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.

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.

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

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
  • 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

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

Benefits of Information (Attendees)
- Opened minds to variety of opportunities
- Now considering graduate school seriously
- Augmented knowledge of best practices in patient care
- Planning for job interviews (i.e., deleting Facebook account)
- Motivated to be and do more than originally planned
- More careful consideration given to use of social media
- Importance of overall professional demeanor (appearance, deportment, owning mistakes)

References


Funded by The New Careers in Nursing Program
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.

RESULTS

A total of 29 NCIN scholar alumni from all three schools were asked to review the draft toolkit, with a response rate of 89% (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

<table>
<thead>
<tr>
<th>Chapter Title</th>
<th>Objective</th>
<th>Sample Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Job Search: Resources for a Successful Transition to Nursing Practice</td>
<td>Provide resources and guidance through the job</td>
<td>How to begin; creating a resume, cover letter, and thank</td>
</tr>
<tr>
<td></td>
<td>search process</td>
<td>you note; online applications; Nurse Career Battery</td>
</tr>
<tr>
<td>Establishing and Sustaining Successful Mentoring Relationships</td>
<td>Give information for establishing successful</td>
<td>Defining mentorship; where to find a mentor;</td>
</tr>
<tr>
<td></td>
<td>mentoring partnerships</td>
<td>establishing, engaging in, sustaining, and changing</td>
</tr>
<tr>
<td>Starting Your Nursing Career: Strategies for Success</td>
<td>Offer strategies for success when beginning the</td>
<td>What to expect, managing ethical dilemmas, time</td>
</tr>
<tr>
<td></td>
<td>nursing career</td>
<td>management, setting priorities, delegation,</td>
</tr>
<tr>
<td>Resources for Defining Career Goals and a Path</td>
<td>Provide information for defining career</td>
<td>documentation, cultural competence, patient</td>
</tr>
<tr>
<td></td>
<td>goals and a path for professional growth</td>
<td>satisfaction, adjusting to shift work, bullying,</td>
</tr>
<tr>
<td>Advancing Your Nursing Education</td>
<td>Give information about advanced nursing</td>
<td>managing personal finances</td>
</tr>
<tr>
<td></td>
<td>education</td>
<td></td>
</tr>
<tr>
<td>Growth as a Nurse Leader</td>
<td>Offer guidance for continued leadership</td>
<td>Importance of advanced nursing education, doctoral</td>
</tr>
<tr>
<td></td>
<td>development</td>
<td>education, graduate degrees in other disciplines,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>financial support for graduate education</td>
</tr>
</tbody>
</table>

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.

REFERENCES


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

Lisa Young DNP, APRN, Yvonne Weideman, DNP, RN, Faye Grund, PhD, APRN, Joan Such Lockhart, PhD, RN, ANEF, FAAN, Mark Fridline, PhD, Marie Panas, MSN, RN
Ashland University and Duquesne University Schools of Nursing

**BACKGROUND**
- Need for strengthening students’ understanding of 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

**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.

**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

**RESULTS**
- 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

**REFERENCES**


**TSET RESULTS**
![Graph showing TSET results]

**CONCLUSION**
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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 bachelor program for non-nursing college graduates were given a pretest 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.

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.

Table 1. Demographics of YSNR Participants (n=23)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>n=23</td>
<td></td>
</tr>
<tr>
<td>18-24</td>
<td>5 (21.7)</td>
</tr>
<tr>
<td>25-28</td>
<td>6 (26.1)</td>
</tr>
<tr>
<td>&gt;28</td>
<td>12 (52.2)</td>
</tr>
<tr>
<td>Male</td>
<td>13 (56.5)</td>
</tr>
<tr>
<td>Female</td>
<td>10 (43.5)</td>
</tr>
<tr>
<td>Type of Undergraduate Degree</td>
<td>Bachelor of Science</td>
</tr>
<tr>
<td></td>
<td>18 (78.3)</td>
</tr>
<tr>
<td>Type of Graduate Degree</td>
<td>Masters of Arts</td>
</tr>
<tr>
<td></td>
<td>5 (21.7)</td>
</tr>
<tr>
<td>Worked prior to school</td>
<td>20 (86.9)</td>
</tr>
<tr>
<td>Worked in med field</td>
<td>7 (30.4)</td>
</tr>
<tr>
<td>Ever had music classes</td>
<td>16 (69.6)</td>
</tr>
<tr>
<td>Ever had art training</td>
<td>8 (34.8)</td>
</tr>
<tr>
<td>Heart improved</td>
<td>2 (8.7)</td>
</tr>
<tr>
<td>Bowel improved</td>
<td>2 (8.7)</td>
</tr>
<tr>
<td>Lung improved</td>
<td>3 (13.0)</td>
</tr>
</tbody>
</table>

Note: Involves formative measures and post measurement of training, n=23 (2012-2013).

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

<table>
<thead>
<tr>
<th>Variable</th>
<th>Correct</th>
<th>% Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac identified</td>
<td>25</td>
<td>21.78</td>
</tr>
<tr>
<td>Cardiac identified longer</td>
<td>23</td>
<td>2.53</td>
</tr>
<tr>
<td>Cardiac identified longer</td>
<td>20</td>
<td>2.53</td>
</tr>
<tr>
<td>Cardiac identified longer</td>
<td>35</td>
<td>2.53</td>
</tr>
<tr>
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<td>35</td>
<td>2.53</td>
</tr>
<tr>
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<td>2.53</td>
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<tr>
<td>Cardiac identified longer</td>
<td>35</td>
<td>2.53</td>
</tr>
</tbody>
</table>

Table 3. Knowledge of lung auscultation and after completion of training education. n=23

<table>
<thead>
<tr>
<th>Variable</th>
<th>Correct</th>
<th>% Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung code</td>
<td>55.56</td>
<td>17.72</td>
</tr>
<tr>
<td>Lung code</td>
<td>55.56</td>
<td>17.72</td>
</tr>
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<tr>
<td>Lung code</td>
<td>55.56</td>
<td>17.72</td>
</tr>
</tbody>
</table>

Table 4. Correct diagnosis based on assessment of signs

<table>
<thead>
<tr>
<th>Variable</th>
<th>Correct</th>
<th>% Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Image 1 Correct Diagnosis</td>
<td>n&lt;Z (missing 1 signal)</td>
<td>1</td>
</tr>
<tr>
<td>Image 2 Correct Diagnosis</td>
<td>n&lt;Z (missing 2 signals)</td>
<td>4</td>
</tr>
</tbody>
</table>

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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.

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.

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 (ABSN) 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, ABSN 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.

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.

ABSN 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.

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.