

Robert Wood Johnson Foundation
**New Careers in Nursing
Scholarship Program**



Second Annual Program Liaisons' Summit

*Building and Sustaining
Diverse Student Enrollment
in Accelerated
Degree Programs*

October 8–10, 2009
Fairmont Hotel
2401 M Street, NW
Washington, DC



Robert Wood Johnson Foundation



American Association
of Colleges of Nursing

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AGENDA AT A GLANCE

Thursday, October 8, 2009

3:00-7:00 p.m.	Roosevelt Foyer
Conference Registration and Poster Setup	

4:00-6:00 p.m.	Roosevelt Room
Using Communications Strategies to Support Recruitment	

Friday, October 9, 2009

8:00-9:00 a.m.	Colonnade & Forum Foyer
Conference Registration & Plated Breakfast <i>Poster Sessions Open in Colonnade</i>	

9:00-9:30 a.m.	Executive Forum
Opening/Welcome/Greetings	

9:30-10:45 a.m.	Executive Forum
Plenary Session <i>Leadership Development</i>	

10:45-11:00 a.m.
Break

11:00-12:00 p.m.	Executive Forum
Plenary Session <i>Diversity in Nursing Leadership</i>	

12:00-1:00 p.m.
Break for lunch on your own

1:00-2:00 p.m.	Executive Forum
Developing Organizational Cultural Competency	

2:00-3:30 p.m.	Executive Forum
Key Elements for Success	

3:30-3:45 p.m.
Break

3:45-4:45 p.m.	Executive Forum
Panel Discussion <i>A Day in the Life of an Accelerated Student</i>	

4:45-5:30 p.m.
Break

5:30-7:30 p.m. **Colonnade**

Dinner Speaker

*Recruitment and Retention of Underrepresented Students:
What Works*

Posters Session Open

*Voting open until 8 p.m.

Saturday, October 10, 2009

7:30-8:30 a.m. **Roosevelt Room**

Plated Breakfast

Poster Winners Announced

8:30-9:30 a.m. **Executive Forum**

Language and Interracial/Intercultural Communications

9:30-9:45 a.m.

Break

9:45-10:35 a.m.

Roundtable Group Discussions

Accelerated Master's Degree Programs Longworth

Professional Socialization and Leadership Development Latrobe

Building Successful Mentoring Programs Decatur

Building Successful Partnerships Imperial I

Graduates in the Job Market: Stressors and Secrets Imperial II

Communications Conferences: Individually Scheduled

10:35-10:45 a.m.

Break

10:45-11:35 a.m.

Round Table Group Discussions Repeated

Communications Conferences: Individually Scheduled

11:35-11:45 a.m.

Break

11:45-12:45 p.m. **Executive Forum**

Report from Round Tables

Next Steps

Closing Remarks

Welcome Letter

October 8, 2009

Dear Colleague:

It is our pleasure to welcome you to the second Robert Wood Johnson Foundation *New Careers in Nursing Program Liaisons' Summit: Building and Sustaining a Diverse Student Enrollment in Accelerated Degree Programs*.

This scholarship program aims to alleviate the nation's nursing shortage by attracting new students into the profession while enhancing efforts to recruit students from groups underrepresented in nursing. In addition to scholarship funding, this program also provides valuable support to students as they transition from other fields of study into nursing.

This unique partnership, launched in April 2008 with multiple schools of nursing, creates exciting opportunities to explore best practices and examine key success factors for these students. Today, there are 84 partnering schools of nursing preparing a unique group of students for the nursing profession.

The conference this year will focus on practices with demonstrated success in building and sustaining a diverse student enrollment. Topics will include leadership development and key elements in cultivating organizational cultural competency. We invite you to engage in these interactive sessions and create dialogue about innovative approaches to mentoring and leadership development.

We welcome you to participate in our growing community during this summit, as we hope it will be a valuable opportunity to learn more about supporting students entering the nursing profession.

On behalf of the Robert Wood Johnson Foundation (RWJF) and American Association of Colleges of Nursing (AACN), welcome!

Sincerely,

Denise A. Davis, DrPH, MPA
Senior Program Officer, Robert Wood Johnson Foundation

Susan B. Hassmiller, PhD, RN, FAAN
Senior Adviser for Nursing, Director RWJF National Nursing Commission, Robert Wood Johnson Foundation

Geraldine (Polly) Bednash, PhD, RN, FAAN
Chief Executive Officer and Executive Director, American Association of Colleges of Nursing

New Careers in Nursing Scholarship Program Second Annual Program Liaisons' Summit

Building and Sustaining a Diverse Student Enrollment in Accelerated Degree Programs

October 8-10, 2009
Fairmont Hotel
2401 M Street, NW ♦ Washington, DC

Thursday, October 8

3:00-7:00 p.m.

Roosevelt Foyer

Registration

Poster Set-up- set up will take place in the Colonnade

4:00-6:00 p.m.

Roosevelt Room

Preconference

Using Communications Strategies to Support Recruitment

What communications strategies are most effective in recruiting a diverse student body? This session, presented by a nationally ranked public relations agency, will present key strategies and approaches that schools of nursing may use to enhance recruitment efforts and gain recognition for their programs in local communities. Tools and techniques that can be utilized with the media and third party organizations will offer participants the opportunity to expand their communications activities during this grant period.

Speaker: Pattie Yu, MA, Partner and Co-founder, GYMR Public Relations, Washington, DC

Friday, October 9

8:00-9:00 a.m.

Colonnade

Registration and Breakfast

Poster Sessions

9:00-9:30 a.m.

Executive Forum

Welcome and Introductions

Speakers:

Polly Bednash, PhD, RN, FAAN, Chief Executive Officer and Executive Director, American Association of Colleges of Nursing, New Careers in Nursing, National Program Director, Washington, DC

Denise A. Davis, DrPH, MPA, Senior Program Officer, Robert Wood Johnson Foundation, Princeton, NJ

9:30-10:45 a.m.

Executive Forum

Opening Session

Leadership Development

Leadership. Nowhere else is it more critical than in today's health care system where nurses are most often a central player in the mix of health care providers, patients and families. In order to properly prepare the accelerated nursing student to lead in the professional arena, it is paramount that the students have a sustained program of development that builds the leadership skills necessary for them to lead, influence and contribute professionally and effectively. The New Careers in Nursing Leadership Development Toolkit provides an experiential learning framework upon which you can draw as you build the leadership component of your nursing program.

*Speaker: **Becky Choi, JD, Founder and Principal, groupforward, LLC, Alexandria, VA***
*Moderator: **Carolina Huerta, EdD, MSN, RN, Chair National Advisory Committee, New Careers in Nursing, Department Chair, Department of Nursing, University of Texas-Pan American, Edinburg, TX***

10:45-11:00 a.m.

Break

11:00-12:00 p.m.

Executive Forum

Program Session

Diversity in Nursing Leadership

Often, minority professional nurses have very few resources for actualizing their vision of professional achievement. They may have limited access to role models that they can emulate or turn to for support. It may be especially difficult to find sponsors who will open doors to new opportunities, or mentors who can provide guidance for moving up the organizational hierarchy. Consequently, minority nurses are forced to navigate uncharted waters when seeking ways to fulfill their career goals. Innovative approaches to mentoring and leadership programs that enhance leaders' effectiveness will develop relationships that can have measurable effects on creating leaders within diverse groups underrepresented in nursing.

*Speaker: **Norma Martinez Rogers, PhD, RN, FAAN, President, National Association of Hispanic Nurses, Clinical Professor, Department of Family Nursing, School of Nursing, University of Texas Health Science Center San Antonio, San Antonio, TX***

12:00-1:00 p.m.

Lunch (on your own)

1:00-2:00 p.m.

Executive Forum

Program Session

Developing Organizational Cultural Competency

The development of organizational cultural competency requires an ongoing complex, dynamic, evolving, sensitive, responsive developmental process that occurs along a continuum. This session will describe key competencies considered essential for baccalaureate nursing graduates and suggests a framework for integrating content into existing curricula.

*Speaker: **Antonia Villarruel**, PhD, RN, FAAN, President National Coalition Ethnic and Minority Nurses Association (NCEMNA), Professor, School of Nursing, University of Michigan, Ann Arbor, MI*

*Moderator: **Diane Tsukamaki**, MS, Member, National Advisory Committee, New Careers in Nursing, Director, The College Board, Reston, VA*

2:00-3:30 p.m.

Executive Forum

Program Session

Key Elements for Success

Successful implementation of NCIN program grants requires the collaboration between the National Program Office and the program sites. Periodic communications and reporting assist in clarifying progress and challenges in grant implementation. This session will present an overview of key success measures and describe the overall program evaluation. Particular attention will focus on the role of program sites in the evaluation process.

*Speakers: **Vernell P. DeWitty**, PhD, RN, Program Deputy Director, New Careers in Nursing, Washington, DC*

***Catherine Millet**, PhD, Senior Research Scientist, Policy Evaluation and Research Center, Educational Testing Services, Princeton, NJ*

3:30-3:45 p.m.

Break

3:45-4:45 p.m.

Executive Forum

Panel Discussion

A Day in the Life of an Accelerated Student

Second-degree accelerated students enter nursing programs with many diverse backgrounds and a wide variety of work experiences. Nursing faculty must assess this knowledge and experience and build upon it. Students from three program sites, Shenandoah University, University of Maryland and Marymount University, will share their perspectives as accelerated students in the NCIN program.

*Moderator: **Teri A. Murray**, PhD, RN, Member, National Advisory Committee, New Careers in Nursing, Associate Professor and Dean, School of Nursing, Saint Louis University, Saint Louis, MO*

*Panel Members: Marymount University: **Jasmin Miller, Charvette Royal***

*Shenandoah University: **Angela Halliwill, Edith Nwaopara, Navroop Kaur***

*University of Maryland: **Frank Cammarata***

4:45-5:30 p.m.

Break

5:30-8:00 p.m.

Colonnade

Reception, Dinner and Poster Presentations

7:00-7:30 p.m.

Dinner Speaker

Recruitment and Retention of Underrepresented Students: What Works

Successful recruitment of a diverse student body requires a focused approach and commitment of resources by the organization to engage and support a diverse student body. This exemplar of successful strategies to recruit, retain and sustain a diverse enrollment is evidenced by the tremendous growth in diverse student enrollment.

Speaker: Syvil S. Burke, MSN, RN, MBA, Assistant Dean, Admissions and Student Services, School of Nursing, Duke University, Durham, NC

Moderator: Diane Tsukamaki, MS, Member, National Advisory Committee, New Careers in Nursing, Director, The College Board, Reston, VA

Saturday, October 10

8:30-9:30 a.m.

Executive Forum

Program Session

Language and Interracial/Intercultural Communications

Improving interracial and intercultural communication is important to the delivery of culturally competent health care. This session will describe the importance of historical context in understanding barriers to language and communications among diverse groups. Attitudes toward nonstandard dialects tend to be judged negatively in overt prestige. Approaches to improve interracial communication will be presented as strategies to overcome barriers that impede communication with patients in health care settings.

Speaker: George Ray, PhD, Associate Professor of Communication, Communication Management Division Director, School of Communication, Cleveland State University, Cleveland, OH

Moderator: Debra Danforth, BSN, RN, Member, National Advisory Committee, New Careers in Nursing, Comprehensive Health Operations Director, Oneida Community Health Center, Oneida, WI

9:30-9:45 a.m.

Break

9:45-10:35 a.m.

Concurrent Roundtable Discussions

The Roundtable discussions are designed to stimulate sharing among program sites on topics that will support successful grant implementation. Each Roundtable will be led by a member of the Program Planning Committee and facilitated by a member of the NCIN

National Advisory Committee. A panel of questions will guide the dialogue of each group. Conference participants will have the opportunity to participate in two discussion groups.

• **Accelerated Master's Degree Programs** Longworth

Discuss factors that affect the success of accelerated master level students as they transfer to the work environment. Particular attention will be given to how programs can better prepare students for this transition.

*Discussion Leader: **Patricia Tabloski**, PhD, APRN, BC, GNP, Associate Dean for Graduate Studies, School of Nursing, Boston College, Chestnut Hill, MA*

*Facilitator: **Carmen Portillo**, PhD, RN, FAAN, Member, National Advisory Committee, New Careers in Nursing, Professor and Chair, Department of Community Health Systems, School of Nursing, University of California, San Francisco, San Francisco, CA*

• **Professional Socialization and Leadership Development** Latrobe

Leadership. Nowhere else is it more critical than in today's health care system where nurses are most often a central player in the mix of health care providers, patients and families. In order to properly prepare the student in an accelerated nursing program to lead in the professional arena, it is paramount that the students have a sustained program of development that builds the leadership skills necessary for them to lead, influence and contribute professionally and effectively. The NCIN Leadership Development Toolkit provides an experiential learning framework upon which to draw as you build the leadership component of your nursing program.

*Discussion Leader: **Becky Choi**, JD, Founder and Principal, groupforward, LLC, Alexandria, VA*

*Facilitator: **Antonia Villarruel**, PhD, RN, FAAN, President National Coalition Ethnic and Minority Nurses Association (NCEMNA), Professor, School of Nursing, University of Michigan, Ann Arbor, MI*

• **Building Successful Mentoring Programs** Decatur

This session will focus on various approaches and opportunities for mentoring accelerated students as they progress through their educational programs. Mentors demonstrate, explain and model. Successful mentoring means sharing responsibility for learning regardless of the facilities, the subject matter, the timing and all other variables. Successful mentoring begins with setting a contract for learning around which the mentor, the protégé and their respective line managers are aligned.

*Discussion Leader: **Lori Escallier**, PhD, RN, CPNP, Clinical Professor, School of Nursing, Stony Brook University, Stony Brook, NY*

*Facilitator: **Teri A. Murray**, PhD, RN, Member, National Advisory Committee, New Careers in Nursing, Associate Professor and Dean, School of Nursing, Saint Louis University, Saint Louis, MO*

● **Building Successful Partnerships**

Imperial I

A first step in building successful partnerships is identifying shared goals. This session will challenge participants to identify the characteristics of good partnerships and how to find and select partners. The group will discuss strategies to support these relationships.

*Discussion Leader: **Helen Mautner**, MSN, RN, CNE, Assistant Professor, Division of Nursing, Shenandoah University, Winchester, VA*

*Facilitator: **Daisy Cruz-Richman**, PhD, RN, Member, National Advisory Committee, New Careers in Nursing, Dean and Professor, College of Nursing, State University of New York, Downstate Medical Center, Brooklyn, NY*

● **Graduates in the Job Market: Stressors and Secrets**

Imperial II

The current economic environment has created challenges for new graduates to find employment in some geographic locations. This discussion will encourage dialogue among participants to explore local job seeking challenges and strategies that are being used to assist new graduates, as well as identify and discuss curriculum strategies relevant to the school-to-work transition. Initiating relationships with prospective employers will assist students during this transitional process. Participants will exchange experiences with programs such as clinical residency and internship programs.

*Discussion Leader: **Geraldine Colombraro**, PhD, RN, Associate Dean for Administration, Leinhard School of Nursing, Pace University, Pleasantville, NY*

*Facilitator: **Carolina Huerta**, EdD, MSN, RN, Chair, National Advisory Committee, New Careers in Nursing, Department Chair, Department of Nursing, University of Texas-Pan American, Edinburg, TX*

10:35-10:45 a.m.

Break

10:45-11:35 a.m.

Concurrent Roundtable Group Discussions Repeated

See above small groups

11:35-11:45 a.m.

Break

11:45-12:45 p.m.

Executive Forum

Report of Roundtables

Group leaders and facilitators will present summary reports of group discussions from both sessions.

*Speakers: **NAC Facilitators***

*Moderator: **Phyllis Sharps**, PhD, RN, CNE, FAAN, Member, National Advisory Committee, New Careers in Nursing, Professor and Chair, Department of Community and Public Health, School of Nursing, Johns Hopkins University, Baltimore, MD*

Next Steps

*Speaker: **Vernell DeWitty**, PhD, RN, Program Deputy Director, New Careers in Nursing, Washington, DC*

Closing Remarks

*Speakers: **Polly Bednash**, PhD, RN, FAAN, Chief Executive Officer and Executive Director, American Associations of Colleges of Nursing, New Careers in Nursing, National Program Director, Washington, DC*

***Denise A. Davis**, DrPH, MPA, Senior Program Officer, Robert Wood Johnson Foundation, Princeton, NJ*

PRECONFERENCE SESSION

USING COMMUNICATIONS STRATEGIES TO SUPPORT RECRUITMENT

Speaker: Pattie Yu, MA, Partner and Co-founder, GYMR Public Relations, Washington, DC (& Teammates)

Pattie Yu is co-founder of GYMR, a nationally ranked public relations agency specializing in health and social issues. She has been recognized as the Washington Women in Public Relations' "Woman of the Year" and *INSIDE PR's* "One of 10 Minority Agency Leaders Nationwide." Pattie oversees GYMR's work for the Robert Wood Johnson Foundation's Human Capital Portfolio NPOs and grantees.

Pattie has been recognized with many industry awards and she is frequently invited as a speaker for associations, federal agencies and area universities. Her articles on corporate social marketing, diversity and alliance building have appeared in magazines and social marketing textbooks alike. She is often tapped to judge communications competitions, and was the sole public relations judge for the prestigious American Legacy Foundation to evaluate advertising and PR agencies nationwide for the landmark \$206 billion master settlement agreement to promote tobacco free generations.

Recruited in 1994 to Fleishman-Hillard, Pattie oversaw the health care, association and social marketing practices. Prior, she was SVP on the board of managers at Porter Novelli, where she headed up the national public education programs, alliance building and diversity training. She holds a BS in Journalism with honors and an MA in organizational communications from the University of Maryland, College Park. She also holds a certificate in journalism from NYU.

Session Overview:

What communications strategies are most effective in recruiting a diverse student body? This session will present key strategies and approaches that schools of nursing may use to enhance recruitment efforts and to gain recognition for their programs in local communities. Tools and techniques that can be utilized with the media will offer participants the opportunity to expand their communication activities during this grant period.

Session Objectives:

1. Provide practical tools and templates for communications outreach.
2. Enable participants to expand their communications activities in 2010.

Session One

LEADERSHIP DEVELOPMENT

Speaker: Becky Choi, JD, Founder and Principal, *groupforward*, LLC, Alexandria, VA

Becky Choi is the founder of *groupforward*, LLC, and has been helping organizations and leaders understand and leverage their individual and group dynamic for 18 years. Since 2001, *groupforward*, LLC has been helping organizations build efficient, productive, high performing teams, and strong leaders that achieve sustainable results. She brings a unique blend of experience in organization development, business, law and human resources to her clients. With a Certificate in Organization Development from Georgetown University and Doctorate of Jurisprudence from the University of Texas at Austin, she has a solid understanding of how best to help people and organizations move forward to achieve their goals.

Session Overview:

Leadership. Nowhere else is leadership more critical than in today's health care system where nurses are most often a central player in the mix of health care providers, patients and families. In order to properly prepare accelerated nursing students to lead in the professional arena, it is paramount that the students have a sustained program of development that builds the leadership skills necessary for them to lead, influence and contribute professionally and effectively. The NCIN Leadership Development Toolkit provides an experiential learning framework upon which to draw as you build the leadership component of your nursing program.

Session Objectives:

1. Demonstrate an understanding of leadership development for students in accelerated learning programs.
2. Demonstrate a familiarity with the NCIN Leadership Development Toolkit and how to utilize it.

Session Two

DIVERSITY IN NURSING LEADERSHIP

Speaker: Dr. Norma Martinez Rogers, PhD, RN, FAAN, President, National Association of Hispanic Nurses, Clinical Professor, Department of Family Nursing, UT Health Science Center San Antonio, San Antonio, TX

Dr. Norma Martinez Rogers spent the first years of her life in public housing and has since devoted her time to community service, first as a teacher in the Edgewood Independent School District and also as a caseworker for San Antonio's Catholic Family and Children services. She later embarked on a career in nursing education. She has served the needs of the San Antonio community as a nurse, a nurse educator, and an advocate for underserved populations. She is a fellow in the American Academy of Nursing as well as the president of the National Association for Hispanic Nurses. Her area of research focuses on community supervision of federal female offenders.

Session Overview:

Often, minority professional nurses have very few resources for actualizing their vision of professional achievement. They may have limited access to role models that they can emulate or turn to for support. It may be especially difficult to find sponsors who will open doors to new opportunities, or mentors who can provide guidance for moving up the organizational hierarchy. Consequently, minority nurses are forced to navigate uncharted waters when seeking ways to fulfill their career goals. Innovative approaches to mentoring and leadership programs that enhance leaders' effectiveness will develop relationships that can have measurable effects on creating leaders within diverse groups underrepresented in nursing.

Session Objectives:

1. Discuss the challenges of diversifying the nursing workforce.
2. Describe and analyze how racial microaggressions have implications on nursing education.
3. Discuss creative strategies that promote diversity in nursing leadership.

Session Three

DEVELOPING ORGANIZATIONAL CULTURAL COMPETENCY

Speaker: Antonia Villarruel PhD, RN, FAAN, President, National Coalition of Ethnic and Minority Nurses Association (NCEMNA), Professor, University of Michigan School of Nursing, Ann Arbor, MI

Antonia M. Villarruel, PhD is Professor and Associate Dean for research at the University of Michigan School of Nursing. She has an extensive background in health promotion and health disparity research and practice, incorporating a community-based participatory approach to her research. Specifically, her research focuses on the development and testing interventions to reduce HIV sexual risk among Mexican and Latino youth. Dr. Villarruel has been the PI and CO-I of several National Institutes of Health (NIH) and Centers for Disease Control and Prevention (CDC)-funded studies. She developed an effective program to reduce sexual risk behavior among Latino youth entitled, *Cuidate!*. This program will be disseminated nationally by the CDC as part of their Diffusion of Evidence Based Interventions program. Dr. Villarruel has assumed leadership roles in many national and local organizations. She is President and founding member of the National Coalition of Ethnic Minority Nursing Associations and past president of the National Association of Hispanic Nurses. She has served as a member of the Health Resources and Services Administration (HRSA)/CDC HIV/STD Advisory Council and also as a charter member of the Secretary of the Department of Health and Human Services' Advisory Council on Minority Health and Health Disparities. She has received numerous honors and awards including membership to the Institute of Medicine (IOM) and as a fellow in the American Academy of Nursing (AAN).

Session Overview:

The development of organizational cultural competency requires an ongoing, complex, dynamic, evolving, sensitive, responsive developmental process that occurs along a continuum. This session will describe key competencies considered essential for baccalaureate nursing graduates and suggests a framework for integrating content into existing curricula.

Session Objectives:

1. Identify elements necessary to create a culturally competent organization.
2. Discuss strategies to develop a culturally competent environment to enhance student learning.

Organizational Self-Assessment

This assessment is intended to provide an opportunity to begin critical examination of cultural proficiency within an organization and should serve as a springboard to examine the components of an organization. It is likely that an organization will have a great deal of activity in one area but not necessarily in another. The commitment, quality, and consistency of efforts among organizational components should be considered. When the assessment is complete, see the areas below to determine where you are, where you may want to go, and what you may need to do to get there. A good way to move toward cultural proficiency is to take actions that convert your “no” responses to a “yes.”

Since cultural proficiency is not a static point and periodic assessments are necessary, it is recommended that aspects of this *Organizational Self-Assessment* be integrated into ongoing evaluations. In this way, the various elements become part of the infrastructure of each organization.

A. Organizational Structure: The priority of dealing with issues of cultural proficiency is best seen in an organization’s mission and philosophy and the infrastructure developed to support and sustain efforts.	YES	NO
1. Does the mission statement, philosophy and/or code of ethics reflect an explicit commitment to cultural proficiency?		
2. Is there a standard mechanism to address issues concerning cultural proficiency?		
3. Are race and ethnic minority communities represented at all levels within the organization (e.g., staff, management, officers and board)?		
4. Does the organization reflect the race and ethnic minority communities served by the organization?		

B. Collaborative Arrangements: The effectiveness of collaborative arrangements with diverse patients and their reflective community providers is an important barometer in both determining and evaluating an organization's priority in addressing cultural proficiency.	YES	NO
1. Has the organization developed internal relationships with racial and ethnic groups?		
2. Has the organization developed relationships with race and community-based organizations?		
3. Are collaborative arrangements with community-based organizations a stable part of the infrastructure (vs. ad hoc arrangements for grant-related activities)?		
4. Has there been adequate support within the organization to support these collaborations?		
C. Policy: An organization's effort to develop and support policies related to cultural proficiency reflect its commitment to look beyond immediate self-interest. Policies reflect an organization's commitment to realize its mission, philosophy and code of ethics.	YES	NO
1. Are policy statements made with consideration of how they affect and interact with diverse communities?		
2. Has the organization developed policy statements that support the interests of diverse racial and ethnic communities?		
3. Were these policy statements developed with significant input from diverse racial and ethnic communities?		
4. Has the organization "signed-on" or supported policy statements developed by diverse racial and ethnic communities?		

D. Education: The importance and commitment of an organization to cultural proficiency can be reflected in the nature and topics of general meetings, seminars and continuing education opportunities.	YES	NO
1. Are there explicit mechanisms to address educational programs that allow promotion of cultural proficiency?		
2. Are educational programs on cultural proficiency developed with sufficient input from racial and ethnic communities?		
3. Are diversity education initiatives given adequate visibility within the organization?		
4. Are racial and ethnic communities or professionals involved in the design and evaluation of diversity education initiatives?		
E. Development of Standards: Education and care standards are related to diversity.	YES	NO
1. Has the organization developed practice or education standards that address diversity?		
2. Were members or communities of racial and ethnic minorities included in the identification, development or evaluation of these standards?		
3. Are diversity standards for professional practice reflected as mandatory (vs. optional)?		
4. Is any technical assistance provided by the organization to those working to comply with standards?		

Interpreting Your Responses

On your *Organizational Self-Assessment* each “yes” response is worth one point and each “no” response is worth zero points. Total up your points and then find out where you are on the continuum. The statements below characterize qualities of an organization at each phase and also serve as a guide in determining where your organization falls on the continuum.

- **0 to 4 points: Cultural destructiveness or cultural incapacity-
“no desire; no capacity”**
 - No diversity within the organization
 - No significant collaborations with racial and ethnic organizations or communities
 - Exclusion of programmatic and policy initiatives to address diversity within or outside the profession

- **5 to 9 points: Cultural blindness-“one size fits all”**
 - Implicit commitment to diversity
 - Race and ethnic cultural issues subsumed in programmatic and policy efforts
 - Generic standards and policies based on the needs of the majority

- **10 to 14 points: Cultural precompetence-“moving forward”**
 - Recognition of need to address racial and ethnic cultural communities within organization
 - Evidence of efforts to address racial and ethnic cultural issues in programs, policies and organizational structure
 - Efforts are at some, but not all, levels of the organization
 - Efforts made to reach out to diverse communities

- **15 to 18 points Cultural competence-“experts in the field”**
 - Organizational structure, mission, philosophy and values reflect commitment to reaching diverse racial and ethnic communities
 - Efforts to address racial and ethnic communities are reflected at all levels and activities of the organization
 - Establishment of relationships with diverse communities

- **19-20 points Cultural proficiency-“leaders of the pack”**
 - Consistent, proactive, creative, sustained efforts to address race and ethnic communities at all levels of the organization
 - Recognition as a leader in addressing diversity at the programmatic, policy and organizational level
 - Infrastructure reflects the centrality of commitment to diversity

National Alliance for Hispanic Health (2004). *Delivering Health Care to Hispanics Companion Workbook (Third Edition)*. Washington, DC: Estrella Press.

Cultural Competency in Nursing Education

Antonia M. Villarruel, PhD, FAAN
Professor and Nola J. Pender Collegiate Chair
University of Michigan

Cultural Competence

- A set of behaviors, attitudes, and skills that enables nurses to work effectively in cross-cultural situations
- Attitudes, knowledge, and skills necessary for providing quality care to diverse populations
- The ability to work effectively within the patient's cultural context, which includes individual, family, and community cultural values, beliefs, and behaviors

Omni. (2005). What is Cultural Competency. Retrieved Sept. 01, 2009 from <http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlid=11>
California Endowment. (2003). Principles and recommended standards for cultural competence education of health care professionals. Woodland, CA: Author.

Cultural Competence

- Continuous, ongoing, way of being, complex, dynamic, evolving, sensitive, responsive, developmental process, a continuum, intentional, flexible

Rationale for Cultural Competency in Nursing

- To support the development of patient-centered care, identifying, respecting and addressing differences in patients' values, preferences and expressed needs (IOM, 2003)
- To eliminate health disparities (DHHS, 2005)
- Social justice
- Globalization
- Lack of diversity in the nursing workforce

American Association of Colleges of Nursing. (n.d.). Cultural Competency in Baccalaureate Nursing Education. Retrieved Sept. 01, 2009 from <http://www.aacn.nche.edu/Education/pdf/competency.pdf>
Department of Health and Human Services (DHHS). (2005). Healthy People 2010. Retrieved April 16, 2008 from <http://www.healthypeople.gov/About/hpfact.htm>
Institute of Medicine (IOM). (2003). *Health professions education: A bridge to quality*. Washington, DC: National Academies Press.

Key Competencies

- 5 competencies were developed to identify the key elements considered essential for baccalaureate nursing graduates in providing culturally competent care
- The competencies serve as a framework for integrating suggested content and learning experiences into existing curricula

Cultural Competencies for Baccalaureate Nursing Education

1. Apply knowledge of social and cultural factors across multiple contexts,
2. Use relevant data sources and best evidence in providing culturally competent care
3. Promote achievement of safe and quality outcomes of care for diverse populations
4. Advocate for social justice
5. Participate in continuous cultural competence development

American Association of Colleges of Nursing. (n.d.). Cultural Competency in Baccalaureate Nursing Education. Retrieved Sept. 01, 2009 from <http://www.aacn.nche.edu/Education/pdf/competency.pdf>

Guiding Principles and Assumptions

- Liberal education provides a strong basis for cultural competency
- Faculty can develop requisite knowledge, skills, and abilities to provide culturally competent learning experiences
- Culturally competent learning experiences occur best in environments supportive of diversity
- Valuing of diverse methods and perspectives
- Valuable resource
- Cultural competency as a journey

American Association of Colleges of Nursing. (n.d.). Cultural Competency in Baccalaureate Nursing Education. Retrieved Sept. 01, 2009 from <http://www.aacn.nche.edu/Education/pdf/competency.pdf>

Overarching Goals for Schools of Nursing

1. Create a culturally competent workplace
2. Educate student nurses to be culturally competent with patients

What makes an organization culturally competent?

- A commitment to racially and ethnically diverse populations in all aspects of the structure and functions of the organization
- Sustained systematic integration and evaluation at all levels
- Significant collaboration from diverse populations integrated in the infrastructure of the organization

National Alliance for Hispanic Health. (2004). *Delivering Health Care to Hispanics Companion Workbook (Third Edition)*. Washington DC: Estrella Press.

Foster organizational commitment and leadership

- Allocate resources
- Develop collaborative relations to recruit and graduate diverse students
- Consult with culturally-diverse communities

American Association of Colleges of Nursing. (n.d.). Cultural Competency in Baccalaureate Nursing Education. Retrieved Sept. 01, 2009 from <http://www.aacn.nche.edu/Education/pdf/competency.pdf>

Promote faculty commitment and involvement

- Participate in ongoing development
- Mentor colleagues and students
- Recruit diverse faculty and students

American Association of Colleges of Nursing. (n.d.). Cultural Competency in Baccalaureate Nursing Education. Retrieved Sept. 01, 2009 from <http://www.aacn.nche.edu/Education/pdf/competency.pdf>

How to get there?

- Cultural competency can not exist in a vacuum
- Need to hold students and faculty accountable for teaching and learning
- Education standards and practice standards need to be linked

Organizational Assessment

- Organizational Self-Assessment (see handout)
- A Guide to Planning and Implementing Cultural Competence Organizational Self-Assessment (NCCC, 2002)
- Future Organizational Assessments
 - HRSA

National Alliance for Hispanic Health. (2004). *Delivering Health Care to Hispanics Companion Workbook (Third Edition)*. Washington DC: Estrella Press.
NCCC. (2002). <http://www11.georgetown.edu/research/iguchd/nccc/documents/ncccorgselfassess.pdf>

Cultural Competence Continuum

- Level I
 - Cultural Destructiveness
 - *See the difference; stomp it out*
 - Destructive to cultures

Cecil County Public Schools. Cultural Proficiency Continuum. (n.d.) Retrieved Sept. 1, 2009 from <http://staffdevelopment.ccps.org/ETMA/pdf/Cultural%20Proficiency%20Continuum.ppt>
Cross, T.L., Bazron, B.J., Dennis, K., et al. (1998). *Towards a Culturally Competent System of Care, Vol. I*. Washington DC: National Institute of Mental Health, Child and Adolescent Service System Program.

Cultural Competence Continuum

- Level II
 - Cultural Incapacity
 - *See the difference; make it wrong*
 - No capacity to help clients from other cultures

Cecil County Public Schools. Cultural Proficiency Continuum. (n.d.) Retrieved Sept. 1, 2009 from <http://staffdevelopment.ccps.org/ETMA/pdf/Cultural%20Proficiency%20Continuum.ppt>
Cross, T.L., Bazron, B.J., Dennis, K., et al. (1998). *Towards a Culturally Competent System of Care, Vol. I*. Washington DC: National Institute of Mental Health, Child and Adolescent Service System Program.

Cultural Competence Continuum

- Level III
 - Cultural Blindness
 - *See the difference; act like you don't*
 - Predominant system...philosophy of being unbiased

Cecil County Public Schools. Cultural Proficiency Continuum. (n.d.) Retrieved Sept. 1, 2009 from <http://staffdevelopment.ccps.org/ETMA/pdf/Cultural%20Proficiency%20Continuum.ppt>
Cross, T.L., Bazron, B.J., Dennis, K., et al. (1998). *Towards a Culturally Competent System of Care, Vol. I*. Washington DC: National Institute of Mental Health, Child and Adolescent Service System Program.

Cultural Competence Continuum

- Level IV
 - Cultural Pre-Competence
 - *See the difference; respond to it inappropriately*
 - Movement towards reaching out to other cultures

Cecil County Public Schools. Cultural Proficiency Continuum. (n.d.) Retrieved Sept. 1, 2009 from <http://staffdevelopment.ccps.org/ETMA/pdf/Cultural%20Proficiency%20Continuum.ppt>
Cross, T.L., Bazron, B.J., Dennis, K., et al. (1998). *Towards a Culturally Competent System of Care, Vol. I*. Washington DC: National Institute of Mental Health, Child and Adolescent Service System Program.

Cultural Competence Continuum

- Level V
 - Cultural Competence
 - *See the difference; understand the difference that difference makes*
 - Acceptance of and respect for differences

Cecil County Public Schools. Cultural Proficiency Continuum. (n.d.) Retrieved Sept. 1, 2009 from <http://staffdevelopment.ccps.org/ETMA/pdf/Cultural%20Proficiency%20Continuum.ppt>
Cross, T.L., Bazron, B.J., Dennis, K., et al. (1998). *Towards a Culturally Competent System of Care, Vol. I*. Washington DC: National Institute of Mental Health, Child and Adolescent Service System Program.

Cultural Competence Continuum

■ Level VI

□ Cultural Proficiency

- *See the difference; respond positively.
Engage and adapt.*
- Holding culture in high esteem

Cecil County Public Schools. Cultural Proficiency Continuum. (n.d.) Retrieved Sept. 1, 2009 from <http://staffdevelopment.ccpss.org/ET/MA/pdf/Cultural%20Proficiency%20Continuum.pdf>

Cross, T.L., Bazron, B.J., Dennis, K., et al. (1998). Towards a Culturally Competent System of Care, Vol. 1. Washington DC: National Institute of Mental Health, Child and Adolescent Service System Program.

EXEMPLARS

Resources for more information

- American Association of Colleges of Nursing. (n.d.). Cultural Competency in Baccalaureate Nursing Education. Retrieved Sept. 01, 2009 from <http://www.aacn.nche.edu/Education/pdf/competency.pdf>
- American Association of Colleges of Nursing. (n.d.). Tool Kit of Resources for Cultural Competency Education for Baccalaureate Nurses. Retrieved Sept. 01, 2009 from <http://www.aacn.nche.edu/Education/pdf/toolkit.pdf>
- National Center for Cultural Competence (NCCC). (n.d.). Retrieved Sept. 01, 2009 from <http://www11.georgetown.edu/research/gucchd/nccc/>
- Office of Minority Health, United States Department of Health and Human Services: <http://www.omhrc.gov>
- U.S. Department of Health and Human Services (DHHS). Cultural Competency Resources for Health Care Providers. Retrieved Sept. 01, 2009 from <http://www.hrsa.gov/culturalcompetence/>

Session Four

Key Elements for Success

Speaker: Vernell DeWitty, PhD, RN, Deputy Program Director, New Careers in Nursing, Washington, DC

Dr. DeWitty is currently the Program Deputy Director for Robert Wood Johnson New Careers in Nursing Scholarship Program, a national program of the American Association of Colleges of Nursing, funded by the Robert Wood Johnson Foundation. Dr. DeWitty has an extensive background in nursing and health care administration and program development. She served in various administrative capacities in university teaching hospitals as well as community based hospitals; she is a nurse educator, served as guest lecturer for the George Washington University School of Medicine and School of Public Health and currently is adjunct faculty for the George Mason University, College of Health and Human Services.

Dr. DeWitty earned her Doctoral degree from George Mason University, her Master's in Business Administration degree from Howard University where she was selected as a member of the Beta Gamma Sigma Business Honor Society. While attending The Catholic University of America, where she earned the Master's Degree in Nursing, she was selected as a member of Sigma Theta Tau National Nursing Honor Society. Vernell is also a fellow in the American College of Healthcare Executives.

As a Commonwealth Fellow she participated in expanded training in New Programs and Product Development at the Wharton School of Business and the Nurse Executive Training Program. She developed and implemented new health care products and programs, including the workforce advocacy programs for the Center, Consulting Practice for the Association of Women's Health, Obstetric and Neonatal Nursing, The Women's Heart Center at the George Washington University Hospital, and Kids, Infants and Parents Program at the Hospital for Sick Children.

Speaker: Catherine Millett, PhD, Senior Research Scientist, Policy Evaluation and Research Center, ETS, Princeton, NJ

Catherine M. Millett is a Senior Research Scientist at the Policy Evaluation and Research Center at the Educational Testing Service (ETS) in Princeton, NJ. Her research focuses on access to, persistence of and achievement for students from various population groups at the postsecondary level. One area of her current research is on students who enter accelerated nursing bachelor's and master's programs.

Dr. Millett serves on the Technical Review Panel for the Educational

Longitudinal Study 2002 (ELS) (2002) as well as the Beginning Postsecondary Study 2004/06 (BPS:2004/06), both sponsored by the National Center for Education Statistics (NCES). She has also been a visiting lecturer at the Woodrow Wilson School of Public and International Affairs at Princeton University.

Dr. Millett received a PhD in education from the University of Michigan in 1999. She is also a graduate of Trinity College (BA in economics, 1985), the Harvard Graduate School of Education (EdM in Administration, Planning and Social Policy, 1990) and the Radcliffe Seminars Program (Graduate Certificate in Management, 1994).

Session Overview:

Successful implementation of NCIN program grants requires the collaboration between the National Program Office and the program sites. Periodic communications and reporting assist in clarifying progress and challenges in grant implementation. This session will present an overview of key success measures and describe the overall program evaluation. Particular attention will focus on the role of program sites in the evaluation process.

THE ROLE OF THE NATIONAL PROGRAM OFFICE

The National Program Office (NPO) serves as your primary liaison to the Robert Wood Johnson Foundation (RWJF) and the program's National Advisory Committee (NAC). We request that you send us copies of all reporting forms, administrative materials, budget requests, communications releases, research reports and substantive findings. In addition to monitoring grants, we provide technical assistance on an as-needed basis, for support with: budget preparation and review; communications and media contact; coordination and involvement with other RWJF sponsored programs; access to resource materials and experts in the field; information on legal, legislative and regulatory issues; dissemination of results; and resolving difficulties or obstacles. On occasion, we also sponsor periodic meetings, workshops and seminars.

Our responsibilities to the Foundation require that we maintain ongoing and open communication. We request progress updates, periodic conference calls, e-mails, and the occasional use of electronic bulletin boards.

National Program Office Progress Reports: We ask you to submit two online progress reports. The NPO uses these updates to assess progress, identify opportunities for technical assistance, and keep RWJF and NAC informed. Please submit these reports online when requested. These reports will be due **January 3, 2010 and May 1, 2010.**

Follow-up Reports on NCIN Scholars: Each scholarship recipient will be asked to sign a letter of commitment (copies included). This letter must be signed and witnessed by the program liaison and the **original copy** returned to the NPO. When each scholarship is awarded, **this form must be completed and returned within two weeks after the student begins classes.** One copy is retained by the school and the third copy is for the student. The form must have appropriate signatures as requested. During the course of each scholar's program of study, information will be requested from the program and the student that will assist with ongoing program monitoring and evaluation.

Annual Narrative Reports: These reports are prepared in accordance with RWJF's standard annual report, as described in the "*Grantee Reporting Instructions*," which can be viewed on the RWJF Web site: <http://www.rwjf.org> and which will be sent to you 60 days before the report is due. Please send a hard copy to the NPO. Final narrative reports are due on **September 30, 2010.**

The final reports, narrative, and budget should be submitted electronically following instructions found on the RWJF Web site. These reports will be due **September 30, 2010.**

Program Evaluation

Educational Testing Service of Princeton New Jersey was awarded a grant for the purpose of evaluating the RWJF New Careers in Nursing Scholarship Program. The grant period will run from July 15, 2009 to January 15, 2012.

The evaluation will produce, in collaboration with the American Association of Colleges of Nursing (AACN), information on the enrollment changes that occurred at the institutions and the experiences of the participants in the NCIN program. The evaluation will also produce a system of general student information for the participating colleges and universities; track students from the application period through the completion of a nursing degree and beyond; and provide data and information to AACN that can be used to improve the program and inform nursing schools on best practices.

Session Five

A DAY IN THE LIFE OF AN ACCELERATED STUDENT

Speaker: Teri A. Murray, PhD, RN, Member, National Advisory Committee, NCIN, Associate Professor and Dean School of Nursing, Saint Louis University, Saint Louis, MO

Dr. Murray is a graduate and current dean of the School of Nursing at Saint Louis University. She has participated in the Robert Wood Johnson Executive Nurse Fellows Program where her project work focused on *Transforming Baccalaureate Nursing Education through Inter-professional and Inter-institutional Partnerships*. Dr. Murray is the recipient of many grants and served as a grant reviewer for the U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Division of Nursing.

Session Overview:

Second-degree accelerated students enter nursing programs with many diverse backgrounds and a wide variety of work experiences. Nursing faculty must assess this knowledge, and build upon existing experience. Students from three program sites, Shenandoah University, University of Maryland and Marymount University, will share their perspectives as accelerated students.

Students from Shenandoah University:

- Angela Halliwill:** Second-degree student at Shenandoah University who will complete the program in December 2009. Angela's first degree was a Bachelor of Science in Psychology from Old Dominion University.
- Edith Nwaopara:** Second-degree student at Shenandoah University who will complete the program in May 2010. Edith's first degree was a Bachelor of Education from the University of Nigeria, with a focus on guidance and counseling.
- Navroop Kaur:** Second-degree student at Shenandoah University who will complete the program in December 2009. Navroop holds a Bachelor of Science and a Master of Science from Guru Nanak Dev University in India, with a specialization in genetics.

Students from University of Maryland

Frank Cammarata: Accelerated Degree Master's Student enrolled in the Clinical Nurse Leadership Program at the University of Maryland.

Students from Marymount University

Jasmin Miller: Second-degree student at Marymount University who has recently started the BSN program.

Charvette Royal: Second-degree student at Marymount University who has recently started the BSN program.

Session Six

RECRUITMENT AND RETENTION OF UNDERREPRESENTED STUDENTS: WHAT WORKS.

**Speaker: Syvil S. Burke, RN, MSN, MBA, Assistant Dean,
Admissions and Student Services, Duke University
School of Nursing, Durham, NC**

Syvil Burke is the Assistant Dean of Admissions and Student Services at the Duke University School of Nursing. Her leadership responsibilities include activities of the Office of Admissions and Student Services and providing customer service to applicants, students, faculty, staff and alumni. She has been in this role since January 2008. She has also been a clinical associate with the Duke School of Nursing since 1988. Syvil began her career in health care as a staff nurse. She spent 16 and a half years working at Duke University Hospital in a variety of roles including Staff Nurse in the neonatal pediatric intensive care units; Clinical Nurse Educator for neonatal and pediatric critical care; Pediatric Transport Coordinator; Clinical Nurse Specialist for Duke Life Flight critical care transport program; Nurse Manager for the neonatal intensive care units; and Associate Operating Officer in Duke Hospital Administration. Syvil has been the primary author and contributing author of several publications. She has also presented locally, regionally and nationally on a variety of topics related to management and leadership, ethical decision-making in health care and mentoring. Syvil has a passion for teaching, mentoring, staff development, process improvement and team building. Fortunately, she experiences these passions in her current role.

Session Overview:

Successful recruitment of a diverse student body requires a focused approach and commitment of resources by the organization to engage and support a diverse student body. This example of successful strategies to recruit, retain and sustain a diverse enrollment is evidenced by the tremendous growth in diverse student enrollment.

Session Objectives:

1. Describe recruitment strategies for developing diverse cohorts of students in accelerated BSN Programs.
2. Describe strategies for maintaining a diverse student population.

**Underrepresented Persons in Nursing:
 Recruitment and Retention Strategies that Work.**



Sybil S. Burke, RN, MSN, MBA
 Assistant Dean, Admissions and Student Services
 Duke University School of Nursing
 October 9, 2009

What does diversity mean at Duke?

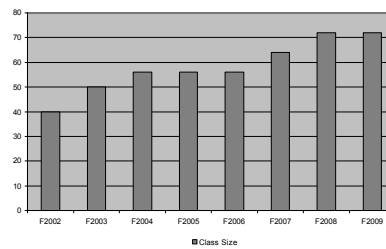
- Persons underrepresented in nursing
 - Racial and ethnic minorities
 - Men

ABS N Program

- Established in 2002
 - Full-time program
 - In-residence program
- 16 month program
 - Curriculum consists of 58 credits
 - 43 undergraduate nursing credits
 - 15 graduate nursing credits
 - may be applied to one of the school's master's degree programs
- Fall and spring start dates

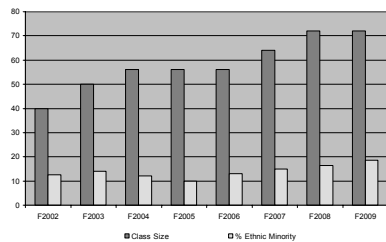
ABS N Diversity Trends

Class Size



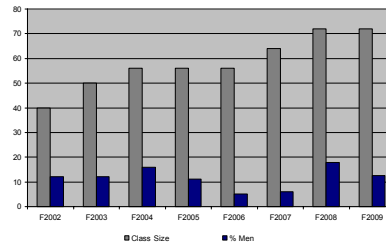
ABS N Diversity Trends

Percent Ethnic Minorities in Relation to Class Size

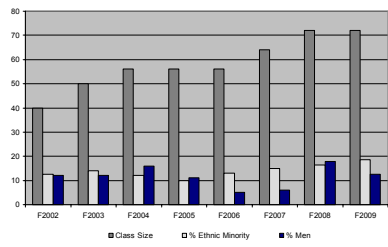


ABS N Diversity Trends

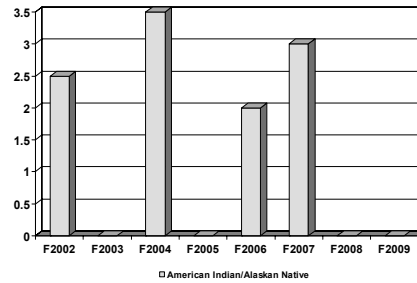
Percent Men in Relation to Class Size



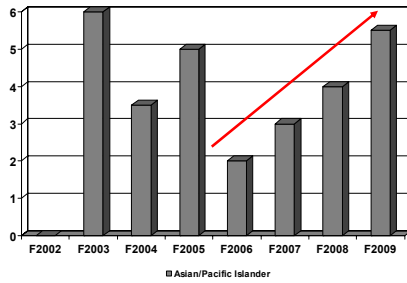
ABS N Diversity Trends
 Summary Trends



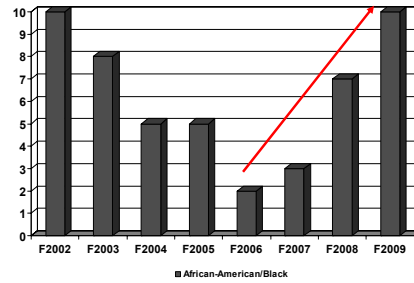
ABS N Diversity Trends



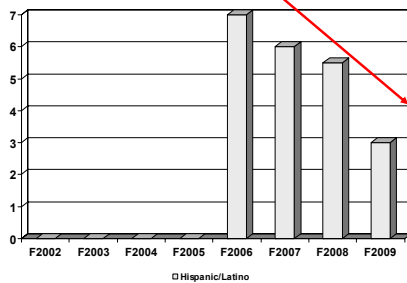
ABS N Diversity Trends



ABS N Diversity Trends

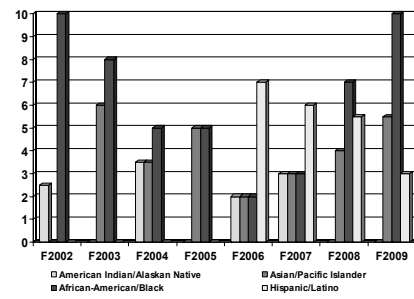


ABS N Diversity Trends



ABS N Diversity Trends

Summary Data



ABSN Diversity Trends

Summary Data

Overall...

- persons underrepresented in nursing has increased in the ABSN program at Duke University School of Nursing
- sustained growth in persons underrepresented has grown as class size has increased
- greatest increase in enrollment of students underrepresented in nursing within past 2 years

ABSN Recruitment Strategies

Student Involvement

- Diverse student panels at information sessions
- Diverse student panels and volunteers on interview days
- Marketing materials with students from underrepresented groups depicted

ABSN Recruitment Strategies

Grant Funded Initiatives to Increase Diversity

- Department of Defense Grant
 - "Partnering Research Involving Mentoring and Education (PRIME) in Prostate Cancer"
- HRSA grant to support ABSN program growth
 - Grant 1, 2007-2010: Technology integration to allow expansion
 - Grant 2, 2009-2012: Add spring cohort and double enrollment
- Duke Endowment Grant
 - "Making a Difference in Nursing" summer program

ABSN Recruitment Strategies

Recruitment Activities

- Dedicated student recruiter
- Increase in number of on-site information sessions
- Enhancement of published and web-based information
- Targeted recruitment at HBCUs and Graduate and Professional Fairs

ABSN Recruitment Strategies

Administrative Focus on Diversity

- Increase in diversity of faculty
 - Growth of faculty: 38 to 55
 - 7 men
 - 5 women from underrepresented groups
- Diversity of Administrative Leadership Team
 - one associate dean of color
 - one assistant dean of color
 - one associate dean who is male
 - one assistant dean who is male
- Dedicated student recruiter who is a female of color

ABSN Recruitment Strategies

Expanded Scholarship Resources

- Duke University School of Nursing Scholarships
 - Increased Need-Based Scholarships
 - Number vary, up to \$7,500/each
 - Broadening the Community Scholarship
 - Three, \$10,000 scholarships per cohort
 - Rising to the Challenge
 - Two, \$10,000 scholarships per cohort
 - Service to the Public Scholarships
 - Two, \$10,000 scholarships per cohort
- RWJF New Careers in Nursing Scholarships
 - Seven, \$10,000 scholarships, 2008-2009
 - Twenty-four, \$10,000 scholarships, 2009-2010

ABS N Retention Strategies

Student Leadership Opportunities

- Peer-elected student representatives to ABS N Program Committee
- Student representatives on Student Council
- Participation in the Duke Chapter of the American Assembly of Men in Nursing (DAAMN)
- Global and community outreach opportunities
- Peer mentoring program

ABS N Retention Strategies

Faculty Involvement

- Faculty advising and mentoring program
- Peer mentoring program
- Remediation strategies for program success
 - >95% retention rate
- NCLEX Remediation and Review Course
 - First time NCLEX-RN pass rate = 98.4%

Next Steps

- Continue to increase enrollment
 - Addition of Spring ABS N cohort, January 2010
- Refine recruitment efforts
 - Establish target metrics which exceed national nursing workforce data
 - Strengthen relationships with HBCUs
 - New relationships with Hispanic serving institutions

Next Steps

- Retention efforts
 - Increased scholarship resources
 - Nurse/Student Mentoring Program with Duke University Health System
 - International Nurses Group
 - Diversity Working Group
 - Affiliate or establish student chapters
 - Asian American/Pacific Islander Nurses Association
 - National Alaska Native American Indian Nurses Association
 - National Association of Hispanic Nurses
 - National Black Nurses Association
 - Philippine Nurses Association of America

Next Steps

- Faculty and administrative efforts
 - Continued recruitment of diverse faculty
 - Mentoring of new faculty

Session Seven

LANGUAGE AND INTERRACIAL/INTERCULTURAL COMMUNICATIONS

Speaker: George Ray, PhD, Associate Professor of Communication, Communication Management Division Director, Cleveland State University, Cleveland, OH

George B. Ray is an Associate Professor of Communication in the School of Communication at Cleveland State University, Cleveland, OH. His doctoral training (PhD, University of Washington, 1983) was in the ethnography of communication and he has published ethnographic research based on studies of speech in Appalachian culture. Prior to his appointment at Cleveland State University in 1987, he taught at Berea College and Transylvania University in Kentucky. At Cleveland State University he has taught courses in intercultural and interracial communication, and nonverbal communication. He has published research in physician-patient communication and from 2005-2008 he was a consultant on a National Institutes of Health grant in physician-patient communication at Case Western Reserve University. His most recent research has resulted in a book: "Language and Interracial Communication in the United States: Speaking in Black and White" (Lang, 2009).

Session Overview:

Improving interracial and intercultural communication is important to the delivery of culturally competent health care. This session will describe the importance of historical context in understanding barriers to language and communications among diverse groups. Attitudes toward nonstandard dialects tend to be judged negatively in overt prestige. Approaches to improve interracial communication will be presented as strategies to overcome barriers that impede conversation with patients in health care settings.

Session Objectives:

1. Audience members will be able to identify the major difference between Standard English and African American English.
2. Audience members will be able to identify main forms and functions of linguistic profiling.
3. Audience members will be able to identify methods of diversity training that can improve interracial communication.

Language and Interracial Communication in the U.S.: Speaking in Black and White

George B. Ray
Cleveland State University

Presented at the New Careers in Nursing Scholarship Liaison Summit
Robert Wood Johnson Foundation

October 10, 2009

Overview

- I. Historical Context is Important
- II. Dialect Makes a Difference
- III. Language Attitudes and Nonstandard Dialects
- IV. Improving Interracial Communication
- V. Race and Health Communication
- VI. Conclusion

I. Historical Context is Important

- Whites have always been in the majority
 - ◆ 2042 will mark a change
- U.S. history and the long struggle for equality
- 1960s to present
 - ◆ Significant change
 - ◆ Presence of aversive racism

II. Dialect Makes a Difference

- Concept of dialect
 - ◆ Language system, language use
- Standard American English
 - ◆ Preferred in institutions
- African American Vernacular English (AAVE)
- Dialect in education
 - ◆ Language and communication barriers
 - ◆ Self-fulfilling prophecies

III. Language Attitudes and Nonstandard Dialects

- Appalachian English, Central Southern English, AAVE are all nonstandard
- Nonstandard dialects tend to be judged negatively in overt prestige
- Linguistic profiling
 - ◆ Everyday life
 - ◆ Commercial contexts
 - ◆ Interviewing

IV. Improving Interracial Communication

- Contact Hypothesis
 - ◆ Conditions
 - Equal status
 - Cooperative interaction
 - Opportunities for acquaintances
 - Supportive egalitarian norms
- Two approaches
 - ◆ Applied diversity training
 - ◆ Community dialogues on race

V. Race and Health Communication

- Physician Patient Communication
 - ◆ Patterns of questioning
 - ◆ Negotiating the agenda
 - ◆ Potential for mistrust

VI. Conclusion

- Contact and trust

Roundtable Discussion Groups

Group I

ACCELERATED MASTER'S DEGREE PROGRAMS

Discussion Leader: Patricia Tabloski, PhD, APRN, BC, GNP, Associate Dean for Graduate Studies, School of Nursing, Boston College, Chestnut Hill, MA

Facilitator: Carmen Portillo, PhD, RN, FAAN, Member, National Advisory Committee, NCIN, Professor and Chair, Department of Community Health Systems, School of Nursing, University of California, San Francisco, San Francisco, CA

Group Overview:

Discuss factors that affect the success of accelerated master level students as they transfer to the work environment. Particular attention will be given to how programs can better prepare students for this transition.

Discussion Questions:

1. Do accelerated MS degree students differ significantly from traditional MS degree students? If so, please explain.
2. While these accelerated MS programs fulfill educational requirements in a short period of time are they overwhelming? Do they disrupt the students' life balance?
3. What clinical experiences are appropriate in the pre-licensure phase? Is high-intensity acute care experience necessary?
4. What difficulties (if any) do clinical instructors have in placing accelerated students with MS preceptors?
5. What strategies have proved effective for mentoring/advising students, especially during the pre-licensure phase when critical choices and career decisions are made?
6. What has been the reaction of faculty to the influx of the accelerated MS students? Has stereotypical thinking developed in your school?
7. Have you altered your curriculum or style of teaching based on the needs of these students?
8. Have these students had difficulties finding employment after graduation? More so than non-accelerated degree graduates?
9. Have you formed clinical partnerships or used community support to provide financial assistance for accelerated MS students?

10. Do your graduates assume jobs as educators, administrators and clinicians in equal numbers? What percentages continue in doctoral study (PhD or DNP)?

Group II

PROFESSIONAL SOCIALIZATION AND LEADERSHIP DEVELOPMENT

Discussion Leaders: Becky Choi, JD, Founder and Principal, *groupforward*, LLC, Alexandria, VA

Facilitator: Antonia Villarruel, PhD, RN, FAAN, President, National Coalition Ethnic and Minority Nurses Association (NCEMNA), Professor, University of Michigan School of Nursing, Ann Arbor, MI

Group Overview:

Leadership Development – Take a deeper dive into the roundtable discussion and find out what leadership development for an accelerated student entails and how to build leadership activities that support the development of these skills for your students.

Discussion Questions:

1. What is leadership?
2. What leadership skills do nurses need?
3. How do you develop leadership – is it nature vs. nurture?
4. How realistic is it to expect accelerated students to become leaders and/or develop leadership skills?
5. How can you make use of the New Careers in Nursing Leadership Development Toolkit?
6. What works and what does not work in the Toolkit?
7. What needs to be different (changes, additions) in the Toolkit?
8. What activities have you used successfully to build leadership skills that could be incorporated in the Toolkit and shared?
9. How can AACN best support you in building the leadership component of your program – what do you need/what do you want?

Group III

BUILDING SUCCESSFUL MENTORING PROGRAMS

Discussion Leader: Lori Escallier, PhD, RN, CPNP, Clinical Professor, School of Nursing, Stony Brook University, Stony Brook, NY

Facilitator: Teri A. Murray, PhD, RN, Member, National Advisory Committee, NCIN, Associate Professor and Dean School of Nursing, Saint Louis University, Saint Louis, MO

Group Overview:

This session will focus on various approaches and opportunities for mentoring accelerated students as they progress through their educational programs. Mentors demonstrate, explain and model. Successful mentoring means sharing responsibility for learning, regardless of the facilities, the subject matter, the timing and all other variables. Successful mentoring begins with setting a contract for learning around which the mentor, the protégé and their respective line managers are committed.

Discussion Questions:

1. What is the most contemporary thinking about the definition of a mentor and the relationship the term implies between two individuals?
2. Given the nature of our electronic age, what types of “connections” are necessary between two individuals for true mentorship (e.g., is face-to-face implied or required)?
3. Can an effective mentor relationship develop and function effectively over the short-term, or does it always imply the requirement of a long-term connection?
4. Can mentorship ever be successful if the relationship is externally imposed on another individual (e.g., a student)?
5. If an initial connection between two individuals (e.g., student and assigned mentor) doesn't work, are there strategies that might “make it happen,” or should the relationship be abandoned?
6. Are cultural congruencies essential between mentor and student, or can the relationship thrive despite different “real world” lives and experiences?
7. Does mentorship ever imply a two-way teaching/learning experience, or is it always the case that the mentor sets the goals?
8. What are the essential differences (if there are any) between mentorship and preceptorship?

9. What types of “conflict of interest” might arise when attempting to combine faculty, mentor, preceptor and student roles?
10. When does an effective mentorship relationship end—and how does that happen?

Group IV

BUILDING SUCCESSFUL PARTNERSHIPS

Discussion Leader: Helen Mautner, MSN, RN, CNE, Assistant Professor, Division of Nursing, Shenandoah University, Winchester, VA

Facilitator: Dr. Daisy Cruz-Richman, PhD, RN, Member, National Advisory Committee, NCIN, Dean and Professor, College of Nursing, State University of New York, Downstate Medical Center, Brooklyn, NY

Group Overview:

A first step in building successful partnerships is identifying shared goals. This session will challenge participants to identify the characteristics of good partnerships, and how to find and select partners. The group will discuss strategies to support these relationships.

Discussion Questions:

1. One of the first steps in building a successful partnership is identifying shared goals. Can we start by listing some of the possible shared goals schools of nursing have with other schools, health care facilities and community/business leaders?
2. When you begin to build a partnership, you need to be clear about what you are trying to achieve. Is it increased enrollment? Or increased funding for new programs? What are some other clear objectives that have caused you to look for a partner? Did those objectives lead you to seek the right partner?
3. When you think about successful relationships for your university/school, do you think about financial, professional and business partners?
4. What can the resources at your schools do to promote successful partnerships? Does anyone have any examples? What are the strengths of your program that you can offer your potential partner?
5. Once the shared goals are identified, what are some strategies that can be used to meet those goals through nursing program content and return a benefit to nursing from the other partner?
6. How can the current focus on the nursing shortage and health care be used to help partner with legislators at the local and state levels to meet unique health care needs?
7. The nursing shortage has presented schools of nursing with challenges regarding clinical sites associated with increased enrollment. This, in turn, challenges us to discard our usual way of business and replace it with new ideas and strategies that will result in

improved outcomes, (e.g., simulation and virtual hospitals). Has anyone had any success in writing grants or partnering with other schools to meet clinical objectives in an innovative way (e.g. practice and academic partnerships)? Sharing of resources?

8. Once new strategies are identified, who should lead the initiative? Should it begin with a university leader, (e.g., VP or Dean)? Do you see any potential problems if the initial work of building the partnership takes place at the administrative level? Should there be a combination of the “face person” and the “background person”?
9. When we think of partnerships, we often think of the business or community environment as a source of potential partners. What about some of nursing’s professional partners, (e.g., STTI, AACN, NLN)? Supporting our health care partners to achieve Magnet status?
10. Partnerships require support and maintenance. What are some strategies that can contribute to an ongoing relationship and the possible continuation of the partnership? What barriers have you encountered?
11. We’ve talked a lot about broad concepts associated with partnership development. Some of us have shared our successes and barriers. Can we now share some additional innovative strategies that were implemented or ideas that we would like to try but require input?

Group V

GRADUATES IN THE JOB MARKET: STRESSORS AND SECRETS

Discussion Leader: Geraldine Colombraro, PhD, RN, Associate Dean for Administration, Leinhard School of Nursing, Pace University, Pleasantville, NY

Facilitator: Carolina Huerta, EdD, MSN, RN, Chair, National Advisory Committee, NCIN, Department Chair, Department of Nursing, University of Texas-Pan American, Edinburg, TX

Group Overview:

The current economic environment has created challenges for new graduates to find employment in some geographic locations. This discussion group will encourage dialogue among participants to explore local job seeking challenges and strategies that are being used to assist new graduates. Identify and discuss curriculum strategies relevant to the school-to-work transition. Initiating relationships with prospective employers will assist students during this transitional process. Participants will exchange experiences with programs such as clinical residency and internship programs.

Discussion Questions:

1. What is your area's job market like for graduate nurses?
2. What percent of your graduates are able to secure a full time nursing job within three months of graduation? Six months? A year?
3. Where are your graduates finding employment? Full time or part time?
4. Are graduate nurses in your area being hired into specialty areas such as ICU/CCU/NICU/PICU, PACU, L&D, etc.?
5. What does your nursing program do to prepare your graduates on how to secure employment? (e.g., recruiters coming to campus, career fairs, how to prepare a resume, tips on interviewing, how to dress for an interview.)
6. Do you involve recent graduates in helping your upcoming graduates secure a position and prepare for the "real world"? If so, how are they involved?
7. Do any of your graduate nurses participate in a Clinical Nurse Residency program? If so, what kind of feedback are you hearing about this type of program?
8. Do any of your graduate nurses participate in a formal fellowship or internship/externship program? If so, what kind of feedback are you hearing about these types of programs?

9. Are your nursing students exposed to the concept of “Magnet” hospitals? Do any of your graduates work in Magnet hospitals? If so, what kind of feedback are you hearing about Magnet hospitals?
10. What “pearls of wisdom” would you like to share with our RWJF Scholars?

DISCUSSION LEADERS BIOGRAPHIES

Geraldine Colombraro, PhD, RN, Associate Dean for Administration, Leinhard School of Nursing, Pace University, Pleasantville, NY

Dr. Colombraro joined LSN, Pace University, in 1979. In her current position as Associate Dean for Administration, Lienhard School of Nursing, Pace University (Westchester and Manhattan), she is responsible for all of the support services and staff for the academic areas of the nursing school, including but not limited to, outcome measurement, information technology, communications including public relations, and enrollment management including recruitment and retention. The Learning Resource Center and University Health Care also report to Geraldine.

Over the past year, she has served as the PI for the RWJF NCIN program at Pace University with 12 scholars. Over the past 11 years, she has also served as co-director of \$4 million in New York State Department of Health/Department of Labor Health Workforce retraining through the Northern Metropolitan Hospital Association. The consortium consists of every acute care hospital (n=34) in the seven county region covered by Normet: Westchester, Rockland, Orange, Putnam, Dutchess, Sullivan and Ulster Counties; there are approximately 20 nursing education providers in the consortium, consisting of every county's SUNY community college, and private colleges and universities. To date, the consortium has trained over 18,000 health care workers including a large percentage of RNs.

Dr. Colombraro has been involved in nursing and health care for more than 35 years. Her career has focused primarily on nursing education and educational administration. She has spent over 20 years in adult and continuing education, planning and providing thousands of workshops and training sessions to tens of thousands of nurses and other health care providers throughout the tri-state New York metropolitan area. She has published widely and presented throughout the country in the area of adult and continuing education in nursing and health care.

Becky Choi, JD, Founder and Principal, *groupforward*, LLC, Alexandria, VA

Becky Choi is the founder of *groupforward*, LLC, and has been helping organizations and leaders understand and leverage their individual and group dynamic since 1991. Since 2001, *groupforward*, LLC has been helping organizations build efficient, productive, high performing teams, and strong leaders that achieve sustainable results. She brings a unique blend of experience in organization development, business, law and human resources to her clients. With a Certificate in Organization Development from Georgetown University and Doctorate of

Jurisprudence from the University of Texas at Austin, she has a solid understanding of how best to help people and organizations move forward to achieve their goals.

Lori Escallier, PhD, RN, CPNP, Clinical Professor, School of Nursing, Stony Brook University, Stony Brook, NY

Dr. Lori Escallier is a Clinical Professor and the Director of Grant Development and Management at Stony Brook University School of Nursing. She received her bachelor's degree from Salve Regina University in Newport, Rhode Island, a master's degree from Stony Brook University, and a doctor of philosophy degree from Adelphi University. She is certified as a Pediatric Nurse Practitioner through the Pediatric Nurse Certification Board. In addition to her administrative responsibilities, Dr. Escallier teaches in the doctor of nursing practice program, maternal child health graduate programs, registered nurse baccalaureate program and basic baccalaureate program. She is recognized as a leading authority in curriculum development at the undergraduate and graduate levels and serves as a site evaluator for the Commission on Collegiate Nursing Education. Her research interests include infant colic, child abuse and neglect and other clinical issues affecting the health and well being of infants, children and families.

Helen Mautner, MSN, RN, CNE, Assistant Professor, Division of Nursing, Shenandoah University, Winchester, VA

Helen Mautner is a member of the nursing faculty at Shenandoah University. She has been the Coordinator of the Accelerated Second Degree BSN program at the Northern Virginia campus for the past four years. Enrollment in this program has steadily increased, accepting the largest cohort in fall 2009. Recent relocation to a larger facility will allow for an even greater increase in enrollment in the future.

Ms. Mautner teaches at the undergraduate level. Her teaching focus is adult health, health assessment and advanced nursing skills. Other areas of interest include the expansion of the use of simulation in the skills laboratory and the incorporation of geriatrics into undergraduate curriculum.

Patricia Tabloski, PhD, APRN, BC, GNP, Associate Dean for Graduate Studies, School of Nursing, Boston College, Chestnut Hill, MA

Dr. Tabloski has committed her career to the teaching, practice, administration and research of gerontology since 1978. Dr. Tabloski teaches graduate and undergraduate courses in gerontology, end-of-life care, pharmacology and pathophysiology. She works with undergraduate, master's and doctoral students. Her teaching expertise is enriched by

current clinical skills and over 20 years experience as an advanced practice nurse. While at the University of Massachusetts, she developed the first multi-disciplinary course on normal aging open to nursing, medical, social work and psychology students from the Worcester area. Students from all disciplines and levels of study have worked with Dr. Tabloski in the classroom, clinic and nursing home.

Dr. Tabloski was selected to serve as a faculty mentor and scholar at the John A. Hartford Foundation Institute for Geriatric Nursing at New York University in June 2002. Additionally, she was a Visiting Research Fellow at the University of Leeds, School of Nursing in Manchester, UK. She has lectured on gerontology in Budapest, Hungary and Zhejiang Province, China. She serves on review panels for top-tier nursing journals, is a grant application reviewer, and maintains certification as an advanced practice gerontological nurse through the American Nurses Credentialing Center. She is a member of Sigma Theta Tau, the national honor society of nursing and the American Geriatrics Society, serving on the Professional Education Committee for three years. She has been a member of the Gerontological Society of America since 1985 and was awarded fellowship status in 2002.

POSTER ABSTRACT INTRODUCTION

Overview

The poster abstracts summarize innovative approaches in preparing accelerated degree nursing students. The poster session will provide an opportunity for conference attendees to learn about the exciting work in progress and to preview late-breaking research results on the following topics:

1. Leadership development for accelerated students;
2. Program evaluation of accelerated programs;
3. Innovative program design for accelerated students;
4. Mentoring programs that succeed.

Poster Competition

Conference attendees are asked to submit a score sheet for posters that best exemplify innovation in each category.

There will be four winners representing the four poster topic areas.

Poster Committee

Mary "Cricket" D. Barakzai, EdD, FNP-C, CNM, CNS
California State University, Fresno

Patricia A. Cowan, PhD, RN
University of Tennessee, Health Science Center

Genevieve E. Chandler, PhD, RN
University of Massachusetts Amherst, School of Nursing

Poster Abstracts

Title: *Learning to lead: A collaborative mentorship program designed to support the development of New York University College of Nursing, New Careers in Nursing Scholars as they transition from student clinicians to practicing nurses.*

School of Nursing: New York University College of Nursing, New York, NY

Authors: Hila Richardson, RN, DrPH, FAAN, Associate Dean of Undergraduate Programs; Eloise B. Cathcart, MSN, RN, Coordinator Graduate Program in Nursing Administration; Gail Wolfmeyer, MA, Student Affairs Officer; Christen Sturkie, BA, Scholarships and Recruitment Officer

Background: The Robert Wood Johnson Foundation New Careers in Nursing (NCIN) scholars are poised to gain significant benefits from engaging in a formal mentoring relationship with graduate students in NYU's Nursing Administration Program (NA). These graduate students are learning to create clinical practice environments that support leadership development. The successful transition of the NCIN scholar from student clinician to practicing nurse is enhanced by this unique connection to graduate students. All currently practicing nurses, these students are equipped to support the NCIN scholars' transition to practice and to coach and mentor as part of core administrative skills.

Purpose: The purpose of this program is to provide a structured forum by which the NCIN scholars can engage with NA students through conversations, the exchange of ideas and experiences and activities which support their professional growth and leadership development.

Methods: The program will have three phases: 1) creating mentorship dyads by matching NCIN scholars with NA students based on professional interest; 2) identifying mutual goals of each dyad in preparation for two NA classes which will engage the mentorship dyads in a discussion of clinical nursing leadership in complex patient situations, communication and conflict resolution in practice environments; and 3) debriefing by each mentorship dyad after all meetings and classes to discuss shared experiences and learning. The scholars will keep a journal to reflect on how this experience will shape their clinical leadership.

Results: NCIN Scholars will submit written journals and complete pre, mid, and post-experience surveys, while NA students will submit a scholarly paper on their learning about the mentoring process to faculty advisors. The results of each of these assessments will be compiled and the "mentoring" will be evaluated by comparing the NCIN scholars' and NA students' responses. The poster will present this comparative data

and identify how the goals of the program and those determined by each mentorship dyad were met. It will also present preliminary narrative accounts of students' experiences from their reflection journals and class conversations. Written compilation of the results will be used to inform best NYUCN administrative practices for future RWJF NCIN programming.

Title: *Preparing Accelerated Students for the Future of Health Care: Implementing and Integrating a Community-Based Curriculum*

School of Nursing: Duquesne University School of Nursing, Pittsburgh, PA

Authors: Kathy Wilt, MSN, RN & Nancy Brom, MSN, RN, Instructors & Second Degree Level Coordinators; Joan Such Lockhart, PhD, RN, FAAN, Professor & Associate Dean for Academic Affairs; Leah Vota Cunningham, MEd, RN, Assistant Professor & Assistant Dean for Student Services

Background: National changes in health care delivery have challenged faculty to develop innovative curriculum preparing nursing students to meet society's current and future health care needs. Duquesne University School of Nursing addressed this charge by implementing a unique integrated community-based curriculum for accelerated undergraduates.

Purpose: This abstract describes the process that faculty used to translate a successful four year integrated community-based undergraduate curriculum into a rigorous, accelerated second degree program. Faculty was challenged to design a curriculum that enabled students to: 1) attain program outcomes identical to the four year students; 2) complete the program in one year; and 3) engage in clinical experiences each semester with clients in culturally diverse Pittsburgh neighborhoods.

Methods: After multiple planning sessions, faculty developed strategies to integrate community experiences over the year. First, the focus of each semester would follow this sequence: health promotion/risk assessment; chronic/acute care; and long-term care/case management /professional development. Second, each clinical group would practice in one of five neighborhoods over the year. Select faculty would lead each group, seek clinical experiences, and identify an "anchor" site for pre-post conferences. Third, faculty would design key learning activities based in theory courses that students could implement in the community. For example, the first semester focused on health promotion, human development, health assessment, nursing technologies, and evidence-based practice. Students completed health histories, health teaching plans, developmental/physical assessments, home safety assessments, and community assessments in clinical sites such as day care, schools, social service agencies, and health clinics.

Results: The accelerated program allowed faculty to quickly assess outcomes and implement changes, an opportunity that many four year programs may lack. Faculty agreed that the outcomes and process used to implement the curriculum were positive, but additional data from licensure exams, exit, alumni, and employer surveys will be used to construct a comprehensive evaluation. Feedback shared by faculty, students, and clinical partners over the year provided valuable suggestions for the second fall implementation. Faculty realized that creative, rapid problem-solving was vital in response to last minute community changes and to find experiences with unique populations such as pregnant clients. Fears of some students who were concerned that the community clinical experience would not prepare them adequately for the acute care setting were resolved.

Title: *Partnering University Faculty and VA Hospital Nurses to Influence Potential Nurse Leaders*

School of Nursing: University of South Florida College of Nursing, Tampa, FL

Authors: Denise Maguire, PhD, University of South Florida College of Nursing; Gail Schinka, RN, MS, James A Haley Veterans' Administration Nursing Academy (VANA)

Background: The University of South Florida (USF) College of Nursing (CON) has partnered for many years with the James A. Haley Veteran's Administration (VA) Hospital, most recently in response to the request for proposals to establish a VA Nursing Academy (VANA). One of the purposes of the VANA is to increase recruitment and retention of baccalaureate prepared RNs through enhanced curriculum and clinical experiences. The VANA faculty has provided a mentor for the ten RWJF New Careers in Nursing (NCIN) scholarship recipients during the past ten months. Today's complex health care work environment presents many varied opportunities for leadership in nursing. The nurse leader must combine clinical, administrative, financial and operational skills to solve problems in the care environment (Huber, 2006). This does not simply happen; it requires skills which can be learned through mentoring. Many accelerated second degree students enter nursing school with established leadership skills in their fields. Our intent is to facilitate the translation of their current leadership skills into nursing by exposing them to multiple roles and opportunities in the hospital setting.

Purpose: To cultivate multiple perspectives of leadership in second degree nursing students.

Methods: Scholarship recipients attended monthly luncheon meetings for informal dialogue with invited nurse leaders. Based on the students' input and interest, ten nurse leaders were chosen to speak about their professional leadership role. Five speakers were from the VA hospital and five were from the College of Nursing. Topics included leadership roles and opportunities in professional organizations, private practice, nursing education, academia, clinical research and clinical practice settings. The invited presenter was asked to describe his/her journey through the profession. Students were encouraged to identify and recognize their own leadership skills, and using a novice to expert model, were encouraged to envision using past leadership experience in a future nursing role. A unique aspect of the series was that half of the invited presenters were themselves graduates of the USF College of Nursing. This connection seemed to strengthen the students' opinion that they could/would become nurse leaders.

Results: Results: (expected)1) Students will identify multiple opportunities for leadership roles in nursing. 2) Students will be more likely to seek out leadership opportunities as they enter their "New Career in Nursing."

Title: *Accelerating New Nurses into Microsystem Clinical Leadership: Second-Degree Master's-Entry Students Lead Care Improvements*

School of Nursing: University of Virginia, Charlottesville, VA

Authors: Kathryn Reid, PhD, RN; Pamela Dennison, MSN, RN; Dorothy Tullmann, PhD, RN

Background: To create a "new nurse", an innovative second-degree master's-entry clinical nurse leader (CNL) program was implemented in 2005 in partnership between the University of Virginia School of Nursing and Medical Center. This 71-credit, two year program of study responds to the visionary call by the American Association of Colleges of Nursing to revolutionize nursing education, nursing practice, and the health care delivery environment to both improve patient outcomes and advance the profession of nursing. Innovative features of this program include visible partnership at all levels, fully preceptor-based immersion clinical learning, leadership content and experiences embedded throughout the curriculum, a strong emphasis on ethics, incorporation of evidence-based learning projects into the practice environment, and global opportunities for clinical learning experiences. Students complete a six-month integrated clinical leadership capstone immersion during the final two terms.

Purpose: This poster describes measureable capstone clinical leadership project quality outcomes achieved by students in the second-degree master's entry CNL program. In addition to an overview of leadership development coursework and activities embedded throughout the program, details about student clinical leadership capstone placement and preceptor selection are also provided. Finally, this poster highlights

specific examples of student projects that contribute substantially to microsystem quality improvements.

Methods: In the final clinical leadership capstone immersion, students perform a point of care (micro-system) analysis, determine priority quality indicators to target for improvement, develop an interdisciplinary team and action plan, implement the plan, collect evaluation indicators, and disseminate the findings. The capstone projects occur in a variety of settings, including acute care, critical care, community, long-term care and global health settings. Examples of student-led capstone projects provide a programmatic summary of the contributions of the students as clinical nurse leaders.

Results: Student-led capstone projects address important evidence-based practice and professional practice environment issues. Outcomes of the projects target specific national patient safety goals, core measures, or nurse-sensitive quality indicators. Specific examples of student leadership projects provided include: 1) improving hand hygiene compliance rates; 2) reducing hospital acquired infections (Clostridium difficile, urinary catheter, and central line catheter-related infections); 3) improving safety with intravenous medication administration; 4) improving patient and family centered care; 5) improving communication with off-service physician teams; 6) decreasing mother-baby separation immediately following Caesarean section; 7) improving staff use of electronic patient information systems; and 8) implementing evidence-based care bundles for specific patient conditions such as chemotherapy-related mucositis and delirium among patients in the intensive care unit. Projects exemplify the CNL role competencies, including clinician, educator, advocate, information manager, systems analyst/risk anticipator, and outcomes manager in both delivering and improving health care at the point of care.

Title: *Standardized Patients: Promoting Clinical Competencies for Accelerated Master's Entry Students*

School of Nursing: University of San Diego, Hahn School of Nursing and Health Science, San Diego, CA

Authors: Anita Hunter, PhD, CPNP & Karen Macauley, DNPc, FNP

Background: Simulation and other alternative clinical experiences have become more frequent as competition for clinical learning experiences in agencies has increased. Standardized patient experiences, with guided clinical scenarios, have been found to be valuable in teaching students specific skill sets and/or testing their competency in achieving those skill sets.

Purpose: To assess the effectiveness of simulation and standardized patient clinical experiences in achieving program outcomes of students in an accelerated entry-level MSN program.

Methods: Videotaping and live grading (using webSP) of each student's clinical competency in specially designed clinical scenarios (e.g., gerontology, pharmacology, EKG interpretation, critical care and decision-making, introductory and advanced physical assessment and rapid response). Each scenario had specific outcomes in critical thinking, decision making, leadership, and nursing assessment/process in which students had to demonstrate proficiency. Each scenario was housed in a simulated hospital environment in our Nursing Simulation Lab. Each competency testing integrated (if appropriate) a standardized patient actor and a simulation mannequin.

Results: 82 MEPN students, over the past two years, have been involved in this teaching and competency testing simulation activities. Six MEPN students across the past two years have not achieved competency in at least one of the case scenarios on first-time testing. Five of the six did achieve competency after a one-time remediation; the sixth was never able to achieve competency (failing two scenarios). This student's lack of clinical competency was also evidenced in her hospital clinical activities, leading to her eventual dismissal from the program. Though such competency testing, videotaping, and evaluation produces anxiety in the students, many commented on how prepared they felt upon graduation to enter the profession of nursing. Further competency testing scenarios are being developed to assess leadership, therapeutic communication, pediatric and maternal-child nursing care.

Title: *Innovative Teaching Technology Use in an Accelerated Nursing Program*

School of Nursing: Fay W. Whitney School of Nursing, University of Wyoming, Laramie, WY

Authors: Carrie Deselms, MSN, APRN, FNP-BC; Kristy Nielson, MS, CCRN; Ronda Kinsey, MSN, RN

Background: Much of Wyoming is rural/frontier. Health care services are very limited in most communities. The geography, the winters and the road access are not conducive for traveling long distances to health care. Additionally, there is a critical shortage of nurses, especially BSN nurses. Student access to baccalaureate nursing education can be also hampered by these conditions. The Bachelors Reaching for Advanced Nursing Degree (BRAND) program seeks to alleviate the shortage of BSN prepared nurses in Wyoming by educating BSN nurses near their own communities. The BRAND program provides accelerated nursing education using innovative teaching technologies for both didactic and clinical courses.

Purpose: To describe the innovative teaching technologies, both didactic and clinical, used in an accelerated nursing program (BRAND), designed to help alleviate the shortage of BSN prepared nurses in Wyoming.

Methods: The BRAND curriculum uses multiple distance communication technologies to facilitate student learning, student-to-student communication and student-faculty communication. Online video networking, Elluminate, Podcasting, and ooVoo technologies with intermittent face-to-face education sessions are used to promote learning, critical thinking, and NCLEX success. Significant use of innovative technology for didactic courses and regional Wyoming clinical sites allows the student to remain in their local Wyoming area without relocating and with minimal travel required during the winter months.

Results: Three pilot programs were completed before the first official BRAND program was initiated. The first BRAND cohort of twenty BSN students will graduate in August 2009. Twenty-eight students are enrolled for the 2009-2010 school year. Student satisfaction is very high. NCLEX success rate for the 2009 BRAND graduates will be reported.

Title: *Nursing Leadership in an Interprofessional Context*

School of Nursing: Medical University of South Carolina College of Nursing, Charleston, SC

Authors: Sally Stroud, EdD, APRN, BC (Associate Dean for Academics); Tiffany Hunter (BSN student); Mardi Long, MEd, Director of Student and Alumni Affairs); Gail W. Stuart, PhD, RN, FAAN (Dean)

Background: The RWJF scholars at the Medical University of South Carolina (MUSC) are enrolled in a unique interprofessional health sciences setting consisting of six health-related colleges (nursing, medicine, health professions, dentistry, pharmacy and graduate studies). The focus of MUSC's SACS Accreditation Quality Enhancement Plan QEP is interprofessional education, which is known as Creating Collaborative Care (C3). This initiative responds to the fact that today's health care system is highly complex and involves interaction of many different health care professionals in providing optimal patient care and advancing biomedical research. The expectation is that future graduates will continue to excel in the academic challenges of their own chosen profession, but additionally excel in today's complex interprofessional health care system. The needs for improvement in health profession education are addressed in the IOM Report "Health Professions Education: A Bridge to Quality" (2003), written by the Committee on the Health Professions Education Summit. This committee developed a vision for health professions education that stressed the importance of interprofessional teams. Health profession schools that embrace the new vision will graduate practitioners with competencies to "cooperate,

collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable." At MUSC, we believe that nurses must not only be members of teams, but they must also develop the skills to provide team leadership.

Purpose: To expand the leadership experience of the RWJF nurse scholars into interprofessional environments, applying their leadership skills in campus and community-based, collaborative and interprofessional settings.

Methods: Each RWJF nursing scholar was expected to engage in a leadership activity while enrolled in the program. Most students became involved within existing nursing groups or nursing organizations. However, a select group of students opted to fulfill this requirement by participating in a variety of interprofessional settings.

Results: Six students fulfilled their leadership requirement by participating in interprofessional activities in either campus-based or community-based settings. Findings will profile students and describe their activities, which included campus student government, MUSC Presidential Scholars, clinical simulation teamwork, the Hispanic Health Initiative, faith-based activities and global health programs. The students' experiences, skill mastery and contributions will be outlined.

Title: *Innovative Program Design for Second Degree Students Enrolled in an Accelerated BSN Nursing Program*

School of Nursing: University of Tennessee Health Science Center, Memphis, TN

Authors: Sherry Webb, DNSc; Nathan Border; Anissa Evans; Latonya Hardy; Lashanda Ivy; Steven Link

Background: The University of Tennessee Health Science Center College of Nursing partnered with Methodist University Hospital to develop a new model of clinical education, the DEU, for second degree students enrolled in an accelerated nursing program. The DEU model employs a positive clinical learning environment that maximizes student learning outcomes, uses proven teaching-learning strategies, and capitalizes on the expertise of practice partners, staff, nurses and faculty. The Robert Wood Johnson Foundation (RWJF) scholarship recipients were involved in the implementation and evaluation of the DEU.

Purpose: The purpose of this presentation is to describe the implementation of the DEU and evaluation of student learning outcomes associated with the DEU model of clinical education.

Methods: The nurse manager selected strong staff nurse clinicians who enjoyed working with students to serve as clinical teachers. These nurses

attended the hospital Preceptor Training workshop and a two-day College of Nursing workshop which focused on the DEU model of clinical education; roles of students, clinical teachers and faculty; adult learning principles; teaching-learning techniques; student evaluation; and use of grant-funded PDAs to facilitate evidence-based practice. This model is different from the traditional preceptor model because nursing faculty are assigned to the DEU, are present when the students are on the DEU, and work directly with the clinical teachers to support teaching, assure achievement of student learning outcomes, assist with resolution of student problems, and collaborate with clinical teachers for evaluation of student outcomes. Two students were assigned to each clinical teacher who agreed to work the same days each week with the same students for the ten week term. Students were assigned patients within the clinical teacher's cohort of patients. Students partnered with clinical teachers and faculty to develop a new method of clinical assignment, a hand-off report, and daily written feedback to students. Students debriefed with faculty daily regarding clinical experiences and learning outcomes, and participated in an online survey at the end of the clinical rotation to provide feedback regarding achievement of learning outcomes on the DEU and provide recommendations for improvement.

Results: Faculty report DEU students' greater skill acquisition, independence, delegation, critical thinking, decision-making, and confidence in communication with the interprofessional team compared to non-DEU students. RWJF scholarship students report "there was an immediate sense of collaboration with the clinical teacher and later with all nurses on the unit" and "I am able to handle more patients, practice more skills and have better interaction with my clinical teacher." Students also stated "we are learning how to work with the interprofessional team" and "the DEU allowed me more autonomy and helped me gain confidence." The RWJF Scholarship recipients' learning was enhanced through the DEU real-time learning experience that was pedagogically-sound and evidence-based clinical nursing education.

Title: *Attrition from an Accelerated Nursing Program*

School of Nursing: Wright State University College of Nursing & Health, Fairborn, OH

Authors: Kathy J. Keister, PhD, RN, CNE & Anne C. Russell, PhD, RN, CNS

Background: Attrition of students from nursing programs is a significant concern of nursing educators worldwide. While attrition rates among accelerated students have been found to be similar to those of traditional nursing students (Seldomridge & DiBartolo, 2005), little is known about the characteristics of students who begin an accelerated nursing program but fail to finish.

Purpose: The purpose of the study was to explore characteristics of students who leave an accelerated program at the end of the first quarter versus students who continue in the program.

Methods: A descriptive design was used to examine characteristics of a cohort of 30 students admitted to an accelerated nursing program at a public, four-year university located in the Midwestern United States. Student groups were described in terms of age, gender, ethnicity, previous undergraduate degree and year awarded, time interval since undergraduate degree and admission to the accelerated nursing program, and score on the EVOLVE Fundamentals exam.

Results: Of the original 30 students, two students withdrew from the program before the completion of the first quarter. An additional eight students did not progress to the second quarter. Three of these students earned failing grades in one or more courses. Five students successfully completed first quarter courses but did not achieve the progression criterion of maintaining a GPA of 3.0, and these students transitioned to the traditional program. Students who did not progress in the program were more likely to be of an ethnic minority group and scored significantly lower on the EVOLVE Fundamentals exam. The mean number of years since previous undergraduate degree award and entry into the accelerated program was 9.1 years for the cohort. Mean number of years for students who withdrew prior to completion of the first quarter was 16.5 years. Students who were unsuccessful in a course had a mean time interval of 9.7 years. The five students who transitioned to the traditional nursing program had a mean time interval of 4.6 years. Findings from this descriptive study can provide a framework for the development of strategies to enhance student retention in an accelerated nursing program.

Title: *Listening to the “Voices” of Second Degree Students: Formative Program Evaluation Using Focus Groups*

School of Nursing: Duquesne University School of Nursing, Pittsburgh, PA

Authors: Joan Such Lockhart, PhD, RN, FAAN, Professor & Associate Dean for Academic Affairs

Background: Program evaluation is essential in maintaining the quality of academic programs, but the rapid pace of accelerated programs poses a unique challenge for schools of nursing. Ongoing focus groups offered at Duquesne University School of Nursing provided a feasible option for problem-solving issues beyond the boundaries of individual courses.

Purpose: This abstract focuses on the development and outcomes of a formative evaluation process using ongoing focus groups with students enrolled in a one-year second degree undergraduate program.

Methods: The Associate Dean for Academic Affairs represented a neutral individual to lead focus groups each semester with second degree students who volunteered to represent their clinical groups. One-hour focus group sessions were informal and scheduled over lunch. Students were provided with the following ground rules: 1) share both positive and negative perspectives; 2) present issues representative of their clinical group rather than their own personal issues; 3) accompany negative comments with possible solutions; 4) resolve course-related issues with appropriate course faculty before bringing these issues to the focus group session; and 5) communicate focus group discussions with peers. Most recently, Robert Wood Johnson New Careers in Nursing Scholars comprised the majority of focus group student representatives. Similar sessions were conducted with course faculty in order to obtain their perspective and to resolve the issues.

Results: Focus group discussions benefited students, faculty, and administrators. Students were able to offer their perspectives on issues including: orientation, coordination between/among courses, sequencing of courses and assignments, preferred teaching-learning styles, academic policies, and expected semester-end competencies. Students also appreciated being part of a process that sought their input in problem-solving issues that directly impacted them. They witnessed changes made as a result of their input. Faculty appreciated students' input aimed at quality improvement and valued an opportunity to express their perspectives. Administrators valued the impact of focus groups on continuous quality improvement, the professional development of students by pairing issues with potential solutions, and providing a forum for clarifying communication pathways. The administrator also noted changes in students' confidence and tone. While most issues were resolved quickly, other issues required long-term solutions. Student representatives needed ongoing coaching to maintain ground rules. Ongoing efforts include: 1) shortening the turnaround time from sharing issues to resolving them; and 2) tracking the impact of focus group efforts on summative program evaluation.

Title: *Leadership Development in Second Degree Students Enrolled in an Accelerated BSN Program*

School of Nursing: University of Tennessee Health Science Center, Memphis, TN

Authors: PA Cowan PhD; B Fleming PhD; M Bishop; A Evans; B Haney; S Link; C Adcock

Background: Involvement in student organizations, including the opportunity to assume leadership roles, has been associated with academic success and retention of nursing students from underrepresented groups. Second-degree students enrolled in

accelerated nursing programs may be reluctant to take on leadership roles within the college and university while balancing personal, financial, and academic demands.

Purpose: The development of a leadership program for Robert Wood Johnson Foundation (RWJF) scholarship recipients will be reviewed. Outcomes assessed included: (1) student leadership roles, (2) leadership activities, and (3) plans for graduate education.

Methods: Leadership and Community of Scholars (COS) sessions were conducted twice per month. Two RWJF Nurse Executive Fellows conducted the leadership activities comprised of role-playing, clinical scenarios, self-assessments, discussions, and books discussions on leadership. Content included critical thinking skills, communication skills, personality traits, emotional intelligence, dedicated educational units, and leadership in the practice arena. Students attended three distinguished visiting professor sessions which addressed leadership in the practice setting. The faculty mentor and doctoral students conducted the COS sessions, which provided RWJF scholarship recipients opportunities to dialogue with graduate nursing students from diverse backgrounds, explore types of graduate programs, participate in scholarly discussions, and critique graduate students' work. Students were encouraged to pursue leadership positions during their educational program. A focus group session was held at the end of the program to ascertain what aspects of the program students found most beneficial and provide recommendations for next year's leadership activities.

Results: RWJF scholarship recipients (50%) hold key leadership positions in the college and university. Two students serve as officers (president and vice president) of the Student Nurses Association (SNA), while a third serves as secretary/treasurer of the Student Government Association. A fourth student serves on the Honor Council. One student serves on the curriculum committee and another, who also serves as a SNA officer, is a student representative on the admissions/progressions committee. As part of their leadership activities, two students volunteered to beta-test modules for a funded study. Several of the students have spearheaded a peer mentorship program with implementation set for fall 2009. Ninety percent of the RWJF scholarship recipients indicated plans to pursue a graduate degree in nursing within two to five years. Average attendance at the leadership/COS sessions was 95%. Students identified the opportunity to network with a diverse group of nursing leaders as well as comment on communication as the major benefits of the leadership and COS sessions. Content and exercises on leadership were deemed less valuable than the opportunity to interact with nursing leaders. Suggestions for next year's program included incorporating a team-building activity and implementation of community activities.

Title: *Transition to a Student-Led Peer Mentoring Program*

School of Nursing: Linfield-Good Samaritan School of Nursing, Linfield College, Portland, OR

Authors: Peggy Wros, RN, PhD; Federico Calixtro, MSN, RN; Claudia Garcia; Alejandra Rotolo; Eric Stevenson

Background: As part of the Ayudando Podemos (AP) diversity initiative, Linfield-Good Samaritan School of Nursing has supported a peer mentorship program for the past three years. The mentorship program has been part of a network of academic and social support services that was developed to ensure the success of students from underrepresented populations, in particular Hispanic students, in nursing programs. The AP program has been very successful based on evaluation data indicating that there is a 95.5% retention rate among participants. Students in the LGSSON accelerated nursing program expressed interest in participating in the mentorship program, and a decision was made to expand beyond the current AP students and to incorporate a student governance model into the development and implementation of the program.

Purpose: Transition of the LGSSON Ayudando Podemos peer mentorship program from a grant-funded, faculty-led program to an inclusive and sustainable campus-wide student governance model.

Methods: A day-long leadership workshop was held for students interested in participating in the development of the peer mentorship program. The workshop was facilitated by a consultant with expertise in student governance and student services.

Results: Twenty-one students attended the leadership workshop. Attendees included two AP students and eight new NCIN scholars. Working together, the group developed a mission and vision; designed the peer mentorship program, including activities and responsibilities of mentors and mentees; and participated in team-building activities. The students named the new program the "Peer Resource Network" (PRN), and it was initiated in June 2009. There are currently over 100 students involved in the peer mentorship program, including all 12 NCIN scholars. The PRN program is co-chaired by two students, including one of the NCIN scholars, and there is broad representation from various cohorts on the student board. PRN of Linfield-Good Samaritan School of Nursing connects a community of past, present, and future nursing students in an effort to instill confidence and ease transitions by providing support, guidance, and inspiration while fostering the core values of nursing. (PRN Mission Statement, June 2009)

Title: *Leadership and Strength Finders*

School of Nursing: The Ohio State University, Columbus, OH

Authors: Linda Daley, PhD & Karen Ahijevych, PhD

Background: Accelerated students bring many skills from previous education and professional experiences. Building on these is critical in the accelerated program. Identifying one's strengths in interaction and collaboration is essential in leadership development. A strengths-based approach (compared to deficits) improves confidence, direction, and kindness toward others (Rath, 2007).

Purpose: The students will become aware of their talents and develop an understanding of how to build their talents into strengths for purposes of personal and professional success.

Methods: Working with an organization development consultant at The Ohio State University Office of Human Resources, we generated a list of five leadership development activities and asked the students to rank them from the most beneficial to the least beneficial. The activities were: Strengths Finder, Emotional Intelligence Inventory, Leadership Practices, Change and Your Style of Change, and Inspiring Visions. Each was briefly described. Strengths Finder received the highest ranking by the group. It is an online self-report assessment that gives the user his/her top five talents. The report reveals how these talents can best be translated into personal and career success.

Results: Following the workshop, students provided evaluation of the opportunity. They identified workshop activities that were useful in understanding their top five talents, how they planned to use information gleaned from this experience in the future, what ways the experience could have been improved, and if they would recommend this experience to future potential RWJ NCIN scholarship awardees. A common theme in the responses was that the experience was very esteem-building and validating. It was particularly valuable in this time of transition to an entirely new discipline (nursing). Learning many new skills and content, and being out of one's comfort zone led some to experience less self-confidence. This activity in which each student identified his/her natural strengths was a confidence-booster.

Title: *The University of Iowa College of Nursing Robert Wood Johnson Foundation (RWJF) Scholars Mentor Program*

School of Nursing: The University of Iowa College of Nursing, Iowa City, IA

Authors: Kathleen S. Hanson, PhD, RN; Toni J. Clow, MA, RN, CPNP, ARNP; Elizabeth A Swanson, PhD, RN; Valerie S Garr, MA; Wilene E Larpenteur, MS; Linda S Myers, MS

Background: The University of Iowa College of Nursing admitted the first cohort of accelerated pre-licensure Master's students in January of 2003. The College awarded the professional Master's in Nursing and Healthcare Practice (MNHP) degree to 196 graduates. In January of 2008, the MNHP program transitioned to an entry into practice Master's of Science in Nursing. Both degree programs were developed consistent with the guidelines established for the Clinical Nurse Leader role. To date, seven alumni have sat for and become certified as Clinical Nurse Leaders. Mentorship and leadership development are essential in all aspects of the life cycle of the student. Comprehensive and collaborative mentorship and leadership development are both important responsibilities of The University of Iowa College of Nursing to help create and expand an accessible, welcoming environment that challenges and supports the intellectual and social capital of faculty, staff, and students. Mentorship and leadership programming is also crucial to increasing the diversity of the students enrolled in nursing education. These activities work to improve collegiality, climate, curriculum, community and advocacy while strengthening retention efforts and graduation outcomes with the expectation to pursue further graduate degrees in nursing. We believe that mentorship and leadership development offer opportunities to make our College of Nursing culturally responsive as we educate clinically responsible nurse professionals.

Purpose: Establish a formal mentor program to support underrepresented students in the pre-licensure MSN program, enhance the transition into professional nursing practice, and develop future leaders in nursing.

Methods: The University of Iowa College of Nursing Robert Wood Johnson Foundation (RWJF) Scholars Mentor Program has been established with the identification and connection of mentors for each scholar. A needs assessment was conducted prior to matriculation into the program. The assessment identified learning styles, expectations of mentors/mentees, ideal connection times, and other critical factors necessary to maximize the match of the mentor with the mentee to ensure a successful relationship. A Toolkit was developed to utilize in the training of mentors and mentees. The Toolkit consisted of the following items: a) training agenda; b) roles and characteristics of a good mentor/mentee; c) public acknowledgement of the notation as a Robert Wood Johnson Scholar; d) learning styles; e) communication styles and

e-mail etiquette; f) fifty ways that culture influences us; g) ten ways that communication varies across cultures; and h) confidentiality. In February, separate, yet parallel, training sessions were conducted for mentors and mentees with complementary information for the function of each group (approximately two weeks after matriculation in the program). Mentors and mentees were then introduced at a gathering at the home of our dean where mentors and mentees were able to become acquainted in an informal and social environment. To date, six facilitated group meetings of mentees have taken place since the initial orientation training session with the following purposes: a) reiterate expectations of the mentoring program; b) review quality and frequency of interaction with mentors; c) exchange information regarding community events and opportunities; d) identify needs/concerns of the scholars; and e) facilitate bonding of the group. In addition to the facilitated meetings, mentees have been meeting individually with assigned mentors throughout the program.

Results: The University of Iowa College of Nursing Robert Wood Johnson Foundation (RWJF) Scholars Mentor Program has been in operation for six months.. The College of Nursing/RWJF Scholars Mentoring Toolkit provided the framework for the training program for both mentors and mentees. After conducting the training, the College of Medicine requested the same Toolkit and training sessions for the second year medical student mentors connecting with first year medical students. College of Nursing Coordinator of Diversity, Valerie Garr, conducted a training session for the College of Medicine. Preliminary annotated comments from students reflect a high perceived value of mentor relationships. It is observed that the group of scholars has bonded and connected in a positive manner which has generated an internal cohesive support system within the group. Scholars rely on each other for assistance and support for both academic and social needs. An assessment will take place at the end of the summer session collecting data on the quality and frequency of interaction in the mentor/mentee relationships.

Title: *Peer to Peer Mentoring: Providing Leadership and Mentorship Opportunities*

School of Nursing: Azusa Pacific University, Azusa, CA

Authors: Linda Hansen-Kyle, PhD, RN, CCM & Tori Newby, RWJ Scholar

Background: Students who enter the field of nursing are often unprepared for the program's rigorous and time consuming requirements, resulting in poor achievement in initial courses, or dropping out of the program. Studies have indicated that peer to peer mentorship in college settings helps students to adjust to these new surroundings and requirements. Student nurse mentoring projects have promoted collegiality within the educational and professional setting. However, there

has been little research with peer mentoring for accelerated second degree students.

Purpose: The aims of this longitudinal qualitative research project were to understand students' perceptions of a peer mentorship program, and how their involvement in a peer mentorship program influenced their development in the area of nursing leadership.

Methods: This project paired incoming (semester one) second degree nursing students with established (semester three) second degree nursing students. The students met weekly or bi-weekly initially (or more often as the students wished) through onsite chats, e-mail, or phone. The subjects of the meetings included study tips; school, social and family life balance; clinical experiences; and other topics of concern. The project director acted as a support resource for both mentors and mentees and provided general guidelines. Individual questionnaires and focus groups were conducted for themes related to the project as identified by the students. Analysis of the data through the use of coding for themes and dimensions was utilized. Major recurring themes were grouped and relationships identified. Theoretical statements based on the thematic discoveries were developed.

Results: Themes of inclusion, adjustment to school, support, self-esteem, leadership experience, and giving back emerged. Students stated the opportunity to be both a mentor and a mentee increased self-esteem and confidence throughout the program. Students also felt they were better able to assume roles of mentorship and leadership in the health care setting.

Title: *Building Leadership Skills by Empowering the Next Generation*

School of Nursing: University of Massachusetts Amherst, Amherst, MA

Authors: Genevieve E. Chandler, RN, PhD; Ahreil Burston; Nicole Craddock; Lee-Jay Henry; Michael Kwarteng; Jessica Lusignan; Charles Muthua; and Juanita Swanston

Background: Current Accelerated Second Bachelor's Students (ASB) identified the need for intensive preparation for the rigors of the program and the transition to the role of a professional nurse. The eight RWJF scholars and other interested students were invited to participate in a leadership project to design an innovative immersion-orientation for the incoming class based on the scholar's own knowledge, experience and evidence.

Purpose: Build leadership skills by facilitating a critical analysis of the orientation process to develop an efficient, innovative and encouraging immersion-orientation to empower new ASB students for our intense, fast-paced 17 month program.

Methods: Three structured weekly group meetings were held to develop a new way of thinking about empowering ASB students using the 5 Ways of Knowing: Silence, Received, Subjective, Procedural and Constructed. The IDEALS problem solving method and an Appreciative Inquiry process were used. Week 1: Introduction to project, each participant described: 1. Silence – articulate thoughts about their own orientation. 2. Received – locate two EBP sources on ASB student transition Week 2: 3. Subjective – creative brainstorming on EBP that built on individual ideas to generate a new perspective 4. Procedural- a) apply problem solving method to issues identified b) apply Appreciative Inquiry (AI) process Week 3: 5. Critical dialogue and Constructed knowing – new program critiqued. Use AI for positive energy and optimistic outlook. Next Steps: Participant pairs complete identified tasks and expand on ideas for the 2010 immersion-orientation, planning meetings scheduled for the fall. Belenky, M., Clinchy, B, Goldberger, N, & Tarule, J. (1986). *Woman's ways of knowing*, NY: Basic Books Facione, P.A. (2006). *Critical thinking: What it is and why it counts*. Retrieved July 15, 2009 from <http://www.insightassessment.com/>

Results: Participants achieved the five leadership principles: 1. Challenge the status quo – collaborate to develop details of new program 2. Inspire a shared vision – reflect on our progress, lend a hand to the new class 3. Enable others to act – heard each others' concerns, built on ideas 4. Model the way – a. encourage input from classmates, b. learn new methods of problem solving c. use Appreciative Inquiry process d. recognize planning is essential 5. Encourage the heart – a. pride in positive minority voice b. acknowledge that our own human resources are impressive, c. Program Director facilitated interactive program and took our suggestions seriously.

Title: *Introduction to Leadership for Entry-Level Clinical Nurse Leader Students: An Online, Self-Study Module*

School of Nursing: University of Maryland School of Nursing, Baltimore, MD

Authors: Laurie Conway, RN, MS, University of Maryland School of Nursing, Baltimore; Sandy Fox, MSRN, CCRN, Anne-Arundel Medical Center, Annapolis, MD; Gail Schoen Lemaire, PhD, PNH/CNS, BC, CNL, University of Maryland School of Nursing, Baltimore

Background: The role of the Clinical Nurse Leader (CNL) as a leader in the interdisciplinary health care team at a Microsystems level is complex and requires diverse knowledge and skills. The CNL collaborates in planning, delivery, delegation, and evaluation of client-focused care for individuals, families, groups, and communities in multiple and varied settings. Using effective communication, collaboration, negotiation, delegation, coordination, and evaluation skills, the CNL assists the client

to safely transition through the health care system. In order to function effectively within today's health care system, the CNL must have knowledge of how health care delivery systems work, how they are financed, and the effect of these factors on client well-being. The CNL must understand the roles, functions, and competencies delineated in the AACN White Paper on the Role of the CNL, and in addition must understand the roles and competencies of other nurses and providers on the health care team. In order to function effectively within their role, entry-level CNL students should be introduced early to leadership-related content that must be built upon throughout the program.

Purpose: In the first semester, a self-study module required in the course Introduction to Professional Nursing Practice was used to introduce basic health care system and leadership concepts. Knowledge gained from module completion was applied in the students' four-week first semester clinical experience.

Methods: A self-study format, rather than lecture and lab instruction, was used to encourage student ownership of learning, offer an alternative learning experience for students with different learning styles, and create scheduling flexibility. Assistance of a content expert was enlisted to create lesson objectives, develop a content outline, draft the self-study module, and act as a module facilitator. Learning resources included text and article readings, electronic hyperlinks, scenario-based questions, and an online discussion board. Learning was assessed individually via two-page essays addressing microsystem challenges identified by students during their clinical rotation; essay weight was 3.75% of the final course grade. Students were introduced to the module four weeks prior to the start of their clinical rotation, were encouraged to complete the eight-hour module at their own pace, and to direct their questions and comments to the online discussion board. A single faculty member graded the essays using a rubric available to students.

Results: The self-study module was offered in fall 2008. Fifty-three students completed the module. The mean score for the module was 92.5% (range 60-100%), close to that for the course overall (90.9%, range 73.9-100%). Using a five-point Likert-type scale, students evaluated the extent to which the module permitted them to meet learning objectives, the usefulness of learning resources, and the module facilitator's effectiveness. Forty-nine students (92.5%) completed the evaluation. Overall, while responses varied slightly by objective, 58.6% of students agreed or strongly agreed that they met the module's objectives, 33.2% were neutral, and 8.2% disagreed or strongly disagreed that they met the objectives. Most students (58.8%) thought the learning resources helped them to meet objectives; 29.4% were neutral, and 11.8% disagreed or strongly disagreed that the learning resources were helpful. In general, students' evaluation of the facilitator's effectiveness suggested that they perceived the role as minor; 50.8% indicated that the items in this domain were 'not-applicable'. Narrative comments implied that the essay assignment helped students process microsystem issues during

their clinical experience, but that clearer direction and less overlap with concurrent courses was necessary. Results suggested the need for module revision and re-evaluation.

Title: *Electronic Mentoring: An Online Student Nurse Community*

School of Nursing: Cleveland State University, Cleveland, OH

Authors: Cheryl Delgado, PhD, RN

Background: Mentoring is an important relationship to promote student success, but often the heavy workload leaves insufficient time for students and mentors to connect and develop a relationship. Online formats for mentoring have been suggested in the literature, and at CSU we have committed to forming an online Student Nurse Community for mentoring.

Purpose: The growth of a mentoring relationship is one that requires time and commitment. The initial task of the mentoring program will be to provide an environment in which the relationship may take root and grow. Field (2003) and Kalish (2005) have suggested that an e-mail may provide a vehicle for a mentoring relationship.

Methods: This program will provide a meeting place in the form of an online community in which both undergraduate and graduate student nurses and faculty can blog/chat online in an open but protected environment. The mentees will request access to this community, and will share information about interests, concerns, and personal issues to the degree that they are comfortable doing so with the goal of 'connecting' with a mentor with whom they are comfortable. That connection may then be pursued in a mutually agreeable fashion, online through e-mails, in person or a combination of both. Both mentee and mentor may return to or stay in the community as desired for group support or for realignment with another mentor if the relationship does not grow. Mentors would agree to be available within the community for students seeking a mentor for period of time to be determined.

Results: Currently, there are 30 accelerated undergraduate nursing students enrolled and 16 faculty upper class undergraduate students and graduate student mentors enrolled. Since the site's start, students and mentors have accessed the site an average of seven times a day.

Title: *Service, Leader Lunches, and Professional Organizations*

School of Nursing: South Dakota State University, Pierre, SD

Authors: Cynthia Elverson, PhD, RN, South Dakota State University; Anna Atteberry, MS, RN, South Dakota State University; Matthew Healy, South Dakota State University; Timaree Ice, South Dakota State

University; Desirae Klein, South Dakota State University; Steven Shields, South Dakota State University; Ryan Tennant, South Dakota State University

Background: Five New Careers in Nursing (NCIN) awardees are members of a class of 39 second-degree students in the accelerated option for a baccalaureate degree with a major in nursing. The curriculum supports leadership development with a professional nursing course in the first term and a leadership course in the final term. Due to the focus of the NCIN award, we looked for additional leadership experiences for the students.

Purpose: Provide leadership development through a wide range of participatory activities for the NCIN scholars and share some of these activities with the entire class.

Methods:

Service

Through working relationships with the Multicultural Center and Lutheran Social Services Refugee and Immigration Programs, three of the NCIN awardees had the opportunity to assist an individual with a foreign nursing education and review basic nursing skills in preparation for the certified nursing assistant exam. The foreign-trained student successfully received certification as a nursing assistant and started a path to a nursing career in the United States.

Leader Lunches

Students in previous classes voiced interest in hearing about advanced nursing roles and specialty areas. We invited five alumni to speak and answer questions about their careers at three lunches during the last half of the year. An NCIN scholar introduced each alumnus. We used the funds provided by the NCIN program to provide an honorarium in the form of a gift card for each alumnus and food for the entire class. Alumni shared a wide variety of experiences in home health, geriatrics, maternity, labor and delivery, adult medical-surgical, emergency room, neonatal critical care, and adult critical care. Two alumni shared their experiences as research nurses. One alumnus just completed the family nurse practitioner program and was able to answer questions about graduate education and the nurse practitioner role.

South Dakota Nurses Association

We plan to pay the registration for the 2008-2009 and 2009-2010 NCIN scholars to attend the keynote address and banquet on the first day of the South Dakota Nurses Association meeting in October.

Results: A wide variety of activities met the goal of providing leadership activities for the NCIN scholars.

Title: *Mentorship and Retention Strategies Promote Academic Success of Underrepresented Second-Degree Students Enrolled in an Accelerated Nursing Program*

School of Nursing: University of Tennessee Health Science Center, Memphis, TN

Authors: P. Cowan, B. Fleming, L. Ivy, L. Hardy, N. Border, M. Collardo, & F. Robinson

Background: Underrepresented groups in accelerated nursing programs cite lack of time, shortage of nursing tutors, and college expenses as obstacles to academic success. Although essential, financial assistance alone does not result in academic success. Evidence-based retention strategies that promote retention of underrepresented students include (1) pre-matriculation programs to enhance academic skills; (2) strong student-faculty relationships with the presence of minority collegial support; and (3) mentorship and social activities.

Purpose: The purpose of this abstract is to: 1) describe the development of a successful mentorship and retention program for underrepresented students in nursing; and 2) compare retention rates and standardized exam (ATI) scores of Robert Wood Johnson Foundation (RWJF) scholars to other 2nd degree students in the same accelerated baccalaureate program.

Methods: The College of Nursing implemented a week long pre-matriculation program which addressed skills for academic success and evaluated students' academic knowledge and critical thinking skills. Content and activities included: time and stress management, enhanced study and testing strategies, technology competence, professional writing, and critical thinking ability. Mentorship of RWJF scholars was provided through (1) weekly contact with faculty and doctoral students who provided academic and social support, (2) exposure to faculty, staff and doctoral students from underrepresented groups, and (3) a positive social infrastructure of peers. These weekly two-hour sessions were scheduled into their course load and included content-specific reviews, analysis of study skills, note taking for specific courses, concept mapping, laboratory analysis, test taking, role-playing, and skills practice. Graduate students from underrepresented groups provided additional academic support and social support, serving as a model of success. Retention rates and standardized exam scores were compared between RWJF scholars and other 2nd degree students in the program. A focus group was conducted to ascertain student feedback on the program.

Results: At the completion of 40 credits in the accelerated BSN program, retention rates were 100% for RWJF scholars, 78% for all 2nd degree students, and 53% for underrepresented 2nd degree students not in the RWJF program. RWJF scholars achieved similar scores on ATI at the end of course examinations, compared to all 2nd degree students, and

higher ATI scores than underrepresented 2nd degree students who were not RWJF scholarship recipients. Attendance averaged 95%. If not required, students indicated their attendance would likely have been less due to competing time demands. However, students identified the program as very beneficial and recommended continuing the weekly two-hour sessions. Weekly mentorship sessions were feasible to implement and resulted in higher retention of underrepresented 2nd degree nursing students.

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Schools of Nursing Receiving Funding in August 2008 through the RWJF New Careers in Nursing Scholarship Program

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**Schools of Nursing Receiving Funding in August 2009
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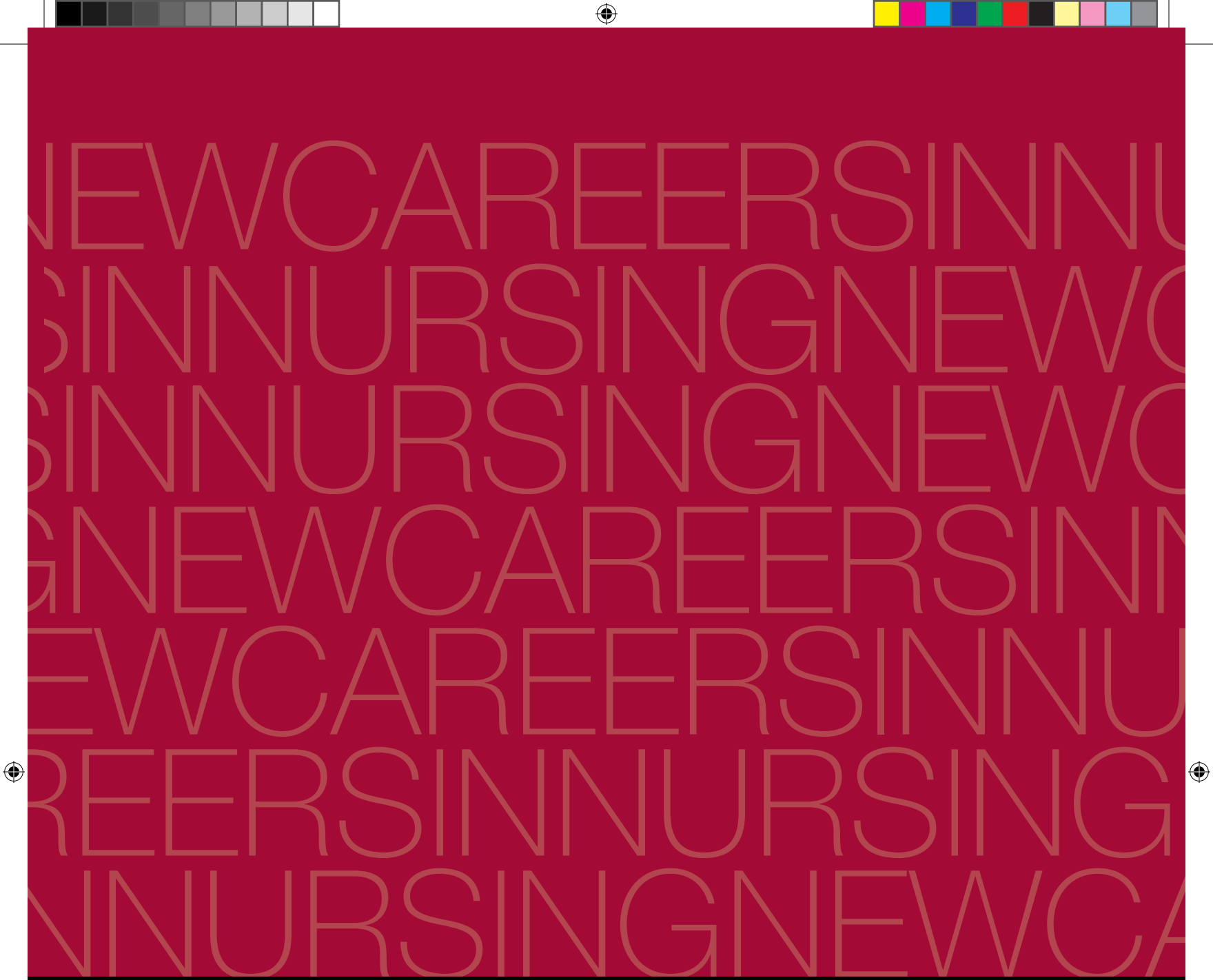
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