WLN Wisconsin League *for* Nursing

FALL CONFERENCE

"Leveraging Technology to Guide Nursing Practice, Education, & Professional Development - Simulation Priorities and Possibilities"

NOVEMBER 16th

Froedtert Hospital - Helfaer Auditorium
Milwaukee, WI

2024

SCHEDULE OF EVENTS

WLN Wisconsin League *for* Nursing

4.75 contact hours awarded

7:00 – 7:50 AM
Doors & Registration Open - Breakfast Served
Poster Presentations viewing - Exhibitors/Vendor Visits

7:50 – 8:00 AM
Welcome & Announcements

8:00 – 9:30 AM
KEYNOTE: The Milestones, Trends, Gaps, and Values in Clinical Simulation
Pamela Jeffries, PhD., RN, FAAN, ANEF, FSSH

9:30 – 10:30 AM
Break: View Posters & Exhibitors

10:30 AM – 11:30 AM
KEYNOTE: The Essentials of Simulation Education: From Theory to Practice
Pamela Jeffries, PhD., RN, FAAN, ANEF, FSSH

11:30 AM – 1:00 PM
Lunch Break: Lunch & award celebration, view posters & exhibitors

1:00 – 2:30 PM
Competence… How Do You Know?: Using Simulation for Teaching, Learning, & Assessment
Kristina Thomas Dreifuerst, PhD, RN, CNE, ANEF, FAAN
Katie McDermott, BSN, RN, NPD-BC, CHSE

2:30 - 3:15PM
Enhancing Clinical Competency in Simulation
Amy Cowperthwait, CEO, RN, MSN, CNS, CHSE-A

3:15 – 4:00 PM – Pick your Activity
Panel Discussion Q & A: Afternoon conference speakers
Froedtert Simulation Center tour and demonstrations

Hello WLN Members and Guests!

Thank you for attending the 2024 WLN Fall Conference. For those of you attending in person, Froedtert ThedaCare Health, Inc. is our Platinum Sponsor and host. We are honored to be here on the Froedtert Hospital & Medical College of Wisconsin campus and thank them for their hospitality!

I'd also like to welcome our virtual attendees, those joining us from across the state and country as we are broadcasting virtually.

It is great to be back together again for our fall conference. We often hear the ability to be together with like-minded nurses is often inspirational as we work together to deliver high quality nursing care in an ever-changing healthcare environment. We have planned a great lunchtime celebration of our DAISY Award for Extraordinary Nurse Educators honorees and nominees, and recognition of our scholarship winners. We invite our virtual attendees to stay online during the award ceremony.

We also have FUN planned — offering raffle prizes supplied by your WLN board of directors to grow and support our WLN Scholarship Fund.

Please make sure you take the time to visit the Poster Presentations, exhibitors, and thank our sponsors. We would not be able to put on this event without the generous support from our sponsors and partners! All sponsors and partners are located within this program booklet.

We are grateful you are here! Enjoy the event!

Sincerely,

Marijo Rommelfaenger, PhD, RN, CNE

WLN President

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Cady O,
Registered Nurse at Froedtert Health

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SAVE *the* DATE 4.12.25

SPRING CONFERENCE

WLN Wisconsin League *for* Nursing

Saturday, April 12, 2025

7:30am-4:00pm | Eau Claire, WI

Registration Information Coming Soon!

Keynote Speaker:
Keith Rischer, PhD, RN, CCRN, CEN
Founder/CEO, KeithRN

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MEET THE SPEAKERS

Pamela R. Jeffries, PhD, RN, FAAN, ANEF, FSSH

Keynote Presenter

Pamela R. Jeffries, PhD, RN, FAAN, ANEF, FSSH, is Dean of Vanderbilt University School of Nursing and holds the Valere Potter Distinguished Chair in Nursing.

Dr. Jeffries is internationally known for her research and work in nursing, simulation, and health care. Throughout the academic community, she is recognized for her scholarly contributions to executive leadership, the development of innovative teaching strategies, experiential learning techniques, new pedagogies, and the delivery of content using technology.

As Principal Investigator on grants funded by federal and state agencies and numerous national organizations, including the National League for Nursing (NLN) and the National Council of State Boards of Nursing, Dr. Jeffries has provided leadership and mentorship on ground-breaking projects impacting both nursing practice and education. With the NLN, Dr. Jeffries developed the major contribution to simulation scholarship, the framework and monograph now known as the NLN Jeffries Simulation Theory.

Dr. Jeffries is a fellow of the American Academy of Nursing (FAAN), the Society for Simulation in Healthcare (FSSH), and the Academy of Nurse Educators (ANEF) and an alumna of the Robert Wood Johns Foundation Nurse Executive Fellows program. She has been inducted into the Sigma Theta Tau International Research Hall of Fame and received the American Association of Colleges of Nursing Scholarship of Teaching and Learning Excellence Award. Dr. Jeffries is active in a variety of professional organizations and currently serves on the Board of Directors of the American Academy of Nursing and the Global Network of Simulations in Healthcare (GNSH).

Dr. Jeffries received her bachelor's degree in Nursing from Ball State University, and her master's and doctoral degrees in Nursing from Indiana University.

Amy Cowperthwait RN, MSN, CNS, CHSE-A

CEO at Avkin

Amy Cowperthwait is a dynamic force in healthcare simulation, known for her innovative approach to integrating live people into healthcare simulation. As the founder and CEO of Avkin and host of the popular podcast, Simulation Nation, Amy brings fresh, hands-on insights from her time running the University of Delaware's skills and simulation lab along with their robust standardized patient program.

Though she jokes about being the "most unlikely CEO," Amy's vision for wearable simulators in 2015 sparked the creation of Avkin, a world-renowned leader in healthcare simulation technology. A recognized trailblazer in the field, Amy's impact has earned her prestigious honors, including the Hayden Vanguard Award, celebrating her leadership and innovative contributions that have propelled healthcare simulation forward.

Kristina Thomas Dreifuerst PhD, RN, CNE, ANEF, FAAN

Marquette University

Kristina Thomas Dreifuerst PhD, RN, CNE, ANEF, FAAN is a Professor and Director of the PhD program at Marquette University in Milwaukee, WI. She has also been the lead for the College of Nursing's transition to the new Essentials and competency-based education across all prelicensure and graduate programs. Dr. Dreifuerst's pedagogical program of research is at the forefront of disciplinary efforts to develop, use, and test innovative teaching methods to improve students' readiness for practice by developing contextual judgment and reasoning skills. She also investigates how educators can be well-prepared to use evidence-based methods to enhance teaching and learning. Her work has been recognized for leading initiatives to transform nursing education and she has influenced pedagogical changes in educational practices locally, nationally, and internationally. She is best known for the debriefing method she developed: Debriefing for Meaningful Learning (DML) which has been adopted by schools of nursing and interdisciplinary health care education programs throughout the world for use with simulation, traditional clinical experiences and in the classroom. Dr. Dreifuerst has authored more than 50 journal articles and book chapters regarding best practices in teaching and learning. She is the recipient of prestigious national and international awards, honors and fellowships recognizing her expertise and contributions to the field.

Katie L. McDermott, PhD, MSN, MEHP, RN, CPNP-AC

Marquette University & Children's Wisconsin

Katie McDermott completed her BSN at the University of Wisconsin – Milwaukee and later her MSN at Duke University. She has been a nurse for 17 years, with 11 of those years as an acute care pediatric nurse practitioner in Pediatric Critical Care at Children's Wisconsin. She has a part-time faculty position at Marquette University within the College of Nursing where she designs and implements primarily simulation-based education in the pediatric nurse practitioner graduate programs. Additionally, she is the Program Director of the Children's Wisconsin Dairy Cares Simulation Lab where she collaboratively oversees operations, education, and innovation in the delivery of health care simulation across health professions. She completed a Master of Education in the Health Professions from Johns Hopkins University where she specialized in educational leadership and simulation and more recently completed a PhD in Nursing from Marquette University. Her work focuses on education, competence, and assessment.

The DAISY FOUNDATION™
HONORING NURSES INTERNATIONALLY IN MEMORY OF J. PATRICK BARNES

DAISY AWARD FOR EXTRAORDINARY NURSE EDUCATORS *(DAENE)*

2024 Nominees

Kimberly Ostrowski
Froedtert & Medical College of Wisconsin

Amanda Fank
Waukesha County Technical College

Jaime Uecker
Froedtert Menomonee Falls Hospital

Melissa Ratzmer
Froedtert

Deborah Hallada-Haase
Froedtert Health

Megan Wetzel
84S ASC

Sara Esselman
Ascension Columbia St. Mary's Milwaukee and Ozaukee

Kristen Roohr
84S Ambulatory Surgery Center

Jennifer Stacy
Ascension

Jeri Smith
Aurora Burlington Medical Center

Lea Jopke
Aurora West Allis Medical Center

Molly Young
Chippewa Valley Technical College

Amy Penkivich
Aurora BayCare Medical Center

Dawn Barone
Chippewa Valley Technical College

Christine Miller
Herzing University

Stephanie Gore
Aurora West Allis Medical Center

Shannon Schubel
Aurora West Allis Medical Center

Kate Martinez
Aurora West Allis Medical Center

Erica Benitez
Clement J. Zablocki VA

Kelsey Cao
Clement J. Zablocki VAMC

Meredith McGuffey
Clement J Zablocki VAMC

Kaitlin Lorge
Clement J. Zablocki VAMC

Lindsay Pederson
Clement J. Zablocki VAMC

Tiffany Pilliow
Clement J. Zablocki VAMC

Brook Weiss
Clement J. Zablocki VAMC

Mikayla Landowski
Clement J. Zablocki VAMC

Gean Swiatko-Klee
Was Mt. Mary University

Deanna Simcakoski-Carleton
Clement J Zablocki VA Medical Center

Chelsea Rolain
Aurora BayCare Medical Center

Jaime Uecker
Froedtert Health

Melissa Reuter
Froedtert Hospital

Kristen Peterson
Clement J. Zablocki VA Medical Center

Heather Leonovicz
Clement J. Zablocki VA Medical Center

Barbara Damico
Columbia St. Mary's Milwaukee

Jill Cudnoski
Clement J. Zablocki Milwaukee VA Medical Center

Susan Hopkinson
University of Wisconsin Green Bay

DAISY AWARD FOR EXTRAORDINARY NURSE EDUCATORS *(DAENE)*

The DAISY FOUNDATION™
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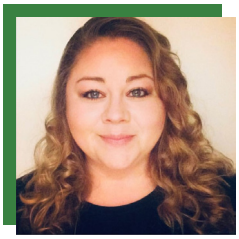
Congratulations to our 2024 Honoree!



STEPHANIE PAWLOWSKI, BSN, RN

PRACTICE CLINICAL NURSE EDUCATOR
NURSING EDUCATION AND PROFESSIONAL DEVELOPMENT - GENERALIST (NEPD-G)
Aurora West Allis Medical Center (West Allis, WI)

NOMINATION LETTER:

Stephanie is a true star exemplifying every quality you hope to see in a successful NPD.

Representing two of the busiest medical/surgical units at our site Stephanie wasted no time following her move into this position to share her positivity and passion for excellence in patient care with the teammates on her unit. She is kind, relatable, personable, and approachable to both her peers and teammates and she engages her team in the clinical environment daily.

One of the areas that Stephanie truly shines is through her endless support of the orientation process of our site and the units she represents. Stephanie is adept at developing, coordinating, facilitating, carrying out, and evaluating orientation programs for nursing personnel and represents our site and our clinical care expectations well with agency teammates. In fact, when I round on her orientees as part of my job role they frequently sing her praises noting that her support and dedication to her role and to their success is one of the reasons they love their job and their unit.

Stephanie also sees the big picture of nursing practice having come into this role recently from a bedside nurse position. This gives her a unique perspective to pair real-life experience with her nursing knowledge to utilize best practice standards in the planning, design, implementation, and evaluation of the educational activities she offers her teams. This was evident through her impactful support of the RN/CNA sign out initiative that she not only piloted on her own unit, but also served as a resource to other NPDs while rolling the process out on their own units. She does not shy away from the more difficult aspects of her role and partners with her nursing teammates to support them, remove barriers to improve patient care, and continually seeks opportunities for improvement.

Stephanie engages her team in professional growth and development opportunities. She can frequently be observed connecting with her team and encouraging teammates to consider further role development into precepting or becoming a charge nurse, pursuing certification, and considering shared governance representation.

Stephanie is an excellent communicator, a true collaborator, and a pleasure to partner with. She is optimistic, engaging, and dedicated and truly does her best to meet the educational needs of our site and nursing teams. She is fantastic when it comes to thinking outside the box and sharing new thoughts and ideas. Even as a newer NPD she is a wealth of information, an excellent resource to her nursing teams, and seeks to understand and find solutions to opportunities identified with nursing practice at our site.

Stephanie is such a valuable part of our site NPD team and her daily dedication and contribution to nursing practice at our site deserve to be recognized. She is a wonderful representation of nursing education and professional development in the clinical environment, and not only does she support the growth and development of our nursing teammates, but she encourages and motivates others to do the same.

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DAISY AWARD FOR EXTRAORDINARY NURSE EDUCATORS *(DAENE)*

Congratulations to our 2024 Honoree!

JANET LETTER MSN, RNC-OB, C-EFM

ACADEMIC CLINICAL INSTRUCTOR – DAISY HONOREE
BELLIN COLLEGE ADJUNCT FACULTY & MATERNITY TEAM LEADER
Bellin Health System (Green Bay, WI)

NOMINATION LETTER:

Janet Letter, an adjunct clinical nursing faculty at Bellin College, is being nominated for the DAISY Award as an Extraordinary Nurse Educator. With a wealth of experience, she has dedicated many years to teaching maternity clinicals. Remarkably, she continues to lead these clinicals despite her demanding role as a Team Leader on the same maternity unit where she does clinicals. She has an unwavering commitment and passion for maternity care and a desire to inspire the next generation of nurses.

Janet exemplifies what it means to be a role model, both in her capacity as an adjunct nursing faculty member and as a unit leader. She consistently demonstrates exemplary leadership, showing her students the standard of excellence they should strive for in their nursing career. Janet fosters a spirit of inquiry and lifelong learning by encouraging students to actively engage in patient care and providing them with numerous additional learning opportunities. Her expertise also extends beyond the classroom through the facilitation of maternity simulations for high school students who are interested in the nursing profession.

Janet's everyday interactions embody the College's core values: excellence, integrity, community, and caring. Her dedication is reflected in the consistent excellent feedback form her students, who feel genuinely supported and cared for as a nursing student. They often express that they wish the clinical experience could continue indefinitely. Her students comment that she is the best instructor they have ever had, praising her for going `above and beyond` and describing her as `awesome.`

Janet excels at bridging the gap between theory and practice, promoting critical thinking and clinical judgment. Her students appreciate her efforts to enhance their learning and challenge their thinking. One student remarked, `Janet was a top-notch instructor who did everything she could to provide each student with comprehensive experiences across the maternity floor. I am truly grateful to have had her as an instructor. She created a positive and effective learning environment.

Bellin College is truly fortunate to have such as a dedicated adjunct clinical faculty member and nurse leader who selflessly shares her knowledge and expertise with our nursing students. Janet's impact as a nurse educator is inspiring, making her a deserving recipient of the DAISY Award.

DAISY AWARD FOR EXTRAORDINARY NURSE EDUCATORS *(DAENE)*

The DAISY FOUNDATION™
HONORING NURSES INTERNATIONALLY IN MEMORY OF J. PATRICK BARNES

Congratulations to our 2024 Honoree!

ANNA GOBERMAN, BSN, RN, CEN

HEALTHCARE PRACTICE PRECEPTOR – DAISY HONOREE
STAFF RN, EMERGENCY DEPARTMENT
Froedtert Menomonee Falls Hospital (Menomonee Falls, WI)

NOMINATION LETTER:

Part 1: Anna Goberman exemplifies the essence of fostering a compassionate environment where learners flourish. Her unwavering commitment to nurturing both the professional and personal growth of her colleagues sets her apart. Anna's approachable demeanor and genuine care create a safe space where learners feel empowered to ask questions, voice concerns, and actively engage in their development. She fosters an atmosphere of trust and respect, where individuals are encouraged to learn from their experiences and each other. Anna's dedication to cultivating a compassionate environment not only enhances the learning journey but also enriches the overall culture of our department.

Part 2: Anna's impact on learners' growth in practice is profound and multifaceted. Firstly, her positivity and willingness to assist others serve as a beacon of inspiration for learners. Whether it's lending a helping hand during busy shifts or providing guidance on complex cases, Anna's positive attitude fosters a collaborative environment where learners thrive. Secondly, as a marvelous preceptor and teacher, Anna's exhaustive efforts to enhance department resources and share her wealth of knowledge contribute significantly to learners' development. Her patience, thoroughness, and exceptional documentation skills ensure that learners receive comprehensive training that prepares them for real-world challenges. Additionally, Anna's dedication to continuous improvement not only benefits individual learners but also elevates the standard of care within our department.

One notable example of Anna's impact is a recent incident where a nurse being precepted by Anna identified a medication error and brought it to Anna's attention for confirmation and escalation. Anna's supportive approach created an environment where individuals feel comfortable raising concerns and seeking clarification. Her prompt action not only rectified the error but also reinforced the importance of patient safety and open communication within our team.

Another notable example of Anna's positive impact on learners' growth in practice is her willingness to go above and beyond to support her colleagues during challenging situations. Recently, a colleague expressed gratitude for Anna's assistance during a particularly hectic shift involving patients experiencing various medical issues. While maintaining her composure, Anna stepped in to provide valuable support and assistance, ensuring that patient care remained exemplary despite the demanding circumstances. Her willingness to help out in any capacity needed not only alleviated stress for her colleagues but also contributed to the delivery of exceptional care in the emergency department. Anna's collaborative spirit and dedication to teamwork exemplify her commitment to fostering an environment where learners can thrive, and patients receive the highest standard of care.

In summary, Anna Goberman embodies the qualities of an extraordinary nurse and educator. Her compassion, positivity, and dedication to fostering a supportive learning environment have a profound impact on the growth and development of her colleagues. Anna's commitment to excellence sets a shining example for all, making her a deserving nominee for the Daisy Award Extraordinary Nurse ED.

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DAISY AWARD FOR EXTRAORDINARY NURSE EDUCATORS *(DAENE)*

Congratulations to our 2024 Honoree!

LINDSEY FOUTH, MSN, RN

PRACTICE CLINICAL NURSE EDUCATOR – DAISY HONOREE
NURSE EDUCATOR
Clement J Zablocki VA Medical Center (Milwaukee, WI)

NOMINATION LETTER:

Part I: Lindsey fosters a compassionate environment where learners flourish by being constantly present on the unit. Lindsey writes a unit education newsletter every month, which includes unit policy updates, a new article every month from our field which is featured in a medical journal, a new book suggestion for a book relevant to our field, and a new opportunity for free CEU's available. She provides new educational topics monthly and is present at unit and shared governance meetings to share and update new education and policies.

Lindsey's office door is always open for any questions, and she is willing to search high and low for answers. She provides constructive feedback during our unit competency check offs and is always so approachable and kind. She involves all the nurses so that we can communicate how we learn best and the topics we are most interested in or struggling with. She makes all of us excited to get involved, especially with new projects and EBP work.

In summary, Anna Goberman embodies the qualities of an extraordinary nurse and educator. Her compassion, positivity, and dedication to fostering a supportive learning environment have a profound impact on the growth and development of her colleagues. Anna's commitment to excellence sets a shining example for all, making her a deserving nominee for the Daisy Award Extraordinary Nurse ED.

Part II: Lindsey promotes development and advancement of the learner professional identify by assisting floor nurses in achieving certification. Lindsey has helped walk me through the process of finding, completing, and entering my CEU's, has offered study resources and assistance, and has supported me through the process of certification. She also encourages me to participate in unit projects, which will help me to advance my career and role on the unit.

Lindsey also facilitates a spirit of inquiry and lifelong learning by inspiring others as a lifelong learner herself! Lindsey is a huge reader and is always recommending new books and articles related to mental health, our unit specialty. She always posts a new book in her monthly newsletter, and many nurses on the unit have been able to read her suggestions and discuss them together. It really helps to grow empathy for the patients, knowledge about various illnesses and treatments, and things our own unit should consider improving. Lindsey always makes education fun and interesting rather than a chore, and we are so lucky to have her on our unit!!

2024 SCHOLARSHIP WINNERS

CONGRATULATIONS!

Deaconess Joyce Ball Memorial
Scholarship awarded to a rural student or single mother.

Jodi Dean
Madison Area Technical College

Deaconess LaVerne Foster Memorial
LaVerne Foster Memorial Scholarship for a high school graduate or first-semester nursing student.

Brandon Witz
Madison Area Technical College

Deaconess Russell Seager Memorial
In memory of Captain Russell Seager, NP, MSN, RN, APRN-BC (Seager memorial information) for an enrolled graduate program nurse focus on Mental Health Nursing.

Doris Richardson
UW-Milwaukee

Deaconess Pre Licensure ADN
Scholarships awarded to ADN students.

Abigail Callahan
Moraine Park Technical College

Deaconess Pre Licensure BSN
Two scholarships awarded for BSN students.

Elaine Teynor
Viterbo

Abigail Heim
Marian University

Ruth Seris Gresley
Scholarship awarded to a nurse enrolled in or accepted into a graduate nursing program.
Eligible applicants must plan to practice as a nurse educator in Wisconsin for at least 1 year after graduation.

Mary Theisen
UW-Milwaukee

Deaconess Karen Vuillemin Memorial
In memory of Karen Vuillemin, class of 1964. Karen was editor of Deaconess School of Nursing's Alumni Association's newsletter for many years. Scholarship awarded to pre-ADN student.

Madelyn Kathryn Olson
Wisconsin Lutheran College

WLN Nursing Heroes
Scholarship awarded to a pre -licensure ADN or BSN nursing student or graduate level nurse currently enrolled in an accredited school of nursing.

Shelby Siverton
UW-Eau Claire

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Using Simulation to Enhance Emergency Department Nursing Competency in Cardiac Care

Taylor Fenske, DNP, APNP, FNP-C | UWO, Froedtert & MCW
tfenske12@gmail.com

Dr. Mary Butler, PhD, MSN, BSN | UWO; Beth Stay, RN-MSN; Tina Nielsen, MS, RN, ACNS-CC, APNP | Froedtert & MCW: Dr. Thomas Yang, MD, MEdHP, MS | MCW

Category: Case Presentation, EBP or QI

BACKGROUND: Simulation is proven to be an effective, cost-efficient method in enhancing nursing skills and critical thinking. In a large midwestern academic healthcare institution, nursing leadership identified educational needs for emergency department nurses for further education and retraining of cardiac resuscitation for ED nurses. Unfortunately, financial constraints in healthcare systems are causing gaps in competence and confidence in new graduate emergency department nurses regarding cardiac care.

AIMS: The aim of this quality improvement project was to design and implement an Advanced Cardiac Life Support (ACLS) based cardiac simulation targeting the emergency department registered nurse role including recognition of patient status, assessment findings, usage of medical emergency supplies and equipment, adherence to ACLS algorithms, and effective team and patient communication.

METHODOLOGY: Three simulation sessions were performed. Each session was structured to pre-briefing, simulation, and debriefing. During the simulation, two nurse educators conducted assessments utilizing the checklist modified by the DNP student using the American Heart Association guidelines to test knowledge during the simulation.

Pre/post-simulation assessments distributed to participants targeted the concepts of rhythm recognition, ACLS medication administration, patient deterioration, assessment findings, and effective communication. A brief satisfaction survey regarding the sessions was distributed to participants after the sim was completed.
RESULTS: Descriptive, inferential statistics are currently being conducted regarding demographics, knowledge, self-confidence using SPSS. Preliminary qualitative data shows nurse appreciation and increased confidence in ACLS competence.

CONCLUSIONS: This quality improvement project demonstrated an increase in the self-perceived confidence and competence of emergency department nurses during cardiac emergencies after participation in the high fidelity ACLS-based simulation sessions. Simulation is an effective way to identify and improve confidence and competency in nursing in addition to the standard Basic Life Support (BLS), ALCS, and Pediatric Advanced Life Support (PALS) certifications.

IMPLICATIONS: Based on the results, it is recommended that simulation-based teaching be incorporated regularly into emergency department nurse education as part of regular compliance and training in addition to ACLS, PALS, and BLS re-certification courses.

Implementing Scheduled Lunch Breaks for Nurses in Acute Care Settings to Reduce Stress and Burnout

Emily Berquist
Doctor of Nursing Practice at University of Wisconsin Oshkosh
rasche24@uwosh.edu

Category: Case Presentation, EBP or QI

BACKGROUND: This quality improvement project (QI) was conducted to assess emotional exhaustion (burnout) levels among nurses in the medical/surgical/pediatric (MSP) unit. The Oldenburg Burnout Inventory (OBI) is a survey that was utilized to assess staff's perception of emotional exhaustion before and after an eight-week period of enacting breaks. The intervention consisted of enacting 30-minute breaks for staff who work 12-hour shifts. The data was analyzed using the program SPSS and a t-test was run to compare nurse's emotional exhaustion levels before and after intervention.

KEYWORDS: *Burnout, Lunch Breaks, Nurse, Oldenburg Burnout Inventory*

INTRODUCTION AND BACKGROUND: According to The American Nurses Association, 62 percent of nurses report burnout (Drupal, 2020). In addition, nurses who are experiencing emotional exhaustion do not perform well and put patients at risk for medical mistakes (Nejati et al., 2016). Emotional exhaustion among nurses affects patients and staff in acute care settings related to inefficient lunch break time allowance (American Nurses Association, 2023). The PICOT statement to address this project is: Do acute care nurses (P) who take scheduled 30-minute lunch breaks (I) versus no break (C) report less emotional exhaustion and therefore, less burnout (O)?

METHODOLOGY: This quality improvement project (QI) was conducted to assess nursing burnout among nurses in the medical/surgical/pediatric (MSP) unit and Fort Memorial Hospital. The Oldenburg Burnout Inventory (OBI) is a survey that was utilized to assess staff's perception of emotional exhaustion before and after an eight-week period of enacting breaks. Using Google Forms, a free survey service, the pre and post survey was given to appropriate staff via weblink in their email. Staff voluntarily filled out the survey. The data was processed using a program called IBM SPSS Statistics. A t-test was run to find descriptive values such as mean satisfaction score and standard deviation between the pre and post group.

REFERENCES:

Nejati, A., Shepley, M., & Rodiek, S. (2016). A Review of Design and Policy Interventions to Promote Nurses' Restorative Breaks in Health Care Workplaces. Workplace Health & Safety, 64(2), 70–77. https://doi.org/10.1177/2165079915612097

Outcomes of Ultrasound-Guided Peripheral Intravenous Catheter Insertion Training for ICU Nurses

Heather Scheelk, BSN, RN, CCRN
Doctor of Nursing Practice at University of Wisconsin Oshkosh
scheeh74@uwosh.edu

Chair: Dr. Catherine Schmitt, PhD, RN, CNOR(E), University of Wisconsin Oshkosh, College of Nursing

Category: Case Presentation, EBP or QI

EDUCATIONAL STRATEGY: Combined use of pedagogical, simulation and clinical training.

SETTING: Clinical, fourteen-bed Intensive Care Unit (ICU).

BACKGROUND INFORMATION: Nearly one-third of patients have difficult intravenous (IV) access resulting in delayed care, increased attempts at peripheral IV catheter insertion, and increased escalation to central line placement. Peripheral IV access is less invasive with a lower risk for complications compared to central line access. Current evidence indicates that ultrasound-guided peripheral intravenous catheter (USGPIVC) insertion is superior to standard of care palpation techniques for establishing peripheral IV access in these patients and nurses can be safely trained in this technique. The purpose of this project is to develop and implement standardized hands-on training for ICU nurses and evaluate whether the use of USGPIVCs reduces central line placement, expedites central line removal, or expedites initiation of IV therapy.

INTERVENTIONS: Eleven ICU nurses completed a three-part training program: a recorded 45-minute online lecture, 1-hour hands-on training, and five proctored USGPIVC insertions. Data was collected with a pre- and post- training survey using a Likert scale to evaluate the training program. This data has been collected and will be analyzed using a paired t-test. Participants may voluntarily complete a survey at 3 months post-training to evaluate the clinical impact of using USGPIVC insertion. Post-training surveys will inquire as to whether USGPIVC insertion was used to prevent central line placement, expedite removal of a central line, or expedite initiation of IV therapies. Results will be evaluated using a t-test. Data analysis will be conducted using SPSS database. The 3-month post-training survey data collection is in progress with completed results available in October, 2024.

DISCUSSION/RECOMMENDATIONS: To be determined upon completion of data analysis.

KEYWORDS: Ultrasound guided peripheral intravenous (USGPIV), intensive care, nurse training

Improving Outcomes Evaluation Through Documentation Standardization and Optimization

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Category: Informational

BACKGROUND

Economic stability is a critical social determinant of health; unemployment has been shown to negatively impact physical and mental health. Rowe et al. (2019) discuss how unmet social needs impede people's ability to achieve positive health, contributing to increased morbidity and mortality. Significant ramifications of mental health struggles accompanying unemployment, such as increased stress and anxiety, have been seen in low-income individuals. Goodwill North Central Wisconsin (NCW) serves disadvantaged individuals who aim to build technical and soft skills through various employment-focused programs, leading to sustained employment, improved financial stability, enhanced wellness, and better quality of life.

PURPOSE

In June 2021, Goodwill NCW's Mission Services team transitioned from paper documentation to an electronic case management system. This shift revealed various inefficiencies in documentation, lack of transparency related to client status, and the inability to quantify essential quality metrics. This project aimed to optimize the documentation process and increase team members' competency in the software. The goal was to significantly improve charting efficiency, enhance team member satisfaction, and enable accurate and comprehensive core measures reporting.

DESCRIPTION OF TOPIC

Research findings demonstrate that best practices for electronic documentation emphasize standardization, simplification, and education. There is evidence that ensuring clinicians utilizing documentation platforms are trained well upon hire, and ongoing with any software updates is essential for documentation quality, accuracy, and timeliness. Gesner et al. (2019) stressed the need for a well-planned and structured education program for changes to documentation that may impact clinician workflows.

IMPLICATIONS

Project results demonstrate a 6-20% increase in case note charting efficiency and a 16-33% improvement relative to goal planning. There was also a 13-18% improvement in documentation process satisfaction. In addition, there was a 75% increase in the ability to report on core measures. These project outcomes align with literature review findings related to electronic documentation and training best practices. Effectively educating the team members who utilize case management software can lead to elevated confidence regarding record keeping and improved charting quality.

Health beliefs among lactating mothers practicing exclusive breastfeeding at Maternal and Child Health Hospital, Kumasi -Ghana (Ashanti Region)

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Dr. Daniel Fordjour- Clinical Psychologist, Lecturer.

Category: Case Presentation, EBP or QI

BACKGROUND: Globally, it is estimated that optimal breastfeeding practices can prevent about 1.4 million deaths worldwide among children under five (Mahesh, 2018). Exclusive breastfeeding is a significant public health strategy for improving children's and mothers' health by reducing child morbidity and mortality and helping to control healthcare costs in society (Idris, 2019). Despite all the benefits, in West Africa, including Ghana, some women refuse to practice exclusive breastfeeding due to some myths and false beliefs about exclusive breastfeeding.

OBJECTIVE: The study aimed to assess the health beliefs among lactating mothers practicing exclusive breastfeeding at maternal and child health hospital (Kumasi-Ghana).

METHODOLOGY: A qualitative exploratory and descriptive design was used with an in-depth interview approach. An interview guide with open-ended questions in English was utilized to gather data from seventeen (17) participants. The data obtained from the recorded interviews, which were translated and transcribed, were analyzed using thematic analysis.

FINDINGS

- Participants (9 out of 17) demonstrated poor knowledge of EBF.
- The majority of participants (14 out of 17) said EBF was beneficial to both mother and baby.
- Few (4) participants complain that exclusive breastfeeding makes the breast fall or sag and lose shape.
- Least participants (3) said midwives frighten lactating mothers that the baby will get sick if they do not wait for six months before giving water."
- Almost all participants said the midwives' advice made them breastfeed their babies exclusively.
- Participants (6 out of 17) said they were susceptible (prone) to not practicing EBF because of the nature of their work.
- Least of them (2 out of 17) said they would not practice EBF without any reason.
- Most participants said there were barriers to EBF.
- Most participants indicated that they have a coping strategy to overcome the barriers of EBF.

CONCLUSIONS: The general knowledge of women in this study about EBF was poor. Perceived susceptibility to EBF was poor as well as a high perceived severity with EBF. Most participants indicated factors such as lack of self-confidence to breastfeed, engorged breasts, sore nipples, biting of the nipples during suckling, and baby suckling a lot as barriers influencing mother's decision to EBF. Health practitioners were identified as the key actors in harnessing confidence and self-motivation through education on breastfeeding practices.

RECOMMENDATIONS: The study suggests that staff at the maternity unit should provide education to women on proper breastfeeding practices to alleviate the pain experienced by lactating women, such as sore nipples and engorged breasts. Additionally, midwives from the maternal and child health hospital should focus on educating expectant and new mothers on the duration of exclusive breastfeeding during antenatal and postnatal services. The unit authorities should also consider providing counseling to partners on the changes in a woman's body after childbirth to prevent body shaming. Furthermore, staff at the antenatal unit should assist lactating mothers in forming breastfeeding support groups to offer encouragement and strategies for those facing breastfeeding challenges, thereby promoting exclusive breastfeeding for six months.

Title: Student Perceptions of an Immersive Virtual Reality Simulation Pilot

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Category: Case Presentation, EBP or QI

CASE PRESENTATION: In a pilot program, immersive virtual reality simulation (IVRS) was added to the existing simulation curriculum. The IVRS experience was designed using the established Healthcare Simulation Standards of Best Practice (HSSOBPs)™. IVRS was integrated with preparation, prebriefing, and an adapted Debriefing for Meaningful Learning (DML) independent asynchronous student simulation. Following IVRS implementation in two concurrent semesters, student perception data was collected to assess their experience and perceived effectiveness.

SETTING: This project occurred during semesters two and three of a prelicensure direct-entry Master Science of Nursing (DEMSN) program at a college of nursing simulation center within a private university.

BACKGROUND INFORMATION: The use of IVRS in healthcare education has surged, with many nursing programs adopting this technology. IVRS offers practical benefits, including accessibility, flexibility, and portability. Importantly, the ability to repeat scenarios, enhanced engagement, and increased autonomy positively impacts learning outcomes. However, there is limited guidance for faculty on integrating IVRS into existing curricula while adhering to HSSOBPs™.

INTERVENTION: In this two-semester project, six IVRS scenarios were incorporated into an existing clinical simulation curriculum with in-person, high-fidelity, manikin-based simulations focused on the nursing care of chronic and acute health conditions. IVRS cases were aligned with existing simulations and content. In the pilot's first semester, the IVRS chronic health conditions cases highlighted one new and two existing content areas. During the second semester, a skill-based scenario and two acute condition scenarios were integrated with manikin-based simulations. The scenario schedule and debriefing modality were adjusted throughout the project.

DISCUSSION/RECOMMENDATIONS: After each semester, students completed anonymous surveys evaluating their experience, satisfaction, and ease of use with IVRS. Student attitudes toward IVRS remained stable, and feedback for future implementation was collected. Key benefits identified included the potential for repetitive practice, increased student autonomy, and a safe learning environment. However, challenges with IVRS technology and fidelity constraints highlighted the need for ongoing problem-solving.

Increasing Spontaneous Awakening Trial Performance by Nurses in An Intensive Care Unit Via an Educational Module

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EDUCATIONAL STRATEGY: New online educational modules targeting RNs in the ICU to improve comfort and efficiency in using spontaneous awakening trial (SATs) protocols.

SETTING: Aurora BayCare ICU, a large 35-bed unit within an urban hospital in Northeastern Wisconsin. The average daily census is 130 patients, with ~70 intubated patients per month.

BACKGROUND INFORMATION: At ABMC, ICU RNs there is no standardized SAT protocol education. SATs are a proven tool to ensure safe and effective care for sedated/mechanically ventilated patients, however this protocol is underutilized by nurses. Standard online education for nurses increases competency and comfort in using the SAT protocol to improve patient outcomes. Positive patient outcome when using SAT protocols decreases the amount of sedation used, time on mechanical ventilation, and ICU/hospital length of stay.

INTERVENTIONS: An online educational presentation was developed to provide easily accessible information on the SAT protocol to the ICU RN to increase comfort and knowledge. Pre- and post-surveys were distributed to nurses to assess their knowledge in using SATs specifically the assessment of neurologic status, recording the SAT in the EHR, and grading of pass/fail for a patient using the SAT.

DISCUSSION/RECOMMENDATIONS: RNs showed an overall increase in comfort with using the SAT protocol after completing the online education. Implementing an online standardized educational module is beneficial and should be provided to new nurses in the ICU at ABMC. Yearly updates and online education are recommended to increase comfort and competency when using the SAT protocol.

Critical Care Nurse Residency Escape Room

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Category: Informational

BACKGROUND: The Critical Care Nurse Residency program for a large, Magnet designated health care system identified opportunities to incorporate additional learner centric activities within its curriculum from post test results and feedback from participants. An escape room was created which incorporates a series of interactive activities that participants must complete within a select time frame. Escape rooms have been found to promote teamwork, encourage analytical thinking, and improve problem solving (Garwood, 2020).

PURPOSE: An innovative teaching strategy of an escape room was utilized to provide nurse residents with application of knowledge and skills acquired in critical care orientation classes.

DESCRIPTION OF TOPIC: Meaningful education of nurses is imperative to support nursing practice excellence in alignment with Magnet standards and empower nurses in the delivery of high-quality care in accordance with evidence-based practice (Dacanay et al., 2021). Utilizing an escape room allows for participants to reinforce and apply knowledge gained from the critical care curriculum in a unique way. Participants complete a set of 5 stations in which various puzzles and case studies must be completed to move onto the next station. Topics within the escape room include arterial lines, neuro, ACLS and central venous access devices. There is an emphasis on strong communication and time management while building confidence in nurse critical thinking skills. After the escape room has been completed, participants debrief with educators regarding the content covered. A post-survey was created to evaluate the effectiveness of the escape room and allow for opportunities for future enhancements.

IMPLICATIONS: The goal of this educational activity is to help novice nurses successfully transition into practice. In addition, dissemination of this information to other health care systems may encourage utilization of creative teaching strategies to enhance the learning of novice nurses in any health care setting.

Critical Care Management meets ECMO Simulation: A Multidisciplinary Approach to Education

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Category: Informational

BACKGROUND:
Froedtert & The Medical College of Wisconsin has seen exponential and rapid growth in their Extracorporeal Membrane Oxygenation (ECMO) Program since 2018. Different clinical complications and situations have ensued after caring for this high acuity patient population. These low volume but high risk situations exposed gaps in experience and knowledge of the multidisciplinary care team caring for this specialized patient population. Utilization of bi-yearly ECMO Simulations developed and attended by multidisciplinary teams facilitates hands-on learning in a simulation environment, which exposes attendees to various clinical situations and allows participants to engage in hands-on learning.

PURPOSE:
Utilize high-fidelity bi-yearly simulations to expose multidisciplinary teams to emergent ECMO situations requiring immediate interventions via wet-lab simulation. ECMO patients require specialized care, and these simulations expose the multidisciplinary team to interventions required in emergent ECMO situations.

DESCRIPTION OF TOPIC:
ECMO simulations are attended by a multidisciplinary team including: ECMO surgeons, Cardiothoracic surgery (surgeons and APPS), Critical Care Anesthesia (Attendings and APPs), Perfusion, Nursing and Respiratory Therapy. This multidisciplinary team is responsible for caring for ECMO patients in the CVICU and these simulations facilitate the teamwork approach and collaboration required to care for the ECMO patient population. Real-life experiences and patient situations are used as the themes for simulation development. Dynamic hands-on simulations allow participants to practice high-fidelity skills such as cutting sternal plates, performing cardiac massage, and performing a pericardiocentesis. These high-fidelity simulations utilize high levels of technology which exposes participants to close to real-life situations. Using technology such as the ECMO circuit, SIM Man 3G™, Eigenflow 2 Simulator™, and ASL500 Lung solution all add to the high-fidelity aspect of these simulation offerings.

IMPLICATIONS:
These bi-yearly ECMO simulations are not only attended by a multidisciplinary team but are also developed by a multidisciplinary team with collaboration from ECMO Surgeons, ECMO RN Coordinators, Critical Care Anesthesia from the CVICU, Nurse Educators for MCS, and our Simulation Operation Specialists. Development of these simulations and participation in simulations facilitate the teamwork, and collaboration between the multidisciplinary team. This developed rapport is evident in the seamless care of this patient population in the CVICU.

Practice What We Preach: Utilizing Simulation to Enhance Arterial Sheath Removal Education and Arterial Access Management Education

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Category: Informational

EDUCATIONAL STRATEGY: Didactic Lecture followed by High Fidelity Simulation

SETTING: Academic Medical Center

BACKGROUND INFORMATION:
Increased usage of radial artery access for coronary angiography has led to lower volumes of inpatients with femoral sheaths. Without frequent exposure to this population and the care practices surrounding femoral sheaths, RNs working on the post-procedure unit report attrition of their comfort and confidence taking care of these patients. Additionally, the increased usage of large bore sheaths for complex PCI and TAVR procedures has led to more frequent arteriotomy site bleeding post procedure.

Historically to address this educational need, all nursing staff attended a two-hour in person lecture during orientation. Unfortunately, clinical performance gaps related to arterial sheath removal as well as arterial access site management were identified. Simulation-based learning was identified to bolster the transference of this knowledge into clinical performance.

INTERVENTIONS:
A simulation was developed to allow staff to apply the knowledge they received in the classroom on how to safely remove an arterial sheath and manage potential complications related to sheath removal as well as managing arterial access sites. The scenarios used a high-fidelity mannequin that allowed the participants to identify changes in pulse strength and capillary refill. The scenarios included a vasovagal reaction during sheath pull as well as the development of hematoma at the arterial puncture site for a patient who had a procedure with a large bore sheath.

DISCUSSION/RECOMMENDATION:
All nursing staff on the cardiac progressive care unit attended the simulation-based training. A review of policies and procedures on femoral sheath pulls and arterial site management was provided prior to the simulation. Additionally, the simulation was added to the didactic lecture that staff attended on orientation.

The post-simulation participant evaluations showed a significant self-reported increase in both confidence and knowledge in caring for patients with arterial sheaths and managing arterial access bleeding complications. Additionally, the evaluations confirmed the learning-experience was a worthwhile investment in their time.

Impact of Education on Nurses' Critical Online Reasoning

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BACKGROUND: It is essential for nurses to be highly skilled in finding trustworthy and evidence-based information on the World Wide Web (WWW) to safely care for their patients. Research shows that individuals have a difficult time navigating the web to find accurate information. Educating newly hired pediatric nurses' correct web navigation like lateral reading and fact checking assures that the data found will be objective and relevant to caring for their patients.

AIM: The purpose of this evidence-based project was to find insight on nurses' search behavior, evaluation of websites and knowledge of which sites they preferred to use and provide education on Critical Online Reasoning (COR).

METHODS: During a professional development day, the introduction of COR content 1) Who is behind the information, 2) What is the evidence, and 3) What do other sources say about the information was provided to newly hired pediatric nurses. In addition, critical thinking methods based on the nursing process were incorporated into the presentation. Data was collected pre- and post-intervention on health benefit topics from web search histories. Nurses' Critical Online Reasoning Assessment (CORA) was used to assess for use of quality sites and searching strategy.

RESULTS: After completion of the education, the 39 participants had a 100% improvement rate in applying techniques used to locate quality sites and sources. Higher CORA correlated with quality sites and quality techniques were higher ($p < 0.001$). After the intervention, nurses began to identify authors and references that were trustworthy and reputable. The participants reported the content of the information was new and relevant to their profession.

CONCLUSION: With the implementation of COR, new nurses learned steps to assure the credibility of the evidence and information they were identifying on the WWW. The intent is for their new web searching skills to be applied in practice to safely care for their patient.

IMPLICATIONS: The information gathered from this project continues to be presented and shared with every new nurses hired on at Children's Wisconsin during their first professional development day to help provide the best and safest care.

Practice Makes Perfect: Medical Emergency Simulation

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Category: Case Presentation, EBP or QI

SETTING:
In situ and simulation center at a 766 bed, level 1 trauma academic medical center.

BACKGROUND:
In 2017, Froedtert hospital ranked 16th percentile in risk-adjusted survival after cardiac arrest. Gaps identified included team dynamics and communication. Thus, the Medical Emergency Response Team (MERT) led a variety of quality improvement efforts including a focus on simulation. Cardiopulmonary emergencies are high-risk events that provide low margin for error. If not routinely used, life support skills deteriorate. Quarterly training programs decrease median time to chest compressions and defibrillation (O'Leary et al., 2023).

INTERVENTIONS:
In situ mock codes occur in the regular hospital environment while formal simulations occur in the lab. Both seek to improve communication, advance team dynamics, identify system issues, and let responders practice their skills. *In situ* simulations were held quarterly in a variety of inpatient and ambulatory settings. The unannounced simulation is paged out as if it were a real emergency and responders act as they would in live events. Formal simulations are conducted in the simulation center on a set day. Participants were anonymously surveyed following simulation activities.

DISCUSSION/RECOMMENDATIONS:
Medical emergency simulations are an effective intervention to improve confidence, knowledge, and communication of team members as well as identify organizational opportunities. In situ participants reported an increase in content knowledge and confidence in their performance. 87% believed the content was important to job success. Almost 80% agree that the learning was a "worthwhile investment of time". System issues identified include badge access issues and equipment/elevator delays among others. Formal simulation participants reported an increase in both content knowledge and confidence as well. 100% of participants reported the learning is "important to job success" and 98% reported a "worthwhile investment of time". Prospective *in situs* will include scenarios such as mass transfusion, mom/baby, and be used for Simulation-based Clinical System Testing. Additionally, formal simulations will expand to include progressive care and critical care nurses. The MERT has been awarded the Get with the Guidelines-Resuscitation Gold award since 2020. In 2021, the risk-adjusted survival to discharge after in-house cardiac arrest rose to the 91st percentile.

The ART (Airway Response Team) of Interprofessional Simulation

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Category: Case Presentation, EBP or QI

SETTING

Simulation center at a 766 bed, level 1 trauma academic medical center.

BACKGROUND

In October 2019, the Airway Response Team (ART) was established. The team was composed of the rapid response team (hospitalist, RN, and RT), an anesthesia provider, a second respiratory therapist, a critical care pharmacist, and a critical care nurse. Despite early successes in decreasing peri-intubation arrest, weekly debriefs and an anonymous survey of team members showed a recurrent theme of breakdowns in team communication. Interventions were initiated including redefined roles and an added "time out" and "hot debrief". Even with these interventions, a follow up survey showed continued improvement opportunities which led to the ART simulation.

INTERVENTIONS

The primary objectives of the simulation were to build interprofessional collaboration by focusing on closed-loop communication skills and identifying roles and responsibilities of each team member. The inaugural simulation was held March 2024 with seven 45-minute sessions: 10 minutes for pre-brief, 15 minutes for the simulation, and 20 minutes for debrief. Participants completed a post simulation survey to assess confidence and simulation value. The immediate post simulation evaluation showed 96% of respondents felt the simulation was a worthwhile investment of their time and 97% felt it was very important or extremely important to their job success. Evaluation also revealed the participants showed improvement in their knowledge of the roles of other team members and confidence in asking questions, both indicators of growing interprofessional collaboration.

DISCUSSION/RECOMMENDATIONS

In May 2024, the annual anonymous ART survey was conducted with additional questions for the simulation participants. Post simulation, 59% of staff reported feeling more confident in their role, 81% reported an increased knowledge of the roles of other ART members, and 69% reported increased confidence in communicating suggestions/concerns regarding patient plan. Testimonials from staff revealed that participants have incorporated the knowledge and skills they learned into clinical practice. Because of the positive impact of these sessions, the creation of additional simulation-based trainings has been incorporated into an annual onboarding for this professional team. We learned that more meaningful discussions occurred in the debriefing post simulation, so future sessions were increased to 90 minutes.

Preventing Clinical Deterioration - The Evolution of a Rapid Response Team

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Category: Case Presentation, EBP or QI

CASE PRESENTATION
RRT implementation was a priority intervention in the American "5 Million Lives" campaign in 2004 by the Institute for Healthcare Improvement. In 2005, our hospital implemented a rapid response team (RRT) to prevent deaths and clinical deterioration in patients outside of the intensive care unit (ICU).

SETTING
In 2005, there were 33 rapid response calls for our 280 bed academic medical center. In 2023, this number expanded to over 3,700 RRT calls in our now 766 bed Hospital.

BACKGROUND INFORMATION
Initially the RRT was a small charter with one physician lead and no formal reporting structure. With executive sponsorship, it has since grown to a dedicated interdisciplinary team that reports to the Medical Emergency Response Committee. Within this structure, the team has worked to address process improvement issues and improve quality of care.

INTERVENTIONS
To meet the demand of RRT activations and patient acuity as our organization grew, additional RRT RNs, designated physicians, medication packs, and standardized RRT backpacks have been implemented. Additional emergency team divisions were added to standardize and reduce delays in care. Our data shows a large increase in RRT activations with a decreased number of overall cardiac arrests. In 2015 there were 1219 RRT activations with 162 cardiac arrests. In 2019 there were a total of 2043 RRT activations with 125 cardiac arrests. That equates to a 67% increase in RRT activations and a 32% decrease in in-hospital cardiac arrests. Every RRT activation are reviewed weekly with an interdisciplinary team to address any opportunities for improvement.

DISCUSSION/RECOMMENDATIONS
Our RRT has created a groundwork of weekly review and debrief, allowing the team to recognize clinical deterioration trends and adapt its framework to support a growing organization. Weekly debriefs have resolved more than 4,000 clinical and non-clinical concerns over the past 8 years. The ongoing dedication to evaluate practice has created a culture that embraces quality improvement. Presenting this unique RRT structure will allow other health systems to better assemble their emergency response teams and encourage collaboration between interdisciplinary teams.

Validating Clinical Simulation Scenarios in Nursing Education: A Step-By-Step Approach

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Category: Informational

BACKGROUND: Validating scenarios for clinical simulation is crucial for ensuring effective and reliable training experiences in healthcare education. While validation supports evidence-based practice and facilitates standardization1, it is not common practice and can be hard to accomplish.

PURPOSE: To describe one team's process for validating nursing simulation scenarios to ensure and support educators' knowledge and practice.

DESCRIPTION OF TOPIC: Our team's process consists of four steps based on a comprehensive literature review, including the National League for Nursing Jeffries Simulation Theory (NLN/JST)2 and on the recommendations of the International Nursing Association for Clinical Simulation and Learning (INACSL) Standards of Best Practices: Simulation3. Step one is the construction of the scenario. The second step is the content validation by experts in the topic and/or clinical simulation to assess the scenario's alignment with learning objectives and evaluate the scenario's pertinence, realism and relevance. The third step involves pilot testing the scenario with a small group of target learners to gather feedback on its clarity, practicality, and effectiveness, ensuring that the scenario meets educational objectives and is feasible for real-world application. The last step is to document and disseminate the validation process and result with the broader healthcare education community. The process will be demonstrated through examples that highlight common barriers encountered and practical solutions implemented at each step.

IMPLICATIONS: Using high-quality, evidence-based simulation scenarios can prepare nurses and other healthcare professionals for real-world challenges. Validated scenarios contribute to the advancement of simulation-based education and ultimately lead to improved patient care. This project strives to provide nursing educators with practical knowledge to complement their use of simulation in practice and research.

Interprofessional Disaster Workshop

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Category: Case Presentation, EBP or QI

EDUCATIONAL STRATEGY:
Developing and Implementing an Interprofessional Disaster Simulation Experience
Faculty and Staff from MSOE University School of Nursing and Medical College of Wisconsin collaborated in the development of an interprofessional workshop focused on the medical response in disaster situations.
Setting: The workshop took place in two classrooms and three simulation areas in the Ruehlow Nursing Complex at MSOE.

BACKGROUND INFORMATION:
Disaster training is required as a medical resident. The 2021 AACN Essentials for nursing education include competencies on demonstrating skills in disaster preparedness and working as part of an interprofessional team. MSOE and MCW have previously collaborated on interprofessional activities and continue to examine opportunities to expand.

INTERVENTIONS:
Learning outcomes were identified based on objectives for both medical and nursing students. Medical residents, medical students and nursing students were placed into 5 interprofessional groups of 10-14 learners. Following a brief orientation, teams rotated between 5 workshops that were 40 minutes each. Each group was broken into 2 sub-groups to ensure that simulation groups were of an optimal size for meaningful learning.

In one simulation, students entered a factory following an explosion. They were tasked with caring for a client trapped under a steal beam with a crush injury. In the second simulation, the team cared for a client brought to the ED following a chemical explosion and worked to identify the chemical agent to correctly treat the client. The third simulation was a mass casualty event in which 20 victims required triage and medical care following a natural disaster. Each group utilized incident command principles and SALT Triage to assess, administer initial interventions and prioritize care.

The first workshop involved preparing patients for flight transfer to trauma centers. The second workshop involved active shooter training.

Students participating in the workshop were provided prework. Each simulation scenario included a prebrief and debrief.

DISCUSSION:
Student feedback was obtained for each station and at the end of the workshop. Overall feedback from all participants was very positive. Suggestions for changes in future offerings are in timing, more opportunity for debrief, and revising preparation activities.

Factors Associated with High Level of Trust Among Us Adults with Diabetes

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Category: Nursing Research

BACKGROUND: Trust plays a crucial role in patient care, especially in chronic conditions such as diabetes, which require ongoing monitoring and interaction among patients, healthcare professionals, and the healthcare system. Few studies that explored the topic mainly focused on patients' trust in healthcare providers.

AIM: We aimed to examine various factors associated with high levels of trust in the healthcare system among US adults with diabetes, utilizing a nationally representative database.

METHOD: This cross-sectional study included 1,304 (weighted n=43,184,854) individuals with self-reported diabetes from the 2022 Health Information National Trends Survey. The primary outcome variable was high trust in the healthcare system. Key demographic and socioeconomic characteristics were compared between high-trust and low-trust groups, while logistic regression identified independent factors linked to high trust.

RESULT: Only 39% of participants with diabetes had a high level of trust in the healthcare system. In the adjusted logistic regression models, older individuals were more likely to report high trust (OR, 1.02; 95% CI 1.001-1.030). Similarly, Non-Hispanic Black individuals (OR 2.35; 95% CI 1.20-4.59) and Hispanic individuals (OR 2.25; 95% CI 1.27-4.00) were more likely to express high trust compared to Non-Hispanic whites. In contrast, perceived discrimination showed an inverse relationship with high trust (OR: 0.25; 95% CI 0.12-0.15). In the subgroup analysis examining the relationship between race/ethnicity and discrimination, being Non-Hispanic Black and Hispanic was associated with higher levels of perceived discrimination than non-Hispanic White, with reported rates of 18%, 8%, and 1%, respectively ($p<0.001$).

CONCLUSION: The majority of individuals with diabetes have less or no trust in the healthcare system. Our findings show that older individuals, as well as Non-Hispanic Black and Hispanic populations, exhibit higher levels of trust in the healthcare system compared to their Non-Hispanic White counterparts. Perceived discrimination is associated with diminished trust levels. Further research is necessary to explore additional factors contributing to patients' distrust of the healthcare system. Nurses have a unique opportunity to promote trust through patient-centered education, open communication, and cultural competency. By addressing patients' concerns and creating a sense of belonging, nurses can help alleviate feelings of distrust and enhance the overall patient experience.

NOTES

ABSTRACTS FOR VIRTUAL VIEWING ON NEXT PAGE…

Abstract Bedside Report: Improving Nurse Residents' Communication Using Artificial Intelligence

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Category: Nursing Research

BACKGROUND:
Effective communication is essential for nurses to deliver high-quality patient care. However, many Nurse Residents lack the confidence and skills to communicate effectively with their patients. While nurse residency programs are valuable, some may not offer interactive lessons to practice communication skills effectively.

PURPOSE:
This study aimed to incorporate artificial intelligence into a nurse residency program, providing residents with a platform to practice, receive personalized feedback, and access educational resources.

DESCRIPTION:
Twenty-nine nurses participated in the innovative supplemental program. Each novice nurse submitted a report to the platform and received feedback from the AI and personalized feedback from the project lead. Subsequently, the nurses underwent communication training and spent four weeks practicing the skills learned at the bedside before submitting a second recording for feedback. Descriptive statistics were used for the participants, and pretest and posttest results (first and second recording) were included in this study.

IMPLICATIONS:
The feedback from the nurse residents was overwhelmingly positive. They not only recognized the importance of practice and time in enhancing their communication skills but also felt the positive impact of the program on their professional development. This recognition underscores the effectiveness of the program and paves the way for further integration of artificial intelligence with design changes to meet the needs of 21st-century nurse residents

Utilizing Mixed Reality Experiences for Nursing Student Success in Anatomy & Physiology

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Category: Case Presentation, EBP or QI

EDUCATIONAL STRATEGY:
This project is being conducted to explore how innovative educational tools, such as HoloAnatomy®, can improve the student experience in Anatomy & Physiology (A&P) courses for nursing majors. Given the challenges students often face in mastering anatomical concepts, particularly in courses with historically high attrition rates, this intervention seeks to understand how innovated technology can enhance student engagement and satisfaction. This technology offers students a mixed-reality experience, allowing them to interact with 3D anatomical models while complementing traditional lectures, textbooks, and labs. This intervention targets key anatomy concepts, offering an immersive tool that supports diverse learning styles, particularly for students who face challenges with traditional methods.

SETTING:
This interdisciplinary project was implemented at a midsize university in the Midwest.

BACKGROUND INFORMATION:
Nursing students often struggle with A&P content and the introduction of holistic nursing admissions may also create additional challenges for retention. This project seeks to enhance student engagement and comprehension in A&P, particularly among underrepresented and economically disadvantaged students, who face higher attrition rates. Traditional methods have had limited success in addressing these challenges. Previous studies have highlighted the potential of HoloAnatomy® to reduce study time and improve engagement with medical students, however, little research has been conducted on how this technology can address the needs of a diverse nursing student population in A&P courses. Furthermore, there is limited understanding of how this technology can contribute to improved nursing student outcomes, particularly in reducing attrition rates among underrepresented groups.

INTERVENTIONS:
All A&P students are invited to engage with attend mixed-reality sessions for select topics during the semester. These topics include; skeletal system, muscular system, nervous system and endocrine. These sessions will explore connections between A&P content and nursing practice. Students who attend these voluntary sessions will be surveyed for their satisfaction using this educational technology.

DISCUSSION/RECOMMENDATIONS:
Student engagement and satisfaction will be obtained through formal and informal surveys. The ultimate goal of retention, progression through the nursing program, and academic success will be evaluated. Through this project, we hope to generate valuable insights that will inform future curriculum development and instructional strategies at Lewis University, and beyond.

Strategies for Enhancing Nursing Student Documentation

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Category: Informational

BACKGROUND

Documentation assessment findings in an electronic medical record (EMR) is an important skill that nursing students learn while completing their education. The first clinical experience can be intimidating for the student nurse. Practice, orientation, and the assistance of a student mentor are keys to increase confidence in this skill.

PURPOSE

Faculty in a mid-western university determined a need to offer multiple experiences in educating students how to document in an EMR. Students had their first hospital clinical experience during the second semester of the nursing program and were provided an orientation to the hospital's EMR. Students felt ill-prepared to chart and nursing instructors were reviewing charts needing many corrections. Plans were implemented for the first semester of the program to address this need.

DESCRIPTION OF TOPIC

Studies show that students are anxious and lack confidence during clinical experiences (Yarbrough & Phillips, 2022; Johnston et al., 2024). One area of concern is EMR charting. A Google sheet EMR was created for students to practice completing in health assessment lab in the first semester (Johnston & Keil, 2022). Next, the first hospital clinical was scheduled for the end of the first semester with students from the second semester cohort performing as peer mentors. Prior to the clinical, the students were oriented to the EMR by the hospital nurse educator. The nursing faculty provided an on-campus orientation with the mentor and mentee students to provide expectations for the upcoming clinical. The mentor and mentee went to the hospital the night before the clinical and researched the patient chart together to collect information to prepare for the patient's care and familiarize the student with the EMR. During the clinical, the mentee charted with the mentor to provide guidance and feedback. Instructors also reviewed the charting with students to provide a solid foundation for their first clinical experiences.

IMPLICATIONS

Overall students in the first semester cohort indicated that the actions taken to educate, practice, and utilize peer mentors in EMR charting was instrumental in building confidence in their ability to document (Petz & Preisner, 2024).

Getting Nursing Grads into the Workforce Sooner: Taking the NCLEX-RN® Exam PRIOR to Graduation

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BACKGROUND:
It is widely known that there is a current shortage of nurses in the U.S. Data from the 2022 National Nursing Workforce Survey reveals that in addition to the 100,000 nurses that left the workforce during the COVID-19 pandemic, another almost 900,000, or about one-fifth of the 4.5 million total registered nurses in the U.S., intend to leave the workforce by 2027 (National Council of State Boards of Nursing, 2023). While the causes of the nursing workforce shortage are numerous, a contributing factor is the length of time for nursing graduates to receive their nursing license. Nursing graduates in some states wait anywhere from three to six months to receive their license. Developing a pathway/process for nursing students to take the NCLEX-RN exam prior to graduation can significantly decrease the time between graduation and licensure, and thus allow new graduates to enter the healthcare workforce sooner.

PURPOSE:
To describe the process Bellin College developed to approve nursing students to take the NCLEX-RN exam prior to graduation and the results. The intent of this initiative is to decrease the time it takes for these students to become licensed and enter the healthcare workforce.

DESCRIPTION:
Describe criteria used to determine pre-graduation readiness to take the NCLEX exam and measuring its success by comparing the NCLEX-RN first time pass rates between students who took the NCLEX-RN exam prior to graduation to those that took it after graduation.

RESULTS:
May 2022 graduates: 100% first-time pass rate for early test-takers compared to 82.4% first-time pass rate for those who took NCLEX after graduation. May 2023 graduates: 100% first-time pass rate for early test-takers compared to 91.1% first-time pass rate for those who took NCLEX after graduation. May 2024 graduates: 93.1% first-time pass rate for early test-takers (27/29) compared to (18/22) 82% first-time pass rate for those who took NCLEX after graduation.

CONCLUSION:
First-time NCLEX-RN pass rates are higher for those who take the exam prior to graduation.
Implications: Identifying students who are prepared to take the NCLEX-RN exam prior to graduation allows them to enter the nursing workforce sooner.

Flexible Assessment of Student Learning Using VARK Framework

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SETTING:
A hybrid classroom setting

BACKGROUND INFORMATION:
Evaluating student learning encompasses more than assigning grades on papers or administering quizzes. Students exhibit a variety of learning styles, and assessments that depend on a single modality do not effectively measure their learning. Previously, in the undergraduate Pathophysiology and Pharmacology course, formative assessments relied heavily on quizzes to assess student's pre- and post-module learning. Not only did this not meet multiple student learning styles, but it also did not provide the flexibility for students to demonstrate mastery of topics.

INTERVENTIONS:
The VARK model delineates various learning styles including visual (V), auditory (A), read and write(R), and kinesthetic (K) (VARK)1. In the summer semester of 2024, formative learning evaluations were enhanced by incorporating additional assessment methods into every pre-and post-module lesson based on VARK learning styles. At the beginning of the semester, students were oriented to VARK learning styles and given the option to select their preferred assessment methods. Students can select to (a) create a concept map on a disease process, (b) produce a 2-3-minute SBAR video, (c) attend a synchronous class (attendance was optional), or (d) answer practice questions. Each assessment met the module outcomes and required about 2 hours of work for the student. This formative assessment aimed to provide feedback of providing feedback and low-stakes points, approximately 0.5% of the course grade for each assignment.

DISCUSSION/RECOMMENDATIONS:
The flexibility was well received and by allowing choices, students were engaged and empowered to master knowledge and skills, while meeting the module learning objectives. The class average increased from 87.7% in the traditional format to 88.9% in the flexible format, however it was not statistically significant, but still demonstrated a positive impact on students with more research potential in the future.

The Impact of a Clinical Support Program on Clinical Competence, Stress Management, Self-Efficacy, and Satisfaction Among Nursing Students: A Non-Randomized Quasi-Experimental Study

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BACKGROUND:
Nursing students face various challenges during clinical placements, such as high stress, low self-efficacy, and dissatisfaction, which can hinder their learning and professional development. The Clinical Support Program (CSP) was developed to address these issues by providing structured support to nursing students during their clinical training. Despite efforts to improve students' clinical readiness through traditional means, such as increased clinical hours and simulation, nursing students still report unpreparedness and dissatisfaction with their clinical experiences. This study investigates the impact of the CSP on clinical competence, stress management, self-efficacy, and satisfaction.

AIMS:
The primary objective of this study is to evaluate the effectiveness of the CSP in enhancing clinical competence, reducing stress, and improving self-efficacy and satisfaction among nursing students enrolled in the Adult I clinical course.

METHODS:
This is a non-randomized quasi-experimental study involving 51 nursing students at Sultan Qaboos University. Participants were divided into two groups: the experimental group (n = 25), which received the CSP, and the control group (n = 26), which received the usual clinical training. The CSP consisted of four structured sessions focused on clinical preparedness, stress management, self-efficacy, and exam preparation. Data were collected through post-intervention surveys assessing clinical competence, stress (using the Nursing Students Stress Index), self-efficacy (using the General Self-Efficacy Scale), and satisfaction (using the Clinical Learning Environment Inventory).

RESULTS:
Students in the experimental group demonstrated significantly higher clinical competence in ongoing evaluations ($p = .001$) and lower overall stress levels ($p = .007$) compared to the control group. The experimental group also reported significantly higher self-efficacy scores ($p = .006$). However, satisfaction with clinical placement was higher in the control group ($p = .016$). No significant differences were observed in final clinical exam scores or competency exam results between the groups.

CONCLUSIONS:
The initial findings from this cohort suggest that the CSP effectively reduces stress and enhances clinical competence and self-efficacy among nursing students. However, its impact on satisfaction with clinical placement requires further investigation.

CLINICAL OR NURSING EDUCATIONAL IMPLICATIONS:
The implementation of the CSP offers promising outcomes in reducing student stress and enhancing self-efficacy, which are critical for successful clinical training. Incorporating structured support programs like CSP into nursing curricula can improve clinical readiness and help nursing students manage the pressures of clinical education, contributing to better learning outcomes and professional development.

Improving Mental Health Awareness within the Hmong Population via Social Media

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Category: Case Presentation, EBP or QI

BACKGROUND:
Mental health illnesses are becoming more prevalent in the United States. In 2021, there were an estimated 57.8 million adults in the United States living with a mental health illness. Compared to the general United States population, the Hmong are twice as likely to experience a mental health illness, such as major depression disorder, general anxiety disorder, and post-traumatic stress disorder. However, despite these staggering statistics, there are currently no large-scale studies completed on the effects of mental health illnesses in the Hmong population in the United States.

AIMS:
The purpose of this project is to improve mental health awareness in the Hmong population by using social media to educate the public on depression, anxiety, and post-traumatic disorders, along with resources to seek treatment.

METHODS:
The educational mini-series intervention took place on the Hmong Service Center Inc., Facebook page and lasted eight weeks. Prior to the start of the educational intervention, a 6-question Likert pre-survey was administered to gauge participant self-reported knowledge and attitudes towards mental health awareness. After the eight-week educational intervention, a post-survey consisting of the same questions was administered to compare the knowledge and attitudes of participants after the educational intervention.

RESULTS:
Survey analysis and chi-square test were used to analyze data collection. A total of six participants completed both the pre and post surveys, and 83% of the participants in the post-survey answered that their knowledge of mental health increased from before the educational mini-series.

CONCLUSION:
Based on the survey results, the educational mini-series on mental health awareness made a positive impact on the Hmong population. 66% of participants agreed that they would like to continue using social media in the future to build awareness around this subject matter.

CLINICAL IMPLICATIONS:
This project will have positive future implications for both increasing the awareness of mental health illnesses and enhancing access to treatment options in the Hmong community.

KEYWORDS:
depression, anxiety, post-traumatic stress disorder

Clinical Nursing Professional Certification Programs: Do They Work?

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BACKGROUND:
The value of nursing certification has been studied in various nursing specialties and settings. Studies have been completed to determine the linkage between clinical nursing certification to patient outcomes and nurse retention. The association between these variables have been inconclusive. Moreover, there has been a lack of studies to denote the linkage among professional certification and nurse engagement, and the types of interventions that are effective in creating an encouraging environment for nurses to achieve professional certification.

AIMS:
The aims of the study were to: 1) Gain a greater understanding of the types of interventions conducive in supporting clinical nurses in gaining their certification.
2) Explore the association among certification rates and nurse engagement.

METHODS:
An exploratory inquiry and pre/post intervention was the study design. Clinical nurse participation in the study included: FMFH Orthopedic & Spine Unit, FWBH Medical/Surgical Unit, FMFH & FWBH Modified Care Units & Surgery Services. The Professional Certification Survey (PCS) was used as the pre-intervention baseline measurement. The intervention phase of the study entailed implementing a Professional Certification Intervention Plan (PCIP) for a 3-month consecutive period. The PCIP was based on qualitative analysis of data related to the types of interventions clinical nurses felt were most conducive in supporting their quest for professional certification: pop-up sessions, meetings with unit managers, nurse educators, and Divisional Image Council members. Post-intervention measurement consisted of PCS Survey scores.

RESULTS:
Level of significance was obtained for the following PCS questions: This organization provides career development opportunities = 0.040; I get the training I need to do a good job = 0.043. A reversal in significance was received for the question: The person I report to uses performance process to coach me on my professional development = 0.020.

CONCLUSIONS:
Targeted interventions improve clinical nurses' engagement in achieving professional certification as demonstrated through support in career development opportunities and professional training.

CLINICAL NURSING IMPLICATIONS:
A positive interest in becoming professionally certified occurs when a supportive environment has been created with targeted interventions.

Faculty Mentorship: Supporting the Transition to the Educator Role

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BACKGROUND:
Nursing faculty shortages has contributed to the increased hiring of part time instructors, expert clinicians, and novice educators to fill faculty positions in nursing programs. Inadequate faculty mentorship for those transitioning to an educator role can lead to frustrated, unsupported faculty who struggle in the educator role which can have an impact on student outcomes and satisfaction. Negative experiences for the new faculty member in transition to the educator role can lead to early departure from teaching positions.

PURPOSE:
The purpose of this project is to develop and implement a faculty mentorship program aimed to facilitate increased confidence in the educator role through increased support and an accelerated attainment of educator competencies. Mentorship that supports a new faculty member through their first year in the educator role can decrease frustration, increase the faculty member's sense of support, build the confidence in the educator role, and assist in the development of educator competencies.

DESCRIPTION OF TOPIC:
A literature review was completed to define mentorship and its benefits. Themes emerged from the literature review including how mentorship is different than orienting and precepting, benefits of mentorship, and supporting new faculty in professional development. Mentorship helps new faculty with situational problems, supports professional development, and helps with decision making, in contrast orientation or precepting which is task oriented and time limited (Milton, 2017; Mijares & Radovich, 2020). Luckenbach & L'Ecuyer (2022) found mentorship program participants learned how to communicate effectively, objectively evaluate student performance, operationalize the curriculum, as well as improve faculty satisfaction and quality of instruction. Busby et al. (2023) found that relationships with mentors and new faculty helps to ensure successful transition to the educator role, if the relationship is not solidified, the novice educator may seek out informal mentorship or other resources to learn the role.

IMPLICATIONS:
Faculty mentorship develops new nursing faculty by building confidence in the educator role. While the aim of this project was not to identify if mentorship would improve retention, there is the possibility that faculty mentorship could improve retention. Investing in faculty skill development could also improve student outcomes and satisfaction.

Redesigning Nursing Skills Videos: A Customized Approach to Practical Learning

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EDUCATIONAL STRATEGY:
Teaching first-semester pre-licensure nursing students essential nursing skills.

SETTING:
Laboratory setting

BACKGROUND INFORMATION:
Nursing skills are essential and significantly impact patient safety. Thus, nursing students must thoroughly understand these skills and feel confident in their application (Chuang et al., 2018). Currently, students purchase skills videos from a publishing company, but faculty and students were not satisfied with the videos. The purchased videos did not cover all the skills taught, so the faculty had to make videos for skills that were not covered. Another consideration was the variety of supplies used in purchased videos versus those provided in the laboratory. The "what if" scenarios included in purchased skills videos, often did not pertain to their current nursing skill level or understanding. All of these factors played a role in students' decreased confidence in skill performance and obstructed their initial grasp of the procedure steps (Sutrisno, & Buhari, 2021). This video package also incurred an additional cost for students. Furthermore, students had access to the purchased videos for only 18 months versus lifetime access to faculty-made videos.

INTERVENTIONS:
Faculty created nursing skills videos in the University's simulation laboratory specifically for first-semester nursing students, as opposed to using the purchased skills videos. Additionally, resources were available to view the videos at the bedside, enabling students to follow along at their own pace while practicing skills by connecting their laptops to a TV screen at the head of the bed (Kelly et al., 2009).

DISCUSSION/RECOMMENDATIONS:
The instructor-created videos were completed in a familiar environment and allowed customization of supplies. This helps students become familiar with supplies they will utilize for skill practice. This approach fosters greater confidence in their skill performance. Moreover, this method allows instructors to emphasize and provide additional relevant information on critical steps in each skill. This allowed common mistakes to be addressed early in the skill acquisition process. Although creating these nursing skills videos required considerable time investment, it was ultimately well worth it since it enhanced the learning experience for students and was a cost-saving measure.

Developing the Scholarly BSN Nurses of Tomorrow: A Case Study

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Category: Case Presentation

EDUCATIONAL STRATEGY

Undergraduate students at Baylor University can complete an honors thesis to achieve honors status at graduation. Mentorship between one nursing faculty member and a traditional undergraduate student in an online environment occurred to complete a general literature review of ageism to build the student's competency of scholarship in nursing.

SETTING

The scholarly project was completed over four semesters of honors courses in an online environment with weekly meetings between the faculty and student.

BACKGROUND

The purpose of the honors project was to identify a topic of interest that the student had, complete a search of the literature to build the student's competencies of the topic and scholarship in nursing. The student had no foundation of research prior to this project. The student's goal was to explore ageism to identify the effects of ageism on older adults in the healthcare setting to improve patient experiences and outcomes.
Interventions

A literature review was conducted, and a table was developed to help the student analyze information from the literature. The student conducted a general search on the Baylor Library website on the topic of ageism. This type of search allowed for the analysis of sources in nursing and outside of nursing for educational purposes. The student completed a thesis paper and a PowerPoint poster for dissemination of the information researched through the project. The student learned what ageism is, strategies in nursing practice to decrease ageism, how to research literature and analyze it, and how to develop a scholarly paper and poster for dissemination.
Discussion/Recommendations

Nursing students can be intentionally mentored in their learning and scholarship through projects like this honors project. Pairing undergraduate students with faculty to work on scholarly projects shows students how nurses impact healthcare and how research can impact healthcare outcomes at the bedside. Undergraduate programs that provide students with opportunities to engage in scholarly practices help to develop our future nurses into the change agents at the bedside and beyond that will impact the future of healthcare.

Embedded Diversity: QR Codes as Portals to Inclusive Simulated Experiences

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KEY WORDS: QR codes, Student Engagement, Diversity, Inclusion

SETTING: Classroom and Lab

BACKGROUND INFORMATION:
Integrating Quick Response (QR) codes in simulation settings presents a transformative opportunity for nurse educators to introduce elements of diversity and inclusion, offering unique benefits that enhance experiential learning, reduce costs, and increase student engagement. QR codes serve as gateways to diverse learning experiences, allowing students to access information from the QR codes that provide cultural and language clues and cues with a simple scan. QR technology increases the versatility of static and low-fidelity manikins, providing a low-cost, scalable way to enrich the learning environment in lab, classroom, and simulation settings.

INTERVENTION:
A baccalaureate nursing program faculty designed and implemented multiple unique QR codes for manikins used in critical care classrooms, health assessment labs, and nursing fundamentals labs. For example, a QR code was placed on a static manikin's identification bracelet. Scanning the QR code with the student's iPad revealed patient details using embedded audio files. The students heard the voice of a Spanish-speaking patient, including her name, date of birth, chief complaint, and sense of urgency. Student engagement increased as students scanned each QR code on the manikin and used the information to adapt and develop a culturally sensitive care plan that individualized care to the simulated non-English speaking patient. Additional QR codes provided students with individualized patient data, including medical literacy, ethnicity, age, gender identity, and patient concerns.

The QR codes helped students build clinical judgment, critical thinking, and problem-solving, essential skills for creating culturally sensitive patient care.

DISCUSSION:
QR codes allow data to be stored in various ways, including audio files, videos, and images, providing endless possibilities for the facilitator to create authentic patient scenarios that engage students and reflect the diversity of patients' cultural, linguistic, and socioeconomic backgrounds. Nurse educators used their subject matter expertise to quickly further refine and customize the QR code, tailoring them to meet specific course or class learning objectives and competencies, including elements of diversity and inclusion. The QR codes also provide a low-cost alternative for repurposing static and low-fidelity manikins.

High-fidelity Simulation and the Development of Self-confidence in Clinical Decision Making When Delivering Patient Care

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Category: Nursing Research

BACKGROUND:
Providing educational experiences for the development of self-confidence in clinical decision-making is a challenge for higher education. The increased use of high-fidelity simulation (HFS) in nursing education to augment or replace traditional clinical experiences has led to a concern for readiness for practice in a confident, competent manner.

AIM:
The purpose of this study was to determine nursing students' perceived level of self-confidence in clinical decision-making when delivering patient care after completing a standardized HFS following the pandemic.

METHODS:
A one-group, pretest-posttest, correlational research design investigated the relationship between HFS and self-confidence, anxiety, and the three dimensions of the research instrument (Nursing anxiety and self-confidence with clinical decision-making [NASC-CDM]©). The study consisted of a demographic survey before the HFS and a survey before and after the HFS.

RESULTS (SYNOPSIS OF DATA):
This study addressed five research questions.
1. Difference between pre-test and post-test scores: $M = 11.000$ *(SE = 2.096)*, $t(28) = 5.248$, $p < .001$, statistically significant difference between the means ($p < .05$), and clinical significance was high (Cohen's $d = .97$).
2. Relationship between post self-confidence and Dimension A (NASC-CDM©): $r_s(37) = .913$, $p < .001$; statistically significant, positive relationship.
3. Relationship between post self-confidence and Dimension B (NASC-CDM©): $r_s(37) = .849$, $p < .001$; statistically significant, positive relationship.
4. Relationship between post self-confidence and Dimension C (NASC-CDM©): $r_s(37) = .961$, $p < .001$; statistically significant relationship.
5. Relationship between post self-confidence and anxiety: $r_s(37) = -.873$, $p < .001$; statistically significant inverse relationship.

CONCLUSIONS:
There was an overall statistically significant increase in self-confidence in clinical decision-making after completing a HFS while a statistically significant inverse relationship was found between self-confidence and anxiety. The three domains of the NASC-CDM© had a positive influence on self-confidence following the HFS.

NURSING EDUCATION IMPLICATIONS:
This study:
- supports the link between HFS and the development of self-confidence in clinical decision-making,
- supports the use of standardized HFS experiences for the development of self-confidence in clinical decision-making,
- supports the need to provide hands-on learning experiences where students can apply their knowledge, and
- supports the need for a psychologically safe environment for students.

Culturally Inclusive End-of-Life Simulation for Undergraduate Nursing Students

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BACKGROUND

Patient end-of-life (EOL) care is a challenging reality that most nurses will face during their careers. Preparing nursing students for these situations can alleviate anxieties related to patient death (Venkatasalu et al., 2015). Simulation-based learning is an effective approach for teaching complex scenarios like EOL care (Cannity et al., 2021), with numerous studies highlighting improved confidence and competence in students who participate in EOL simulations (Gillan et al., 2014; Tamaki et al., 2019; Venkatasalu et al., 2015; Lewis et al., 2016; Jablonski et al., 2020). However, cross-cultural variations in death and dying highlight the need for culturally competent nurses (Northam et al., 2015).

PURPOSE

This project aims to assess whether participation in culturally and spiritually diverse EOL simulations improves undergraduate nursing students' perceived competence in providing culturally inclusive EOL care.

DESCRIPTION

In spring 2025, 72 undergraduate juniors enrolled in NRSG 302 will participate in a simulated death experience involving three culturally distinct groups: Catholic Caucasian, Muslim Somali, and Mide Ojibwe. Each student will be randomly assigned to participate in one simulation and observe two others. Pre- and post-simulation surveys will assess students' perceived competence in EOL care using the CARES Perceived Competence Measure 2.0, enhanced by cultural competence questions.

IMPLICATIONS

This study is significant as it will provide insights into the effectiveness of EOL simulations in improving students' confidence and competence in EOL care, with an emphasis on cultural competence. The results may support the integration of culturally diverse EOL simulations into nursing curricula to better prepare future nurses for diverse patient care scenarios. Further, the study could fill a gap in current literature by providing data on cultural competence in EOL simulations, and it offers a foundation for future research and curriculum development that ensures nursing students are well-equipped to handle culturally diverse end-of-life situations.

Newly Licensed Registered Nurses Transition to Practice: Evaluation of Newly Licensed Nurses' Perceptions of Self-Confidence and Competence

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BACKGROUND/PURPOSE:
Effective recruitment, retention, and nurse recognition are important for building and maintaining a diverse Registered Nursing workforce and addressing structural factors that result in health inequities. Quality and Safety Education for Nurses (QSEN) competencies were integrated into nursing curriculum and transition to practice programs (TPP) to better prepare NLRNs for practice. Knowledge of NLRNs self-assessment of confidence in the QSEN knowledge, skills, and attitudes (KSA), and knowledge and safety competencies prior to transition will inform nurse educators and clinical leaders of the needs of NLRNs for successful transitions to practice.

PURPOSE/AIMS:
The purpose of this study was to explore pre-licensure nursing students and NLRN's self-assessment of confidence and competence in the QSEN KSA and knowledge and safety competencies.

METHODS:
A secondary analysis of data collected from (insert total number of participants here) participants with the National Quality and Safety Self-Inventory (NQSSI) instrument compared confidence and competence in the nursing competency domains pre and post participation in a TPP. NQSSI scores were also analyzed to explore differences in confidence and competence in nursing competency domains and knowledge, skills, and attitudes between samples of NLRNs who graduated pre-COVID, and pre-licensure nurses and NLRNs who completed their nursing program during COVID.

RESULTS:
NLRNs who participated in a TPP had higher NQSSI scores post participation. NLRNs who participated in virtual clinical practicum and pre-licensure nurses who completed their education during COVID had significantly higher NQSSI scores than NLRNs who completed their education prior to the COVID-19 pandemic. NQSSI scores were highest for pre-licensure nurses who had a structured virtual online clinical experience.

CONCLUSIONS & IMPLICATIONS:
TPPs are beneficial for increasing NLRNs perceptions of confidence and competence in the QSEN evidence-based practice competency domains. NQSSI scores of NLRNs and pre-licensure nurses support increased QSEN curriculum content and virtual clinical practicum as effective for obtaining confidence in the QSEN KSAs and knowledge and safety competencies. Structured learning experiences may provide opportunities for nurse educators to role model and emphasize best practices resulting in increased self-perceptions of confidence and competence by NLRNs and decreased health inequities.

Utilizing Technology to Strengthen Nursing Education

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Category: Case Presentation, EBP or QI

EDUCATIONAL STRATEGY:
Using technology in nursing education will strengthen the healthcare workforce. (AACN, 2023).

SETTING:
The setting is a Virtual Course Advanced Pathophysiology, Pharmacology, and Health Assessment for Nurse Educators and Nurse Administrators at a Midwestern University.

BACKGROUND INFORMATION:
Healthcare is constantly advancing with technology, online patient assessments, and new models of nursing care. Artificial Intelligence enhances nursing practice by preparing nurses for the future. (Rony et.al. 2023). Nursing education is the core to strengthening the nursing workforce of the future. An online course requires innovation and creativity on the instructors' part to keep the students engaged and motivated to learn the content.

INTERVENTIONS:
Graduate faculty developed the course to aid nurse educators and nurse administrators to attain competency in pathophysiology, health assessment, and pharmaceutical practices used in healthcare across the lifespan. Virtual technology was incorporated by adding the digital tools of Packback Questions (Packback Questions, 2024) and Shadow Health (Elsevier, 2024) in the modules. These tools aid the instructor in testing competency, communication skills, and critical thinking (Booth, 2021).

DISCUSSION/RECOMMENDATIONS:
In summary, nursing practice requires us to draw on our knowledge of pathophysiology, pharmacology, and physical assessment daily, with every patient encounter. In nursing practice, nurses must integrate these.

Student surveys proved that digital tools were helpful in critical thinking as well as retention of information. These tools helped the student analyze and synthesize health assessment, pathophysiology, and pharmaceutical components in the care of the patient.

Student Evaluation of a National Certification Coach at a Midwestern University

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Category: Case Presentation, EBP or QI

EDUCATIONAL STRATEGY/ QUALITY IMPROVEMENT/ SETTING:
This project took place at a Midwestern University in a Doctor of Nursing Practice (DNP) program.

BACKGROUND AND AIM:
The American Association of Nurse Practitioners NP Fact Sheet (2024) states that more than 39,000 new nurse practitioners (NPs) completed their educational programs in 2021-2022. Many states require the successful passing of a national certification examination to practice as a nurse practitioner in that state (Tankimovich, 2022). There is little information in the literature regarding support for students preparing for the national certification exam (Tankimovich, 2022). Although diagnostic readiness tests (DRTs) have been found to be a useful tool for student preparation of the national certification exam, student perception of their usefulness has been mixed (Coppa & Barcelos Winchester, 2020; Tankimovich, 2022). The aim of this project was to evaluate the role of a national certification coach at a Midwest university by DNP graduates.

METHOD:
Approval was obtained through the IRB. Leadership and faculty created the role of a national certification coach (NCC) in 2020 to support students during the last year of their DNP educational program. DRTs were incorporated into the program. The NCC's role was to individually support the student and help alleviate faculty burden by being the designated faculty for scheduling of DRTs and student national certification examination preparation support. The student support included explanation of purpose and usefulness of DRTs as part of preparation and study strategy development after DRTs.

RESULTS:
An anonymous survey was deployed via Survey Monkey to five cohorts of DNP graduates, 50 participants, regarding the national certification coach role. 66% of graduates replied. 90.9% of responders stated the NCC role was helpful. 93.9% recommended the school continue the role. Open-ended comments from responders included: "helpful to have designated person to ask questions" and "support and guidance was very helpful". Feedback from faculty was appreciation for designated role. Additionally, faculty noticed improved acceptance of DRTs by students when explanation of tests, follow-up evaluation, and strategic study plans were conducted by NCC.

RECOMMENDATIONS:
A national certification coach may be useful to DNP programs to help support student preparation for national certification examination.

Leveraging Artificial Intelligence to Address Psychosocial Needs of Individuals with Implantable Cardioverter Defibrillators

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Category: Nursing Research

INTRODUCTION:
Living with an implantable cardioverter defibrillator (ICD) presents various psychosocial challenges, including anxiety, depression, fear of device shocks, and social isolation. Artificial Intelligence (AI) tools have the potential to enhance psychosocial care by providing innovative solutions tailored to the unique needs of ICD patients.

BACKGROUND AND SIGNIFICANCE:
Patients with ICDs face numerous psychosocial implications, including mental health concerns, diminished quality of life, and challenges in coping. Despite these challenges, there is a lack of comprehensive psychosocial support, highlighting the need for innovative approaches such as AI to fill these gaps.

METHODOLOGY:
Data from the research study, Living with an ICD-Impact of Perceptions on Psychosocial Well-Being, provides information on the psychosocial needs of individuals living with an ICD. The study (N=100) was an exploratory descriptive research design utilizing a 91-item survey with a final open-ended question. Key needs of individuals were identified through analysis of the data using regression and theme analysis.

RESEARCH STUDY FINDINGS:
Findings from the study identified general concerns across age groups and the unique challenges and needs for younger and older adults.

POTENTIAL AI DRIVEN SOLUTIONS FOR SUPPORT:
Use of AI tools such as mobile health applications, chatbots, personal assistants, machine language algorithms, and natural language processing may improve self-management and identify patient risks and needs.
Ethical Considerations and Limitations: Key ethical considerations include data privacy, patient consent, and potential biases within AI algorithms. Limitations may involve challenges related to technological accessibility and patient adaptability.

DISCUSSION AND RECOMMENDATIONS:
AI generated support tools have the potential to revolutionize psychosocial care for ICD patients. Integrating AI within care models has the potential to significantly improve psychosocial care for individuals with ICDs by providing guidance, job coaching, virtual education, and emotional support. Future research should focus on large-scale trials to evaluate the effectiveness of AI tools in this context, with the goal of optimizing care and improving patient outcomes across diverse age groups.

Onboarding Nursing Students to Success in Nursing Program

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Category: Informational

BACKGROUND

Attrition of nursing students is a significant problem because it leads to wasted time and resources for faculty and students, strains university budgets, and exacerbates the existing nursing shortage. High dropout rates increase the financial burden on institutions, with costs estimated at nearly $785,000 per institution annually (Peterson, 2009). Additionally, the loss of potential nurses from the workforce impedes efforts to address the critical demand for qualified nursing professionals, impacting the overall quality of healthcare services.

PURPOSE

There is limited literature that defines or guides how nursing program admission qualities should be assessed in the student selection process, particularly in determining what constitutes suitability for the nursing profession (Haavisto et al., 2019).

DESCRIPTION OF TOPIC

Attrition is a significant issue among Bachelor of Science in Nursing (BSN) students, with rates around 50% nationwide (Newton, 2009). Some students find the transition into nursing school challenging due to the intense program pace, heavy workload, and difficulty adjusting to their daily routines (Kowitlawakul et al., 2013). Students leave nursing programs for various reasons, including academic failure, misconduct, or not passing clinical assessments (Deary et al., 2003). Shaver & Viveiros (2024) note that voluntary attrition in nursing programs occurs when students either drop out or change majors due to dissatisfaction with their chosen field, ultimately leading to a deliberate shift in academic goals and leaving the nursing program.

IMPLICATIONS

The increasing nursing shortage and high attrition rates among nursing students and new nurses highlight the urgent need to focus on retention, graduation, and licensure to maintain a stable nursing workforce (Kruse et al., 2020). Nursing schools also face significant demand for new graduate nurses amid this shortage.

Shaver and Viveiros (2024) note that nursing programs losing any one student contributes to the growing nursing shortage within the demanding healthcare field. The issue is not a lack of interest in nursing but the need to better prepare nursing students for the program's rigor. The recent nurse shortage has highlighted the need to understand the factors influencing nursing student retention within college nursing programs and institutional systems (Seago et al., 2008; Kruse et al., 2020).

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