

Leadership Development of NCIN Scholars Among Competitive Collaborators

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Collaborative Efforts

- Collaboration among institutions of higher learning is not a common practice. The 3 colleges of nursing involved in this project are competitors for prospective accelerated students and graduates competing for jobs.
- The Program Liaison's recognized a leadership conference would strengthen the RWJF NCIN offerings.
- The benefit of collaborating on planning and conducting a leadership conference for NCIN Scholars was clear as it provided an opportunity for leadership development.

Conference Agenda

- 07:30 AM – 08:00 AM Registration & Breakfast
- 08:00 AM – 08:15 AM Welcome
- 08:15 AM – 09:00 AM Keynote Address- Building a Career Path
 - Vernell DeWitty, PhD, RN
- 09:00 AM – 09:45 AM Leadership and How We Arrived – Nurse Leader Panel
- 09:55 AM – 10:25 AM Breakout Session 1
- 10:35 AM – 11:05 AM Breakout Session 2
 - Dr. Jane Carmody (Acute Care) – CNO, Alegent-Creighton
 - Dr. Lin Hughes (Education) – Dean, NMC
 - Dr. Shelia Ryan (Global Health) – Endowed Chair, International Relations, UNMC
 - Dr. Marilyn Valerio (Nebraska Action Coalition) – Dean Emeritus, NMC
- 11:15 AM – 11:45 AM NCIN Scholar Network & Doctoral Advancement in Nursing Project
 - Dr. DeWitty
- 11:45 AM – 12:45 PM Lunch with Practicing Nurses
- 12:45 PM – 02:45 PM World Café
 - HIPAA and Social Media – Andrea Jahn, JD, Creighton
 - Affordable Care Act – Steve Martin, CEO, Blue Cross Blue Shield Nebraska
 - Diversity in Nursing – Shelia Ryan, PhD, RN, FAAN, UNMC
 - Inter Professional Collaboration – Dee Ernesti, RN, MSN, CENP, UNMC
 - Disaster Planning – Tom McMahon, Medical Reserve Corp, Coordinator, United Way of the Midlands
- 02:45 PM – 02:55 PM Afternoon Break
- 02:55 PM – 03:30 PM Wrap-up by World Café Facilitators/Evaluations



Benner's Novice to Expert Theoretical Framework

Benner's framework guided Program Liaisons in mentoring NCIN Scholars in planning the 2013 Leadership:

- Novice planners included NCIN Scholars, a leadership development colleague and a new support staff member from a continuing education department
- Expert planners included NCIN Program Liaisons, faculty from participating colleges and highly skilled support staff members from a continuing education department
- During this process, novice planners moved from novice to advanced beginner with the potential for greater growth, hopefully moving toward expert

Purpose & Goal of the Project

Purpose:

- Collaboratively engage in the design and implementation of a student-focused leadership conference.

Goal:

- Plan and conduct an NCIN Student Leadership Conference in Omaha, NE.

Conference Format

- Interactive
- Keynote speaker
- Nurse leader involvement
- Panel discussions
- World Café
- Table conversations with practicing RNs
- Held on September 13, 2013
- NCIN Scholars executed the conference



Initial Discussions

Conference objectives

- Consistent with the National Program Office goals for regional conferences

Timeline

- Definition of roles
- Topics of interest
- Conference form

Definition of Roles

Speakers

- Initial contact/request to participate
- Topics
- Conference format

Conference location, logistics:

- Technology related to transmission
- Rooms
- Menu

Agenda



References

SW Health. (2011). *Benner's stages of clinical competence*. Retrieved from NSW Health, NaMO-WOW Project tool: <http://www.health.nsw.gov.au/nursing/projects/Documents/novice-expert-benner.pdf>

Benner, P. (2001). *From novice to expert: excellence and power in clinical nursing practice*. Upper Saddle River: Prentice Hall

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NEW CAREERS IN NURSING SCHOLAR ALUMNI TOOLKIT: AN INNOVATIVE RESOURCE FOR TRANSITION TO PRACTICE

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BACKGROUND

It is well documented that the transition from student to registered professional nurse is challenging (Barnett, Minnick, & Norman, 2014). Studies show that there are a multitude of reasons new nurses leave their first job: lack of mentorship, inadequate emotional and moral support, technical challenges, bullying, and difficulties with professional socialization (Loftin, Newman, Dumas, Gilden, & Bond, 2012). Since underrepresented minority nursing students have reported the lack of these resources as barriers to their success (Escallier & Fullerton, 2013); their transition to practice may be even more challenging.



PURPOSE

An NCIN innovation award funded the development of a transition to practice toolkit for new nurses. The purpose was to provide the necessary resources for successful transition to practice, and to lay the groundwork for continued professional growth. Benner's (1984) novice to expert model guided the development of the toolkit.



METHODS

Institutional review board approval was not required. Our project team worked collaboratively via regularly scheduled conference calls to: 1) develop a content outline based on the specific toolkit objectives; and 2) design a user-friendly toolkit structure. Thirteen recent NCIN scholar alumni from the three partner schools gave feedback on the preliminary content. Using this feedback, the chapter outline was revised and reorganized. Poignant personal observations and advice from scholars were incorporated anonymously in each chapter. The toolkit's six chapters were structured using key questions posed from the first person point of view of a new nurse. The corresponding responses offered evidence-based guidance, expert advice, and credible online resources. Each project team developed two chapters, which were revised collaboratively as a group by phone.

The toolkit content validity was established using an email survey developed by the team to a convenience sample of 29 recent NCIN scholar alumni from the three partner schools. NCIN alumni were asked to rate the quality of specific chapters using a 5-point Likert scale ranging from poor (1) to excellent (5); as well as the toolkit's overall content, usability, relevance, and value. Qualitative feedback was also solicited. Revisions were made based on this feedback. Descriptive statistics were used to analyze the quantitative data, and the qualitative comments were analyzed for thematic content.

The draft toolkit was then peer reviewed by an expert nurse editor, and additional editorial, content, and structural changes were made. A final critique by the peer reviewer was conducted prior to forwarding the toolkit to the NCIN National Program Office (NPO) for further review and input from the Deputy Program Director, two professional editors, and the printing team.



RESULTS

A total of 29 NCIN scholar alumni from all three schools were asked to review the draft toolkit, with a response rate of 69% ($N = 20$). Fifteen respondents completed the evaluation tool and rated the chapters 4.67 overall with scores ranging from 4 to 5 (0 = poor; 5 = excellent), demonstrating strong validation that the chapter objectives were met. The mean scores for content (4.57), usability (4.5), relevance (4.79) and overall quality (4.71) were also excellent. Written comments on the evaluation tool ($n = 10$) reflected careful review and scrutiny of the content in each chapter. Five respondents shared qualitative feedback that the toolkit was extremely relevant and user-friendly but did not assign quantitative scores. The feedback was very positive overall as noted by one scholar who stated the toolkit is "a great resource to get vitally important information quickly from reliable sources."

Once the toolkit was revised using the scholar alumni feedback, it was thoroughly critiqued by the expert peer reviewer who suggested substantive content changes as well as numerous revisions and edits. Based on this critique, the project team made substantial content and organizational changes to the toolkit, and it was then sent for final editing and proofing by the project team, NPO, editors, and printing team. Further edits were made and "callouts," or boxed text that highlighted key chapter themes and notable quotes, were added to the layout. Hard copies of the final toolkit were distributed to all 130 NCIN grantee schools. An electronic version of the transition to practice toolkit can be downloaded on the NCIN website.

Table 1. New Careers in Nursing Scholar Alumni Toolkit: Resources for Successful Transition to Professional Nursing Practice

Chapter Title	Objective	Sample Topics
<i>The Job Search: Resources for a Successful Transition to Nursing Practice</i>	Provide resources and guidance through the job search process	How to begin; creating a résumé, cover letter, and thank you note; online applications; Nurse Career Battery Test; interview tips; deciding about a job offer
<i>Establishing and Sustaining Successful Mentoring Relationships</i>	Give information for establishing successful mentoring partnerships	Defining mentorship; where to find a mentor; establishing, engaging in, sustaining, and changing the mentoring partnership
<i>Starting Your Nursing Career: Strategies for Success</i>	Offer strategies for success when beginning the nursing career	What to expect, managing ethical dilemmas, time management, setting priorities, delegation, documentation, cultural competence, patient satisfaction, adjusting to shift work, bullying, managing personal finances
<i>Resources for Defining Career Goals and a Path for Professional Growth</i>	Provide information for defining career goals and a path for professional growth	Progressing from novice to expert; moving from generalist to specialist; engaging in research, publication, and presentation; global engagements; nursing career paths
<i>Advancing Your Nursing Education</i>	Give information about advanced nursing education	Importance of advanced nursing education, doctoral education, graduate degrees in other disciplines, financial support for graduate education
<i>Growth as a Nurse Leader</i>	Offer guidance for continued leadership development	Importance of reflection, networking, NCIN Scholars Network, professional organizations, nonprofits, volunteer opportunities, leadership development programs, professional journals

CONCLUSIONS

Several key lessons were learned as a result the project. One of the most significant benefits gained was the synergy of the collaborative process among the project team, which was further enhanced by input from the scholar alumni, peer reviewer, NPO, and printing team. Scholar alumni feedback added significant value and made a meaningful contribution to the toolkit due to their unique perspectives on transition to practice and its challenges. The biggest challenge faced by the project team was the coordination of scheduling conference calls on a regular basis.

The project was well intentioned and systematically designed, which resulted in a validated and useful transition to practice toolkit for new nurses. Future research is needed to determine: 1) when and if this resource might be best introduced, e.g., during the nursing curriculum; or 2) whether new nurses use the toolkit and if its resources prove to be helpful. Further input from clinical partners administrators and recruiters from various settings may provide a broader perspective on transition to practice challenges faced.

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Strengthening Cultural Competence in Prenatal Care with a Virtual Community: Building Capacity through Collaboration

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BACKGROUND

- Need for strengthening students' understanding the needs of culturally diverse patients
- Limited access to specialty clinical sites and faculty, especially maternal-child
- According to recent NCSBN research (Hayden et al., 2014), simulation can supplement clinical experiences.



INNOVATION

- To build capacity through collaboration
- To explore alternative clinical experiences that focus on health promotion in culturally diverse, high risk, and underserved populations

METHODS

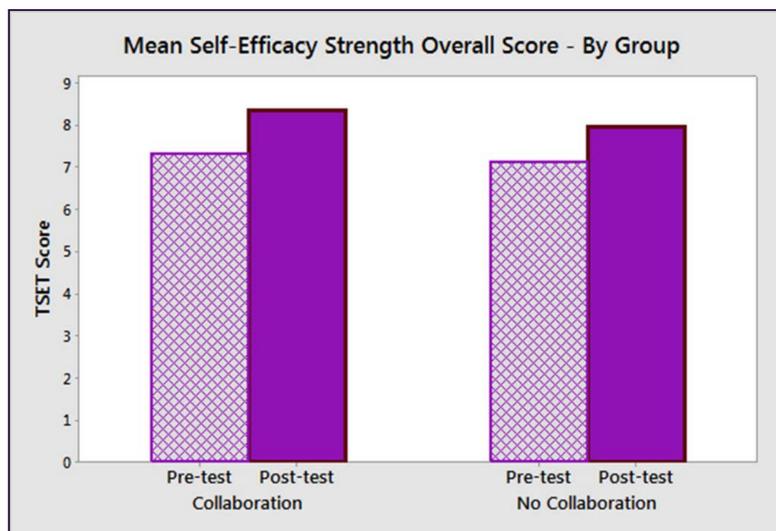
- Quasi-experimental pre-test post-test design
- **Participants-** ASD students enrolled in a maternal health course at Ashland University and a community and behavioral health course at Duquesne University
- **Intervention-** Virtual simulation of prenatal patients in an Amish community and African American urban community
- **Evaluation-** TSET (Jeffreys, 2010); Plan of Care; and post-course evaluations with the students, faculty, community members and project team

PURPOSE

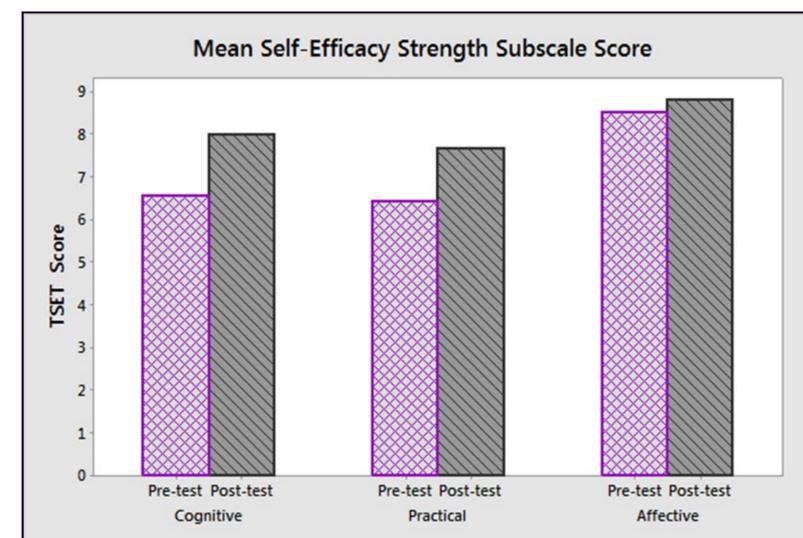
- Develop virtual simulations focused on diverse populations to help strengthen the cultural competence of ASD students in two nursing schools working in collaboration.
- Evaluate the effectiveness of shared resources between the two private universities.



RESULTS



TSET RESULTS



CONCLUSION

- Shared resources allowed for replication of culturally diverse patients and strengthened ASD students' cultural competence
- Students appreciated interacting with culturally diverse patients from rural and urban communities, but were challenged working on Plan of Care group assignment.
- Faculty, community members and students reported positive and rewarding experiences in the simulated experience.
- Need to include interdisciplinary experiences

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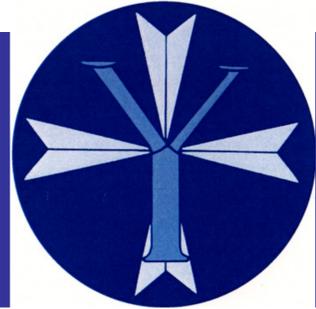


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Replicating an Innovative Educational Pedagogy for Physical Examination and Problem Setting

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 Mount Saint Mary's University



BACKGROUND

Strong clinical observation is an essential hallmark of excellent nursing practice. The development of clinical observation skills is a task of the student and continues to develop throughout the career. With practice, observation skills can be improved over time. As the healthcare environment becomes more complex it is ever more important for health care providers to be holistically minded creative problem solvers.

Previous study of the use of art and music in nursing student populations demonstrated marked improvement in all cases. The question of the portability of the pedagogy prompted replication of the study in another nursing student population.

PURPOSE

Given that observational and auditory skills take time to perfect, the concern revolves around accelerated students' ability to master proficiency in a timely manner. We developed an innovative program "looking is not seeing and listening is not hearing" where art work and visual training (*Looking is not seeing* aspect) and music auditory training (*Listening is not hearing* component) for nursing students in an accelerated masters entry program demonstrated efficacy on their competence in detecting of heart, lung and bowel sounds and improved observational and diagnostic reasoning skills. The purpose of this study was to test the intervention in another population as well as trial the replication.

METHODS

A pretest—posttest experimental design was used in which 23 students in an accelerated bachelors program for non-nursing college graduates were given a pre-test and asked about their history of music and art training. Testing consisted of students ability to identify which organ was associated with specific body sounds, as well as their ability to interpret a total of 25 sounds (10- lung, 10-heart, 5-bowel sounds), and interpretation of pictorial images of specific disease states. Two pictures of patients were reviewed by students and they were asked to differentiate visual objective findings and interpreting the possible diagnosis.



RESULTS

Our previous research revealed that nursing students who participated in observational training using artwork in a museum under the direction of an art docent and clinical faculty member observed more signs or symptoms, identified more objective clinical findings, and offered more alternative diagnoses when performing a differential diagnoses with a clinical picture compared to traditional classroom and clinical teaching (Pellico et al, 2009; 2013). Additionally, our research on the use of music auditory training in a music hall with a distinguished composer and music expert demonstrated significant improvement in bowel, heart, and lung sounds ($p < .0001$), in nursing students (Pellico et al, 2012; 2013). The ability to label normal and abnormal heart sounds doubled with this three hour intervention, interpretation of normal and abnormal lung sounds improved by 50%, while bowel sounds interpretation improved three fold. Cognizant that many colleges and universities do not have access to museums, music halls, art and music experts, the aim of this study was to test a portable music and art program and compare results to our traditional research efforts thereby testing equivalency of the two teaching modalities. **Results** reveal that soon to be RN's correctly identified less than 10% of heart sounds correctly (normal and abnormal); 20% of lung sounds, and 38% of bowel sounds before this intervention. After our three hour program, students were post-tested two weeks later, and results reveal, students correctly identified 35% of heart sounds (improvement of 262%), 43% of lung sounds (improvement of 109%) and 58% of bowel sounds (improvement of 52%) after this three hour intervention, and significantly improved their observational abilities over time ($p < .0001$) on all measures with few exceptions. Our results suggest that pedagogy that improves the perceptual ability of our students is needed to ensure clinical competency of our graduates and the classroom and museum experience is an effective pedagogy for improving the perceptual skills of nursing students.

Table 1. Demographics of MSMU Participants (n=22)

Characteristic	Frequency (%)
Age	
18-24	5 (22.7)
25-29	9 (40.9)
30-50	8 (36.4)
Female	19 (86.4)
Male	3 (13.6)
Type of Undergraduate Degree	
Bachelor of Arts	14 (63.6)
Bachelor of Science	8 (36.4)
Type of Graduate Degree	
Masters of Art	1 (4.5)
Worked prior to school	20 (90.9)
Able to read music	7 (31.8)
Ever had music lessons*	14 (63.6)
Ever had art training	8 (36.4)
Visual impaired	2 (9.0)
Hearing impaired	0 (0.0)

*Mean years of musical lessons is 2 years (sd=2.8)

Table 3. Identification of signs at baseline and after completion of looking education. N=22*

Variable	Pre		Post		Wilcoxon Signed rank Test (P)
	Mean	SD	Mean	SD	
Image 1					
Total word count	142.73	52.31	148.52	58.60	0.6023
Total number of observations	21.23	6.78	31.33	11.02	0.0003
Number of objective physical assessment findings	7.95	3.24	16.33	6.49	<.0001
Number of diagnoses	0.64	0.79	1.67	0.86	0.0006
Image 2					
Total word count	143.45	55.57	173.90	52.52	0.0097
Total number of observations	26.86	7.80	33.62	10.41	0.0186
Number of objective physical assessment findings	8.00	2.58	12.57	4.31	0.0003
Number of diagnoses	1.41	1.05	1.29	0.72	0.6479

*There were 22 participants in the program, post-test data is missing on 1 person

Table 2. Correct identification of organs and sounds at baseline and after completion of listening education. N=23.

	Number of Sounds	Baseline			Post education			% Improvement	Wilcoxon signed rank
		Mean Score	(sd)	%	Mean Score	(sd)	%		
Correctly identified organ	25	21.78	2.43	87.12	23.39	1.75	93.56	7.39	0.0051
Correctly identified organ sound	25	4.91	2.37	19.64	10.65	3.69	42.60	116.90	<.0001
Correctly identified organ as heart	10	9.35	0.89	93.50	9.35	0.94	93.50	0.00	0.8872
Correctly identified heart sound	10	0.96	0.88	9.60	3.48	1.73	34.80	262.50	<.0001
Correctly identified organ as lung	10	9.04	1.15	90.40	9.56	0.73	95.60	5.75	.0418
Correctly identified lung sound	10	2.04	1.43	20.40	4.26	1.57	42.60	108.82	.0003
Correctly identified organ as bowel	5	3.39	1.41	67.80	4.48	0.85	89.60	32.15	.0038
Correctly identified bowel sound	5	1.91	1.56	38.20	2.91	1.54	58.20	52.36	0.0117

Table 4. Correct diagnosis based on assessment of signs

Variable	Pre		Post		McNemars
	Correct	%	Correct	%	
Image 1 Correct Diagnosis	1	4.55	14	66.67	0.0003
Image 2 Correct Diagnosis	14	63.64	19	90.48	0.0588

n=22 (missing 1 post test)

CONCLUSION

Educators are faced with the challenge of developing best-practice teaching-learning strategies to help students attain clinical competency in RN and APRN roles, and our research reveals that that use of arts (visual and auditory) improves students' clinical competency. The activities of viewing works of art and aural training using music sharpens the observational and reasoning skills of nursing students and auscultative interpretive abilities, and holds promise for future medical education.

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Pellico, L. H., Friedlaender, L., & Fennie, K. (2009). Looking is not seeing: Using Art to improve observational skills. *Journal of Nursing Education*, 48(11): 648-653
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 Pellico, L. H., Fennie, K.P., Tillman, S., Friedlaender, L., Duffy, T.C., Graham, G. (2013). Artwork and Music: Innovative Approaches to Physical Assessment Instruction and Learning, *Arts and Health*, DOI:10.1080/17533015.2013.838592; Program illustrated on YSN Web Site: http://nursing.yale.edu/YNM/10_1/6bac_music_fall09.html; This research study was supported by the Johnson & Johnson/Global Alliance for Arts & Health Partnership to Promote the Arts in Healing

GAMING THE SYSTEM: UN JUEGO DE GASOMETRIA

Cory Ann Boyd, EdD, RN, Mary Ann Glendon, PhD, RN & Jonah Warren, M.F.A., Design and Technology

Quinnipiac University & Southern Connecticut State University

BACKGROUND

The analysis and interpretation of arterial blood gases poses a challenge for nursing students. There are limited research findings on the outcomes of using serious games with nursing students, yet a game-based approach for the delivery of academic content has the potential to secure key learning principles. Games offered in English and Spanish set a precedent to develop educational content that supports both underrepresented Spanish-speaking learners and non-native speakers. In fast-paced accelerated nursing programs, educational games may provide an effective means with which to support learning.

PURPOSE

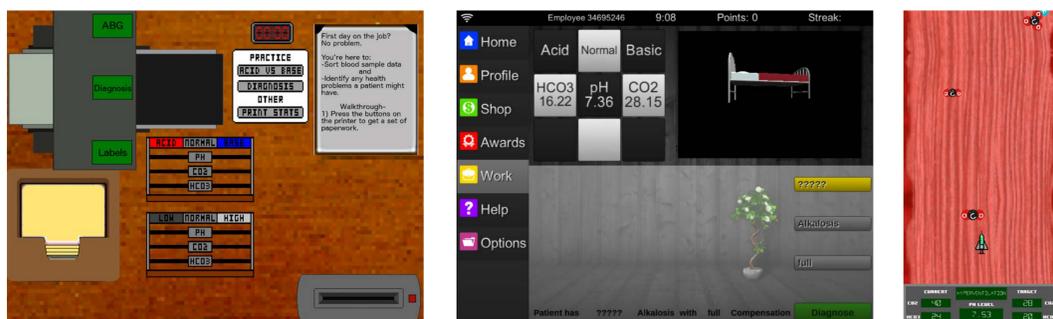
The purpose of this project was to engage an uncommon disciplinary team to create a digital game prototype for nursing students as a practice tool for mastering concepts of ABGs in English or Spanish. Using a fun and engaging platform, the team aimed to create a game where the qualities of playing the game, as opposed to the specific content, were developed by millennials for millennials.



ABS N Students Working with Game Design and Development Students

METHODS

The project team included nursing faculty from two universities, game design and development (GDD) faculty, foreign language faculty, GDD students, and accelerated bachelor in nursing (ABS N) students. After instruction on arterial blood gas concepts from nursing faculty and instruction on developing serious games by GDD faculty, GDD students designed a game prototype. During the game design period, ABS N and GDD students met to discuss game concepts and the dynamics of game play. GDD students and GDD and nursing faculty met weekly using Trello© as a project management tool to track tasks, discussions, and assets. NCIN Scholars and accelerated nursing students playtested the game on two separate rounds. Feedback, using a questionnaire and focus groups, guided modifications and correction of any lingering bugs in the game. Game translation from English to Spanish permitted play in English or Spanish.

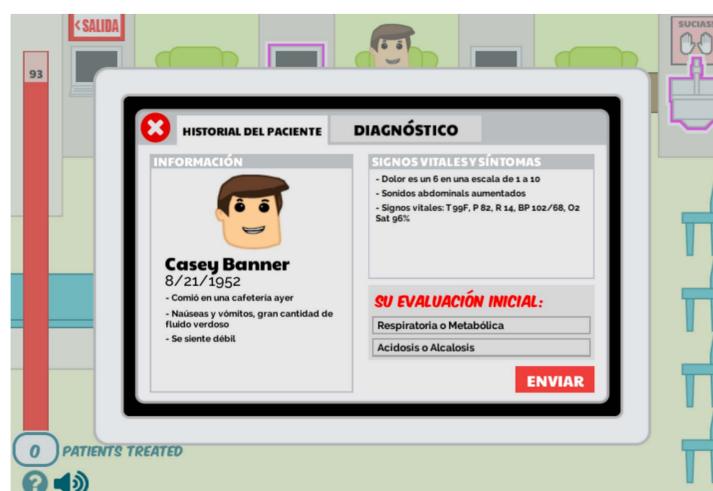
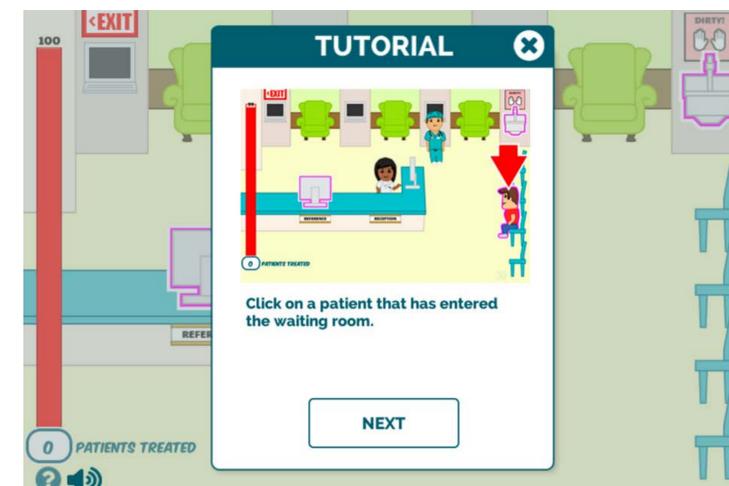


Screenshots of Game Design and Development Student Prototypes Developed in Class

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Screenshots From the Final Game Prototype: ABG RUSH.

RESULTS

This project resulted in a fully functional, unbalanced game prototype ready for playtesting. The game was deemed by play testers as an effective tool for teaching ABG content. Play testers played competitively with each other, an important component of well-constructed games. Playtesting resulted in significant changes including providing additional feedback and implementing a step requiring players to reflect on patient information in the game. Adding these steps effectively tied signs and symptoms to ABG values in a way that no other tool the students reported using in the past had achieved. Students indicated that feedback for correct responses and rationale for incorrect responses was essential for generating feelings of self-efficacy. Spanish speaking students reported enjoying game play in Spanish and improved performance during play. The process of creating a game is a powerful tool for learning concepts. GDD students understood the basic elements of ABGs nearly as well as nursing students.

CONCLUSIONS

ABS N students are motivated learners who rely on feedback for securing both simple and complex concepts in nursing. A well-crafted game inspires intrinsic motivation for mastery and success while permitting learners to take risks in a virtual world where failure is not penalized and real world risks are minimal.

RECOMMENDATIONS

Digital-based games that focus on securing a singular concept may have the potential to reduce the cognitive load a learner experiences when challenged by more complex problem. The experience of creating a game is a powerful tool for learning concepts. Interdisciplinary teams that represent a broad range of perspectives and skill sets face great challenges but retain greater potential for creating meaningful outcomes and advancing nursing education.