication regimen is important for planning interventions to enhance HF patients’ adherence to dietary sodium restriction. Research is needed to explore HF patients’ salt taste perception to better understand associations between medication regimen and sodium intake.

References
The Effect of a Lifestyle Intervention on Psychosocial Factors and Medication Adherence in African-Americans

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Purpose
The purpose of this intervention is to determine if participants who receive the LSI intervention demonstrate improved health behaviors, clinical outcomes, and psychosocial factors.

Target Audience
The target audience of this presentation is for nursing undergraduate and graduate students, clinical staff, and academic nursing faculty interested in learning how psychosocial health affect self-management behavior in adequately managing cardiovascular disease.

Abstract

Introduction: As cardiovascular disease (CVD) has continued to show decline over the past century, African-Americans (AAs) continue to suffer disproportionately from CVD morbidity and mortality. CVD risk factors of obesity, hypertension (HTN), insulin resistance, and hyperlipidemia, all components of the Metabolic Syndrome (METS), affect AAs at higher rates when compared to Caucasians. Lifestyle, psychosocial status and adherence to treatment are also factors that contribute to worse CVD outcomes. A culturally sensitive lifestyle intervention (LSI) focusing on health behaviors was evaluated for effects on psychosocial factors and medication adherence in AAs with METS.

Methods: Participants were AAs (n=120) with HTN and METS, mean age 50 + 8 years, 77% women, who were randomized to the intervention (LSI) or usual care (UC) group. LSI included four group sessions, occurring 2-hrs each over a 2-month time frame, which focused on physical activity, diet, and medication adherence, followed by 10-weekly phone counseling sessions for 2 months. Variables and measures for both groups occurred at baseline (BL) and 6M and included depressive symptoms (BDI-II survey), autonomy support (AST), Healthcare climate (HCCQ), and medication adherence (Hill-Bone Survey; HB). Analysis included correlations, paired t-tests, and ANCOVA to test for group differences at 6M adjusting for baseline covariates.

Results: While the LSI did not have any effect upon medication adherence, effects were observed for AST. The LSI group demonstrated an increase in AST scores from BL to 6M, (paired t-test (t(38)) = -2.9, p=.007, Cohen’s d=0.46), while the UC group remained unchanged. After adjusting for AST BL, group differences at 6M (F(1,76) = 5.21, p=.025) remained significant. AST BL scores were highly correlated with BDI-II scores (r=-.490, p<.001) controlling for multicollinearity, but not with HB (r=-.094, p=.334). While AST was related to BDI at BL and 6M (r = -.417, p=.00; -.434, p<.001) no LSI effects on depression were observed. HB medication scores correlated with age as older adults were more adherent (r = - .22, p=.04).

Discussion: Devising a culturally tailored LSI targeting self-management and psychosocial factors increased autonomy support, which correlated with depression scores. The rationale as to why no effects on depression were directly observed could largely be attributed to the minimal self-rated scores of depressions. Although the LSI did not increase medication adherence directly, improvement of other psychosocial factors related to medication adherence may be important in ultimately increasing the patient’s ability to successfully manage their chronic illness.

References

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Purpose

The purpose of this presentation is to evaluate classroom-based education versus receiving the same education through patient simulation.

Target Audience

The target audience of this presentation include nursing faculty and institutions that incorporate patient simulation in training.

Abstract

The likelihood that a nurse will care for a patient during the end of life is increasing. Yet, new graduate nurses continue to feel unprepared to care for them. While there is little disagreement that end of life education should be integrated in the curriculum, the evidence is unclear on the most effective way to accomplish it. This comparative study was designed to determine if a difference exists between providing education on end of life in a classroom-based learning experience versus receiving the same experience through a patient simulation lab. Both interventions used the National League for Nursing’s Advancing Care Excellence for Seniors unfolding end of life toolkit. The unfolding case was developed to provide an evolving case-based scenario, which was designed to be unpredictable to the learner. Through the unfolding case, the power of combining patient simulation with storytelling enhances the student’s overall learning experience. In an attempt to maintain the ACE.S’ toolkit integrity, there were no significant changes made to the tool during either the classroom or the sim lab portion of the study. A total of 49 undergraduate nursing students participated in the study, with a 100% response rate. The students’ attitudes were captured before and after the interventions using the Frommelt Attitude Toward Care of the Dying Scale (FATCOD), Form B. The FATCOD is a 30-question survey designed to assess the attitudes of individuals caring for a patient and their family during end of life and uses a 5-point Likert-type scale. While the study did not find a statistical significance in the overall mean score of either intervention, there was an increase from the pre-survey (4.14 ± 0.87) to the classroom intervention (4.20 ± 0.88) (P = 0.56) and even higher in the simulation lab (4.32 ± 0.81) (P = 0.07). It can be concluded that, while the study failed to show a statistical significance as a whole, providing education on end of life is beneficial in the classroom, but even more so in patient simulation lab.

References


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Improper Disinfection of Stethoscopes

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Purpose
The purpose of this presentation is to teach all levels of healthcare workers the impact of disinfecting their stethoscopes between each patient use.

Target Audience
The target audience of this presentation is all levels of healthcare providers who use a stethoscope in their practice.

Abstract
Stethoscopes have been referred to as non-critical items in healthcare (Livshiz-Riven, Borer, Nativ, Eskira, Larson, 2015), with no current protocols for disinfection. Stethoscopes serve as reservoirs for bacteria that contribute to hospital-acquired infections. Studies demonstrate significant percentage of stethoscopes used by healthcare personnel are colonized with bacteria, five to seventeen percent of which were contaminated with methicillin-resistant *Staphylococcus aureus* (MRSA). (Tang, Worster, Srigler, & Main, 2011). Hospital-acquired infections (HAIs) related to MRSA have increased from two percent to 64% from 1974 to 2004 in intensive care units (Russell, Secrest, & Schreeder, 2012). HAIs are responsible for 721,800 infections and 75,000 deaths, according to the Centers for Disease Control and Prevention (CDC), (Centers for Disease Control and Prevention, 2016). Stethoscope disinfection has gone overlooked in an atmosphere where patient safety is a top priority. Most of the common factors that prevented all levels of healthcare professionals from disinfecting their stethoscopes were forgetfulness, lack of available materials, and not having enough time (Thom, Saito, Yanliang, Gnanasuntharam, McGeer, Willey, & Borgundvaag, 2014). A survey of healthcare professionals found that most, when they did disinfect their stethoscopes, used an array of products including, alcohol wipes, soap and water, hand sanitizer, and virox wipes (Thom et al. 2014). This same study found that a 70% alcohol pad was most effective in disinfecting stethoscopes (Thom et al. 2014). The healthcare providers that disinfected their stethoscopes between each patient use showed less frequent bacterial growth (Tang et al. 2011). A study in a geriatric hospital ward found that by making alcohol wipes more readily available reduced stethoscope bacterial contamination by 41% and MRSA by 100% after 3 months of implementation (Tang et al. 2011). Boston Children’s Hospital conducted a pilot study in which they aimed to increase stethoscope disinfection rates. The disinfection rate among nurses alone increased from 13% to 67% (Zaghi, Zhou, Dionne, Graham, Potter-Bynoe, & Sandora, 2013). For a total cost of 3,758 dollars, they covered six floors and the emergency department with stainless steel baskets, alcohol pads, stickers, and signs to help increase the rate of disinfection (Zaghi et al. 2013). Broken down, that is roughly 17 dollars per patient room. This cost is minuscule compared to treating a HAI. In keeping the values of beneficence and no maleficence, healthcare professionals must foster an environment of safety in every action they take with their patients. Disinfecting a stethoscope between each patient is a small way to have a large impact on the safety of our patients.

References

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RSG STR 1 - Rising Stars of Research and Scholarship Invited
Student Poster Session 1

Nurse Leaders’ Perceptions of the Preparedness of Novice Registered Nurses in the Workforce

Mary Helen Ruffin, MSN, RN, USA

Purpose

The purpose of this presentation is to provide healthcare providers with the current understanding of nurse leaders’ perceptions of novice registered nurses (RNs) preparedness to practice direct care providers in acute care hospital within the first year of licensure.

Target Audience

The target audience of this presentation is healthcare providers at micro and macro levels. Specifically, the presenter aims to disseminate the findings and recommendations from nurse leaders to the following targeted audience: bed-side nurses, preceptors, hospital administrators, and nursing faculty.

Abstract

Novice RNs face a myriad of challenges throughout the first year of nursing practice. These challenges are intensified by complex patient care scenarios and strenuous work environments. In order for novice RNs to be adequately prepared to practice as direct care providers, the nursing profession must seek innovative strategies to recruit, retain, and educate the nurse of the future. Thus, this qualitative study was conducted to gain a current understanding of nursing leaders’ perceptions of novice registered nurses (RNs) preparedness to practice as direct providers of care in an acute care hospital within the first year of licensure. Specifically, the researcher seeks to identify and understand:

- Knowledge, skills, and attitudes (KSAs) perceived as strengths
- KSAs perceived as needing improvement
- Experience with proven strategies for facilitating transition from student to licensed RN
- Innovative strategies for facilitating transition from student to licensed RN (e.g. not yet tested or proven)
- Recommendations for hospital leaders in the C-suite [e.g. Chief Executive Officer (CEO), Chief Operating Officer (COO), Chief Nursing Officer (CNO), Chief Financial Officer (CFO)] for issues around transition to practice
- Recommendations for the nursing profession at-large for issues around transition to practice
- Recommendations for the healthcare industry for issues around transition to practice
- Relationship between the participants’ characteristics and answers

The researcher selected Patricia Benner’s (1982) *Novice to Expert: Excellence and Power in Clinical Nursing* and Judy Duchscher’s (2009) *Transition Shock: The Initial Stage of Role Adaptation for Newly Graduate RNs*, a contemporary and traditional theoretical framework to guide the study. Given the challenges of the healthcare environment and high expectations of novice RNs, Benner (1982) and Duchscher (2009) elected to explore the experiences and transition of nurses in the workplace. Based on the two theoretical frameworks, three research questions were posed to investigate the nurse leader’s perceptions of novice RNs.

A purposive sample was utilized to recruit nurse leaders for the study. Prior to recruiting and enrolling participants, IRB approval was obtained from the University and the acute care hospital. Thirty-five participants were recruited to participate in the voluntary, digitally recorded face-face interview via e-mail. Only seven participants were interviewed due to the early recognition of themes and patterns. Participants’ privacy was respected and interviews were conducted in the participants’ personal office. No identifying information was obtained and each participant was assigned a four-digit code.
Content analysis was performed on the rich data collected to identify themes and patterns. Based on the content analysis performed, 12 themes were identified on the preparedness of novice RNs. The 12 themes identified included: the basics, time/experience, culture change, communication, critical thinking, time management, confidence, support, bullying, orientation, nurse residency program, and clinical hours. The findings from this study support Patricia Benner’s (1982) From Novice to Expert theory that time and experience are necessary to transition from each level of skill acquisition, and Duchscher’s (2009) Transition Shock theory that novice RNs experience various physical, emotional, intellectual and developmental changes throughout the transitional process from graduate nurse to novice registered nurse.

Critical thinking skills, communication, confidence, and time management skills were identified as areas needing improvement. However, each area needing improvement requires experience and time to successfully master. In order to ease the transition, support from multidisciplinary team members and all levels of the healthcare management system is vital in holistically empowering and improving novice registered nurses’ performance. In addition to support, an orientation process specific to the individual’s needs and experience is essential to facilitate a seamless transition. The transition from graduate nurse to professional nurse is difficult and requires adequate support, time, and experience.

References

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Evaluation of an Intervention to Introduce Intermediate Nursing Simulation in India

Tera A. Deupree, USA

Purpose
To evaluate a nursing simulation scenario using intermediate fidelity simulation equipment in India.

Target Audience
Nurses, Nurse Leaders, Nursing Students and Healthcare providers

Abstract
Background: Simulation education gives nursing students the ability to demonstrate knowledge and skills in a clinical setting while building self-confidence in clinical decision-making skills (Ahn, et. al, 2015). Simulation is a new educational concept in India. Based on previous studies which incorporated simulation into nursing education in Korea and the US, this study demonstrates an improvement in nursing education through simulation in India as well. It is important to evaluate simulation scenarios for effectiveness, particularly in settings where simulation is new. In this study, a Simulation Design Scale will be used to quantify the effectiveness of the simulation experience, including improvement in problem-solving and reflection of the decision-making process.

Purpose: To evaluate a nursing simulation scenario using intermediate fidelity simulation equipment in India.

Methods: A quantitative descriptive study will be performed. Nursing students in India participating in an intermediate fidelity nursing simulation will complete the Simulation Design Scale (NLN, 2005) to evaluate a scenario using intermediate fidelity simulation equipment. This study measures problem-solving, support, and fidelity among other factors to evaluate the effectiveness of the simulation. This questionnaire will be administered to nursing students in India and will provide a quantifiable value for the quality of the simulation.

Results: The study will be conducted in July of 2016 and results will be presented in the poster presentation at the Sigma Theta Tau International Leadership Conference.

Discussion: The evaluation of the implementation of simulation education will provide the opportunity to assess the impact of simulation in nursing education in India, where simulation in nursing education is just emerging. In expanding the scope of simulation education to India, the international community will gain perspective on the use of simulation in nursing education and its effects on nursing knowledge, skills, and confidence in training nursing students.

References

Contact
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Purpose

The purpose of this presentation is to determine if healthcare professionals with simulation training for emergency situations demonstrate higher clinical competence than healthcare professionals without simulation training.

Target Audience

The target audience of this presentation is nursing professionals or researchers with an interest in simulation research, particularly those with a focus in emergency or critical care nursing.

Abstract

Objectives: As healthcare professional training programs and hospitals utilize simulation technology; it becomes increasingly important to determine the effectiveness of this teaching method. This presentation will examine the results of a literature review to determine if healthcare professionals with simulation training for emergency situations have higher clinical competence than healthcare professionals without simulation training.

Methods: Cochrane Library database was searched for journal articles using the key words "emergency simulations". The search was limited to articles from 2006-2016. Additionally, OVID MEDLINE was searched using the key words "emergency simulations," "clinical competence" and "patient simulation." Inclusion criteria included articles published between 2011 and 2016, in the English-language, peer-reviewed systematic reviews or randomized controlled trials, and focus on physicians, nurses, Emergency Medical Services and students in emergency or critical care simulations. Studies including pharmacists, pharmacy students, and outcomes unrelated to clinical competence were excluded from the review.

Results: From the initial 75 articles identified, five studies fulfilled the criteria, including one systematic review and four randomized controlled trials. Among these five studies, outcomes measured included increased knowledge (often assessed with multiple choice tests), patient outcome, skills, teamwork, and clinical management. In all of the studies, all interventions (which included simulation training, case-based learning, and didactic lecturing) resulted in higher outcome scores than no intervention. However, the studies yielded mixed results when comparing the efficacy of simulation training to the other interventions.

Limitations: This review has several limitations including the small sample size, only one article that assessed multiple aspects of clinical competence, and few studies that utilized nurses as the primary participants, which lessened the applicability of the results to nursing-specific research.

Conclusion: The results of this search indicate that simulation training improves clinical competence when compared to no extra training. The limited number of applicable studies indicates that further research is needed to better assess the effectiveness of emergency situation simulations. In particular, no studies were found that specifically examined Post-Anesthesia Care Unit emergency simulations so this is an area which presents a research opportunity. Future research should further explore patient outcomes as a measurement of simulation effectiveness because they provide clinical evidence of staff competence along with the theoretical knowledge and skills gained.

References


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Purpose
The purpose of this presentation is to inform the audience about points at which nurses can intervene to promote patient success in long-term opioid cessation.

Target Audience
The intended target audience of this presentation includes nurses, nursing faculty, student nurses, case managers, and drug and alcohol addiction specialists.

Abstract
Opioid addiction is a national epidemic with overdoses accounting for more than 28,000 deaths among young adults each year. In 2011 alone, over 488,000 ED visits were the result of opioid analgesic use. Many of these deaths can be prevented with medication therapy cessation programs and psychological interventions. The purpose of this project was to identify common barriers found in patients seeking opiate cessation and the nurse’s role in helping to assist with the recovery efforts. A literature review was performed searching PubMed, CINAHL, and MEDLINE databases using key words: addict*, medication*, nursing, barriers* and cessation. A total of 15 articles from this search were included in this review. The results of this literature review suggest three main opportunities for nurses to utilize their nurse-patient relationship to improve patient success in long-term opioid cessation.

The ability of nurses to connect with patients is deeper and more intimate than most other professions. Nurses can utilize this nurse-patient relationship to build trust and a working relationship in overcoming obstacles many patients face when beginning their journey to long-term cessation. Success with long-term opioid cessation can be increased through early identification of multiple barriers faced by patients through application of the nursing process.

Detailed nursing assessments are the first step in addressing these barriers and promoting success in long-term cessation. Utilizing the nursing process to establish patient goals and outcomes can help the nurse identify a patient’s specific needs. Some of the most common barriers faced by patients include lack of self-efficacy, knowledge deficit with regard to long-term cessation medications and programs, and access to specialized clinics.

During the initial assessment, nurses can identify patients’ behaviors and thoughts about addiction and recovery. Studies have shown promising results in the use of patient specific treatment activities that promote self-efficacy. Such activities include: motivational interviewing, a patient specific, goal-directed form of interviewing meant to engage the patient and encourage positive behaviors.

Four out of five new heroin abusers began by abusing prescription pain medication either prescribed to them or diverted from someone else. Diversion, the distribution of prescription medications to those without a prescription, is one of the leading causes of opiate misuse ultimately leading to addiction. When opiates are diverted to non-prescribed parties there is no education provided on the risks of opiate abuse or even instructions on proper dosing. Most importantly, it was not by a prescribing physician. Medications such as opiates should only be given by a prescribed physician who can fully assess and treat a patient’s condition accordingly. Educational barriers include lack of knowledge and understanding the implications of such practices such as sharing medications or taking more than prescribed dose can lead to opiate addiction. Thus, nurses should educate patients by fully explaining the negative consequence of opiate diversion, evaluating patients’ understanding of the teaching, and emphasizing the importance of not sharing prescription opiates.

References

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Contact
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Purpose
The purpose of the presentation is to explore the lived experiences of patients under contact isolation precautions and the perceptions of healthcare workers interacting with these patients.

Target Audience
The target audience of this presentation is nurse practitioners, nurses, nurse educators, nurse researchers and student nurses.

Abstract
**Background:** The main objective of this research review was to explore the lived experiences of patients under source contact isolation precautions and the perceptions and suggestions of healthcare workers interacting with patients under source isolation conditions. Patients and healthcare workers were interviewed over a period of time that allowed for the elaboration of personal feelings and perceptions to be articulated. The general consensus for both groups was deemed negative and the researchers were able to determine that one of the contributing factors was a lack of guiding knowledge in the form of an evidence based guideline or protocol.

**Summary of Literature:** The Oregon Health & Science University Healthcare guideline, transmission-based isolation precautions, explicitly details the information needed to maintain isolation status but does not detail how to assess or maintain patient emotional and psychological well-being, nor does it take into consideration the perceptions of healthcare professionals and their role in the treatment of patients under source isolation. The lack of guideline decreases both patient and staff satisfaction and allows for subjective treatment of the patient under source isolation.

**Relationship to Nursing Practice:** Implementation of suggestions and recommendations posed throughout the research, such as, communicating with isolated patients as one would with non-isolated patients, could improve the overall emotional well-being in patients. Also, identifying the biggest barriers associated with healthcare worker dissatisfaction, including but not limited to staff to patient ratio, and overcoming them would improve the ability of healthcare professionals to increase overall patient satisfaction. Future research is still needed to create an evidence based guideline or protocol that will encompass this area of interest and implementation of the findings will impact healthcare practice by improving the emotional and psychological well-being of both patients and healthcare professionals.

References

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RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1
A Review of Pillbox Design Features Used in Medication Adherence Interventions

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Purpose

The purpose of this presentation is to educate researchers on the reporting of pillboxes in medication adherence studies and the need for further research in order to identify how pillboxes support adherence and in which patient population’s pillboxes are more effective.

Target Audience

The target audience of this presentation is researchers who utilize and report on pillboxes (use, design, and function) as part of their research focus.

Abstract

Background: Pillboxes are regularly used in practice and have evidence they are effective in supporting medication adherence. However, many different pillbox designs exist on the market. It is unclear which different or similar designs have been used in medication adherence intervention studies and how they function to support medication adherence.

Purpose: This review was conducted to describe how pillboxes were used in medication adherence interventions, identify specific pillbox design features used in intervention studies, and describe mechanisms of action related to pillbox use.

Methods: Five multi-disciplinary databases were searched for clinical trials that used pillboxes in medication adherence interventions as part of a large review to evaluate intervention fidelity. These articles were then analyzed and the following information was abstracted for this secondary review: descriptions of study design, components of the intervention, physical descriptions of the pillbox, pictures, references to manufacturer name, and descriptions of targeted behaviors suggesting potential mechanisms of action.

Results: A total of 38 articles reporting 40 studies were included. Most studies reported that the pillbox was used as part of a multicomponent intervention, with only 11 studies designed to test the pillbox as a single component intervention1-11. There was a lack of reported information as to whether participants were given instruction on how to use the pillbox and whether these instructions were written or verbal. The most common pillbox used (n=15) held a 7-day supply of medication, but these boxes also varied in their design features. Eight articles reported boxes that allowed multiple dosing intervals and two articles reported a 28-compartment box 6. A majority of articles provided a physical description of the pillbox used and a few (n=5) also provided a picture. Although a large amount of information could be gathered from these descriptions, there was a lack of cohesiveness in regards to the descriptive details provided. Some articles simply used the brand name of the pillbox while others included specific details about the shape, color, labeling, and portability. Details provided as to how the pillboxes were expected to function in medication adherence were few, but two main uses were identified based on author’s descriptions: a memory aid and an organization aid. Further, description as to how exactly the pillbox was used to support memory and adherence was not consistently provided.

Conclusions: A wide variety of pillboxes have been used in intervention studies. Descriptions of these pillboxes varied in detail as well, making across study comparison difficult. Given the wide variation in details about specific design features reported in the literature, it is difficult to determine if one particular design feature is better than another and in what population certain design features are most effective. There is a need for further study of how pillboxes support medication adherence and in which patient population’s pillboxes are more effective.

References


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Purpose
The purpose of this presentation is to examine the relationship of participant’s attitudes toward their self-care and their perceived ability to pay for basic needs.

Target Audience
The target audience of this presentation are clinicians and researchers interested in socio-cultural disparities and their effects on people’s ability to manage chronic disease especially diabetes.

Abstract

**Purpose:** People with diabetes often struggle with self-care. Financial insecurity may create added challenges. The purpose of this study was to examine the relationship of participant’s attitudes toward their self-care and their perceived ability to pay for basic needs.

**Methods:** A secondary analysis was done of baseline data (2009-2011) from a study of adults with type 2 diabetes and self-reported sleepiness (R21 HL 089522). Instruments included the Diabetes Care Profile subscales for Positive Attitudes and Negative Attitudes that measured psychological factors affecting self-care and the Profiles of Mood States that measured general mood disturbance. Clinical evaluations included height/weight to calculate BMI kg/m² and A1C level. Demographic information included age, gender, race, education, marital status, and the question “How difficult is it for you to meet your basic needs (i.e. food, housing, utilities, and health care?)” with possible responses dichotomized as “not at all difficult” and “somewhat or extremely difficult.” Data analysis with IBM SPSS 22 included descriptive statistics, Mann-Whitney U tests, Spearman correlations; and significance, p< .05.

**Results:** The sample (N=107) was middle-aged (Mean ± SD = 52.23 ± 9.28 years, range = 31-82 years), had suboptimal glucose control (Mean A1C =7.3% ± 1.5) and was well distributed by gender, race, education, and marital status (females 58%, non-Caucasian 53%, > high school education 63%; married/partnered 42%). Participants (n=88, 76%) who responded “somewhat or extremely difficult” paying for their basic needs were significantly more likely than participants reporting “not at all difficult” to experience worse negative attitude towards their diabetes self-care, lower positive attitude, and higher mood disturbances, (all p-values < .01). Higher BMI was significantly associated with worse mood disturbance (rho=.31) and lower positive attitude (rho = -.27, p <.01).

**Conclusion.** Data collection took place during a period of economic depression for many individuals in the United States. In a sample of participants for whom the majority experience financial insecurity, there was a relationship between the perception of their ability to pay for their basic needs and their attitude towards being able to manage their diabetes self-care.

**References**

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Purpose
The purpose of this presentation is to develop an understanding of what is meant by "homey" in the senior living community and to explore what features, if any, contribute to the creation of hominess in the senior living community.

Target Audience
The target audience of this presentation is researchers interested in mixed method studies, researchers or nurses interested in the needs of older adults, and also undergraduate researchers.

Abstract
Background: Patient-centered care emphasizes the importance of client preferences in all care environments. The number of individuals residing in senior living communities is expected to increase as the baby boomer generation ages which makes understanding this specific population's needs important. Senior living community staff recognize the need to improve hominess and comfort; however, it is not always clear what stakeholders value most. One Scottish study found varying viewpoints related to how standards, the ability to play an active role, and a sense of belonging contributed to a sense of hominess in a senior care facility, but it is unclear if the same viewpoints are present in the United States. Using a research technique specifically designed to identify preferences, Q methodology, the purpose of this study is to explore what characteristics residents, families, and staff believe make a senior living community in the United States feel "homey" and to determine if these characteristics transcend national boundaries.

Method: This IRB approved study is a replication of a project done in Scotland. The recruited sample will include 5 to 10 participants from 3 categories; residents, families, and staff members. The study will use a Q methodology design which involves the use of a set of philosophical principles, data collection techniques, and statistical procedures to quantitatively study subjective beliefs and attitudes. With the investigator present, participants will sort a set of 30 subjective statements about the characteristics that they feel are most important to quality of life in a senior living facility. Data will be recorded on a ±3 forced distribution sorting sheet and supplemented with responses to follow-up interview questions. By-person factor analysis will be done using PQMethod software to find groups with shared viewpoints. A factor array with factor scores will be used to describe the shared viewpoints. Finally, a second order factor analysis will be completed to find commonalities between this study and the original Scottish study.

Findings: Data collection from the current study is in progress.

Conclusion: It is anticipated that the findings from this study will contribute to the body of literature used to improve quality of life in senior living communities.

References

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RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1

Effect of Stillbirth Postpartum on Depression in Women Between Ages 15-20 Versus 30-35

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Purpose
The purpose of this study is to help identify which age group of women are at risk for struggling with depression after having a stillbirth. In finding which age group of women we will be better able to implement measures to prevent depression symptoms during the postpartum period.

Target Audience
The target audience of this presentation are for health care providers, nurses, health care students, academic and clinical instructors.

Abstract
A developing fetus that passes away succeeding 20 weeks and weighs more than 500 g is called a stillbirth (Kersting & Wagner, 2012). A stillbirth usually passes away prior to or during child birth and often without any specific occurrence happening prior to the child birth (Kersting & Wagner, 2012). Warshak et al. (2013) found that teenage girls were reported to have a 20% increased chance of conceiving a stillbirth when compared to older women. The teenage girls who were obese were also found to have a 70% increased chance of conceiving a stillbirth when compared to older women (Defranco, Habli, Lewis, Russell, Warshak, & Wolfe, 2013). According to Kingston, Heaman, Fell, and Chalmers (2012), teenage girls and young adult women were most likely have experienced poorer health maintenance prior to delivery, higher stress levels due to inexperience, and a higher risk for postpartum depression than older women respectively.

A study in Michigan involved 1400 women the average age was 29 (Boggs, Gold, Leon, & Sen, 2015). The grieving mothers were seven times more likely to be positive for post-traumatic stress disorder (PTSD) and four times higher for depression. Of the women, 183 had a history of depression, 45 had a history of PTSD, 44 had a history of interpersonal violence, and only 16 reported a social support system. As opposed to the grieving mothers, the non-grieving mothers had only 83 women show signs of a history of depression, eight had a history of PTSD, 26 had a history of interpersonal violence, and 16 had social support (Boggs, Gold, Leon, & Sen, 2015).

So far, studies have shown that bringing a new child into the world can cause major changes in life and organization to a person or family (De Tyche, George, Luz, Spitz, & Thilly, 2013). Wisner et al. (2013) conducted a study in which they found that 14% of 10000 postpartum women were screened positive for depression. Amongst the 14% of women, 40% were screened positive with depression occurring after birth or postpartum, which identifies the importance of screening and treating women with postpartum depression (Costantino, Confer, Eng, Famy, Hanusa, Hughes, Luther, Moses-Kolko, Mcshea, Rizzo, Sit, Wisniewski, Wisner, & Zoretich, 2013). It is important to screen depression in postpartum women because depression has been known to be the second leading cause of death in postpartum women (Costantino, Confer, Eng, Famy, Hanusa, Hughes, Luther, Moses-Kolko, Mcshea, Rizzo, Sit, Wisniewski, Wisner, & Zoretich, 2013).

De Tyche, George, Luz, Spitz, and Thilly (2013) emphasized on measuring the levels of anxiety and the coping skills in postpartum and prenatal women of Lorraine, France. The researchers whom conducted this study found that the level of anxiety and other mental disorders were higher in postnatal women then in prenatal. George et al. (2013) stated that different negative emotional disorders affect the fetus’s health by causing low-birth weight and prematurity. George et al. (2013) concluded that their finding can bring about further studies to prevent negative outcomes to the mother’s and fetal’s health status.
Van (2012) conducted a qualitative study that interviewed Euro-American and Asian American women who experienced a loss of pregnancy, including ectopic pregnancy, miscarriage, stillbirth, and fetal death. One of the women age 38 with six-week gestation stated, because her pregnancy was not as far along to feel the actual effects of pregnancy, such as quickening or morning sickness, she did not attach to the fetus, therefore, the mourning and effects of losing a child was not as prevalent as it would have been further into pregnancy. Van did not focus on depression, but did find that depression was a major outcome in poor coping strategies after a woman experienced a postpartum loss (Van, 2012).

Liabsuetrakul, Pradhan, Shrestha, and Upadhyay (2014) analyzed two groups of women to determine which group would be most influenced in choosing whether to use health care services during motherhood. Liabsuetrakul et al. (2014) concluded that the younger population of women needed more of an influence, whether it be a mother, mother-in-law, or spouse, to utilize health care services during motherhood. In addition, the older women were able to depend on themselves to use the maternal health care services (Liabsuetrakul, Pradhan, Shrestha, & Upadhyay, 2014).

In Lannegrand-Willems, Marchal, and Perchec’s (2016) article, participants of the study were 1077 French students, 73% of which were women. Of this 1077, 524 were adolescents and the remaining 553 were emerging adults. Vocational identity processes potentially indicate that there might be a high risk of depression in adolescents compared to the emerging adults. Although this study does not talk about postpartum depression in general, it gives us an understanding that fulfillment with life has not occurred yet in adolescent girls. This study also reveals that adolescent girls are at increased risk for depression and disappointment with life (Lannegrand-Willems, Marchal, & Perchec, 2016).

According to Lakshminarayana et al. (2012), in the rural regions of India, psychological distress was measured among different age groups of mothers (n=5801) facing child birth. Multiple factors were associated with psychological distress including low asset ownership, unwanted pregnancy for mothers, stillbirth or neonatal death and maternal age (p-value < 0.05). The proportion of mothers with psychological distress increased with higher age women. When the mothers were stratified by presence or absence of infant loss, the association of higher age with more psychological distress was only observed in the absence of infant loss. However, in mothers with infant loss there was a trend of more psychological distress with lower age, although, there was no statistical significance in this subset of mothers. This contradictory association of psychological distress to higher and lower age of the mother depending on the absence or presence of infant loss depicts the complicated relationship between age, infant loss and psychological distress. There is an obvious trend of increased psychological distress with lower age women specifically during infant loss, although the population considered is very different (Prost, Lakshminarayana, Nair, Tripathy, Copas, Mahapatra, Rath, Gope, Rath, Bajpai, Patel, & Costelloa, 2012).

References


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CPAP Nonadherence Issues in a Small Sample of Men With Obstructive Sleep Apnea

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Purpose
The purpose of this presentation is to describe a qualitative study conducted to identify CPAP adherence issues among a small sample of middle-aged and older men and to discuss associated practice and research implications.

Target Audience
The target audience of this presentation is clinical practitioners, especially those in areas of primary care and sleep.

Abstract
Introduction: Continuous positive airway pressure (CPAP) adherence is poor among those with obstructive sleep apnea (OSA), especially middle-aged and older men. Untreated or poorly-treated OSA potentially leads to acute and chronic sequelae, posing increased morbidity and mortality risks among those with OSA. The purpose of this study was to identify CPAP adherence issues among middle-aged and older men with OSA. Identifying CPAP use issues may assist both practitioners and researchers in understanding treatment needs and developing interventions that will promote improved CPAP adherence and, subsequently, patient quality of life.

Method: After institutional review board approval, participants were recruited from medical offices and community contacts (N=4). Face-to-face and telephone interviews were conducted to address CPAP-use related issues. Demographic data were analyzed using SPSS 22. Themes were identified independently by two reviewers using van Manen’s hermeneutic phenomenological reflection approach.

Results: Participants reported many issues affecting their nightly CPAP use, including lack of understanding of the disease and its risks at the time of diagnosis, discomfort from the CPAP pressure, and mask problems. Five themes emerged, highlighting CPAP use issues: Struggles and frustrations, the CPAP machine and the masks, disruptions in routine and body image, impetus for continuing use, and wishing for alternative treatments.

Discussion: The authors recommend practice changes and research initiatives to address CPAP use. Early education and support are essential, especially to assist patients in understanding OSA-associated risks and need for use, perceiving CPAP as a positive experience, and developing a habit of nightly wear. Problem solving machine and mask issues early in treatment, encouraging continued support from the bed partner/significant other and healthcare providers, and providing education of OSA-CPAP numbers with a monthly report card are recommended intervention components that may facilitate improved CPAP use and subsequent adherence. Further research is needed to test these interventions and their impact on short- and long-term CPAP use.

References

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RSG STR 1 - Rising Stars of Research and Scholarship Invited
Student Poster Session 1

Hemostasis Methods Used in Cardiac Patients Post Percutaneous Coronary Intervention

Brittany G. Curry, BSN, RN, USA

Purpose
To inform and educate PCI providers on the most appropriate and safe approach of using arterial closure devices versus manual compression in order to reduce post procedure complications that lead to patient injury and result in increased hospital length of stay and cost.

Target Audience
Cardiac ICU RNs, CTICU RNs, Telemetry RNs, Cardiology Providers (Physicians, Surgeons, Physician Assistants and Nurse Practitioners)

Abstract
Cardiovascular intervention is expanding as a treatment alternative for patients who have coronary artery disease. There are many options available regarding hemostasis methods used after diagnostic or elective coronary angiography. Patient's demographics, comorbidities, as well as risks for vascular complications are considered when deciding what method is appropriate for the patient. There have been discrepancies over the most preferred method of hemostasis in regards to safety profiles, vascular complications and time to ambulation. Past and recent standard of care was to apply manual pressure after pulling femoral sheaths post PCI, but with new devices and techniques, this method has been questioned for safety and efficacy. The problem is significant since complications such as retroperitoneal bleed, hematoma, infection, hypotension and pseudoaneurysm can lead to patient injury and result in increased length of hospital stay and cost. Due to the increasing demand for coronary angiography and PCI procedures among cardiac patients, if physicians and nurses increase their knowledge and experience about the new generation arterial closure devices and their associated low risk for complications, patient outcomes will be improved. The purpose of this evidenced based project was to search and appraise a body of evidence and answer the question, in cardiac patients post percutaneous coronary intervention, how does manual compression compared to an assisted closure device (ACD) affect the risk for vascular complications over a 24-hour period? CINAHL and PubMed were the two databases used to search articles. A total of ten articles were individually graded for quantity, quality, and consistency using the grading system by Melynk and Fineout-Overholt’s Hierarchy of Evidence. Using the Grades of Recommendation, Assessment, Development, and Evaluation (GRADE) approach to grading a body of evidence, the overall quality was high and a strong recommendation for change can be made indicating ACDs are superior to manual compression in reducing vascular complications post PCI. Therefore, providers should utilize ACDs in every cardiac patient undergoing PCI without contraindications. Using Lewin’s change model, there are three phases that will occur. All components of change, including stakeholders and facilitators will attend a luncheon to meet with vascular device representatives to be educated on the success rates with each device and the reduced risks for complications associated with them. Providers will decide on an ACD and implement a six-month pilot study to assess the change. The formative evaluation would be to track the patient’s recovery over the course of the patients stay using a green checklist that will be completed by the unit nurses. The summative evaluation would be to use the checklist data and note the hemostasis method used and if there were any complications. If there were a decrease in length of stay and complications with ACDs, then the change was effective. The practice implications will lead to decreased complication rates, hospital length of stay and cost, faster time to recovery and discharge, and an overall positive experience for the patient.

References

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Improving Compliance With Antipsychotic Monitoring in the Psychiatric Population

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Purpose
The purpose of this presentation is to create awareness about metabolic syndrome in psychiatric patients treated with antipsychotic medications and to continue to explore ways to improve compliance with routine monitoring for the illness and reduce these patient’s morbidity and mortality.

Target Audience
The target audience of this presentation is anyone who cares for patients with mental health conditions in both primary care and specialty settings.

Abstract
Psychiatric patients often die earlier than other patients and this is normally due to very treatable illnesses, not their mental illness. One such illness is metabolic syndrome, a cluster of risk factors that can pave the way to diabetes and heart disease. It is well documented in the literature that metabolic syndrome is often a consequence of antipsychotic medications used to treat a variety of mental health conditions. National agencies have recognized this risk of development of metabolic syndrome and have developed consensus guidelines for mental health providers to follow as they screen these patients at designated intervals for early signs of metabolic syndrome. In clinical practice however, there are many barriers to this routine follow-up. This practice may become neglected, as the provider spends time engaging in other activities which will directly affect their reimbursement, such as efforts to demonstrate meaningful use (making sure a PHQ9 is performed at every visit or printing an after visit summary). Subsequently, providers may not have the time to research and identify the last time their patients had suggested laboratory and assessment surveillance for metabolic syndrome completed. It also takes time to measure waist circumference and enter labs into an electronic medical record or ordering system. These particular activities may take time away from the patient. The provider will have less time to listen to the patient’s complaints with regard to problems in their life that they may need to talk about. The patient may have other issues surrounding their mental illness to discuss. Providers may find themselves in a position where they have to choose between competing priorities such as complying with meaningful use, monitoring for the risks associated with metabolic syndrome secondary to antipsychotic medications, or taking the time to actively listen to the patient. One suggested way to improve compliance with this monitoring among mental health providers is through the use of an electronic reminder system, built in to an existing electronic medical record system. It is hypothesized that use of this system will allow clinicians to do a better job of catching metabolic syndrome early. This will lead to early intervention and treatment for these patients thereby reducing morbidity and mortality in this already at-risk population.

References

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Purpose
To examine whether student success can be predicted by student’s entrance GPA, financial aid, and perception of faculty caring. The results of this study could inform nursing faculty regarding the development and implementation of evidence based interventions in nursing programs.

Target Audience
The target audience of this presentation is a global audience of nurse faculty, nursing administrators, students, and profit and non-profit organizations whose vested interests are in nursing, health, and the health care system.

Abstract
Background: The ongoing shortage of registered nurses poses a serious threat to the healthcare system. Experts estimated that the demand for registered nurses will increase approximately at least three percent every year over the next 10 to 15 years. By 2020, the estimated demand for registered nurses will reach 285,000. In response to the nursing demand across the United States, nursing enrollment has increased. It is important to note that while there has been increased enrollment in nursing programs, many nursing schools continue to struggle with retention and academic success among nursing students. Due to the rigorous nature of a nursing major, student retention and attrition are major concerns and an ongoing challenge for many nursing faculty. To date, numerous studies have been conducted to determine factors that are influential towards student success yet only a few past studies have placed emphasis on entrance grade point average (GPA), financial aid, and student’s perception of faculty caring as predictors of student academic success.

Purpose: To determine whether student success can be predicted by entrance GPA, financial aid and student’s perception of faculty caring.

Design: In the original study, a correlational predictive research design was conducted to examine the relationship between student academic success and a set of predictors.

Methods: For this paper, a secondary data analysis was conducted from an original dataset by Torregosa (2011). Entrance GPA was measured as a continuous variable (0 through 4); financial aid was measured as a nominal variable (1 = yes, 0 = no); and student’s perception of caring was measured as a continuous variable. Nursing Students’ Perceptions of Instructor Caring (NSPIC) by Wade and Casper (2006) was used to measure student’s perception of faculty caring. The NSPIC is a 31-item instrument measured on a 6-point Likert scale. The total score of the NSPIC was obtained and served as a measure for student’s perception of faculty caring. The outcome variable, student success, was measured as numerical course grade from the course Medical-Surgical 1 (0 through 100). Descriptive statistics, Pearson correlation, and multiple linear regression were used to analyze the data. IRB approval was obtained in the original study and for the secondary data analysis.

Results: Student success was predicted by entrance GPA ($\beta = 10.44$, $p < .001$), receipt of financial aid ($\beta = -4.89$, $p < .001$), and student’s perceptions of faculty caring ($\beta = 0.048$, $p < .05$).

Conclusion: Student academic success was significantly predicted by entrance GPA, financial aid, and perception of faculty caring. The findings of this study suggest that entrance GPA is a good indicator of students’ past academic achievement and their likelihood to be successful in a nursing major. Students
who have a positive and caring relationship with nursing faculty are more likely to reach academic success in a nursing major. Finally, experiences of financial struggles negatively affect student success. The findings of this study have implications towards institutional and nursing program policies.

References

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Purpose
The purpose of this presentation is to explore factors contributing to the elevated cesarean rate, examine the nurse’s role in preventing cesarean section, and discuss emerging programs aimed at reducing unnecessary cesarean section.

Target Audience
The target audience of this presentation is nurses, students, and members of the general public interested in childbirth.

Abstract
The cesarean section rate has increased exponentially worldwide over the past twenty years, and today it is the “most common major surgical procedure in the United States” (Boyle et al., 2013). In 1985, the World Health Organization declared that a cesarean section rate of 10-15% is optimal, and any rates higher than 15% are not medically indicated. This claim was reinvestigated in 2014 by researchers who found that rates exceeding 10% were not accompanied by decreased infant mortality rates, and after 15% did not impact maternal mortality rates (Ye, Betran, Guerrero, Souza, & Zhang, 2014).

The United States total cesarean section rate is 32.2% (Martin, Hamilton, & Osterman, 2015), more than double the WHO recommendation but comparable to other Western countries. The total primary cesarean rate, or the rate of women having their first cesarean delivery, was 22.3% in 2014 (Martin, Hamilton, & Osterman, 2015). The primary cesarean rate is critical because once a woman has a cesarean delivery, it is very likely that all of her subsequent deliveries will also be cesarean. Though there is a growing movement supporting VBACs (vaginal birth after cesarean), in 2014 the national VBAC rate was only 11.3% (Martin, Hamilton, & Osterman, 2015) compared to 28.3% in 1996 (Menacker, 2005). Thus, the majority of primiparous women having a cesarean section with their first birth may never give birth vaginally.

Cesarean sections do save lives, but utilizing cesarean delivery for healthy, low-risk births does not improve outcomes and has a host of negative consequences for mothers. Women who have cesarean deliveries experience more infections and blood clots, longer hospital stays and longer recovery periods, more hospital readmissions, and more chronic pelvic pain than women who have vaginal birth. Complications for infants include respiratory distress syndrome, pulmonary hypertension, and decreased breastfeeding rates. Cesarean sections are also associated with an increased maternal mortality rate and neonatal mortality rate. Lowering the national primary cesarean section rate in low-risk women has become a national health concern (American College of Obstetricians and Gynecologists, 2014).

This paper explores factors contributing to the elevated CS rate, and specifically examines the diagnosis of labor dystocia. The nurse’s role in promoting normal birth and preventing CS is also outlined. Lastly, emerging programs intended to address the elevated CS rate are discussed and evaluated.

References

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RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1

How Did Advanced Pancreatic Cancer Patients and Caregivers Communicate Their Needs?: A Pilot Study

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Diane Von Ah, PhD, RN, USA
Cleveland Shields, PhD, USA

Purpose

The purpose of this presentation is to inform the audience about how advanced pancreatic cancer patients and their caregivers communicate their needs with healthcare providers.

Target Audience

The target audience of this presentation is clinicians, educators and researchers who are interested in understanding healthcare provider-patient-caregiver communication, especially among a terminally ill pancreatic cancer population.

Abstract

Background. Although it is one of the leading causes of cancer deaths in the United States, little is known about how patients with advanced pancreatic cancer and their caregivers communicate their needs with healthcare providers. Advanced pancreatic cancer patients, caregivers and healthcare providers face unique communication challenges related to handling high psychological distress and overwhelming information within a short period of time. Consequently, these communication difficulties may also affect their quality of life and decision making process. This pilot study seeks to explore how advanced pancreatic cancer patients and their caregivers communicate their concerns about the disease, patterns of communication, and psychological reactions with oncologists.

Method. De-identified transcripts of advanced (stage III or IV) pancreatic cancer patients’ audio-recorded office visits were selected from a large randomized controlled trial called the Values and Options in Cancer Care (VOICE). The purpose of VOICE was to test an intervention designed to facilitate communication and decision making among oncologists, patients with advanced cancer, and their caregivers. The VOICE recruited patients with stage three or four solid cancer from multiple sites in the New York and California regions. While participants of VOICE were required to provide one audio-recorded office visit with their oncologist before and after the intervention, we used only before intervention transcripts for this pilot study analysis. From a pool of 37 available transcripts, we purposeful selected four transcripts with different levels of prognosis discussion. Selected transcripts were analyzed in terms of discussion topics, message quality, patients’ emotional cues, and oncologists’ responses to these emotional cues. Message quality was evaluated based on several patient-centered clinician verbal behaviors purposed by Drs. Epstein and Street in a 2007 National Cancer Institute monograph. We coded patients’ emotional cues and oncologists’ corresponding responses based on the modified Medical Interview Aural Rating Scale (MIARS). Specifically, patients’ and caregivers’ emotional cues were coded based on four levels of psychological depth. Oncologists’ responses to emotional cues were coded into four main categories of cue-responding behaviors (exploration, acknowledgement, factual clarification, and block).

Results. The four transcripts represented 12 individuals because each contained three participants: oncologist, patient, and caregiver. The average word count was 3518.5 words. Oncologists, patients and caregivers contributed to 2806.3, 731 and 463.5 words, respectively. Among the nine categories of consultation topics identified, physical symptoms and signs were the most frequent (n=22) followed by care procedure (n=5), drugs (n=4) and lab results (n=4). Oncologists initiated more topics (n=35) than patients (n=8) and caregivers (n=4). Moreover, oncologist-initiated interruptions occurred in all consultations with an average of 5.3 interruptions per consultation. Although neither patient nor oncologist discussed emotion-related topics explicitly, patients and caregivers experienced a variety of emotional fluctuations. Overall, 87 patients’ (n=54) and caregivers’ (n=33) emotional cues were identified. The
majority of the cues were level one, implicit emotional cues (n=80). The most frequent oncologists’ responding strategy was blocking, including switching focus (i.e., the oncologist switched away from the emotion, but within the context of the patients’ disclosure) or overt blocking (i.e., the oncologist disrupted the conversation by moving away from the content and cues).

**Conclusion.** To our knowledge, this is the first study to analyze unstructured conversation to identify advanced pancreatic cancer patients’ concerns and how these concerns were addressed in office visits. Our findings provide valuable insight for identifying needs and enhancing end of life care and communication of this population.

**References**


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Managing Mild Traumatic Brain Injury Recovery

Purpose

The purpose of this presentation is to enhance the ability to care for patients diagnosed with mild traumatic brain injury that are released and non-symptomatic but may develop residual symptoms related to their injury of the duration of their recovery.

Target Audience

The target audience for this presentation includes health care providers in emergency departments and primary care clinics assessing clients across the age spectrum.

Abstract

Aim: The purpose of this guideline change is to enhance the ability to care for patients diagnosed with mild traumatic brain injury that are released and non-symptomatic but may develop residual symptoms related to their injury of the duration of their recovery.

Framework: This research followed the framework of family stress theory and included both the condition of the patient but also the entire family and the stresses of self-care or family-provided care managed in the home.

Methods: A systematic review of the literature produced 15 peer-reviewed articles related to the assessment, diagnosis, treatment and education of both patients and patient’s families related to diagnosis of mTBI.

Results: Although clinical practice guidelines have been established, accepted and increased understanding of the mTBI patient has been achieved, studies have shown that many mTBI patients are not receiving care along the guidelines provided by best practice. A study by Arbogast et al., 2013 reported that although the majority of providers agreed with the need for prescribed cognitive rest that only 11% facilitated the recommendation. Without cognitive rest after a mTBI, the risk for post-concussive symptoms is greatly increased and the patient must understand the risks of prolonged or increased injury including second-impact syndrome where the brain swells rapidly and catastrophically (Bowers, 2014). It is also unclear with current available research as to what degree of follow-up is obtained by mTBI patients longitudinally. With guidelines calling for reassessment every 2-4 weeks until symptom free and research reporting that almost 50% of patients reporting depressive symptoms, the need for follow-up protocols is paramount to the long-term care of these patients (Marshall, 2012)(Bay & Covassin, 2012). Compound this with the prevalence of athletes too eager to return to sport and the possibility of the miserable minority of patients who see long-term and possibly permanent impairment from this condition, and strict protocols must be in place to ensure proper care is received.

Conclusion: Treatment guidelines must be more closely maintained to ensure patient safety. Nurses and other providers must advocate stronger for prescribed treatment and provide written as well as verbal education about potential symptoms and limitations following diagnosis of TBI. To ensure this education is provided and proper assessment is being obtained, a longitudinal assessment tool has been created to allow long-term follow up with patients throughout the duration of their recovery.

References

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A Systematic Review of CABG Educational Interventions

Susan E. Booton, MSN, BSN, RN, CCRN, APRN-BC, USA

Purpose
The purpose of this presentation is to highlight the information obtained from a systematic review of the literature related to education for post-coronary artery bypass patients. The information illustrated the delivery format, timing of education and characteristics of the presenter. In addition, reviews included perceptions of patients and readmission rates.

Target Audience
The target audience of this presentation is nurses caring for pre- and post-CABG patients, case managers, hospital administrators, advanced practice nurses and cardiovascular surgeons. In addition, the audience may include nursing educators.

Abstract
Background: Although there are many approaches in providing discharge education to coronary artery bypass patients, an overwhelming number of patients are readmitted to the hospital within 60 days’ post discharge. Education provided prior to surgery and discharge may prove beneficial in decreasing the rate of readmissions in this population.

Objectives: In post cardiac surgery patients, does an educational intervention compared to no educational intervention affect hospital readmission rates within 60 days? A secondary aim was to evaluate whether or not an educational intervention affects hospital readmission rates within 60 days of discharge.

Method: Seven studies were evaluated for the use of education pre and post discharge for the cardiac surgery population. Studies with pediatric patients were excluded from the systematic review.

Results: Seven studies met the inclusion criteria. The main focus of the studies contained types of education delivered by advanced practice nurses or specially trained nurses and were timed either preoperatively, upon discharge or post discharge. Five of the interventions demonstrated positive results and two demonstrated significant statistical evidence.

Discussion: A review of seven studies demonstrated that education is valuable for this population but may need delivery in a different format and at different times to meet client educational needs. The use of pre discharge education did demonstrate a reduction in anxiety and increased self-care abilities of these patients. Although the approaches differed, the common thread is the need for education delivered at the appropriate time at an understandable level for patients.

References


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RSG STR 1 - Rising Stars of Research and Scholarship Invited
Student Poster Session 1

Perinatal PTSD: A Concept Analysis

Julie A. Vignato, PhD, MSN, BSN, RN, RNC-LRN, CNE, USA

Purpose

The purpose of this concept analysis is to clarify meanings in the present but not well researched concept of Perinatal PTSD by synthesizing the perinatal mental health and PTSD literature.

Target Audience

The target audience of this presentation is obstetric, neonatal, women's health, psychiatric, family, and pediatric nurses and healthcare providers.

Abstract

Aim. To report an analysis of the concept of Posttraumatic Stress Disorder (PTSD) in the perinatal population. Background. The prevalence of PTSD in the perinatal period is rising with 9% of the U.S. perinatal population diagnosed with the disorder and an additional 18% being at risk for the condition. Left untreated, adverse maternal child outcomes result in increased morbidity, mortality, and healthcare costs. Design. Concept Analysis. Data Sources. The databases of CINAHL, Medline, PsychInfo, Academic Search Premier, and PsychINFO for articles published between 2004 and 2014, written in English, and using the terms perinatal and PTSD. Method. Walker and Avant's method of concept analysis was used to explore PTSD in the perinatal period. Results. PTSD in the perinatal period possesses unique attributes, antecedents and outcomes when compared to PTSD in adults and maybe defined as a disorder occurring after a traumatic experience, diagnosed any time before conception to 6 months postpartum, lasting longer than one month, leading to specific negative maternal symptoms, and poor maternal and newborn outcomes. Three antecedents were identified: trauma (specifically perinatal complications and abuse), postpartum depression, and a previous psychiatric history. Perinatal PTSD attributes include the diagnostic time frame from conception until 6 months postpartum of diagnosis, harmful prior or current trauma, and specific diagnostic symptomatology defined in the DSM-5. Consequences are adverse maternal infant outcomes. The application of PTSD in the perinatal period with the Integrated Perinatal Framework is discussed to assist with the concept analysis. Conclusion. Further exploration of PPTSD antecedents and outcomes in ethnically diverse populations is suggested for future research. Nurses are encouraged to increase their awareness of PTSD in the perinatal period to incorporate early maternal assessment and intervention for prevention of adverse maternal infant outcomes in their practice. Health policy advocacy is needed for healthcare provider reimbursement and mandatory screenings to ensure early treatment of perinatal PTSD.

References


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RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1

Impact of an Emergency Department Sepsis Policy

Lynette M. Rayman, DNP, MSN, BSN, RN, CCRN-A, CNE, USA

Purpose

The purpose of this poster presentation is to provide best practice recommendations regarding the early diagnosis and treatment of potential sepsis patients in an emergency department setting. Further, the outcomes related to these recommendations when utilized in a doctoral evidence-based practice project will be disseminated.

Target Audience

The target audience for this presentation is any nurse interested in the utilization of best practice recommendations in a clinical setting.

Abstract

Sepsis can be described on a continuum from initial infection to severe sepsis. It is a serious concern of key healthcare stakeholders due to high incidence, mortality, and cost. The objectives of this evidence-based project were to 1) identify potential sepsis patients early during the emergency department (ED) triage process and 2) implement Sepsis Order Sets. Kotter’s change model and the Stetler model of evidence-based practice guided this project. An extensive literature search was undertaken to find best practice evidence regarding care of sepsis patients. Recommended care includes a protocolized format utilizing a screening tool and point of care lactate levels for early identification of sepsis, and early treatment with antibiotics and fluid resuscitation. A sepsis policy was developed that included use of a computer based triage screening tool, point of care lactate testing, and initiation of a Code Sepsis. Education of the ED staff was accomplished. Posters were developed and displayed throughout the ED and identification badge reminder cards were distributed. During the implementation period, electronic health records of all ED triage patients >18 years of age were monitored to measure staff compliance to the policy and its components. Additional outcomes of mortality and length of stay were also examined. A chi square test of independence was calculated comparing the screening rates pre and post policy implementation. A significant interaction was found ($X^2(1) = 438.505$, p.<.001. Patients were more likely to be screened post policy implementation than pre implementation. Those patients screened in the post implementation group were analyzed for compliance with all components of the Sepsis Order Sets. These results include: 64% had a triage lactate drawn, 94.44% had blood cultures drawn prior to antibiotic administration, 52.94% had antibiotics initiated within 1 hour, 88.24% had appropriate fluids provided, and 64.71% utilized the computer order set. Secondary outcomes included a length of stay of 7.7 days and a mortality rate of 11.11%. An odds ratio was calculated in which patients were 34% less likely to die if screened than if not screened. Results demonstrate that the implementation of a sepsis policy that includes a computer based screening tool and triage lactate significantly impacts the early identification of sepsis patients and leads to timely treatment with subsequent decreased length of stay and mortality. These findings can be used to change current practice in both emergency department settings and in-patient units.

References


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Factors Associated With Inpatient Injurious Falls in Acute Care Hospitals

Yunchuan Zhao, PhD, MSN, MPAff, RN, USA
Marjorie Bott, PhD, RN, USA

Purpose
The purpose of the presentation is to present the results of a hierarchical regression analysis of multilevel factors associated with inpatient injurious falls in acute care hospitals.

Target Audience
The target audience of the presentation is healthcare professionals, including hospital frontline registered nurses, nursing managers, hospital policy makers, and nurse researchers.

Abstract
Background: Inpatient falls and injurious falls in acute care settings have significant impact on patients. Despite the implementation of several federal initiatives in preventing falls and injurious falls, inpatient falls and injurious falls still are prevalent in the United States. Inpatient falls and injurious falls are a complicated phenomenon and can be contributed to multilevel factors including organization at the hospital and unit levels, nursing care process, and patient-specific factors. However, gaps exist in the literature on the associations of injurious falls with multilevel factors. The purpose of this study is to examine the associations of injurious falls among all patient falls with multilevel factors in acute care hospitals.

Methods: Guided by the modified Donabedian Structure–Process–Outcome (SPO) model, this cross-sectional, correlational study used National Database of Nursing Quality Indicators® (NDNQI®) data from July 2013 to June 2014. The sample included all falls recorded in adult medical, surgical, medical-surgical, and step-down units (N = 2,299) in NDNQI® participating hospitals (N = 488). The STATA (Version 14) was used to conduct descriptive and hierarchical negative binominal regression analyses to examine the significance of association of injurious falls with multilevel factors including organizational structure (i.e., hospital size, teaching status, and Magnet® status), unit structure (i.e., nurse staffing and unit type), nursing care process (i.e., falls without employee assistance, fall risk assessment, implementation of fall prevention protocol, and physical restrain use) and unit patient population factors for patients who fell (i.e., gender, and fall risk status). The outcome variable was the number of injurious falls among all recorded falls.

Results: There were on average 78.9 reported annual falls (range = 1 - 864) and 5.2 injurious falls (range = 1-131) across the units. Falls in teaching hospitals were 13% less likely to be injurious falls (p = 0.001). Falls on surgical units were 8% more likely to be injuruous falls (p = 0.021). RN hours per patient day (HPPD) demonstrated a non-linear relationship with injurious falls. Falls without employee assistance were 50% more likely to be injurious falls (p = 0.004).

Conclusions/Implications: The study adds new knowledge about multi-level factors contributing to inpatient injurious falls in acute care hospitals. Nurse leaders, researchers and policy makers may develop, implement and improve fall prevention programs based on the identified risk factors. The study also provides important implications for future research on injurious fall prevention in acute care hospitals.

References
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To Prompt or Not to Prompt: Finding the Best Journaling Practice to Develop Cultural Competence

Laura E. Hall, BSN, RN, USA
Paulette A. Chaponniere, PhD, MPH, BSN, BA, RN, USA

Purpose
To disseminate the results of journal analysis written by nursing students during a study abroad program targeting cultural competence. To generate further discussion on best practices for using the educational tool of journaling for self-reflection.

Target Audience
Nurse educators and students interested in growing cultural competence

Abstract
Background: Reflective journaling has been widely used as an education tool and data collection method. It is used in nursing education to aid students’ introspective thinking process to improve self-reflection, critical thinking, and cultural awareness. Refining these skills enables nurses to make meaning out of experiences in order to broaden their worldview and self-awareness. There are multiple journaling formats suggested, including open reflective journaling, prompted journaling, and freestyle journaling. Despite many opinions, there has been minimal definitive research to distinguish which style of journaling is most beneficial for data collection or pedagogical reflection.

Purpose: This study aimed to monitor individual experiences, emotions, and reflections to assess culture shock stages, coping, and changes in worldview for nursing students throughout a two-week trip to Ghana.

Theoretical Framework: Transformative Learning Theory. Journaling is used as a tool of critical reflection to help process new experiences and feelings that may alter one’s beliefs and worldviews in this culturally transformative experience in Ghana.

Method: This was a descriptive qualitative study. Reflective journaling was used as an educational and data collection tool for nursing students on three separate two-week trips to Ghana. Journal entries were read and coded for common topics using Atlas.ti. The first and second year, students were assigned open reflective journaling with a requirement for number of entries. The third year, students were given prompted questions to answer for every journal entry to help guide student reflections and ease data collection.

Results: An unexpected trend was discovered from varied journaling formats. The prompts created shorter entries with less rich and reflective substance. Some entries only allowed for two codes versus some with 28 codes in previous years. Entries were written in one word or one sentence format instead of full paragraph format as in the previous years.

Conclusion: Prompted journaling, a commonly recommended form of reflective journaling, inspired shorter, less rich, and less introspective journal entries compared to unprompted, open journaling. Further research is needed regarding an informative and educational journaling format for cross-cultural experiences.

Continuing Research: A fourth group of students recently came back from Ghana and most of a new set of unprompted journal entries has been gathered. They have not yet been coded, but the length and format alone shows longer, fuller entries than the prompted journals from the third year. This information will help us to understand and format appropriate introspective tools for cross-cultural educational journeys in the future in order to improve culturally competent nursing education.

References

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E-Cigarettes: Effective Smoking Cessation Aids?

Casey J. Lawrence, USA

Purpose
The purpose of this presentation is to review current literature to determine whether or not e-cigarettes are a safe and effective tool for promoting smoking cessation among adult tobacco smokers.

Target Audience
The target audience of this presentation is health care providers, who should be educated about e-cigarettes and prepared to counsel patients regarding comprehensive tobacco cessation strategies.

Abstract
Since e-cigarettes were introduced to the United States in 2007, use among adults has greatly increased. The most reported reason for e-cigarette use is to aid cigarette smoking cessation. Although behavior support and medications including gums and nicotine patches increase cigarette smoking cessation rates, long-term rates still remain low. Electronic cigarettes have sensory and behavioral aspects that other current treatments seem to lack. In this study, a literature review was conducted to determine if e-cigarettes are a safe and effective tool for promoting smoking cessation among adult tobacco smokers. Using the keywords e-cigarettes, electronic cigarettes, smoking cessation, smokers, and safe, five databases were searched: PubMed, The Cochrane Library, The Joanna Briggs Institute Library, PsycNET, and Ovid Medline. Meta-analyses, systematic reviews, randomized controlled trials, and studies involving adults and current tobacco smokers were included in this review. Studies that were not published within the past 10 years, studies not published in English, and studies involving hospitalized or diseased patients were excluded from this review. A total of 11 studies were selected for review, three of which were meta-analyses. Results indicate that the efficacy of e-cigarettes as a smoking cessation aid has not been established. Multiple studies found that e-cigarette users were able to reduce their cigarette consumption, suggesting that e-cigarettes may be moderately effective for promoting smoking cessation; however, this data is inconclusive primarily because few clinical trials have been conducted to examine the relationship between e-cigarettes and smoking cessation. Studies also indicate that e-cigarettes contain toxic chemicals. However, e-cigarettes are considered to be a much less harmful alternative to smoking cigarettes, although no long-term adverse event data is currently available. Compared to cigarettes, e-cigarettes cause less secondhand toxicity exposure, fewer adverse effects, and less cytotoxicity. Uncertainty regarding the standardization of e-cigarette ingredients presents an additional safety concern. Currently, there is not yet enough evidence for clinicians to advise patients to use e-cigarettes as a primary smoking cessation aid. More large-scale, controlled clinical trials must be conducted to further assess the safety and effectiveness of e-cigarettes as smoking cessation aids. The Food and Drug Administration (FDA)'s recent announcement that e-cigarettes will be subject to FDA regulation starting in August 2016 may encourage researchers to conduct these much needed trials.

References

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Purpose
The purpose of the poster presentation titled “Improving the Diagnosis and Management of Generalized Anxiety Disorder (GAD) Through the Implementation of the GAD-7” is to educate the learner regarding a University of Mary doctorate of nursing capstone project completed at ANOVA Family Health Center in Watford City, North Dakota.

Target Audience
The target audience of this poster presentation includes all nurses (from novice nurses to expert practitioners) seeking knowledge regarding the results of a performance improvement project conducted at a rural primary care clinic in an effort to improve the care of patients presenting with anxiety-related complaints.

Abstract
Introduction: Anxiety disorders affect millions of American adults in any given year, causing feelings of fearfulness and uncertainty. Individuals suffering from anxiety often have difficulty controlling personal feelings, which may negatively affect relationships and daily activities. Anxiety can be divided into a variety of different disorders, including generalized anxiety disorder (GAD), obsessive-compulsive disorder (OCD), panic disorder, post-traumatic stress disorder (PTSD), and social phobia. In the clinic setting, diagnosing any type of anxiety disorder can be challenging and can present differently in every person. Often times, screening for anxiety symptoms and measuring the severity of symptoms are difficult due to the lack of utilizing evidence-based anxiety assessment tools to aid in patient care. The aim of the performance improvement project was to increase accuracy in diagnosing and monitoring treatment effectiveness through implementation of the GAD-7 anxiety assessment tool in the assessment of patients with GAD-type symptoms that present in a primary care setting, as well as to evaluate the effectiveness of the intervention.

Methodology: The performance improvement project was the review and formative evaluation of the effectiveness in implementing the GAD-7 anxiety assessment tool in the diagnosis and management of patients with GAD. The project incorporated disease prevalence, nursing and change theories, evidence-based guidelines, and pre-project assessment of the provider use of and knowledge regarding the value of using anxiety assessment tools in the assessment, diagnosis, and ongoing evaluation of patients with GAD, compared to post-project assessment of the same areas at a primary care clinic between December 2015 and March 2016.

Conclusion: As a result of the performance improvement project, the providers at the primary care clinic utilized the GAD-7 anxiety assessment tool in the diagnosis and management of GAD patients 100% of the time. However, the providers noted prior to implementation that documentation of DSM-V criteria met for diagnostic relevance to GAD was stronger pre-project implementation as opposed to post-project implementation. The providers realized the main focus was on tool usage in general, as opposed to utilization of the GAD-7 tool to support diagnostic reasoning pertaining to DSM-V criteria for GAD diagnosis. The providers also verbalized increased satisfaction in their ability to accurately diagnose and monitor treatment effectiveness with regards to GAD due to utilization of the GAD-7 tool. The primary care clinic is continuing the project indefinitely, in an effort to continue providing high quality, evidence-based care to the patients served.

References


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Purpose

The purpose of this presentation is to educate the reader on the process for developing evidence-based guidelines to drive clinical practice to achieve the desired outcome while improving emergency department throughput.

Target Audience

The target audience of this presentation is emergency department clinicians and leaders as well as clinicians who are actively engaged in the design and implementation of evidence-based practice strategies.

Abstract

Purpose: Organizations should adopt evidence-based strategies to reduce ED length of stay and improve the overall patient experience. The purpose of this project was to construct an evidence-based practice guideline to support the use of oral contrast in abdominopelvic CTs.

Relevance/Significance: Prolonged emergency department length of stay has gained attention and momentum in the healthcare arena over the last several years. ED crowding and inefficient processing of patients have negatively affected quality of care, leading to increased inpatient mortality, adverse events, lengthier inpatient stays, and increased overall resource use. ED length of stay metrics within the organization consistently perform below state and national benchmarks.

Strategy and Implementation: The use of oral and intravenous contrast agents for patients who present with abdominal pain and receive an abdominopelvic CT is the current standard of practice in the organization’s ED. In the last decade, the use of oral contrast has become questionable in terms of distinct benefits to the quality of the exam. In many settings, providers use personal discretion to decide if oral contrast is truly beneficial. A systematic search was conducted to ascertain best practice. An interdisciplinary effort involving key stakeholders, including emergency medicine physicians, radiologists, general surgery and hospitalist providers, medical imaging technologists, and nursing and medical imaging leadership developed evidence-based guidelines for oral contrast use.

Evaluation: Baseline data for contrast use and cost was shared with the stakeholders. 60% of patients undergoing abdominopelvic CTs received oral contrast, increasing average ED length of stay (LOS) by approximately 2 hours. Elimination of unnecessary oral contrast administration should result in improved patient throughput, reduction in patients leaving without being seen and increased revenue.

Implications for Practice: The evidence-based guideline for oral contrast use in abdominopelvic CTs will improve ED efficiency while maintaining equivocal CT results. The next steps include implementation of the guideline with a possible research approach to demonstrate improved outcomes.

References


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Purpose
The purpose of this presentation is to highlight the different elements needed for a successful staff nurse run evidence based project. Also, to review the data on use of temporal artery thermometry versus other non-invasive methods of temperature measurement.

Target Audience
The target audience of this presentation is anyone who wishes to start an evidence based practice project. Also anyone who is in the pediatric arena who may be interested in the use of non-invasive temperature measurement.

Abstract
The various methods of pediatric patient temperature measurement have long been debated by those providing care in the emergency department (ED). The gold standard has been the rectal temperature (RT). While accurate, this method causes distress to patients and their families, and adds significant time to the triage process. Prior to this project, children with non-infectious complaints such as fractures or lacerations were being subjected to rectal temperature measurement, causing undo stress. Other methods of temperature measurement such as temporal artery, tympanic, axillary, and infrared have been studied to determine their efficacy and accuracy.

In response to this growing dilemma of best practice, a group of emergency department staff nurses from a multihospital system identified an opportunity for improvement which lead them to undertake an evidence-based practice project that included an exhaustive literature search, review of relevant studies, creation of a table of evidence, presentation of findings, and recommendations for practice change. During the search, the committee found that in February 2008, the Society of Pediatric Nurses released a position statement that stated that temporal artery thermometry (TAT) provided accurate temperature measurement in infants greater than 90 days without fever as well as all patients over 3 months with or without fever (Asher & Northington, 2008). In addition, in 2011, the Emergency Nurses Association (ENA) completed its own comprehensive literature review (2011). They identified that in children younger than 24 months, TAT and RT measurements were highly correlated. Staff used this as a starting point for finding an answer to this practice problem. The project resulted in the adoption of guidelines for use of temporal artery thermometry as a screening tool for pediatric patients older than ninety days that present without infectious complaints. Nursing, patient and family satisfaction data was tracked over a 9-month period using post-implementation surveys.

This poster describes a staff-lead evidence-based practice project to determine whether temporal artery thermometry would provide safe, consistently accurate measurement during triage, increase triage throughput times, and increase patient and nurse satisfaction during the triage process.

References
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Purpose
The purpose of this presentation is understanding of HeartHealth Intervention and the impact of whole health approach intervention in reduction of cardiovascular disease risks.

Target Audience
The target audiences of this presentation are nurses and nurse scholars who are interested in HeartHealth Intervention to reduce cardiovascular disease risk.

Abstract
Introduction: Kentucky consistently ranks in the top ten for worst health outcomes in the U.S. Fifty-four Kentucky counties are in Appalachia, the region with the nation’s worst social, environmental and health conditions. U.S. Preventive Services Task Force recommends that adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors be offered intensive behavioral counseling that includes a healthy diet to promote CVD prevention.

Purpose: To investigate whether an intensive self-management intervention for CVD risk reduction (HeartHealth) improved diet quality and risk factors in persons living in rural Appalachian Kentucky.

Methods: A sample of 719 adults (age 53±14 years, 74% female, 43±19 years living in Kentucky, 87% overweight or obese) with two or more CVD risk were enrolled in the 12-week HeartHealth intervention that included strategies to improve diet to promote CVD risk reduction. Diet quality was measured by healthy eating index (HEI) calculated from food frequency questionnaires with higher HEI scores indicating healthier diets. The intervention was delivered in small groups using culturally appropriate approaches. Paired t-tests were used to compare HEI scores and CVD risk factors pre- and post-intervention.

Results: HEI total score increased 8% from 63.3±11.6 to 68.5±11.4 (p<0.005). HEI scores for total fruit; whole fruit; total vegetable; legumes, orange and dark green vegetables; whole grain; and milk increased by 31%, 28%, 7%, 20%, 15%, and 3%, respectively, post intervention when compared to the baseline (p<0.05). Diet quality for saturated fat; and calories from solid fats, alcoholic beverages and added sugar also improved by 28% and 12%, respectively (p<0.005). Total cholesterol, systolic blood pressure, and hemoglobin A1C levels decreased from 191.8±37.8 to 187.5±36.9 mg/dL, 128.7±16.4 to 125.2±15.6 mmHg, and 5.77±0.96 to 5.70±0.90 %, respectively (p<0.005).

Conclusion: An intensive behavioral counseling intervention promoted a healthy diet and reduced CVD risk in overweight or obese adults living in a rural socioeconomically distressed environment.

References

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DASH Diet Reduces Sodium Intake Among African-American Women With Hypertension

Stephanie C Ibekwe, BSN, RN, USA
LaTrecia Dawson, MSN, BSN, RN, FNP, USA

Purpose

The purpose of this presentation is to educate health care professionals on the use culturally appropriate nursing interventions to improve knowledge about dietary approaches to stop hypertension, increase confidence in self-care abilities to manage dietary lifestyle changes, and reduce sodium intake among hypertensive African American women.

Target Audience

The target audience of this presentation is current and future healthcare providers to improve patient knowledge, and self-care abilities using socio-cultural influences, technology, and scientific knowledge. At the completion of this presentation agents will have adequate knowledge regarding culturally sensitive interventions focusing on the DASH diet, and will feel confident addressing barriers that African American women with hypertension may encounter. Ultimately, educational strategies implemented in this presentation will prove to be effective, and agents will be more receptive to adhering to diet modification for the management of hypertension. Consequently, participants will feel valued, empowered, competent, and more engaged in salt reduction self-care behaviors.

Abstract

The purpose was to develop, implement, and evaluate a student-led curriculum that used culturally appropriate nursing interventions to address salt-reduction self-care behaviors and dietary approaches to stop hypertension among African American women located in an urban community. The curriculum aimed to improve knowledge about dietary approaches to minimize risk for hypertension, increase the participants’ confidence in self-care abilities to manage dietary lifestyle changes, and reduce sodium intake among hypertensive African American women. Orem's Self Care Theory was utilized as a guide for its proven effectiveness in the use of self-management to achieve positive health outcomes. Materials developed include soul-food plate visuals, and resource guide. Learning activities included demonstrations on how to read food labels for sodium and fat content, recipe modification exercises, case-scenarios, personal stories, shopping for DASH items on a budget, meal planning exercises, learning how to manage serving sizes and portion control with the plate method, and cooking demonstrations. N=38 women participated (mean age= 45 years). A majority reported that they were confident in their ability to integrate healthy life style choices (100%), adhere to the DASH diet (98.3%), purchase DASH items (100%), purchase DASH items and manage a food budget (99%), and read food labels for sodium and fat content (100%). A multi-conceptual approach coupled with culturally tailored nursing interventions have the potential to promote African American women to improve self confidence in their ability to improve self-confidence to reduce dietary sodium consumption. As a result of the intervention, the participants became more receptive to adhering to diet modifications for the management of hypertension. Interventions utilized can be implemented in future practice, as it motivates participants to engage in healthy dietary practices and positive healthcare behaviors. Future interventions should be aimed at teaching health professionals culturally tailored education for the management of patients diagnosed with hypertension.

References


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Purpose
To educate the nursing profession about what Nursing Informatics is and is not, and to delineate the practice of Nursing Informatics.

Target Audience
Practicing nurses, Nursing leadership, Healthcare professionals and Nursing educators

Abstract
Although Nursing Informatics (NI) has been regularly viewed as an Information Technology function, it should be viewed as a strategic method for translating clinical information into usable knowledge and communicating that knowledge to the nursing profession. The definition and description for NI first appeared in the literature in 1980, and the definition has been evolving ever since. In 1994, NI was officially recognized as a sub-specialty of nursing by the American Nurses Association. As a sub-specialty, NI has a documented scope and standards of practice, yet very few nurses or healthcare executives understand exactly what NI is or what NI can do for their organization. A concept analysis was conducted to provide an understanding of the concept of NI as a discipline, and compare and contrast that understanding with NI as a job function or organizational role. Literature reviews were conducted to locate relevant content, and to provide historical information. Four knowledge domains were identified as fundamental attributes of NI: Nursing Science including the knowledge of nursing and quality improvement; Information Science, including the knowledge of information structure and processing; Computer Science, including the knowledge of technology and Cognitive Science, including the knowledge of learning and communication. Antecedent events or incidents that must be present for NI to be present were also defined, and a model case was presented. NI is a complex, wide-ranging concept that can positively impact the quality of patient care services provided by healthcare organizations. Domains that are impacted by the presence of NI in an organization include patient care, information management, research, information technology, collaboration and the entire Nursing practice. NI is a concept that can and has impacted most, if not all domains of patient care within healthcare organizations. Further work is needed both to expand the understanding of the concept of NI, and also to disseminate the understanding of NI to various healthcare organizations.

References

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Purpose
The purpose of this presentation is to demonstrate how utilization of High-Fidelity Patient Simulation provides students the opportunity to develop pediatric clinical reasoning and decision making skills, competency in quality and safety in pediatric care, thus bridging the theory-practice-gap.

Target Audience
The target audience of this presentation are those teaching in Concept Based Curriculum and interested in incorporating pediatric simulation into the curriculum.

Abstract
Schools of nursing have adopted Concept Based Curriculum (CBC) which has resulted in the removal of a separate pediatric course. Instead content is threaded into the curriculum. Students are missing the opportunity to practice and develop pediatric clinical reasoning and decision making skills when didactic is not followed up in practice. Students have also reported high anxiety and stress during their pediatric clinical rotation, which has also contributed to the lack of skill development. Students are more focused on their fears of making mistakes in clinical, which in turn hinders their ability to learn and develop their skills. Research has shown that simulated experiences provide students with the opportunity to practice higher level skills before entering practice. High-fidelity patient simulation is an evidenced based and innovative approach. Students practice high risk skills, such as medication administration, to increase their self-confidence, demonstrate competency in quality and safety and bridge the theory-practice-gap. Key stakeholders and resources from QSEN will guide the development of scenarios to ensure the simulations reflect current practice and are in line with the recommended IOM guidelines. Students will exhibit competency in the six areas identified by QSEN by demonstration of appropriate knowledge and skills for competency completion. Volunteers from the community will participate as actors to play key roles in various family dynamics and students from other majors will participate to promote interprofessional collaboration. Evaluation of learning is measured during post-simulation debriefing with the Seattle University Simulation Evaluation Tool. This tool measures student’s behaviors in assessment, critical thinking, patient care, communication and professionalism. Students will also have the opportunity to measure their satisfaction and self-confidence using the Student Satisfaction and Self Confidence in Learning Tool recommended by the NLN. Then, a nationally standardized examination will be administered at the end of the program to assess student learning outcomes related to pediatric content.

References

Contact
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Educating Oncology Nurses With Simulation: A Chemotherapy Spill

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Purpose
The purpose of this poster presentation is to disseminate the findings obtained during a quality improvement project, Educating Oncology Nurses with Simulation: A Chemotherapy Spill. This poster presentation will also represent a small portion of the scholarly work achieved during the graduate studies program at Rhode Island college.

Target Audience
The target audience includes but is not limited to nurses, advance practice nurses, researchers, educators and those involved in policy change.

Abstract
The purpose of the quality improvement (QI) project was to determine if the use of a simulated chemotherapy spill increased the competencies and confidence of oncology nurses employed on an inpatient chemotherapy unit. An educational QI design was utilized including a confidential voluntary pre and post intervention survey. The National League for Nursing / Jeffries Simulation Framework (NLN/JSF) was chosen to be used in conjunction with Kolb’s Experiential Learning Theory in the creation of the QI project. The simulations were held on a 25 bed oncology unit located in Providence Rhode Island. Twenty-nine oncology nurses participated. The simulation objectives were to locate and follow the current hospital policy, to locate and follow the specific material safety data sheet (MSDS) for the particular drug utilized and to clean up the simulated spill based on the current policy. Twelve simulations were conducted. Only 20.6% of RNs had been previously exposed to a chemotherapy spill. More than half of RNs felt the simulation resembled real life and all felt that the simulation very much or somewhat prepared them to handle a chemotherapy spill. The results of the comparable questions were all statistically significant (P = <0.001) and suggest that the simulation did increase the nurses’ awareness of and comfort in locating the current hospital policy and MSDS. RN’s reported increased knowledge of the contents within a chemotherapy spill kit and an increase in feeling prepared to deal with a spill in the future. Nurses verbalized simulation as a preferred method of learning over, lecture, computerized tests and modules. During the simulation process unintentional finding revealed omissions and discrepancies in the current hospital policy. These finding lead to changes in the current practice and hospital policy. Future research to include larger cohorts in multiple oncology settings is needed to support educating nurses with simulation. Simulation may also be useful in creating, reviewing and revising policies.

References

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Purpose

Flipped learning creates an environment in which the instructor-role is replaced by a learning-facilitator who provides active learning by transferring lectures out of the classroom and replaces lecture with a powerful learning arena, utilizing multiple narrative pedagogies encouraging teamwork, collaboration, communication and critical reasoning (Billings & Halstead, 2012; FLN, 2014).

Target Audience

Educators and students who are interested in the changing education dynamics within pre-licensure nursing education, from content-driven curriculum to a student empowered dynamic, encouraging the development of critical reasoning Billings & Halstead, 2012; FLN, 2014).

Abstract

Purpose of Learning Strategy: Flipped Learning is an instructional methodology that inverts the traditional classroom model from an instructor-centered didactic model, to a student-centered focus. The didactic content is provided prior to class via video lectures, PowerPoints with audio content, content-rich websites and on-line discussion boards. Classroom activities involve learner-centered focus with students participating in activities that encourages content construction, student collaboration, problem solving, critical reasoning and skill development.

Learning Objectives: The participant will become more familiar with Flipped Learning and how it improves ATI and exam scores within a medical/surgical classroom. Participants will recognize student’s positive and negative perceptions of Flipped curriculum and suggestions for how to improve Flipped Learning from a student perspective.

Instructional Setting: The setting is a senior level, first semester medical/surgical course, at a private Catholic university.

Teaching Strategy: The course will utilize Flipped Learning methodology, and the constructivist theory is the foundation to examine the differences from traditional to active teaching pedagogies.

Supplies Needed: Each student will require a computer with internet access. The physical arrangement of the classroom should allow students to gather in small groups to facilitate communication and collaboration.

Implementation process: The study will consist of two groups of pre-licensure BSN students. The control group is a senior level medical/surgical course conducted Spring 2016 and instructed utilizing a traditional didactic model. The intervention group is a senior level medical/surgical course being conducted Fall of 2016 and utilizing a Flipped Learning model.

Evaluation of Learning: Study group will consist of pre-licensure BSN students from two different semesters of the same medical/surgical course. The control group experienced the same content, exams and teaching staff, in a traditional didactic class model. The intervention group will be taught utilizing a flipped curriculum model of learning. ATI test scores and course exam scores will be compared to quantitatively evaluate significance between the two courses. A 5-point Likert scale anonymous questionnaire will evaluate student’s perceptions of Flipped learning, as well as provide suggestions for improvement.

References


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Purpose

The purpose of this presentation is to evaluate inter-rater reliability of faculty during nursing simulation in Bengaluru, India.

Target Audience

The target audience of this presentation is nurses, nurse leaders, nursing students and healthcare providers.

Abstract

**Background:** Nursing simulation is a new educational concept in India. The traditional methods for teaching science in Indian culture are didactic lecture and rote memory (Umashankar & Dutta, 2007). While evidence suggests simulation is effective in promoting critical thinking and clinical decision making in the US (Hayden, Smiley, Alexander, Kardong-Edgren, & Jeffries, 2014), research is needed to determine if simulation education is effective among faculty and students in India. In order for simulation to be fairly evaluated, reliability and validity of data produced from observations of students’ performance, must be considered carefully (Adamson, K., 2016).

**Purpose:** To evaluate interrater reliability of faculty during nursing simulation in Bengaluru, India

**Methods:** A quantitative interrater reliability study will be performed. Faculty in this study will evaluate eight nursing students participating in two simulations. In order to determine the consistency of faculty ratings of student performance as measured by The Seattle University Simulation Evaluation Tool© (Mikasa, Cicerno & Adamson, 2013), inter-rater reliability will be assessed using intra-class correlations (ICCs). ICCs greater than .80 are considered acceptable.

**Results:** The study will be conducted in July of 2016 and results will be presented in the poster presentation at the Sigma Theta Tau International Leadership Conference.

**Discussion:** In conducting interrater reliability research among faculty members of simulations in Bengaluru, we are answering the call to improve the nursing education throughout India as well as producing rigorous and quality research in the area of nursing simulation. Evaluating faculty's observations and judgement of their students during simulation will create consistency in the learning process. This consistency will help validate the effectiveness of nursing simulation as a learning tool. Results will contribute to the science of nursing by establishing interrater reliability in India and improving nursing education as well as contribute more rigorous and quality research to the existing literature of medical simulation.

References


Contact

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Purpose

Purpose of Presentation: The purpose of this project is to investigate satisfaction of graduate nursing students enrolled in wholly distance learning. Also, the results of this study are expected to have implications for nurse educators with distance learning curriculum and course design and evaluation.

Target Audience

Target audience of the presentation include: nurse educators, deans of nursing programs, staff development nurses, curriculum developers

Abstract

The purpose of this project was to study satisfaction of graduate nursing students enrolled in wholly distance learning. Also, the results of this study are expected to have implications for nursing educators with modification, re-design, and development of distance learning courses and curriculum design. Similarly, student feedback and course evaluations are crucial to the ongoing appraisal of the nursing curriculum and/or program. The factors that improve distance learner satisfaction is an important topic for nurse educators. Understanding what influences graduate nursing students’ satisfaction with distance learning can improve course design and add support to positively influence distance learning experiences and successful student outcomes. This is especially important since distance delivery results in less effective learning, has lower satisfaction, and has lower retention rates. Additionally, compared to traditional classrooms, distance students have a 10 to 20 percent higher likelihood of not completing a course. Retention is especially important for nurses since the nursing workforce is aging, therefore educators must pay attention to factors that improve distance learner satisfaction. However, the availability of distance education is growing. The nursing shortage is expected to get worse, from 200,000 to 800,000 over a 10-year period from 2012 to 2022. Plus, there is a deficiency in qualified staff to teach new nurses, this is all the more crucial at the graduate level. Since the Institute of Medicine Report (IOM, 2011) called for nurses to achieve higher levels of education to advance the profession, improve the delivery of care to patients, and be able to and committed to lead change. Distance education can only be successful if suitable supports are in place. Not only do teachers need incentives to teach but it is imperative to keep graduate nursing student’s satisfied with distance learning, in order for them to continue their studies and become our future educators, leaders, practitioners, and policy-makers of tomorrow.

References


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Purpose

The purpose of this poster presentation is to expand the level of knowledge about the various controversies and clinical implications surrounding FGC within American Context.

Target Audience

Evidence indicates that there is a significant knowledge gap about caring for women who underwent FGC within American perinatal care. Therefore, this presentation is targeting healthcare providers who provide any type of perinatal care for this group of women. This includes students and professionals in nursing, nurse-midwifery, and WHNP.

Abstract

Aim: This poster explores the medical, social, cultural and ethical controversies of FGC in association with the perinatal experiences and maternity care in American context. The specific objectives of this learning-poster presentation are to: firstly, demonstrate knowledge to address the current challenges that occur for pregnant women with FGC during perinatal care. Secondly, Identify the various social, cultural and policy aspects that concern FGC within American Context.

Background: Female genital cutting (FGC) is a traditional practice in parts of Africa, the Middle East and Asia. It is a public health and human rights issue because it affects at least 200 million women worldwide. Increasing migration to USA and elsewhere from these areas precedes the care of women with FGC to become a global concern. In USA, pregnant women who experienced FGC are vulnerable as they may face more physical and emotional challenges than their non-pregnant counterparts. Their need to access optimal perinatal care is higher as FGC, particularly with more extensive cutting (infibulation), is one of the indirect causes of perinatal morbidity.

However, caring for pregnant women with FGC, particularly during labor, is a key challenge within the American maternity healthcare. This challenge occurs because there is a lack of understanding about the socio-cultural aspects of FGC and lack of knowledge of how to manage the clinical complications that are associated with it. This leads to a decrease in the trust-relationship between the provider and antenatal patient, which may in turn decrease effective therapeutic communication and resultant culturally competent and safe care.

Significance: Presenting this educational poster is a response to the current global and national awareness about FGC. American nurses, nurse-midwives, and midwives are well positioned to engage in and promote effective communication patterns, safe and appropriate interventions and referral relationships that are acceptable to their clients. In comparison with their counterparts, they typically allocate a much longer timeframe for initial and subsequent perinatal visits. Thus allowing for more time to establish a genuine and trusting relationship that will encourage women with FGC to elaborate on needed care and concerns.

Theoretical Framework: The foundation of Adult Learning Theory (ALT) is the theoretical framework for this presentation as it is targeting adult populations. Integrating ALT emphasizes the self-reflective learning strategy, which enhances effective learning-engagement.

Implications: Sharing the information in this poster will imply positively on the quality of health of this group of women. Such positive implications will deepen the healthcare provider’s understanding about FGC; enhance the continuity of care, delicate partnership, and trusting relationship for women with FGC;
encourage effective-therapeutic communication and engage in mutual problem solving; and provide various options to manage FGC cases.

References


Contact

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A Qualitative Description of WIC Breastfeeding Peer Counselor Support

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Purpose
The purpose of this presentation is to inform the target audience of the common themes emergent among successful breastfeeding peer counselors’ practice and the role of Power of Influence (POI).

Target Audience
The target audience includes members of Sigma Theta Tau who are attending the conference. By viewing this poster, nurses will be able to learn the contributing factors to a breastfeeding peer counselor’s success and apply it to their own practice in an effort to support the breastfeeding mother.

Abstract
Breastfeeding peer counselor programs have been successful in increasing breastfeeding initiation and duration rates. However, factors contributing to a counselor’s success, particularly in the Women, Infant and Children (WIC) setting, have not been widely explored. A qualitative descriptive study was conducted in which breastfeeding peer counselors from Dallas (WIC) were interviewed about how they provide support to mothers. The interviews were transcribed and inductive content analysis was used to analyze the transcripts using the procedure outlined by Graneheim and Lundman (2003). Transcripts of the interviews and observations were the unit of analysis. Meaning unit extraction, coding, and theme creation was a collaborative effort of three undergraduate honors nursing students and two instructor mentors. The analysis of the interview transcripts revealed that Breastfeeding peer counselors are successful because they passionately empower through shared experience by acknowledging the whole woman, helping, and uplifting. The five themes that were identified from the Breastfeeding Peer Counselor interview data included: passionate empowerment, shared experience, acknowledgement of the whole woman, helping, and uplifting. The five themes identified from the interview data demonstrate the elements of the Power of Influence (POI) program (Hildebrand et al., 2014). The breastfeeding peer counselors did not talk about how many women they led to breastfeeding initiation or how long each mom breastfed; rather, they shared the times when they made emotional connections with mothers. They attributed quantitative measures of success to the qualitative efforts of building hope, trust and confidence in the women they serve and mentor. The findings of this study provide support for the implementation and expansion of POI principles and strategies widely employed by breastfeeding peer counselors. POI principles and strategies can be enhanced by adding the concepts of building hope, trust and confidence through exhibiting passion, acknowledging the whole woman, sharing experience, helping, and uplifting. POI principles and strategies provide guidance for physical presence and influence, but may lack guidance on strategies to build the emotional connections that the peer counselors attributed to their success with mentoring mothers.

References

Contact
Bedside Nurse Recognition of Delirium in the Medical-Surgical Setting

_Bridget Denzik, DNP, RN, NEA-BC, USA_

**Purpose**

The purpose of this presentation is to highlight the significance of delirium in the medical-surgical setting for patients aged 65 and greater. More than 50% of bedside nurses fail to recognize delirium which may lead to poor patient outcomes and impacts hospital finances.

**Target Audience**

The target audience of this presentation is medical-surgical nurses, nurse educators, and hospital administrators. Providing education and opportunities for bedside nurses to apply new knowledge focused on care of the medical-surgical patient aged 65 or greater can lead to improved patient outcomes and reduce the socioeconomic burden associated with delirium.

**Abstract**

Delirium in adults aged 65 and older is a common occurrence in the acute care setting and is often unrecognized by bedside nurses. Delirium is considered a medical emergency and can trigger a negative cascade of events resulting in an increase in morbidity and mortality, functional decline, longer length of stay, and high rates of post hospital institutionalization and has a significant socioeconomic impact. The purpose of this quality improvement project was to establish a solid foundation using scholarly literature to support the development of a delirium prevention, recognition, and treatment program in the medical-surgical acute care setting applying the program logic framework. The goal was accomplished by developing a structured program to enhance nurse education (phase 1) using a pretest/posttest design. Phase 2 will be implemented at a later date. The null hypothesis for the project was there is no difference between the pretest group knowledge of delirium scores and the posttest group scores following education. The results of the 36-paired pretests/posttests indicated a significant difference (p < 0.05) following the educational PowerPoint on delirium. Providing education and opportunities for bedside nurses to apply this new knowledge is an effective strategy to increase the identification of delirium, which can lead to improved patient outcomes, reduced socioeconomic burden associated with delirium, and increased positive social change. The economic impact of delirium is considerable with the average cost per day of delirium patients reaching nearly 3 times the cost of patients not having delirium. The rapidly expanding elderly population reached 40.3 million individuals in 2010, the largest level chronicled in the twenty-first century and is projected to continue to rise to over 83 million by the year 2050 which will have a profound impact on hospitals and health care as a whole. Prevention, identification, and treatment of delirium can have a profound impact on the cost of health care not only to the patient but also to the hospital, community, and government given that the majority of these patients are on government-sponsored health care plans. Nursing alone will not be able effect these changes given the magnitude of the problem but will need administrators, policy makers, government agencies, patient advocacy groups, and physicians to promote social change for this high risk patient population.

**References**


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RSG STR 2 - Rising Stars of Research and Scholarship Invited Student Poster Session 2

Patient Perceptions of Factors That Influence Self-Management of Heart Failure

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Purpose

The purpose of this presentation is to explore patient perceptions of behaviors they have modified and symptoms experienced that are attributed to worsening of heart failure.

Target Audience

The target audience of this presentation are nurses, advanced practice nurses, and other providers who manage patients with chronic cardiac conditions such as heart failure.

Abstract

Background: Although there has been an abundance of studies conducted in recent years on heart failure, there are limited numbers of studies exploring the factors that influence patients with heart failure to seek medical care or treatment based on self-perceptions of exacerbation of symptoms. Several studies have indicated a need to identify personal perspectives on symptom management in patients with heart failure (Ivynian, DiGiacomo, Newton, 2015; Reeder, Ercole, Peek, Smith, 2015). There are a number of symptoms identified as triggers of exacerbation of heart failure. Some studies identified as many as 29 characteristics of heart failure (Souza, Zeitoun, Lopes, Oliveira, Lopes, Barros, 2015). Decisions to change behaviors in self-management of heart failure have been measured with respect to adherence to dietary restrictions of daily sodium intake to 2000-3000 mg and fluid intake to 1.5 to 2 liters of fluid daily (Parrinello, Greene, Torres, Alderman, Bonventure, DiPascuale, et al., 2015) which can be controlled by severity of thirst (Allida, Inglis, Davidson, Lal, Hayward, Newton, 2015), or may change after improvement of heart function by mechanical devices such as implantable cardioverter defibrillators (ICDs) (Balci, Balci, Akboga, Seri, Acar, et al, 2015). This study focused on symptoms that have an observable consequence by participants such as that of leg edema with weight gain (Kataoka, 2015), performance measures of functional limitations and mobility (Herr, Salyer, Flattery, Goodloe, Lyon, Kabban, et al., 2015), and was limited to patients with New York Heart Association (NYHA) class III and IV heart failure. Behavior changes based on severity of symptoms of heart failure were explored.

Methods: Participants for this qualitative pilot study were three patients with moderate to severe heart failure (New York Heart Association class III or IV) from a cardiologist practice in the Mid-Atlantic. Semi-structured interviews were conducted of these patients by the Primary Investigator in the cardiologist's office which were recorded and transcribed. They were interviewed about how they altered their behaviors and medications in response to symptom management. Several of the main questions were related to modifications in diet, fluid intake, and medication times. Data was labeled according to symptoms and management of those symptoms and coded. Themes were supported with exemplars from the transcriptions. Categorized by management of symptoms and themes emerged from content analysis.

Conclusions: All participants reported modifying diet, fluid intake, activity, and medication times in response to severity of symptoms. None of the participants reported symptoms of peripheral edema or shortness of breath, rather the most common symptoms perceived as worsening of heart failure were fatigue and activity intolerance. All participants reported improvement of severity of symptoms after insertion of an automated implantable cardioverter-defibrillator.

References

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Effect of a Unit-Based Clinical Outcomes Nurse on Nurse Empowerment and Quality Outcomes

Whitney E. Van Vactor, MSN, RN, USA

Purpose

The purpose of this presentation is to describe an innovative, unit-based quality nurse role and the evidence-based project conducted to determine if this role improves quality outcomes while also increasing structural empowerment of staff nurses.

Target Audience

The target audience for this presentation is staff nurses, nurse managers, quality management, nursing administration, and nurse educators.

Abstract

Purpose

The purpose of this presentation is to describe an innovative, unit-based quality nurse role and the evidence-based project conducted to determine if this role improves quality outcomes while also increasing structural empowerment of staff nurses. Background Due to publically reported data and changes in reimbursement, healthcare facilities are increasingly focused on improving their patient and quality outcomes. While hospitals attempt to educate staff nurses on evidence-based care, the number of changes in healthcare and evidence make it hard for staff nurses to keep up with these constant evolutions. In an effort to continually improve upon these outcomes and to educate staff nurses, Baptist Health Louisville (BHL) created the unit-based Clinical Outcomes Nurse (CON) role with the objective of coaching nursing staff at the point of care regarding system-wide quality initiatives and empowering staff nurses to apply evidence-based standards of care to bedside patient care. While this new role is evolving, the main focus of the CON is on the following quality initiatives: catheter-associated urinary tract infection (CAUTI), central line-associated bloodstream infection (CLABSI), and use of the teach-back education method. In their effort to affect these outcomes, CONs also work to streamline and standardize processes involved in daily nursing care. While these quality outcomes are increasingly important, there is limited research linking structural empowerment to these concepts. Methods A pretest-posttest design was used to determine the effect of the new CON role on staff nurse empowerment. Staff nurses on two intermediate floors at BHL were asked to complete and return the Conditions for Work Effectiveness Questionnaire-II (CWEQ-II), totaling 56 potential participants. Eighteen of the 34 participants returned completed pre- and post-intervention questionnaires for a return rate of 32%. Demographic information for participants was correlated with their empowerment score. To determine if the CON role had an effect on CAUTI, CLABSI, and teach-back rates for the project units, rates before and after implementation of the role were compared. Results A paired-samples t test showed no statistically significant change in feelings of structural empowerment. While there was no change in this area, the sample was considered highly empowered both pre- and post-interventions. Spearman’s rho and Pearson r tests showed no statistically significant correlations between individual nurse demographic characteristics and level of structural empowerment. Pretest CAUTI and CLABSI rates were low on the project units and there was no statistically significant difference during the project data collection period. There was a 205.4% increase in the use of teach-back on the study units during the project time period. Conclusion This study demonstrates the importance of increasing awareness of quality initiatives and evidence-based nursing care to maintain and improve quality and patient outcomes. One way to accomplish these goals is to have a quality nurse, such as a unit-based CON, dedicated to these aims. Based on the results of this study, it also recommended that structural empowerment be used as a basis for staff resources, particularly in relation to awareness and improvement of the previously mentioned quality and patient safety initiatives along with other patient outcomes, such as hospital-acquired pressure ulcers and patient falls. Given the increased importance placed on outcomes measurement, it is recommended that more research be done linking structural empowerment to objective quality measures and patient outcomes.
References


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Purpose

The purpose of this presentation is to better understand what young adults know of the future fertility potential and ability to family build. This research is to also help identify gaps in knowledge pertaining to this age group, to hopefully assist with design of educational materials for future use.

Target Audience

The target audience for this presentation is clinicians, educators and researchers. This research will allow for appropriate educational dialogue for clinicians of young adults in the health care setting, along with useful content when educating young allied health professionals in both nursing and medicine.

Abstract

Introduction: Family building, and the possibility of infertility is not a topic frequently discussed among young adults today, whether it be within the school system or through a wellness visit with a primary care physician. Actually, quite the opposite is true, as much time is spent educating young adults on how to prevent pregnancy. While young adults may not have immediate plans to build a family, they may be at a disadvantage if they are not properly educated on how family building is achieved, and factors which could negatively impact their future fertility. The World Health Organization (WHO, 2016) defines infertility as, “a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after twelve months or more of regular, unprotected sexual intercourse.” The current rate of infertility identified by the Centers for Disease Control and Prevention (CDC, 2015) is 10.9% in the United States alone. Several factors may be at fault for this high rate of infertility, including increase in obesity rates, lack of healthcare for at-risk populations and later age of first pregnancy. The aim of this paper is to better understand what young adults understand of their fertility potential, as this may help identify gaps in their current knowledge base so proper educational methods regarding fertility potential and treatment can be designed.

Methods: This qualitative study was conducted in a large local university, following IRB approval in Spring semester 2016. To be considered eligible to participate in the 12 open-ended question survey, the students needed to be between the ages of 18-24 years of age. Ten young female nursing students agreed to participate in this study. Data was analyzed for content, then organized into topics with frequency of responses used to construct themes.

Results: While it was evident that the participants understood basic tenets of reproduction, specifically regarding peak fertility, a few of the respondents were confused about the specifics regarding the menstrual cycle. Also surprising was that all participants were interested in future family building, indicating the need for fertility and family building education. Specific gaps in knowledge included: process of ovulation, fertilization and implantation, pregnancy outcomes based on age of conception and fertility preservation techniques available.

Conclusion: It is evident by the answers from the participants that there are gaps in knowledge regarding fertility issues. It is reasonable to assume that nursing majors would have a greater knowledge base regarding conception and fertility, however some questions were met with uncertainty or inaccurate answers, specifically the time of peak fertility and fertility preservation options. With a more in depth interview, more information may be gleaned regarding the gaps in knowledge and also the goals young adults have regarding their future family building.

References


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Purpose
The purpose of this presentation is to present the state of the knowledge on the use of simulation as a replacement for traditional clinical in undergraduate nursing education with a specific focus on the ratios of simulation to traditional clinical replacement time selected by schools and colleges of nursing.

Target Audience
The target audience of this presentation is any nurse educator or nurse administrator involved in simulation use in undergraduate nursing education. The content of this poster presentation may be particularly interesting for individuals involved in planning how simulation is integrated and utilized in undergraduate nursing programs.

Abstract
Purpose: The purpose of this poster presentation is to summarize the state of the knowledge on the use of simulation as a replacement for traditional clinical in undergraduate nursing education with a specific focus on the ratios of simulation to traditional clinical replacement time selected by schools and colleges of nursing.

Background: Simulation in undergraduate nursing education is an instructional method by which a hypothetical, yet realistic, opportunity is created that allows a single nursing student or a group of students to provide care for a patient who is represented by a manikin, an actor, or a standardized patient depending on the clinical situation. Simulation facilitates active student engagement and integrates practical and theoretical learning with opportunities for repetition, feedback, evaluation, and reflection. There is evidence that simulation has been used as an instructional methodology in nursing education since 1847, but simulation has changed significantly as technology has advanced. Simulation has been recommended as a teaching method for undergraduate nurses by the American Association of Colleges of Nursing, Institute of Medicine, Interprofessional Education Collaborative Expert Panel, and as a method of teaching that supports the Quality and Safety Education for Nurses competencies. The recent results of the NCSBN National Simulation Study indicate that up to 50% of traditional clinical can be replaced by simulation as long as rigorous standards are in place. Hayden et al (2014) in the NCSBN National Simulation Study utilized a 1:1 simulation to traditional clinical replacement ratio meaning that 1 hour of simulation equaled 1 hour of a traditional clinical experience. The researchers used a 1:1 replacement ratio because no evidence existed to use any other clinical replacement ratio. However, many nursing programs across the United States are utilizing different replacement ratios such as 1 hour of simulation to equal 2 hours of traditional clinical, without any empirical evidence that the same outcomes can be met. Many nurse educators are now wondering: what is the best ratio to use when replacing traditional clinical time with simulation time in undergraduate nursing education?

Aim: The objective of this systematic review of the literature was to identify the best evidence on the amount of time that should be spent in simulation to replace traditional clinical while producing the same outcomes. For example, what are the outcomes of using a 1:1 ratio (1 hour of simulation to replace 1 hour of traditional clinical), 1:2 ratio (i.e. 1 hour of simulation to replace 2 hours of traditional clinical), 1:3 ratio (i.e. 1 hour of simulation to replace 3 hours of traditional clinical), or 1:4 ratio (i.e. 1 hour of simulation to replace 4 hours of traditional clinical) in an undergraduate nursing education program?

Method: A systematic review of the literature was conducted to identify research articles that provided information about using differing replacement ratios for simulation to traditional clinical in undergraduate nursing programs. The search strategy aimed to find both published and unpublished studies, limited to the English language, and within undergraduate nursing education. The keywords used for the search
were simulation, clinical, replacement, ratio, and nursing. The following databases were included in the search: Cochrane library, CINAHL, MEDLINE, and PsychINFO. In addition, the keywords were also entered into the search engines of two peer-reviewed journals specific to simulation: Clinical Simulation in Nursing and the Journal of the Society for Simulation in Healthcare.

Results: The initial search of the literature resulted in 572 studies. The titles were reviewed for relevancy and narrowed to 24 studies that were selected for further review. After reviewing the articles, a total of 9 studies were relevant to the substitution of simulation for clinical using different replacement ratios. Five articles were categorized as purely descriptive studies and described the ratio of time or number hours in simulation used to replace traditional clinical hours in undergraduate nursing programs. One additional comparative descriptive program evaluation study described how the implementation of a 1:2 simulations to traditional clinical replacement ratio for 50% of traditional clinical time impacted faculty capacity. One quasi-experimental study explored student perceptions of learning and clinical outcomes between simulation and traditional clinical when replacing 16-21% of traditional clinical with simulation using a 1:2 simulations to traditional clinical replacement ratio. Another quasi-experimental study utilized a 1:1 ratio for simulation to clinical replacement time and aimed to identify the effects of a theory-driven simulation curriculum on nursing student clinical performance. Another article, published by a known simulation expert, described the development of a simulation policy. This policy development article was included as a relevant article to the systematic review due to the simulation expertise of the author and the qualitative comments included on the reasoning behind the implementation of a 1:3 simulations to traditional clinical replacement ratio.

Conclusion: Although the results of the NCSBN study support using a 1:1 ratio for simulation to clinical replacement time in undergraduate nursing education; there is no standard ratio of clinical replacement time currently being used in prelicensure nursing curricula. Many undergraduate nursing programs are using 1:2, 1:3, or even 1:4 ratios for simulation to traditional clinical replacement time. Some small-sample studies do show positive clinical outcomes when using a 1:2 replacement ratio for simulation to traditional clinical hours; however, there exists no strong empirical evidence that replacing traditional clinical with less time in simulation results in comparable outcomes for undergraduate nurses.

References


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