

2017 Annual Conference

Poster Abstracts

(printed in the order they were submitted)

- **Delivering Culturally Sensitive Care to LGBT+ Patients**

Jessica Landry, DNP, FNP-BC and Todd Tartavouille, DNS

The purpose of this research is to determine if educating nursing students on how to deliver culturally sensitive care to LGBT+ patients using lecture, interactive guest speakers, and activities improve their attitudes and knowledge on how to create an inclusive healthcare environment. The research is aimed at improving nursing practice to ameliorate health inequities in the population. In a recent survey of LGBT+ patients, over 50 percent reported that they do not routinely seek healthcare because they feel “invisible” to the providers.

Two groups of senior undergraduate students were trained on best practices in caring for LGBT+ patients. Each class was two-hours long and contained a list of health disparities and reasons LGBT+ patients do not seek healthcare, an interactive transgender speaker who accepted questions, a vocabulary match-up activity, and a “coming out” activity that details the stressors patients endure while discovering their gender identity.

A Wilcoxon test was used to examine differences in attitudes towards LGBT+ before and after an intervention. No significant difference in the attitudes ($p > .05$) was noted after the intervention. Students had positive attitudes towards the LGBT+ community prior to the intervention. For the knowledge section of the survey a McNemar test was calculated to examine if knowledge level on LGBT+ terminology and healthcare provider plans of care changed significantly. There was an increase in knowledge for several of the survey items from the vocabulary match up game including cisgender ($p < .05$), genderqueer ($p < .05$), intersex ($p < .05$) and two-spirit ($p < .05$). After the vocabulary match up game, students were able to correctly identify the terms. The remainder of the survey items focused on healthcare provider plans of care. A McNemar test was calculated comparing plans of care pre- and post-discussion with an LGBT+ patient.

Teaching culturally respectful care to nursing students improves their attitudes and knowledge toward LGBT+ patients. More research is required to determine if these efforts improve health outcomes for the group.

- **Academic-Practice Partnering for Transformational Online MSN in Leadership and Innovation Program**

Linda Plank, PhD, RN, NEA-BC

Purpose: Conduct a collaborative analysis to design an innovative and transformational MSN program for nurse leaders.

Description: In collaboration with a health care system partner, we designed an evidence-based rigorous online *MSN in Leadership and Innovation Program*. A traditional

administration program converted to a program focused on developing transformational and innovative nurse leaders. This necessitated transitioning from an acute care setting management focus toward preparing nurse leaders for a multitude of community and system settings, inclusive of a global health emphasis. Designed for employed nurse leaders, the program is delivered in an exclusive online format with 5-week course sequencing over 15 months (36 credit hours). Unique components are the residency project and comprehensive oral exams by a panel faculty and health care partner nurse executives; both of which ensure academic rigor and attainment of program outcomes. An advisory board comprised of CNOs and Nursing Directors contribute to continuous program evaluation, ensuring relevancy of course content and integration of best practices.

Implementation: The first cohort began spring semester 2015 and included a diverse group of 10 students, with successive cohorts enrolled twice annually. Nurse leaders are engaged in developing and teaching courses. Additionally, nurse leaders work in collaboration with students and faculty to identify residency projects that contribute to health care system needs.

Outcomes: This innovative new program achieved a *US News & World Report* ranking of 37. The program has 100 percent retention and graduation rates. All graduates are employed in nursing leadership positions, with many receiving promotions upon completion. Formative and summative program evaluation data provide evidence of attainment of key outcomes and inform revisions aligned with best practices.

Recommendations: Designing evidence-based degree programs in collaboration with practice partners leads to excellent student outcomes and strengthened partnerships. Address needs of working students through innovative program design.

- **The Development of a Clinical Peer Review Tool**

John D. Lundeen, EdD, RN, CNE, COI; Mrs. Rebecca J. Warr; Dr. Cynthia G. Cortes; Dr. Frankie Wallis; and Dr. Jennifer Coleman

Purpose: Faculty evaluation for the purpose of promotion and tenure frequently includes peer review as a part of the process. Faculty review by a peer may provide an assessment of teaching effectiveness and information related to the faculty member's professional development activities. (*Conference theme: Education transformation; Achieving excellent outcomes*)

Background: The Faculty Development Committee in the school of nursing at a small, private, liberal arts university was tasked with review of the school's clinical teaching peer review form used for the promotion and tenure process. The previous form was found to be ambiguous and highly subjective with no evidence base. Personal opinions of the evaluators were often included in the evaluation.

Methodology: The *Scope of Practice for Academic Nurse Educators* (NLN, 2012) and *Standards of Best Practice: SimulationSM* (INACSL, 2013) were examined for applicability in the nurse educator role in the traditional clinical setting. To address ambiguity, select standards and competencies were used with permission for development of the specific behaviors to be evaluated in the peer evaluation. Subjective evaluation headings of

Outstanding, Above Average, Average, Below Average, and Unsatisfactory were replaced with *Does Not Meet, Meets, or Not Applicable*.

Results: The evaluation tool was used for the first time in the fall of 2015. Feedback related to applicability and ease of use was obtained from the members of the school's promotion and tenure committee. No substantive changes were necessary, and the tool is currently in use. All peer review forms are reviewed annually by the Faculty Development Committee to strengthen the review process.

Recommendations for education: An effective peer review process is dependent upon faculty involvement and buy-in. Using an evidence-based tool for evaluation aids in the effectiveness and promotes trust and respect among colleagues. Our tool components and measurement criteria are consistent with published standards for nursing education and strengthen the validity of use in the evaluation of nursing faculty.

- **Service and Knowledge in Nurse Anesthesia Students after Service Learning Program Implementation**

Amy Snow, MNA, CRNA; Terri Cahoon, DNP, CRNA; and Nina McLain, PhD, CRNA

Background: The American Association of Colleges of Nursing (AACN) has stressed the importance of health promotion using service learning activities in the community. American Association of Nurse Anesthetists (AANA) core values promoting community service include: professionalism, compassion, diversity, and interprofessional collaboration. Nurse anesthesia students (SRNAs) are rarely exposed to underserved groups outside of the operating room. Service learning projects provide experiences that help students overcome negative stereotypes, heighten sensitivity and increase empathy.

Purpose: The project was to determine if implementation of service learning project (SLP) would increase knowledge and participation in community, professional, or health volunteerism in SRNAs. **Method:** A quasi-experimental control trial was completed using SRNAs. Group 1 consisted of freshman and junior classes who were exposed to the SLP, and Group 2 (Control) consisted of 22 senior students, who did not participate in the SLP. Prior to implementation, both groups took a knowledge/opinion pretest and Group 2 took an attitudes survey. Group 1 participated in SLP, including the participation of 20 hours of service and completed the attitudes survey prior to graduation. Both groups completed the knowledge/opinion posttest and participation survey six months after graduation.

Results: Due to small group sizes, statistical analyses for both the knowledge/opinion survey and participation survey were unable to meet assumptions of chi-square statistic. However, post-graduation participation survey demonstrated increased percentages in Group 1 for service during school, opportunities since graduation, service in first six months, and plans for service. Mann-Whitney U analysis found no differences in service attitudes scale results between groups.

Conclusion: The implementation of the SLP resulted in increased service participation of the nurse anesthesia students as demonstrated by increased percentages of the treatment group serving. A SLP integrated in graduate education promotes the excellent outcome of graduates pursuing opportunities to serve in professional organizations and in underserved communities.

- **Try to See It My Way: Patient Perspective Video Capture Debriefing in Simulation**

Terri Morris, Florman R.N., M.S.

Purpose: This project will demonstrate a patient's perspective of provider non-verbal and verbal language using an innovative technique for debriefing: patient-perspective video capture.

Background: Video assisted debriefing in simulation helps learners draw conclusions that link theory and content learned with the learners' perception about their clinical performance and reality of the clinical environment. Patient compliance and satisfaction is impacted by the quality of communication (non-verbal and verbal language) that takes place.

Methods: This descriptive study of nurse practitioner students (n=29) participating in a simulation encounter with a standardized patient (SP) utilizing both patient-perspective video capture and wide-angle video to compare learner perceptions of their communication before and after viewing the videos using the Patient Provider Relationship Questionnaire (PPRQ).

Results: The sample (n=29) were 93.1 percent female with a mean age of 36.38, SD=12.31. Average years of practice was 9.89, with 82.8 percent practicing in an acute care setting. The majority reported no past experience with an SP (86.2 percent) or a communication class (58.6 percent). A paired samples t-test was conducted to compare student's perceptions of the PPRQ five domains before and after watching their video capture encounter. There was a significant difference for interest in the patient's agenda ($M = 1.41$, $SD = 2.66$, $t(28) = 2.86$, $p = 0.008$), and empathy ($M = 0.93$, $SD = 2.07$, $t(28) = 2.42$, $p = 0.022$). There were no significant differences in the domains of effective communication, patient involvement in care, and rapport building.

Discussion: Patient's perspective video changed the student provider's perception regarding how they communicate interest in patients' feelings about their disease and care, and how they convey empathy.

Conclusion: Patient perspective video capture used for debriefing in simulation can increase student provider's awareness of their behavior, thereby improving communication skills and patient outcome.

- **Achieving Exceptional Student Outcomes for Second Degree Students through a FastBacc Track**

Linda Plank, PhD, RN, NEA-BC

Purpose: Conduct a gap analysis and design a 12-month second-degree accelerated BSN track with exceptional student outcomes.

Description: In response to the unique needs of second degree baccalaureate students as well as the prolonged nursing shortage in our state, we designed an accelerated track for our BSN program based on the Human Needs Framework. Differing from the traditional track, these students progress at a vastly accelerated pace; hence our track title: *FastBacc*. This track is completed within a 12-month timeframe and is a highly sought-after option for students with prior degrees. Among the innovative aspects of our *FastBacc* program are the targeted measures to facilitate exceptional outcomes. To help ensure success, we have a dedicated coordinator and vested faculty who utilize evidence to guide teaching and mentoring non-traditional BSN students. Our student services team also works closely with students to meet academic and personal support needs.

Implementation: Students admitted to this program are committed to full-time progression and undergo a personal interview with the track coordinator or other faculty who teach in this program. They begin in May and continue for 12 consecutive months in intensive didactic and clinical course sequencing. A unique feature is that students must be able to independently study vast amounts of course content outside of class so that face-to-face class time is dedicated to clarification of concepts and validation of learning.

Outcomes: In the time since the first cohort was enrolled (2009), a total of 8 cohorts have graduated. Three cohorts have exceeded our traditional track graduates with 100 percent pass rates on NCLEX-RN. All graduates have received job offers and perform well post-graduation.

Recommendations: Establishing an accelerated track tailored to the needs of second-degree non-traditional students is an effective timely way to meet student and practice partner needs.

- **Interprofessional Education to Improve Care of Persons with Multiple Chronic Conditions (MCC)**

Lisa A. Cranwell-Bruce, DNP, RN, FNP-C; Carol Hall Grantham, PhD, RN, CPNP-PC; and, Eva M. PhD, RN, FNP-BC

Purpose, Goals, Aims: Students in the health professions need to learn to work together in a collegial manner. One of the interprofessional team's main objective was to implement an enhanced graduate nursing curriculum, fostering the development of core competencies for interprofessional collaborative practice (IPC) through a dedicated course that integrated cultural competence with a strong interprofessional clinical component.

Description, background and significance: There is a mandate for new educational paradigms that provide health care professionals with advanced skills, so graduates can form interprofessional collaborative teams, valuing, respecting, and learning how to better communicate with one another. Educational systems that train healthcare professionals must transition from individual discipline learning to interprofessional education to address the factors that place the population at risk for multiple chronic conditions (MCC) as well as to prepare students to provide collaborative interventions.

Methodology or implementation of project: After receiving funding from HRSA for a three-year grant, one main objective of three substantive ones, was measurement of six core competencies (communication, values/ethics/teamwork, roles and responsibilities) from IPEC in the advanced practice curriculum using evidence-based practice with individuals with MCC subsequent to development of an interprofessional course focusing on collaboration. Students rated themselves prepared to unprepared using a five-point scale pre- and post-test. The objectives for this project have been developed based on the Core Competencies for IPC Practice (AACN, 2011) and international guidelines for IPC education and practice. Preparedness and confidence levels for IPC were measured at the beginning and completion of the IPC focused course.

Analysis Procedures: We used SPSS 21 to analyze the pre-post survey data. We created scales by summing scale items to approximate continuous variables. Where appropriate, we reverse coded attitude metrics to reflect negative wording. We used paired samples t-test to assess change over time within student. Because we were focused on overall success, we assessed all disciplines together in one single analysis.

Results or Outcomes and evaluation: Preliminary results are promising, there were significant improvements in confidence and preparedness for interprofessional collaboration, attitudes towards health care teams, and individual's evaluations of their own team skills from before to after class for students enrolled in the course. This analysis suggests increased comfort (confidence and preparedness) with IPE competencies and improved attitudes and recognition of the value of working in interprofessional teams

Recommendations for nursing practice, administration, education or research: Collective teaching, or education of health care students will require faculty to be invested in the model, to be open to using pedagogy and curriculum to engage the students, and break down the previous barriers, resulting in a warranted paradigm shift. The introduction of IPC dedicated courses at the academic level is critical in order to diminish the communication, teamwork, and collaboration gaps that currently exist between professions. Initial exposure as beginning health care professional (HCP) students' to interprofessional competencies and principles will help them change their way of thinking and not limit the care, or interventions, they provide just to their area of focus. The impetus will be to sustain and maximize enrollment from all of the professions in our College, to continue to revise the course and applicable clinical experiences as warranted in order to give the HCP students' the most effective exposure to interprofessional collaboration as possible.

- **Predictors of Success in BSN Students**

Todd Tartavouille, DNS

Problem: In the year 2020, the United States will experience a potentially large nursing shortage. As a result of population growth, improved access to care, the aging population, and many registered nurses retiring in the near future, the need for registered nurses continues to increase. Schools of nursing are challenged to graduate students who are ready to practice nursing as quickly and efficiently as possible. Many schools have issues with timely progression of students through the curriculum further delaying entry into the workforce.

Purpose: The purpose was to identify which demographic variables, admission criteria, and grades in health sciences courses that are the best predictors for on-time graduation.

Methods: A retrospective, correlational design was used to test relationships among demographic variables (gender, age, ethnicity), admission criteria (HESI cumulative score, overall pre-requisite GPA, pre-requisite science GPA, interview score, paper score), grades in health sciences courses (physiology theory, anatomy theory, health assessment theory, health assessment lab, pharmacology theory, pathophysiology theory) and on-time graduation. Sample size included 149 traditional baccalaureate students.

Results: The regression analysis indicated physiology theory ($B=-3.02, p<.05$), age ($B=-2.52, p<.05$) pharmacology theory ($B=-2.34, p<.05$) and pathophysiology theory ($B=-1.52, p<.05$) were all significant predictors of on-time graduation. Physiology theory was the strongest predictor of on-time graduation.

Conclusions: Schools of nursing should evaluate modifiable student factors (health sciences course grades) as well non-modifiable factors (student age) that may be affecting on-time graduation. Strategies and resources should be implemented to ensure students' progress through a curriculum in a timely manner.

- **Shared Governance: The Transformation of a College of Nursing**

Florence M. Weierbach; Jo-Ann S. Marrs; Michelle L. Littleton; Kimberly Maturo; Lisa E. Ousley; Linda Rothery; D. Scott Vaughn

Problem: While shared governance (SG) literature is present in practice, minimal literature exists addressing SG in nursing education. Using principles of quality improvement one College of Nursing (CON) transformed its hierarchal, paternalistic model to a SG model for its governance structure.

Purpose: This discussion will introduce the SG model and the CON's stages of transformation by blending quality improvement approaches with Prochaska's change theory.

Method: Frustration during the pre-contemplation stage with the college administration's perceived communication deficits was an initial barrier to SG. This deficit was a primary reason that faculty wanted SG. As faculty began to look inward, it became apparent that administration was not solely responsible. The governing model was ineffective as well.

During the contemplation stage, faculty explored the CON governance structure. Many faculty were ambivalent about these explorations which resulted in faculty turnover and instability in the classroom. Concurrently, during this tumultuous time, many faculty banded together, held meetings, gathered facts, weighed options, and began exploring SG.

The preparation stage involved faculty embracing a vision of SG for the CON. The CON hired a mediator to address faculty anxieties and administration's ineffective attempts to appease faculty requests. Mediation resulted in a change in CON top administration and departmental structure.

The lengthy action stage had some faculty and staff disillusioned that SG was not in the best interest of the CON. Transforming the governance model had mishaps and setbacks. These misfortunes led the employees charged with designing the SG model insight into how all CON employees would have representation. Perseverance of formal and informal CON leadership prevailed.

Evaluation: Currently, the CON faculty, staff and administration are adjusting to the SG model. During this year, evaluation of the SG model will occur. Providing an example of how methods associated with quality improvement and Prochaska's change theory can be applied to a CON governance will assist organizations in how transformation occurs.

- **The Future of Doctoral Education in Nursing: A Transformation From Hybrid to Distance-Accessible Program**

Martha Polovich, PhD, RN, AOCN and Regena Spratling, PhD, RN, APRN, CPCN

Purpose: To transform the Doctor of Philosophy in Nursing (PhD) program in the Byrdine F. Lewis School of Nursing at Georgia State University (GSU) into a futuristic model for doctoral education.

Background and Significance: Due to the shortage of doctoral-prepared nursing faculty, the Board of Regents of the University System of Georgia funded the conversion of the GSU Nursing PhD program to a hybrid method of delivery in 2006, decreasing the number of on-site days which resulted in increased enrollment for several years. Because the shortage persists, additional funds were sought in 2015 to support the transformation to an expanded distance-accessible program, with the goal of a 95 percent web-based content.

Implementation: This two-year project began with a consultant from a successful distance-accessible Nursing PhD program, who evaluated the GSU program and provided recommendations regarding best practices. We also engaged a PhD-prepared instructional design specialist who is embedded in the SON to work with faculty to redesign the delivery of courses. To increase the value of on-campus experiences, we planned intensive sessions twice yearly with specific objectives that augment, but are separate from course content.

Since PhD programs rely on close student-faculty relationships, we developed strategies to facilitate mentoring and role socialization.

Evaluation Plan: Full implementation begins the 2017-18 academic year. At the end of year one, student learning outcomes—conducting research, engaging in scholarship, respecting diversity, and practicing ethically—will be compared to those of previous years. Assessment findings and student evaluations will be used for program improvement.

Recommendations for nursing education and research: Doctoral programs in nursing must consider student needs when designing curricula. Research is needed in the effectiveness of transformative and innovative strategies for doctoral level education.

- **Bringing the Art of Nursing to Light**

LisaMarie Wands, PhD, RN and Kylie Smith, PhD

Purpose: The purpose of this educational initiative was to provide 168 undergraduate nursing students with a creative way to reflect on a relationship they had formed with an individual during a first-semester course focused on social responsibility and bioethics with a service-learning (S-L) component. This initiative aligns with the conference's theme of education transformation.

Background: Nursing is commonly referred to as an art and a science. Identifying how students learn the art of nursing, which involves developing empathy and intuition, is more difficult in comparison to science content mastery, which is based on verifiable facts and evidence.

Methods: Students participated in S-L activities in various community settings. During class, students were introduced to Carper's (1978) four ways of knowing in nursing and were required to write a paper describing how they utilized the 'ways' to come to know an individual encountered during S-L activities. Students were then charged with creating an aesthetic expression to represent one or more of the ways of knowing they described in the paper. Students could choose any medium of expression and displayed their projects at a Showcase event.

Outcomes: Students completed an anonymous survey after the Showcase event. Prior to starting the project, students reported generally not viewing it positively, describing associated stress and frustration. On completion, however, many students reported enjoying the chance to be creative, felt the project helped them to make an emotional connection to individuals encountered during their S-L experiences, and gained an appreciation for peers.

Recommendations for Practice and Education: The art of nursing is fluid and humanistic, and growth in this realm can be difficult to discern. Allowing nursing students the opportunity to creatively express experiences and relationships acknowledges and honors the art of nursing and provides insight into their ability to meaningfully connect with people in diverse ways.

- **Transforming a College of Nursing through a Quality Journey**

Lori Anderson, PhD, RN

Purpose/Conference Theme and Thread: To describe the development and implementation of a quality journey in a College of Nursing. The topic of this poster aligns with the themes of Education Transformation, Education Transition, and Achieving Excellent Outcomes.

Background and Significance: Quality is an attribute that is strived for in an array of settings. In nursing education, quality is implied, yet when asked to describe how to measure quality or how does one attain quality, the answers are varied and inconsistent. Over the past four years, the College of Nursing (CON) at Augusta University has been through significant changes including an institutional consolidation and multiple name changes. While rapid change ensued with the consolidation, the CON has a new strategic plan that focuses on transitioning forward and is entitled “Raising the Bar.” As a part of the strategic plan, the CON embarked on a multi-year journey to create a constancy of purpose that will elicit a chain reaction to improve quality through setting a course of action for today that will impact the future.

Implementation of the Project: The scope of this journey encompasses the entire CON that impacts internal and external stakeholders. The journey’s goal is to guide change and lead quality endeavors that impact and provide achievement and sustainability. A chain reaction to improve quality and achieve excellence involves everyone’s participation and feedback which in turn allows for a high return on investment to include: 1) achievement of high performance and the elimination of inefficiencies, 2) improved teamwork, and 3) increased satisfaction of all stakeholders. The heightened awareness of quality education and excellence, along with proven quality management strategies guide the design and implementation of approaches used in the CON’s quality journey.

Results or Outcomes: Currently, the CON is completing the first year of its journey by defining quality, developing and presenting a framework for continuous improvement and high performance with the goal that the framework will become fundamental to the CON academic culture.

Recommendations: Raising awareness was a key step in impacting change with the focus being on improving quality education. The quality journey belongs to everyone in the college and everyone committed strives for a higher level of excellence.

- **Evidence Based Practice: Adding Practicality to Clinical Practice Guideline Appraisals (Achieving Excellent Outcome)**

LaTanja Divens, DNP, APRN, FNP-BC and Benita Chatmon, PhD, RN

Background: Effective clinical practice requires the acquisition and utilization of knowledge, judgment, and high-quality decision-making that is based on research evidence. Evidence-based practice (EBP) allows clinicians to utilize evidence that has been synthesized from research studies, and developed into clinical practice guidelines (CPGs). CPGs are important in providing quality healthcare and achieving excellent patient outcomes.

According to the Institute of Medicine (2011, p. 4), “clinical practice guidelines are statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options.”

The National Guideline Clearinghouse (NGC) provides health professionals access to over 10,000 clinical guidelines. CPGs have increasingly played a significant role in the practice of medicine in the United States and abroad. Hence, healthcare providers should consider the quality of the CPGs being utilized in clinical practice. Several international organizations have developed models to appraise CPGs including Guidelines International Network, the Scottish Intercollegiate Guidelines Network and the Institute of Medicine. These appraisal guidelines established are detailed and may be difficult for non-researchers to utilize in appraising CPGs for quality.

Purpose: The purpose of this review is to provide clinical practitioners, who may have limited formal research skills, the ability to use an uncomplicated CPG approach utilizing the standards from four independent CPG appraisal tools.

Methodology: Two reviewers independently screened the Grades of Recommendation, Assessment, Development, and Evaluation working group appraisal tool to develop an uncomplicated approach to appraise CPGs that clinicians of varying levels can utilize in practice.

Outcomes: This review is still in progress. The researchers hope that the outcomes from the review provides direct care practitioners, who may have limited formal research skills, the ability to use an uncomplicated approach to evaluate various CPGs in clinical practice.

Recommendations: The recommendation is to increase the clinician’s ability to appraise CPGs for credibility thereby creating a culture of quality improvement and excellent patient outcomes.

- **Implementation of a Balanced Scorecard Model to Drive Excellence in Academic Nursing Programs**

Melanie Michael, DNP, MS, FNP-C, CPHQ, FNAP; Elizabeth “Betty” T. Jordan, DNSc, RNC, FAAN; and Catherine G. Ling, PhD FNP- BC FAANP

Purpose. The purpose is to describe how implementation of the Balanced Scorecard (BSC) model can be used to drive excellent outcomes in academic nursing programs.

Background and Significance. The constant in nursing education is change. Schools and colleges of nursing require innovative strategies for demonstrating value in research, education and practice. Systems that provide a comprehensive image of an organization’s status and incorporate leading indicators with the predictive power needed for strategy development and performance excellence are needed. The BSC, introduced by Kaplan and Norton in 1992, is one such system. It has been widely adopted in the for-profit business sector and, more recently, in higher education.

Implementation. The University of South Florida College of Nursing (CON) has developed a BSC and companion strategy map organized around the four BSC dimensions:

Customer/Community of Interest, Financial, Internal Processes, and Growth and Development. The BSC is being operationalized in four phases which are linear and iterative: vision translation, communicating and linking, academic planning, and feedback and learning. Phases 1, 2, and 3 are currently being developed and/or operationalized. Phase 4 is pending completion of the first three.

Results. Using the BSC framework, CON faculty and administrators designed a comprehensive integrated set of indicator measures that have been used to improve tracking and management of academic nursing program performance. Key outcomes to date include improvements in Skyfactor (EBI) composite scores, Assessment Technologies Institute scores, standardized predictor exam scores for nurse practitioner students, first-time pass rates on national certification exams for nurse practitioner students, and tuition- and technology-related revenues.

Recommendations for Nursing Faculty and Administrators. Nursing faculty and administrators should consider using the BSC framework to guide the development of a comprehensive set of performance indicators to inform and drive continuous performance improvement in academic nursing programs.

- **Transformation of Nursing within State Facilities**

Lucy N. Marion, PhD, RN, FAAN, FAANP

Purpose: To increase and improve the nursing workforce for four public behavioral health and developmental disability (BHDD) services, thereby transforming patient care and outcomes. Secondary purposes are to prepare pre- and post-licensure nursing students to deliver quality care for populations, provide flexible employment for nursing students, and support nursing BHDD scholarship.

Background: The U.S. Department of Justice investigated Georgia public BHDD inpatient systems for quality and safety. In 2010, Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) and College of Nursing (CON) at Augusta University and Department of Psychiatry responded with service East Central Regional Hospital (ECRH) campuses. Of >300 patients, about half have severe mental illness and others have intellectual and developmental disabilities. The CON targeted the nursing workforce (nurse practitioners, RNs, LPNs, patient care technicians) and students.

Implementation: New strategic recruitment and retention methods and basic and advanced training for nursing staff and managers yielded an employment jump from 55 to 71 FTEs over past year. CON program directors referred students for flexible working arrangements and increased clinical rotations for nursing students.

Outcomes and Evaluation: Partnership transformed health care and achieved hiring and care quality goals including patient aggression to self and others and patient falls, with some mixed results. Limitations are with data retrieval and discontinuity, and changing methods and metrics. The DBHDD requested that the CON assume responsibility for all ECRH nursing care.

Recommendations: Create new strategic plan to align with new Partnership contract. Continue care transformation by hiring and developing nursing staff; improving working

conditions and total number of staff, patient outcomes and focused interventions; and fostering nursing and interprofessional care and specialty education through quality BHDD nursing services.

- **Service Learning - The Pedagogy Tool That Transforms Education**

Jackie S. Gillespie, MN, RN, CNE and Portia Botchway, MSN, RN

Problem: As nursing educators, we search for educational tools to help our students take classroom knowledge and apply this knowledge to the health care of clients and populations. Could service learning assignments be an opportunity for students to take basic knowledge and understanding to higher levels of cognitive learning?

Background: Service learning at Clemson University is a “form of experiential education that uses community service experiences to enhance the academic classroom experience. This teaching process involves the students collaborating with the community, identifying and analyzing community needs, identifying solutions to meet those needs, and then implementing those solutions. The students also evaluate their work and assess their service experience and its impact” (Clemson University Service Learning Alliance Web Site, May 2014). The Community Health Nursing Course utilizes service learning to help nursing students, as a team, collaborate with community subpopulations and design a service learning project based on assessed need.

Methodology: As nursing educators, we have found that guided service learning is an excellent way to transform student knowledge to greater depths of cognitive learning. Each semester, our nursing students are faculty mentored as they collaborate with communities to assess, plan, implement and evaluate service-learning projects. A rubric, supported by Lewin’s Change Theory and Bloom’s Taxonomy, is used to guide student work.

Results and Outcomes: Each semester, students convert their knowledge into a Service Learning Project that improves the health of the community. This poster will share the transformation of classroom knowledge into creative service learning projects, showing higher levels of learning, give examples of these projects and share student evaluations of this learning experience.

Recommendations: At Clemson School of Nursing, we have found that service learning is an excellent way to transform classroom knowledge into higher levels of cognitive learning and enhance the nursing education experience. We recommend this addition to Community Nursing Courses.

- **Incorporating Health Care Policy in Nursing Curriculums to Educate and Promote Nursing Advocacy**

Jennifer D. Lemoine, DNP, APRN, NNP-BC; Randy L. Rosamond RN, MSN, MPH, CNE, CHTP-BC; and Shelly D. Dolan, MSN, RN

Nurses are the largest and most respected health care profession directly influencing quality patient outcomes. Health care policy directly influences the work environment of nurses. It is because of this relationship that incumbent nurses assume an active role in the political

arena affording opportunities for them to play a significant part in influencing policy. Engagement in public policy is vital to the profession as a whole, yet educating nurses on effective methods to influence public policy is limited. At Louisiana State University Health New Orleans School of Nursing threaded in the Doctorate of Nursing Practice and Doctorate of Nursing Science curriculum is Health Policy and Politics (NURS 7306). This course explores issues surrounding the development, impact, analysis, and evaluation of health care policy and its relationship to nursing care and health care delivery systems (Porche, 2015).

This presentation is an example of how the EBP concept affected policy outcomes. Students matriculating through the LSUH DNS program were inspired to attend the NLN (National League of Nurses) Public Policy Advocacy and Workshop seminar in June of 2017 which addressed federal budget cuts to Title VIII Nursing Workforce Reauthorization Act; house bill H.R. 959 and senate bill S. 1109. This legislation appropriated funding for nursing programs in an effort to ameliorate the current nursing shortage and resultant burden on healthcare. Reduced funding would exacerbate an already existing nursing shortage.

Research demonstrates a correlation between inadequate nurse staffing and an increase in medication errors, decrease in control of patient comfort and pain, an increase in nosocomial infection rates, and many other preventable adverse outcomes. The disconnect between healthcare burden and public policy, discussed in DNS coursework and the NLN workshop, exemplifies the EBP concept and contributes to the solution for policy advocacy to lessen the burden placed on healthcare delivery systems. This example of introducing health policy/advocacy courses throughout nursing curriculum and professional workshops can provide knowledge and tools necessary for influencing effective policy leading to quality patient care.

- **The Impact of Education on Help-Seeking Behaviors for Intimate Partner Violence (IPV) among African-American Women.**

Jennifer P Pope, DNP, APRN, FNP-BC and Joan Tilghman, Professor, Ph.D., RN, WHNP-BC, CNE

Purpose: Despite data that intimate-partner violence is a significant problem in the African American community, few studies focus on African American Women's use of community resources for IPV is lacking (Ford, 2013; Hodges and Cabanilla, 2011; Martin, Houston, Mmari, and Decker, 2012). The purpose of the pilot study was to provide information that would increase African American women's knowledge of IPV and awareness about community resources for IPV.

Significance: Annual healthcare costs and costs related to productivity are in excess of \$6.2 billion (CDC, 2015). Healthcare costs associated to IPV may continue for years after the abuse ends (Simon, 2014). Female victims of IPV visit health care sittings more frequently than non-IPV victims (Decker, et al., 2012; Catallo, 2013). African American who experience IPV suffer from physical and mental health consequences such as sexually transmitted infections, unintended pregnancies, depression, and anxiety (Nelson and Lepore, 2013; Stockman et al., 2013).

Methods: A quantitative descriptive research design using a survey instrument was used to collect data for this pilot study. An educational intervention, Churches Advocate through

Resources and Education (CARE). The components of CARE included a verbal discussion, which was supported by a PowerPoint, and the presentation of a video. Each participant completed an informed consent form, a demographics questionnaire, a Woman Abuse Screening Tool, and an exit survey. A convenience sample (N=23) of African American women 18-years and older who received services at a local faith-based organization participated in the pilot study. The collected data was coded for entry into Statistical Package in Social Science and cross-checked with the DNP Chairperson.

Results/Recommendations: The results of this study indicate that IPV occurred most frequently among women between the age ranges of 55 to 64 years old or 43.5 percent of the research participants. Study results also reported a large majority (60.8 percent) of the participants had at least some college — bachelor’s or master’s degree. These results differ from what is reported in the literature currently. Ninety-five percent of the research participants stated that the research presentation increased their awareness about IPV and community resources for IPV.

- **Nursing Doctoral Students Perceived Stress and Social Support as a Predictor for Intent to Leave**

Lisa B. Robinson, DNP, CCRN, CNE, NP-C

Purpose: The purpose of this study was to identify nursing doctoral students’ perceived stress and social support as a predictor for intent to leave their nursing program. The goal of the investigators was to identify barriers to successful program completion, and additionally having the information to provide support for nursing doctoral students program completion.

Background and Significance: The need for doctorally prepared nursing faculty continues to rise to address the continuing shortage of nurses. Few studies have addressed how stress and social support affect nursing doctoral students’ intent to leave their nursing program.

Methodology: Qualtrics survey links were emailed to Deans of Graduate Schools of Nursing across the United States. The email explained the study and asked Deans to forward the link and study information to graduate nursing students in their institution who were working toward a PhD, DNP or EdD in nursing. Four hundred sixty-eight participants began the survey and 444 completed the survey, resulting in a completion rate of 95 percent.

Results and Evaluation: No difference was found in perceived stress or social support based on type of degree program. Additionally, findings were consistent across the United States. Students ages 30-49 years old indicated a greater number of individuals in their household, and they reported greater amounts of stress. Students reported a greater intent to leave school during their program course work and were less likely to have intent to leave once they reached the dissertation or capstone phase of their graduate program.

Recommendations: Investigating ways to encourage younger nurses to pursue a doctoral degree before the demands of family increase could provide for more successful graduate program completion. Also, investigation into ways to provide increased support to those nurses in the highest stressed groups is needed.

- **Strategic Planning: Transforming a College of Nursing Into the Future**

Shelley Y. Hawkins, PhD, APRN-BC, FAANP and Wendy M. Likes, PhD, DNSc, APRN-BC, FAANP

Significance: Colleges of nursing must formalize a strategic plan that matches and aligns its resources and capabilities with the university and external opportunities. This requires delineation of clearly-articulated mission and vision statements reflective of the transformational time in nursing education and practice while being cognizant of the vastly changing landscape of higher education.

Purpose: The purpose of this presentation is to describe the development and implementation of an effective process for establishing the University of Tennessee Health Science Center College of Nursing strategic plan.

Methodology: All faculty and staff participated in a one-day consultant-facilitated retreat to establish a framework for the strategic plan. Intermittent large and small group discussions promoted effective collaboration and communication that built consensus among the group.

Outcomes: The central challenge, strategic priorities, and strategic objectives were agreed upon. Five strategic objectives were prioritized to determine “what to do” to achieve the strategic priorities: (1) improve student academic performance and professional readiness, (2) Strengthen the clinical enterprise, (3) expand research and scholarship, (4) maximize impact in communities, and (5) develop and align resources to achieve goals with an overarching theme of creating a culture of collaboration and respect. Faculty and staff formed task forces each given the responsibility to identify outcomes, metrics, and responsible people for achieving the strategic objective.

Recommendations: Communication and frequent emphasis on the value of the strategic plan is critical. Regardless of competing priorities, there must be continuous and thoughtful deliberation using an organized and structured inclusive approach to successfully achieve the priorities of the strategic plan.

- **Assessing Reliability of an Established Genetic Literacy Instrument among Diverse Cohorts of Nursing Students**

Jane M. DeLuca PhD RN CPNP-PC and Jon Bos, Psy.D MSCP, APdN

Introduction: The education of nurses in genomic concepts in the 21st century poses unique demands on students and faculty alike. Nurse preparedness in genomics remains important for the future of health care. Assessing nurses’ knowledge of genetics and genomics allows for preparation and delivery of targeted education offerings and with appropriate tools allows for the measurement of baseline knowledge and gains after education administration. The purpose of this study was to establish the reliability of the Genetic Literacy Assessment Instrument (GLAI) among different undergraduate nursing student groups (traditional, RN-BS, and accelerated students).

Methodology: A reliability analysis of responses of nursing students was executed after the GLAI was administered to 193 students on the first day in class. Cronbach’s alpha was conducted using SPSS 23. Gains in knowledge were then assessed at the end of a 15- week

basic healthcare genetic course.

Results: The analysis yielded a Cronbach's alpha of .722 indicating sufficient reliability in using the GLAI as an education-screening instrument. Items yielded reliability coefficients below .80 in 20 of the 31 items reflecting content areas where students had widely varying degrees of knowledge. Item discrimination values (percentage of students answering questions correctly) ranged in values from .368 to .979 indicating a moderate range of item difficulty. Finally, more students in aggregate correctly answered each of the GLAI questions after the semester education on post-test.

Recommendations: GLAI appears to be a useful instrument for screening for foundational genetic knowledge among diverse BS nursing students.

- **Transitioning Aspiring Nurses to Collegiate Education**

Dr. Tera Kirkman, Dr. Vicki Pierce and Ms. Neysa Brown

Aspiring nursing students often find it difficult to conceptualize the complexity of what takes place once accepted to college and subsequently admitted into the nursing program. Several students declare nursing as their major without ever having taken a blood pressure or entering a patient's room. Some even change their major after completing one semester in the nursing program. By coming to this conclusion during the student's junior year in college, graduation is delayed and financial loan debt continues to build. In summer 2017, upcoming high school juniors and seniors were extended an invitation to attend an Aspiring Nurses Camp on the campus of the University of North Alabama. The purpose of the two-day camp was to focus on basic patient care skills and ethical principles that are essential to the role of a professional nurse. Students had an opportunity to receive training in patient confidentiality, vital signs, sterile technique, health assessment, CPR, infection control, and hands-on experience with high fidelity simulation. Nursing faculty also shared information related to the initiatives taking place within the nursing program. At the conclusion of the camp, students completed a Likert scale survey evaluating the effectiveness of the camp. Results were positive and students rated the camp as meeting the desired outcome. Recommendations for improvement were also noted. Overall, the Aspiring Nurses Camp improved the students' confidence in the transition from high school to a nursing student at the collegiate level.

- **Students perceptions of improvement in knowledge, skills and applications in documentation technology**

Kerry C. Allen, MSN, RN and Ronda M. Christman, PhD, MSN, RN

Purpose and Significance: Technology informatics in nursing education is an essential component of the nursing program. The Baccalaureate Essentials IV course requires students to be competent in information management and application of patient care technology (ACEN, 2008). Nursing students need to be equipped with the knowledge and skills to adequately navigate technology and proficiently utilize documentation technology as they transition to their future graduate nurse role (Lee & Clark, 2015). This study explored pre-licensure nursing students pre- and post-knowledge, skills, and applications of documentation technology in nursing education.

Methodology: This study utilized quantitative methods with QSEN pre- and post-test surveys. QSEN initiatives have identified informatics competencies focusing on knowledge, skills and attitudes for safe patient-centered care (QSEN, 2017). Pre-licensure students were given the opportunity to participate in online surveys, and they signed an informed consent prior to starting the surveys. Once they signed the informed consent, they participated in the survey. The students completed the pre-test in the first week of class and then completed the post-test the last week of class.

Results: Of the 140 students who participated, there was a 65 percent improvement in students self-reporting their **knowledge** of computer applications for documentation. There was a 61 percent improvement in students self-reporting their computer **skills** for documentation. There was a 41 percent improvement in students self-reporting their **use** of computer skills for documentation.

Recommendations: As nurse educators, it is our opportunity to provide pre-licensure students with the knowledge, skills, and the opportunity to apply informatics to real-world experiences. It is important for their transition into their future graduate nurse role to be equipped with the knowledge and skills they need to provide excellent and safe patient care.

- **Transforming the Collegiate Nursing Simulation Laboratory**

Ms. Neysa Brown, Dr. Tera Kirkman and Dr. Vicki Pierce

Collegiate nursing simulation laboratories are faced with many obstacles including staffing, continuity of experiences, realism in scenarios, and monetary considerations. Inconsistencies in the simulation laboratories are common without appropriate goals and training processes in place. Such inconsistencies prompted the simulation staff to assess a means of reducing the inconsistencies by increasing continuity and realism for the benefit of the nursing student in the simulation laboratory.

A goal for this southeastern regional university is to prepare faculty and clinical supervisors for the important role of simulation facilitators. Prior to the simulation facilitator orientation course, faculty and clinical supervisors conveyed the greatest barrier to facilitating a simulation was limited experience in the simulation laboratory and a knowledge deficit regarding the high and low fidelity manikins. Simulation experiences for each clinical supervisor occurs only once or twice during each semester according to the number of clinical groups the clinical supervisor is contracted for. Recognizing the limited time clinical supervisors spend in the simulation laboratory, it became a priority to provide this orientation. Twenty-one clinical supervisors and three new faculty members attended the two-hour simulation orientation which reflected eight of the INACSL standards along with nursing best practices.

The purpose of the orientation was to introduce simulation standards; describe level appropriate student performance expectations; discuss the role of facilitator, student and actor; discuss confidentiality standards; demonstrate functionality of the high and low fidelity manikins; and, discuss the student evaluation process. Additionally, the simulation orientation offered discussion groups and hands on practice for attending faculty and clinical supervisors. Both faculty and clinical supervisors provided anecdotal feedback along

with a survey utilizing a five-point Likert Scale. Overall, attendees shared that the knowledge gained during orientation would improve the role of simulation facilitator and enhance the simulation clinical experience for nursing students.

- **Eye on the Storm: Radar on Retention**

Teresa Teasley, DNP, RN

The purpose of this presentation is to describe how one school of nursing created a student success program focused on retention and graduation as a new approach to Complete College Georgia. This poster specifically addresses the conference thread of achieving excellent outcomes. Colleges and universities are being challenged to increase the number of students who complete college on time in the state of Georgia. This presentation will describe an innovative approach for student retention based on early identification of at-risk students, individual counseling, intrusive advising, engaged learning strategies and supplemental instruction to improve progression and retention rates.

The program centered on an individualized approach that included early identification of “at risk” students and specific interventions aimed at increasing student engagement and accountability. Increased student enrollment and limited number of faculty led to the addition of a professional nursing advisor and career counselor to work with all “pre-nursing” students. The addition of the professional advisor and career counselor allowed faculty more time to develop a coordinated approach to implement active learning strategies in all courses. Examples of engaged learning strategies included evolving case studies, evidence-based projects, and course collaborations for significant learning experiences. A designated Retention Specialist provided seminars on learning style preferences, study skills, test taking skills and provided test review and supplemental instruction for “at risk” students. The Retention Specialist also addressed time management and made referrals to student support services as needed. Progression and retention rates have increased by 30 percent since implementation of the project. Success of the project has led to curriculum revision and realignment to further address program student success.

- **Student Experiences of High-Stakes Testing for Progression in one Undergraduate Nursing Program**

Tammy McClenny, EdD, MSN, RN

Aim: The aim of this research study was to explore the different ways in which prelicensure nursing students describe their experiences completing multiple forms of high-stakes tests to progress through one undergraduate BSN nursing program. The overall goal of the study was not to generalize student experiences with high-stakes test related to progression, but rather to understand what high-stakes tests mean to students who are experiencing them.

Background: High-stakes tests are assessments and evaluations used to make critical decisions about student competency and nursing curricula. Each year, thousands of nursing students are required to prepare for and complete one or more high-stakes tests in order to successfully progress within undergraduate nursing programs, which has raised significant concerns within undergraduate nursing education. Additionally, there is a significant gap in

the literature reflective of nursing student experiences completing high-stakes tests in undergraduate nursing programs.

Method: The research study was guided by a qualitative descriptive design using a phenomenographic approach. Phenomenography looks at the qualitatively different ways a group of individuals describe a particular phenomenon. Semi-structured audiotaped interviews using five pre-determined questions were conducted with 18 senior undergraduate nursing students in their final semester at one university in the southeastern United States.

Results: Five categories of student descriptions emerged from the research data: values, stress, inconsistency, high demand/expectations and learning competency. Research findings extend the knowledge gap within the literature by providing insights from the undergraduate nursing student's perspective with high-stakes testing. The student's viewpoint on key topics that affect their educational journey and success is imperative for curriculum structure, research, and continuous quality improvement in undergraduate nursing education.

- **New Graduate Nurses' Perceptions on the Practical Application of Participating in a Multipatient Interprofessional Collaborative Practice Simulation**

Christine A. Moniyung, PhD, MSN, RN, FNP-BC and Barbara R. James, PhD, RN

Background: It is very important that students have an evidence-based practice learning environment to benefit their future healthcare experience. Students benefit from learning with and from other disciplines. If students learn together they will be better prepared to work together (WHO, 2010). Nowell (2016) found that students felt more confident in their ability to care for multiple patients and collaborate with other team members. This study will explore new graduate nurses' perceptions of how applicable the multipatient interprofessional collaborative practice simulation was for their current work environment and more specifically how the simulation impacted their delegation and communication skills.

Methods: This pilot study is a mixed method design. The survey will be created in Google Forms and the link will be emailed to students at least four months after they have participated in the multipatient interprofessional collaborative practice (MP-IPCP) simulation. Descriptive statistics and descriptive phenomenology will be used to analyze the data.

Results: The pilot study will begin in September. The findings will be discussed during the conference poster presentation.

Implications: Implications for nursing education include faculty being more receptive to innovative and EBP learning methods. MP-IPCP prepares students to practice safe care in a complex healthcare environment where teamwork and collaboration are essential to expand nursing science in global health. Clinical simulation standards have expanded to include guidelines for health educators to provide scenario-based, best practice interprofessional education through simulation (INACSL, 2016). New graduates need to have a smoother

transition to their new healthcare roles. It should be the goal of every nurse educator that the students will be able to apply the skills learned as they transition into their future healthcare role. A promising way to prepare a collaborative 'practice-ready' health workforce is to provide students with the opportunity to participate in an interprofessional simulation.

- **Students' Assistance and Contribution in Their Community after Participating in an Emergency Preparedness Inter-Professional Collaborative Practice Simulation**

Ronda, M. Christman, PhD, MSN, RN and Caroline T. McArthur, MSN, RN, CHSE

Purpose: This study explored university students' perceptions of an Emergency Preparedness Inter-Professional Collaborative Practice (EP-IPCP) simulation which included participants from the Schools of Education and Psychology, Nursing, Religion, and Social Work at a university located in a rural southeastern community setting in the United States. Students' perceptions of preparedness to assist in a classroom disaster and contribution to their community following participation in an EP-IPCP simulation were explored.

Methodology: This mixed-methods research design utilized both quantitative and qualitative survey instruments. Immediately following the EP-IPCP simulation, the students were given the opportunity to participate in the qualitative recorded debrief, "Hot Wash." Following the debrief, the online survey link was emailed and available on eClass, the online learning management system. Participants utilized smart phones and iPads to complete the survey.

Results: Of the 266 student participants, from 2015 to 2017, 75 percent strongly agreed or agreed they felt better prepared to assist in a disaster and 73 percent strongly agreed or agreed they could better contribute to their community after participating in the EP-IPCP. The limitation of this study is that it was only conducted at one university.

Implications: Incorporating disaster preparedness into nursing programs is vital for the nation's health security goals, as well as the future preparedness of professional nurses. Implications for nurse educators are to invest in preparing student nurses as they transition their education into practice for responding to the threat of mass casualty incidents. Nurse educators must embrace and provide students with the skill-set to triage and treat patients, and foster collaboration with other professionals in the event of disaster.

Reference:World Health Organization (WHO). (2010). Framework for action on interprofessional education and collaborative practice. Geneva. Retrieved from http://apps.who.int/iris/bitstream/10665/70185/1/WHO_HRH_HPN_10.3_eng.pdf

- **Multi-Patient Collaborative Practice Simulation: Are Students Ready to Transition to their New Roles?**

Barbara R. James, PhD, CNE; Ronda M. Christman, PhD, MSN; Joelle N. Wolf, MSN, CMSRN; Sonia Wrate, MSN; Christine Moniyong, PhD, APN, FNP-BC; Christina Shrode, MSN, MBA; and Laura Racovita-Szilagyi, PhD,

MSW

Background: This study explored university students' perceptions of a Multi-Patient Interprofessional Collaborative Practice (MP-IPCP) Simulation experience. Participants included students from the schools of nursing (ASN, BSN, and MSN), social work programs (MSW), along with pre-med students, all of whom attended a rural southeastern university. The eight-bed skills lab was converted to a nine-bed ICU where ASN students provided hands-on care, MSN and Pre-Med students rounded and wrote orders, MSW students served as case managers, religion students were the chaplains, BSN students and volunteers acted as patients and family members.

Students need to learn with and from other disciplines. If students learn together they will be better prepared to work collaboratively as they transition into their future roles (WHO, 2010). The goal of this study was to provide students from various disciplines and nursing levels the opportunity to care for multiple patients and to collaboratively practice together.

Methodology: A mixed methods research design was utilized with both quantitative and qualitative survey instruments. Following the simulation, participants completed the quantitative online surveys utilizing smart phones and iPads. Students then separated into groups and participated in recorded focus group interviews.

Results: Of the 81 student respondents, 94 percent strongly agreed or agreed they felt better prepared to provide care following the MP-IPCP simulation. Additionally, 94 percent felt the multi-patient simulation was beneficial to their future healthcare role.

Implications: Novice students who participated in this interprofessional patient care simulation learned to work with healthcare providers from multiple disciplines.

The MP-IPCP provides an innovative learning opportunity which may not be accessible to novice students at clinical agencies. Nursing faculty are encouraged by positive learning outcomes shared by students. MP-IPCP has prepared the pre-licensure students for greater learning opportunities where teamwork and collaboration is an essential component to successfully transition to clinical practice.

- **Nursing Students Self-care Activities and Social Media Time Consumption?**

Ronda M. Christman, PhD, RN, Elizabeth J. Scott, PhD, RN, Eunice Muriu, MSN, RN and Ronald Mitchell, PhD, RN

Background: There are numerous activities during the day that can take up nursing student's time and can cause them to feel overwhelmed or stressed. Social media can consume vast amounts of time (Duke et al., 2017) in just the blink of an eye. One social media device which is commonly seen with students in every situation is a cell phone. Therefore, it is postulated that nursing students need to learn self-control for time management. Moreover, when students learn these good self-care and social media time management skills in nursing school it is posited that once they transition to the professional nursing role, they will continue to use those skills throughout their life. The goal of this study is to explore nursing students' perceptions of self-care activities and social media time consumption.

Methodology: This pilot study will explore multi-university nursing students' perceptions of time-spent on some of the many activities of modern-day living. This mixed methods study will use both quantitative and qualitative survey instruments. The week that quantitative research is discussed, students will be given the opportunity to participate in the quantitative survey. The week that qualitative research is discussed, students will be given the opportunity to participate in the qualitative survey. Descriptive statistics and descriptive phenomenology will be conducted.

Results: This is a pilot study that will begin in the September. The findings will be discussed during conference poster presentation.

Implications: As nurse educators, it is our opportunity and responsibility to equip our students with good self-care activities to help decrease nursing stress and burnout that can occur while being a nurse. Educating our students on how to manage social media time consumption is a wonderful skill-set to equip our students with as they transition to the professional nursing role.

Reference: Duke, Anstey, Carter, Gosse, Hutchens, & Marsh. (2017). Social media in nurse education: Utilization and E-professionalism. *Nurse Education Today*, 57, 8-13.

- **The Effect of Faculty to Student Mentoring on Role Socialization of Associate Degree RNs Who are Enrolled in RN-BSN Programs**

Benita N. Chatmon, PhD, MSN, RN and Marie Adorno, PhD

Background: In an effort to increase the quality of healthcare, the Institute of Medicine (IOM) developed a report with several recommendations concerning the future of nursing. One of those recommendations proposed that academic leaders assist in increasing the proportion of registered nurses (RNs) with a baccalaureate degree (BSN) to 80 percent by the year 2020. Many stakeholders have created initiatives to meet the IOM recommendations recognizing that there are noticeable increases in the RN-BSN student enrollment and baccalaureate degrees being granted.

With the growing number of RN-BSN programs available, the American Association of Colleges of Nursing (AACN) reported the importance of academic rigor and quality practice experiences in these programs. Some of these practice experiences included transitioning Associate Degree RNs to achieve baccalaureate level proficiencies of organizational understanding, interprofessional collaboration and communications, leadership development, and integration of technologies in clinical practice. In addition to ensuring that RN-BSN students obtain the BSN, there is an imperative need for socialization of the associate degree RN into the role of the BSN nurse.

Mentoring is one tool that can be used to assist in the socialization of RN-BSN students while transitioning into the unique roles of the BSN nurse. Mentoring programs have been beneficial in many aspects of nursing education. However, there is a paucity of research about the effects of mentoring on role socialization of an associate degree RN pursuing attainment of the BSN degree.

Purpose: The purpose of this research is to examine the effect of faculty-to-student mentoring on role socialization of associate degree RNs who are pursuing baccalaureate degrees in nursing.

Method: This descriptive correlational research study will be used to examine and describe the effect of mentoring on socialization into the role of a baccalaureate prepared RN.

Result: This research is still ongoing; therefore, results are not available. However, the researchers anticipate that the results of the study could potentially utilize strategies such as mentoring as a valuable tool to increase role socialization among RN-BSN students.

Recommendations: Recommendations for nursing education include initiating mentoring programs at the time of admission and evaluating the effect of faculty to student mentoring on role socialization at time of graduation.

- **The Development of High-Fidelity Simulation Scenarios Focusing on Gulf-Coast Region Disasters**

Dr. Alison Davis, PhD, RN

The purpose of this project is to develop and provide junior and senior pre-licensure nursing students with disaster-focused, high-fidelity (HF) simulation scenarios prevalent in the gulf-coast region. The aim of the HF disaster scenarios is to increase exposure to disaster situations without the risk of harm to students, faculty, or patients. The provision of these disaster scenarios will provide exposure to regional-specific disasters, thus, enhancing level pre-licensure students' development of critical thinking and leadership skills specific to the care of populations experiencing a disaster event.

Background. During nursing school, students are routinely taught how to care for the individual patient in a variety of inpatient and outpatient settings. Disaster training is not typically part of undergraduate education. Faculty at a large, metropolitan New Orleans school of nursing recognized this gap. The need arose for pre-licensure nursing students in the gulf-coast region to have access to a learner-centered experiential learning environment focusing on disasters to improve their overall disaster and emergency preparedness before entering practice upon graduation. High-fidelity simulation was chosen as a safe learning environment for disaster training for pre-licensure nursing students.

Methods. Approval has been obtained through the Health Science Center's Institutional Review Board. Using a pre-test/post-test design, the project was implemented during the Fall and Spring semesters of academic year (AY) 2016-2017 and will continue in the Fall and Spring semesters of AY 2017-2018 in a pre-licensure nursing program. Following informed consent, junior and senior level students participate in a disaster HF scenario. Study instruments include a disaster knowledge pre-test, participate in pre-briefing, and participate in debriefing and a disaster knowledge post-test (identical to the pre-test). Debriefing follows the simulation scenario.

Results. Results of this study are pending at this time.

Conclusions. Pending at this time.

- **Education Transformation: Student perceptions and the innovative integration of mHealth technology and gerontology into graduate nursing curricula**

Melodee Harris, PhD, APRN, GNP-BC; Sarah Rhoads, PhD, DNP, WHNP-BC; Leanne Lefler, PhD, ACNS-BC, APRN, FAHA; Isis L. Martel, MS; Cary S. Koss, BSN; Sandra Lubin, MA, RN; Jan Rooker, MNSc, RNP; and Claudia J. Beverly, PhD, RN, FAAN

Background: One-fifth of older adults (OA) reside in rural communities. mHealth technology is an innovative strategy for monitoring rural and medically underserved (R/MU) older adults (OA).

Problem: Although mHealth equipment is used in remote monitoring of chronic illnesses, few studies report the integration of mHealth technology into graduate nursing curricula.

Purpose: This pilot project explores student perspectives on mHealth technology for OA with congestive heart failure.

Methods: Prior to implementing mHealth and after IRB approval, a faculty-developed survey was used to determine student perceptions on protocol development, remote monitoring, and answering call. Assessment on R/MU clinical experiences with OA was conducted through Typhon, a student tracking system. Data were collected on a convenience sample of 19 adult-gerontology primary care NP students in the Fall 2016-Spring 2017 semesters.

Results: There were 51 clinical sites; 26 rural, 44 MU, and 19 were both R/MU. Of the total 4734 student reported visits as a part of the program, 295 visits were rural and 434 encounters took place with MU populations. Older adults accounted for 3173 (67 percent) of the total visits (n=4734). Hypertension was the top diagnosis. Learning needs (32 percent, n=6), cognition (32 percent, n=6), and active participation (21 percent, n=4) were identified as priority considerations for OA in protocol development compared with symptoms including edema (11 percent, n=2) and shortness of breath (11 percent, n=2). Nonspecific symptoms (53 percent, n=10) were identified as the most challenging symptoms for answering call, followed by dizziness (16 percent, n=3), shortness of breath (16 percent, n=3) and fatigue (11 percent, n=2). mHealth technology was perceived by 21 percent (n=4) of students as too complicated for OA.

Recommendations: Data supports the need for mHealth and gerontology into curricula. Student perceptions on protocol development, remote monitoring, and answering call in R/MU OA populations are important considerations for faculty when implementing mHealth and gerontology into graduate nursing curricula.