



# 19<sup>th</sup> Global Nursing Education Conference

April 27-28, 2017 Las Vegas, USA

## Workshop Day 1

*Global Nursing Education 2017*

# 19<sup>th</sup> Global Nursing Education Conference

April 27-28, 2017 Las Vegas, USA

## *Jonny Kelly and Heather Clark*

Weber State University, USA

### Perfectionism among nursing students

Nursing is a demanding field with constant challenges. Perfectionism has been shown to be a mediator of stress. A comparison of perfectionism among health profession students is lacking, especially among nursing students. Perfectionism can cause maladaptive behaviors that may interfere with a student's education and well-being. The hypothesis used in this study was, nursing students will show a higher rate of perfectionism than the general population. The subjects of this study consisted of a non-probability convenience sample of nursing students at a large United States Western University. The Multidimensional Perfectionism Scale (MPS) was utilized to evaluate perfectionism among nursing students in this study. Three specific areas are measured, which includes self-oriented perfectionism, other oriented perfectionism and socially prescribed perfectionism. The data was analyzed by converting MPS survey scores to simple T-scores. The mean scores are set at 50 and the standard deviation is set at 10. The study results revealed 160 (65%) students scored moderate to elevated levels and 118 (48%) students demonstrated elevated levels of perfectionism in the self-perfectionism. In the other-oriented perfectionism category, 123 (50%) students presented moderate to elevated levels and 74 (30%) students demonstrated elevated levels in other perfectionism. The social perfectionism category showed 112 (46 %) students scored moderate to elevated levels and 71 (29%) students that scored elevated levels of perfectionism in social perfectionism category. Educators may be able to adapt curriculum to alleviate stressors of health profession students. Individual instructors need to also become educated on perfectionism, and then help students at risk by providing resources. Instructors should also become mindful on individual classes that may trigger perfectionism in students.

### Biography

Jonny Kelly is an Assistant Professor of Nursing at the Weber State University School of Nursing, located in Utah. He teaches courses on the Associate, Bachelors, and Masters level of Nursing.

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Heather Clark is an Assistant Professor of Nursing at the Weber State University School of Nursing. She teaches courses on the Associate, Bachelors, and Masters level of Nursing.

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### Notes:



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# Scientific Tracks & Abstracts Day 1

*Global Nursing Education 2017*

# Sessions

Day 1 April 27, 2017

## Nursing Education | Nursing Teaching Strategies | Innovations in Nursing Education Advanced Nursing Practice

### Session Chair

**Patricia A Daoust**

Massachusetts General Hospital, USA

### Session Co-Chair

**Irene Kennedy**

Glasgow Caledonian University, UK

### Session Introduction

**Title: Improving global nursing education exchange by improving cultural transition**

**Patricia A Daoust**, Massachusetts General Hospital, USA

**Title: An education intervention to overcome barriers to evidence based practice**

**Renae L Dougal**, Idaho State University, USA

**Title: Nursing process and critical thinking linked to disaster preparedness**

**Julie A Bulson**, Spectrum Health System, USA

**Title: Evaluating cultural competence in undergraduate nursing students**

**Francine B Jensen and Nyree-Dawn Nichols**, Utah Valley University, USA

**Title: Return to practice nursing programme– Attracting nurses back to the profession**

**Irene Kennedy**, Glasgow Caledonian University, UK

**Title: Classroom conversations and the use of dialectical dialogue to facilitate critical thinking**

**Agnes Makhene**, University of Johannesburg, South Africa

**Title: International nursing education – Nursing in Haiti**

**Teresa Marshall**, Tacoma Community College, USA

**Title: Simulated mock Safety Team Assessment Response (S.T.A.R.) code**

**Tanya Parker**, NYU Langone Medical Center, USA

**Title: Use of simulation debriefing for the development of interprofessional competencies in medical and distance learning nurse practitioner students**

**Sherry L Donaworth**, University of Cincinnati, USA

**Title: Educating and evaluating military graduate nursing students' and military medical students' attitudes and knowledge of LGBT healthcare**

**Eric Pauli**, Old Dominion University, USA

**Title: Nurse manager and student nurse perceptions of the use of personal smartphones or tablets and the adjunct applications, as an educational tool in clinical settings**

**George McNally**, Northtec Whangarei, New Zealand

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## Improving global nursing education exchange by improving cultural transition

Patricia A Daoust

Massachusetts General Hospital, USA

Massachusetts General Hospital-Global Health Nursing enhances the status and reach of nursing on a global scale by focusing on nursing education, leadership and professional advocacy. We work collaboratively with our nurse colleagues in schools of nursing and healthcare facilities in resource limited settings primarily in Uganda and Tanzania. Through our global nurse fellowship program, we provide valuable theoretical and clinical expertise in direct response to requests from our academic partners. Although recognized as leaders in the field of nursing education, the cultural transition that any nurse must make to work effectively in a developing country cannot be underestimated. In order to appropriately equip our visiting faculty, we have developed a pre-departure curriculum that helps ease the transition of living and teaching in another culture thus increasing the likelihood of a successful experience that is mutually beneficial. Considering the essential role that a well-educated nurse plays, it is vital that we better prepare our global nurse educators for the challenges they will confront in order to make informed behavioral decisions, and use teaching strategies that are culturally appropriate and impactful. We provide 10 tips that have been shown to enhance the international experience and we teach participants to recognize 5 stages of cultural adaptation. The curriculum contrasts the roles and responsibilities of the nurse in developing countries, the educational variances, and specific health system structures. Our goal is to share our experiences with other global nursing educational initiatives so that learning is enhanced and global nurse educators are empowered.

### Biography

Patricia A Daoust is the Director of Nursing for Global Health at Massachusetts General Hospital. She sets the vision, operationalizes and provides leadership to all global nursing initiatives related to the organizations mission. Presently she is also serving as the Interim Director of MGH - Global Health. The reach and impact of her work spans three decades and two continents. Her career trajectory is characterized by her enduring commitment to health as a human right and her dedication to the nursing profession. She has been the recipient of multiple awards including the Nursing Leadership Award by Sigma Theta Tau International, ANAC Public Service Award, AIDS Action Committee Heroes in Action Award, and the MGH Linda Kelly Visiting Scholar Recognition Award. She serves as the Global Committee Member for the Association of Nurses in AIDS Care and the Board Member of the Global Nursing Caucus.

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## An education intervention to overcome barriers to evidence based practice

Rena L. Dougal and Jill H. Anderson  
Idaho State University, USA

**Problem:** The Evidence-Based Practice (EBP) Committee was changed to an EBP Nursing Council. The purpose was to integrate the council within the Hospital's Shared-Governance model; this change brought new members to the Council. These individuals voiced a strong desire to learn the EBP process. However, a lack of understanding about the process of EBP was identified and an education plan was developed.

**Evidence:** Barriers associated with the EBP process include lack of understanding and value of EBP to individual practice, how to search for and grade evidence, difficulty understanding research articles, lack of computer skills and accessing electronic databases.

**Strategy:** A qualitative pilot survey was conducted with the Council. Based on results, an education plan was tailored to overcome identified barriers.

**Practice Change:** The intervention included: Education on the Iowa Model, the hospital librarian demonstrated electronic searches through search engines and databases, group participation in writing PICO questions, clinical practice guidelines evaluated using the AGREE tool and rapid critical appraisals for research.

**Evaluation:** The survey's primary question asked participants (n=16) to rank the top three barriers using research in practice. From the identified primary barriers, 81.25% of the participants reported lacking necessary skills to critique or synthesize literature.

**Results:** Our concern has validated that nursing lacked necessary skills to utilize foundational principles of EBP. To have EBP successfully embedded into nursing practice a strong foundation is critical.

**Recommendations:** Based on the results of the pilot survey, the EBP Council felt the next step was to survey the nursing staff, throughout the hospital, in order to identify perceived barriers in using EBP and understand their beliefs about EBP.

**Lessons Learned:** Promoting a culture of inquiry is vital to advancing nursing practice based on best available evidence. By overcoming barriers, nurses feel confident in their ability to incorporate best evidence into their practice, which promotes best practice, improving nursing satisfaction and overall patient outcomes.

## Biography

Rena L. Dougal completed her Master's Degree from Gonzaga University, Spokane, Washington, USA. Currently, she is a Clinical Assistant Professor, School of Nursing, Accelerated BSN Program for Idaho State University, Meridian, Idaho, USA. She is also a Nurse Researcher, Author, Text Contributor, and Presenter for both National & international conferences, a Certified Legal Nurse Consultant and On-site Evaluator for the Commission on Collegiate Nursing Education (CCNE).

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## Nursing process and critical thinking linked to disaster preparedness

**Julie A Bulson**

Spectrum Health System, USA

Often times during a disaster situation, staff forget what they are supposed to do, to effectively respond and care for patients already in the hospital, as well as, preparing for a surge of patients. Disaster preparedness is not unlike the nursing process. If, as nurses, we can reflect on something familiar and translate that practice into a crisis situation, it may become easier to respond in an unfamiliar situation. This lecture is about how nurses responding during a disaster situation is similar to their day to day use of the nursing process to assess, diagnose, plan, implement and evaluate. We will review each step of the nursing process and what would be expected of a staff nurse during a mass casualty situation.

### Biography

Julie Bulson has nearly 40 years experience in healthcare (30 years in healthcare emergency preparedness). Currently, she serves as Director of Emergency Preparedness overseeing emergency preparedness program development for Spectrum Health, a large healthcare system in the Mid-West. She has participated in many state/regional/community planning committees. She has presented at several national emergency preparedness conferences and has co-authored several articles related to healthcare emergency preparedness.

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## Evaluating cultural competence in undergraduate nursing students

Francine B Jensen, Nyree Dawn Nichols, Hsiu-Chin Chen, Sean Bennett, Gary Measom, Adam Anderton and Linda Wiggins  
Utah Valley University, USA

With increasing immigrants and expanding globalization in the US, enriching cultural competence among healthcare providers to deliver culturally appropriate care to diverse patients is in need. Nursing education has recognized the challenges for integrating components of cultural competence into curriculum and examining the effectiveness of teaching and learning of cultural competence in a nursing program. The purpose of this comparative quantitative study was to conduct an ongoing evaluation of cultural competence among undergraduate nursing students through an academic semester. A convenience sample of all undergraduate nursing students was recruited from a university by sending 210 email invitation letters for participation. The IAPCC-SV© tool developed in 2007 by Campinha-Bacote was used to evaluate the level of cultural competence including the five subscales of cultural awareness, cultural desire, cultural knowledge, cultural skill, and cultural encounters among undergraduate nursing students at the beginning and at the end of a semester, respectively. In total, 106 students were randomly selected and voluntarily participated in this study to complete the IAPCC-SV at the beginning of the semester and 86 out of the 106 students completed the IAPCC-SV at the end of the semester. All data using double entry were analyzed via independent t-test to identify the difference in cultural competence between the beginning and the end of the semester among undergraduate nursing students. The study results indicated that the undergraduate nursing students were culturally competent and had an increased cultural competence level at the end of the semester compared to the beginning of the semester. Although the participating students had increased scores in all five subscales, there were no significant differences between the beginning and the end of the semester. Cultural competence is on-going process. It is suggested that curriculum can offer more cultural encounters and practice to interact with diverse patients to increase student cultural competence.

### Biography

Francine B. Jensen is an Assistant Professor of Nursing at Utah Valley University where she teaches at the associate and bachelors levels. Prior to teaching, Ms. Jensen spent eight years in gastrointestinal, telemetry, emergency and trauma nursing at the University of Virginia Medical Center, Yale-New Haven Hospital, and Inova Fairfax Level I Trauma Center. She has presented at international nursing conferences in Tallin, Estonia, and the Netherlands. Her research interests center around interpersonal relationships in nursing and ways to improve engagement for students in the classroom. She received her Masters from George Mason University and is a current doctoral student.

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Nyree-Dawn Nichols has been a nurse for 12 years. Her medical background has been in Emergency Medicine, Trauma and Critical Care. She has 5 years fulltime teaching experience. Teaching students has been very rewarding and her passion for teaching grows continually. She is married with 4 children and loves being a mom.

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## Return to practice nursing programme - Attracting nurses back to the profession

Irene Kennedy

Glasgow Caledonian University, UK

Workforce planning in Scotland suggests there will be a need for an increased number of nurses to meet service, quality and safety needs within Health and Social Care settings. Whilst Scottish Government has been having an increasing education commissions in recent years, these will not start to yield an increase in registered nursing staff numbers until 2017/18 at the earliest and other options had to be considered. Having established links with our local NHS Boards and NES, the Return to Practice nursing programme was developed collaboratively with users and care givers and service providers who are committed to providing a programme to encourage nurses with a lapse of registration back into the workforce and ensuring they are prepared to deliver quality based patient focused care. The programme is funded by Scottish Government and has recently won the Student Nursing Times Award 2016. Flexibility in the blended pattern of delivery ensures all students can accommodate their studying around other commitments and is truly student centered ensuring progression is high and attrition low. The course takes the specific demands and interests of return to practice students as it is driving force, encouraging its students to publish and placement staff to work closely with the students.

### Biography

Irene Kennedy is a Senior Lecturer from Glasgow Caledonian University and has an MSc and PGCHE from Edinburgh Napier University. She is the Programme Leader for the Return to Practice Nursing Programme. She has recently won the Student Nursing Times Awards for the best Return to Practice Course 2016.

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## Classroom conversations and the use of dialectical dialogue to facilitate critical thinking

Agnes Makhene

University of Johannesburg, South Africa

**Statement of Problem:** There is an inclination by nurses to practice in a rigid manner because they are rote-learners and are bound by nursing care protocols that stifle the active use of critical thinking. The researcher observed that the methods of teaching and assessment of critical thinking are not used uniformly by faculty in an institution of higher education. Critical thinking is not understood and appreciated by all as the ideal outcome of the nursing programme in nursing education, which is evidenced by the haphazard manner in which critical thinking is facilitated. Classroom conversation can be used to develop the learners' critical thinking skills. Critical thinking is facilitated in general and in nursing education particularly in order to aid learners to render care in diverse multicultural patient care settings. Classroom conversation involves thinking as an interactive process that constitutes the use of dialectics and dialogue. However where the aim is to facilitate critical thinking the conversation cannot be haphazard. Conversation in the classroom must have structure as happens in dialectical dialogue. This paper aims to explore and describe how dialectical dialogue can be used in classroom conversations to facilitate critical thinking.

**Methodology:** A qualitative, exploratory research design was used. Purposive sampling method was used to draw a sample and Miles and Huberman methodology of qualitative data analysis was used to analyze data. Lincoln and Guba's strategies were employed to ensure trustworthiness, while Dhali and McQuoid-Mason's principles of ethical consideration were employed.

**Findings:** Conceptualization of the findings culminated in the formulation of guidelines on how dialectical dialogue can be used to facilitate critical thinking in the classroom.

### Biography

Agnes Makhene has expertise in Nursing Education. Her main field of interest is Critical Thinking and has recently developed a programme to facilitate critical thinking in nursing education. Furthermore, she designed a conceptual framework that can be used in the facilitation of critical thinking. The conceptual framework and programme are based on the Delphi technique recommendations post the conceptual analysis of "Critical Thinking" by Facione (1990).

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## International nursing education -Nursing in Haiti

**Teresa Marshall**

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Cultural competence and respect for others becomes especially important for us in nursing practice because we are patient advocates. In school, we are taught to respect the rights and dignity of all patients. As the world becomes smaller and individuals and societies become more mobile, we are increasingly able to interact with individuals from other cultures.

Diversity is part of the heritage of America. Other than the Native Americans, our ancestors were all immigrants from diverse cultures. That diversity continues today and with the ease of travel the chance that you will encounter a patient from another culture is very likely. Due to these factors, the development of cultural competence in nursing practice is important for us to provide the best care possible. The first step is to become aware of other cultures and belief systems. Health care beliefs can be very different from culture to culture and country to country. Without exposure to different beliefs and culture it can be difficult to understand patient's behavior.

One innovation in nursing education that addresses this need is global nursing immersions. Global immersions can provide exposure to diverse cultures and better understanding of their beliefs. Over the last six years Ms. Marshall has taken teams of nurses to Haiti to provide health education and training to village healthcare workers. The nurse's exposure to this diverse culture changed their nursing practice and better equipped them with the ability to understand and work within a different culture.

## Biography

Teresa Marshall has lead medical teams to Haiti for the past six years. She has firsthand observed the cultural awareness that this experience has provided and how it changes the practice of nursing in the participants. Ms. Marshall is currently serving as an undergrad nursing instructor at Tacoma Community College, and a graduate clinical nursing instructor for Washington State University, and Gonzaga University. She has owned and operated her own independent nurse practice in rural. Her experience as an instructor has provided insight into how students learn best.

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## Simulated mock Safety Team Assessment Response (S.T.A.R.) code

**Tanya Parker**

NYU Langone Medical Center, USA

**Background:** Healthcare workers are at high risk for workplace violence. The most up-to-date research reports indicate there is an increase in violent crime in hospitals. Mount Sinai Beth Israel (MSBI) in New York City created committee to address the concerns of increased workplace violence; the outcome was the Safety Team Assessment Response (S.T.A.R.) code policy. The S.T.A.R. code policy outlines a response system to activate a formal interdisciplinary program to prevent or mitigate violent situations regarding patients, visitors and/or staff.

**Purpose:** The purpose of this quality improvement project was to test an educational program, including simulation techniques, aimed to improve the knowledge and skills of RNs and PCAs by increasing their exposure to aspects of the S.T.A.R. Code Policy. Outcomes of the simulation program included increasing confidence, comfort levels about when to call a code and how to perform, during the code, skills in implementing a code, and responsibilities during and following the code.

**Methodology:** Key elements of the S.T.A.R. code policy were reviewed using Power Point slides; the nursing staff participated in two simulated scenarios based on each level of the S.T.A.R. codes. A debriefing session followed each simulated scenario. Participants completed a 10-item multiple choice test and a mock S.T.A.R. code skills checklist.

**Results:** All participants achieved 100% scores in the competency exams. The study sample was one of convenience and is not generalizable beyond MSBI.

**Conclusions/Implications for Practice:** Employees working on units with high-risk populations may be at greater risk for encountering workplace violence. Violence prevention training should be included in hospital orientation programs for all staff. This educational program became a required competency for all nursing staff in the PCS Department.

## Biography

Tanya Parker has been an RN for over 20 years and has worked in inpatient, outpatient, and academic settings. She is a New York certified teacher, a nationally certified Basic Life Support Instructor, and a Preventing and Managing Crisis Situations Instructor. She has been acknowledged as Rookie of the Year for her quality teaching of vocational students, has received funding to support a Vocational Nursing Assistant program, and has developed a Nurse Internship program at an established health center. She has contributed to a Hospital Nursing Recognition program to coordinate the creation, display, and publication of nursing artwork. She has presented her work on workplace violence in both domestic and international settings. Her work is published in the *American Journal of Nursing* and the *Nursing Management Journal*. Her Master's level interests were Nursing, and Health Education and Promotion. She is currently pursuing a Doctorate in Nursing Practice.

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## Use of simulation debriefing for the development of interprofessional competencies in medical and distance learning nurse practitioner students

Sherry L Donaworth and Christine Colella  
University of Cincinnati, USA

**Statement of the Problem:** Interprofessional healthcare teams are becoming the norm in healthcare delivery. Opportunities for safe non-threatening interactions among interprofessional learners are essential for the development of communication skills among student learners. Participation in provider neutral Interactive Case Studies (ICS) allows students the opportunity for critical thinking in real-world scenarios. Simulation provides an excellent opportunity to address interprofessional education needs and ultimately enhance collaborative practice. Face to face debriefing has been well established as an accepted method of reinforcing concepts presented during the simulation, but what happens when interprofessional debriefing occurs at a distance?

**Strategy/Intervention:** At a large urban academic health center, advanced practice nursing students and medical students completed a provider-neutral Interactive case study (ICS). An interprofessional faculty team developed scenarios using the core competencies for interprofessional collaborative practice as a framework. Incorporation of distance learning students into synchronous interprofessional debriefing was accomplished using a conferencing software program. Interprofessional faculty facilitators set the tone as nonthreatening and encouraged open dialogue among students.

**Findings:** Evaluations from both the nurse practitioner students and medical students were overwhelming positive with 83% of participants reporting the activity as valuable to their education. The debriefing afforded learners to develop a clearer perspective of each profession's specific roles as part of the team. In addition, this teaching strategy offers faculty an opportunity to assess the student's grasp of the concepts evaluated within the case and to guide the learners in becoming part of a cohesive interprofessional team. Interprofessional simulation debriefing is a dynamic teaching technique that can facilitate positive interaction among student learners.

### Biography

Sherry L Donaworth is an Assistant Professor of Clinical Nursing at the University of Cincinnati, College of Nursing. She is board certified as an Adult-Acute Care Nurse Practitioner and a Family Nurse Practitioner. Her extensive clinical practice experience has included critical care, cardiology, geriatrics as well as primary care. As a Lead Faculty for advanced pharmacology and clinical management of adult health problems, she has utilized the "Flipped Classroom" and advanced technology in teaching, for both onsite and distance learners. She served as a Content Expert on an ANE HRSA Grant for interactive case studies for distance learning students.

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## Educating and evaluating military graduate nursing students' and military medical students' attitudes and knowledge of LGBT healthcare

**Eric Pauli**

Old Dominion University, USA

The US Military repealed the "Don't Ask Don't Tell" policy five years ago. In July 2016, the military lifted a ban on transgendered service members, effectively allowing Lesbian Gay Bisexual Transgendered (LGBT) service members the right to openly serve. Despite this action, the military has not developed or deployed specific education across the Military Healthcare System regarding healthcare disparities and needs of LGBT service members and their families. The purpose of this research is to know the effectiveness of an interdisciplinary seminar on changing military graduate nursing students' and military medical students' attitudes and knowledge of LGBT individuals and their healthcare needs. A 17-item survey was administered to a sample of 200 students before and after a class on sexual diversity. Findings show improvement on all questions with statistically significant improvement noted for knowledge of LGBT healthcare disparities. More education like this may be warranted.

### Biography

Eric Pauli is an active-duty Navy Nurse who completed his MSN in the Psychiatric Mental Health Nurse Practitioner Program (PMHNP) at the University of Washington in 2008 and is currently enrolled as a Doctor of Nursing Practice (DNP) student in the Nurse Executive Program at Old Dominion University. He serves as Assistant Professor and Director for Clinical Education in the PMHNP-DNP Program at the Uniformed Services University of the Health Sciences. He has published articles in two peer-reviewed journals on using simulation in psychiatric mental health nursing education and meeting the challenges of training for interdisciplinary care.

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## Nurse manager and student nurse perceptions of the use of personal smartphones or tablets and the adjunct applications, as an educational tool in clinical settings

**George McNally**

NorthTec Whangarei, New Zealand

Smartphones, tablets and the adjunct applications (apps) that operate on them are becoming a part of everyday life for the New Zealand population. Student nurses have embraced this technology, but little is known internationally or in New Zealand about the way student nurses may apply personal devices to their education process. The perceptions of New Zealand nurse managers, toward these personal referencing technologies, could not be located. Using a qualitative descriptive methodology, semi structured interviews were conducted with New Zealand student nurses (n=13), and nurse managers (n=5) about their perceptions of use of personal smartphones, tablets and applications as an educational tool in clinical settings. A thematic analysis was conducted on the resulting text. Student nurses wanted to use personal smartphones to support clinical decisions. Nurse managers perceived the use of personal smartphones as unprofessional, and do not trust younger cohorts of student nurses to act ethically when using a personal smartphone. This research supports historical research findings about the perceived usefulness of hand held referencing to augment clinical decisions. However, due to the perceptions held by nurse managers surrounding professionalism, as well as financial considerations, the application of personal smartphones to clinical practice may remain problematic.

### Biography

George McNally completed his Master's degree in Advanced Nursing from the University of Auckland. He is a Lecturer of Anatomy and Physiology at the School of Nursing, Northtec Whangarei, New Zealand

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### Notes:



**Bookmark your dates**

# **20<sup>th</sup> Global Nursing Education Conference**

March 22-24, 2018 New York, USA

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## Workshop Day 2

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## *Angie Brindowski and Susan E Tallar*

Carroll University, USA

### Academic success program in nursing: Increasing diversity in the nursing workforce

**Statement of the Problem & Aim:** In the 2016 American Association of Colleges of Nursing graduation report from 851 institutions across the United States (US), the race and ethnicity of graduates is 72% White, 9% Hispanic, and 8% Black. The US census report highlights the race/ethnicity gap in the nursing workforce; the population is 73% White, 13% Black, and 17% Hispanic. To achieve the goal of high quality, safe, and accessible care the US needs a nursing workforce that reflects the cultural values of the community.

**Method:** The Academic Success Program In Nursing (ASPIN) is a descriptive study whose aim is to recruit, retain, and graduate students from minority backgrounds and/or are disadvantaged to earn a Bachelor of Science in Nursing degree. The nature of the ASPIN program is to work with school partners and admitted nursing students offering multilevel programs to retain and graduate a diverse population. Program implementation began on July 1, 2014 with a student group of 17 Hispanic (68%), 2 Black (8%), and 6 White students ((24%). The program retention rate is 84% with 3 Hispanic, 1 Black, and 1 White student who did not continue. The ASPIN program employs the social determinants of health and the ecological framework to focus on supporting students economically, socially, and educationally.

**Findings:** The students in this study who took advantage of academic support, faculty advising, as well as scholarship awards were successful in continuing in the nursing program. However, without adding additional cost and testing ACT reading and math scores should also be utilized to build individual student success programs.

**Conclusion & Significance:** Hispanic, African American, and White students need financial support, tutoring, and peer group support to succeed.

**Recommendation:** In addition, faculty advisors should use ACT entrance exam scores to customize an individualized academic success plan.

### Biography

Angie Brindowski has her expertise in nursing program development, evaluation, and nursing student retention. Her retention program strategies and programming are grounded in an ecological framework that supports students financially, socially, and environmentally to succeed in nursing school and practice in underserved areas in the U.S. The approach utilizes multiple strategies and programs to support students across the University.

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Susan E. Tallar is the project coordinator whose work focuses on increasing awareness and recruiting pre college students who are minorities in nursing or disadvantaged to pursue nursing as a career. Sue develops and in collaboration with current nursing students implements programs to pre-college students in grade, middle, and high school.

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### Notes:

## International Nursing Education | Nursing Education Types | Nurse Practitioners Perspectives Public Health Nursing

**Session Chair**  
**Keratiloe N Gwebu**  
Rusangu University, Zambia

**Session Co-Chair**  
**Jill M Moore**  
Indiana State University, USA

### Session Introduction

- Title: Nursing implications of facilitators and barriers to health promoting behavior of rural Canadians**  
**Brenda Query**, Red Deer College, Canada
- Title: Let's improve medication communication using teach-back and key information**  
**Ana Bandin and Sofia de la Camara**, Nicklaus Children's Hospital, USA
- Title: Multigenerational challenges: Team building for positive clinical workforce outcomes**  
**Jill M Moore**, Indiana State University, USA
- Title: Improving satisfaction among established patients in a Midwestern pain clinic**  
**Kathy A Baule**, Indiana University Ball Memorial Hospital, USA
- Title: Using the "Flipped Classroom" and interactive case studies to teach nurse practitioner students clinical management of adult health problems**  
**Sherry L Donaworth**, University of Cincinnati, USA
- Title: Nursing and physical therapy student's attitudes and perceptions following an interprofessional simulation experience**  
**Lisa R Green**, Carroll University, USA
- Title: Socio-demographic determinants of body mass indices among school children in Ebonyi State, Nigeria**  
**Henry A Akinsola**, University of Venda, South Africa
- Title: Let's move it: Progressive mobility in the cardiac intensive and acute care environment**  
**Darla K Topley**, University of Virginia Health System, USA
- Title: Short, sweet, teach and repeat: A competency-based skills fair**  
**Jenna Klareich and Ana Bandin**, Nicklaus Children's Hospital, USA

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## Nursing implications of facilitators and barriers to health promoting behavior of rural Canadians

**Brenda Query**

Red Deer College, Canada

Engagement in health promoting behaviors has shown to improve the health of individuals. However, there is a difference in both the health status and the health-promoting behaviors of urban and rural Canadians. These differences and possible reasons as to why these differences exist will be briefly discussed. While individuals are responsible for the decisions that they make regarding their health promoting behaviors, other factors have the potential to influence these behaviors; this viewpoint is supported by proponents of social ecology models. The authors of these models contend that other factors, such as family, social, organizational, environmental, and policy factors can also act as facilitators and barriers to health promoting behaviors. The purpose of this presentation is to discuss the unique and multi-faceted facilitators and barriers to health promoting behaviors experienced by individuals living in rural communities in Canada. Nursing implications regarding the assessment of these rural Canadians will be explored. Subsequent focuses for the health teaching of patients/clients who live in and/or who are being discharged to rural communities in Canada will then be presented.

### Biography

Brenda Query has been a Registered Nurse for 20 years and Nursing Faculty for 14 years. She did her PhD in Nursing from the University of Alberta in Canada. Her main areas of interest are pediatrics, critical care, research, pharmacology, and hemodialysis. Focused areas of her research are health and health promoting behaviors of urban and rural caregivers of children with disabilities.

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### Notes:

# 19<sup>th</sup> Global Nursing Education Conference

April 27-28, 2017 Las Vegas, USA

## Let's improve medication communication using teach-back and key information

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**Statement of the Problem:** Healthcare Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys collect national data and report patient/caregivers perspective on quality and service of their hospital experience. The question on possible side effects of medications was the focus of this unit. Scores for 1st quarter, 2016 were inconsistent and reached an all-time low.

**Aim:** The purpose of this quality improvement initiative was to standardize the educational approach nurses took when teaching patients/caregivers about medication side effects, in turn, improving scores.

**Methodology & Theoretical Orientation:** Placing a visual magnetic M at the patient's communication board, cues the teach-back process. Retraining staff on previous M in the box initiative was priority. In collaboration with teach-back, a bilingual double-sided educational leaflet was created for the most used medications on this unit. These leaflets were sensitive to learning barriers such as low health literacy and language. The focus was on partnering with patient/caregiver to assist them in understanding key information and engage them in the teach-back process.

**Findings:** Evaluation of quarterly HCAHPS scores showed increase in patient satisfaction post implementation of the multi-method initiative. The greatest progress occurred from 1st to 2nd quarter, with scores improving from 51.6% to 71.3%, respectively and sustainability shown in the 3rd and 4th quarter at 72.9% and 73.2%.

**Conclusion & Significance:** Partnering with patients/caregivers using the teach-back method and key educational material, proved to be an effective process assisting patients understand important medication information while having a positive effect on consumer satisfaction, therefore, resulting in increased HCAHPS scores outcome.

## Biography

Ana Bandin received her Bachelor of Science in Nursing from the University of Miami in 2006. She's been a pediatric nurse in the respiratory unit for more than 10 years. Her expertise, passion for teaching, innovation and evidence based practice, led her to her current role of clinical educator for her unit. She's a Master in Nursing Education candidate this summer. She serves as the facilitator for the nursing research and evidence based practice council at Nicklaus Children's Hospital. She was presented the certificate of Excellence for an Evidence-based practice Poster from the Society of Pediatric Nurses in April 2016 and awarded Scholar of the Year for her organization in Nurses' week 2016. Ana strives for quality and safe care through best practices while driving service excellence and patient satisfaction in her unit and organization.

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Sofia de la Camara received her Bachelor of Science in Nursing from the University of Miami in 2015. She currently serves as the co-chair for the evidence based practice council at Nicklaus Children's Hospital in Miami, FL. Her passion in nursing research and evidence based practice has propelled her to initiate projects to improve patient satisfaction and outcomes. Her time spent living and volunteering abroad in South America sparked special interest in the incorporation and practice of culturally sensitive nursing.

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## Multigenerational challenges: Team building for positive clinical workforce outcomes

Jill M Moore, Marcee Everly and Renee Bauer  
Indiana State University, USA

Patient acuity in hospital settings continues to increase, and there is greater emphasis on patient outcomes. The current nursing workforce is comprised of four distinct generational cohorts that include veterans, baby boomers, millennials, and generation Xers. Each group has unique characteristics that add complexity to the workforce and this can add challenges in providing optimal patient care. Team building is one strategy to increase mutual understanding, communication, and respect, and thus potentially improve patient outcomes. In this article, we first briefly define generational cohorts by characteristics, and discuss differing expectations for work/life balance and potential negative outcomes. Our discussion offers team building strategies for positive outcomes, a case scenario, and concludes with resources for team building and organizational opportunities.

### Biography

Jill Moore is an expert in nursing in the academic environment where she is the Director of the Doctor of nursing practice and nursing education programs. She is devoted to student success and interested in policy that affects the learning environment. Prior to transitioning to nurse education she has practiced in the acute care environment working within teams of multigenerational healthcare workers.

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## Improving satisfaction among established patients in a Midwestern pain clinic

Kathy A Baule<sup>1,3</sup>, Linda D Scott<sup>1,2</sup>, Kelly D Rosenberger<sup>1,4</sup> and W Stephen Minore<sup>4,5</sup>

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**Background:** A problem in many health care practices is deciding the appropriate appointment length for new and established patients. Patients become frustrated when there is inadequate time to have their needs met, yet when a patient's clinic time is spontaneously lengthened; the provider gets behind in schedule, causing delays and greater frustration for others.

**Aim:** The aims of this evidence based project were to determine whether implementation of a flexible appointment system would improve the current scheduling process in a pain clinic by allowing complex patients the opportunity to schedule a longer clinic appointment and would improve patient satisfaction.

**Design:** This evidence-based practice innovation followed a program evaluation process using a descriptive, existing survey completed by clinic staff and patients.

**Setting:** A Midwestern pain clinic caring for patients with acute and chronic pain diagnoses.

**Participants:** A convenience sample of 120 patients was surveyed before and after the process change. Thirteen staff members completed the survey on SurveyMonkey pre- and post-procedural change at the same intervals, the patients were surveyed.

**Results:** Patients were more satisfied with the time that they spent in the exam room and the waiting room. The process change improved communication with staff and patients and provided an opportunity to discuss their concerns and health changes prior to their scheduled appointment.

**Conclusion:** Allowing an option for flexible scheduling in appointment lengths provided an opportunity to meet patient needs, offer improved service, and improve patient-provider communication.

**Recommendations:** It may be beneficial to assess the level of patient satisfaction with those patients who chose to extend their appointments and compare the level of satisfaction with those patients who did not lengthen their appointments and to evaluate the amount of "no-show" appointments with those who have extended their appointment. Implementing a standardized script for the schedulers may help with appropriate patient appointment lengths and decrease the number of patients' appointments that were lengthened without patients' knowledge.

## Biography

Kathy A Baule is an Advanced Practice Nurse who has worked for over 20 years in the area of Critical Care, Neurosurgery and Pain Management. She has presented at American Association of Neuroscience Nursing, Midwestern Pain Society Nursing as well as Midwest Nursing Research Society. Her special interest in patient satisfaction was the drive to recently investigate patient satisfaction in among established patients in a Midwestern pain clinic. After receiving her Doctorate in Nursing Practice from the University of Illinois at Chicago, she is practicing at Indiana University Ball Memorial Hospital as an APN in Trauma and Neurosurgery.

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## Using the “Flipped Classroom” and interactive case studies to teach nurse practitioner students clinical management of adult health problems

Sherry L Donaworth

University of Cincinnati, USA

**Statement of the Problem:** Engagement of students and development of critical-thinking skills are always a challenge for advanced practice nursing faculty. Emphasis in the classroom on active learning and application of complex concepts, rather than memorization of content, is an approach endorsed in the educational literature. How can technology be leveraged to allow use of valuable classroom time for active learning strategies without sacrificing delivery of essential didactic content?

**Strategy/Intervention:** An interprofessional team that included clinical faculty, instructional designers and information technologists collaborated to solve the dilemma of adding active learning strategies while providing methods for conveyance of important didactic knowledge. The “Flipped Classroom” was introduced into selected graduate nurse practitioner courses in a large, urban college of nursing. Faculty served as content experts and developed real-world scenarios and case studies to facilitate meaningful student interactions during classroom time. Weekly quizzes, with unlimited attempts to score 100%, were employed to reinforce learning. The expertise of instructional designers and information technologists was utilized to leverage technology to deliver crucial content. Lectures were chunked into 15-25 minute segments and videos were presented in formats that students could download to various platforms such as smart phones, tablets and iPads. Students met in the classroom every other week for active learning sessions.

**Findings:** The majority of student feedback was positive regarding the active learning case studies and the weekly quizzes. A small number of students objected to the time commitment of listening to lecture and completing weekly quizzes prior to classroom time. Many students reported being able to process didactic content at their own pace and the ability to replay and review complex concepts as a positive result of the “Flipped Classroom”.

### Biography

Sherry L Donaworth is an Assistant Professor of Clinical Nursing at the University of Cincinnati, College of Nursing. She is board certified as an Adult-Acute Care Nurse Practitioner and a Family Nurse Practitioner. Her extensive clinical practice experience has included critical care, cardiology, geriatrics as well as primary care. As a Lead Faculty for advanced pharmacology and clinical management of adult health problems, she has utilized the “Flipped Classroom” and advanced technology in teaching, for both onsite and distance learners. She served as a Content Expert on an ANE HRSA Grant for interactive case studies for distance learning students.

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## Nursing and physical therapy student's attitudes and perceptions following an interprofessional simulation experience

Lisa R Green

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**Purpose:** Interprofessional education (IPE) has a goal to help improve the patient experience, improve health, and reduce the cost of health care. Therefore, building IPE into simulations allows students from different disciplines to learn more about roles and responsibilities, values/ethics, teamwork, and communication. In nursing curricula, it is difficult to involve students in interprofessional activity in the clinical setting, so a learning activity was implemented to give nursing students the opportunity to communicate with another profession.

**Methodology:** A quasi-experimental pretest/post-test design was conducted to explore the effects of an interprofessional simulation experience on nursing students' attitudes, knowledge, and communication skills. Surveys were administered to all participants on week prior to the interprofessional simulation experience and again after the completion of the simulation experience and debriefing. The surveys included Student Satisfaction and Self-Confidence in Learning (SS&SCL) and the Readiness for Interprofessional Learning Scale (RIPLS). Paired T-tests were used to analyse survey results.

**Findings:** Results indicated that nursing students demonstrated significant differences when comparing pretests to post-tests in both surveys. The SS & SCL indicated a significant increase in attitudes about the instruction student received following the simulation activity. The RIPLS survey had significantly higher scores for the post-tests in areas concerning shared learning with other health care students which increased student's understanding of clinical problems and made them think more positively about other professionals. Ultimately the students indicated that this IPE experience would benefit patients if health-care students worked together to solve patient problems.

**Conclusion:** The use of collaborative IPE within nursing curricula will aide students in developing an understanding of the roles, responsibilities, values/ethics, teamwork, and effective communication with should be continued to aid in understanding of other professions. Nursing students' perceptions of IPE significantly improved following participation in an interprofessional simulation experience.

### Biography

Lisa Green completed her MSN in 2008 from Cardinal Stritch University in Milwaukee, WI and undergraduate BSN from Viterbo University in LaCrosse, WI in 2000. She is the senior level leader and coordinates precepted clinical placements. Lisa teaches Pathophysiology, Professional Practice Preparation, and Medical-Surgical clinical. She has an interest in nursing simulation research and interprofessional education.

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## Socio-demographic determinants of body mass indices among school children in Ebonyi State, Nigeria

H A Akinsola<sup>1</sup>, C Ezeruigbo<sup>2</sup>, K A Kyei<sup>1</sup>, F Anyanwu<sup>1</sup> and R Nemakhavhani<sup>1</sup>

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The purpose of this study was to determine the socioeconomic correlates of body mass index of primary and secondary school children in Ebonyi state, which is situated in South Eastern Nigeria. The design of the study was quantitative, cross-sectional and analytical. The study included only schools located in Abakaliki Local Government area. Apart from a questionnaire, a Mettler weighing scale was also used. For data collection, after administering the interview, the weight and height of each child were measured and recorded in order to measure their body mass index. Generalized linear model technique was used to test the association between the participants' sociodemographic characteristics and their body mass index. The study found that the mean BMI of the pupils was low and that there was a relationship between the sociodemographic characteristics of the children and their BMI scores.

### Biography

H A Akinsola is a Public Health Specialist. He obtained his first degree and PhD from the University of Ibadan, Nigeria, and Master's degree from the University of Manchester, England. He has worked in different parts of Africa where he served in different capacities. Between 2009 and 2015, he was the Head of the Department of Public Health at the University of Venda where he has been working since 2007. He retired in May 2015 and is currently a Professor Emeritus in Public Health at the University of Venda.

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## Let's move it: Progressive mobility in the cardiac intensive and acute care environment

**Darla K Topley**

University of Virginia Health System, USA

A nurse-driven progressive mobility protocol was developed and implemented in a thoracic cardiovascular intensive care, coronary intensive care and thoracic cardiovascular acute care unit, evaluating the impact on ventilator associated pneumonia, ventilator days, pressure ulcers, venous thromboembolism, discharge placement, length of stay and the number of patient falls. A multidisciplinary team approach was used to develop progressive mobility guidelines, protocol, education and interventions for 3 different patient care units. Several techniques were used to educate unit staff and implement the protocol. In-services, demos and hands on methods were used for education. In addition, mobility champions, laminated charts, incentives and a physician champion were approaches used for implementation. Research on immobility has found muscle weakness and wasting to be the most prominent complications responsible for disability in patients evaluated after discharge. Up to 60% of discharged critically ill patients may have long-term complications inhibiting them from complete functional recovery. In fact, critically ill patients who are on strict bed-rest have a decline of 1% to 1.5% per day and up to 50% of total muscle mass in 2 weeks. Prolonged immobilization of patients in intensive care contributes to the risk of ventilator associated pneumonia; weaknesses associated with immobility have been associated with deep vein thrombosis, falls, and pressure ulcers. Studies have been published demonstrating that early mobilization contributes to an improvement in patients' quality of life, endurance, and facilitated early weaning from the ventilator. Exercising patients may be challenging, but with a dedicated interprofessional team and protocols, early mobility has been found to be safe.

### Biography

Darla K Topley is a retired Military Nurse. She has travelled the world being involved with many types of health care systems. Presently, she is at an academic health care system that is patient centered and involved in improving the health care. Her nursing expertise is in Critical Care Nursing, where she believes that patient mobility can improve patient outcomes and standard work via a multidisciplinary team approach. Currently, she is a CNS in a Cardiac Thoracic ICU. She has published articles, research papers and presented her work at conferences on patient mobility.

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## Short, sweet, teach and repeat: A competency-based skills fair

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**Statement of the Problem:** Achieving effective nursing education lies in addressing everyone's learning needs while having students partake in their learning. The literature supports, skills fairs as significant way of validating competencies. Skills fairs are a way to reinforce practice guidelines and add new knowledge. The clinical educator team established the need to develop competency-based learning through a skill fair. The purpose of this skill fair was to increase the knowledge-base of nurses with varied experiences across the point of care, through a nonconventional learning opportunity, which standardized care delivery in medical surgical units.

**Methodology & Theoretical Orientation:** Skills chosen for the fair were based on a needs- assessment evaluation and common medical surgical skills. The 12 skills stations introduced were: Blood administration, quality indicators, wound care, intravenous access care, sepsis screening, chest tube care, tracheostomy care, pain management, infection prevention, medication administration, feeding tube care, regulatory agency, and code cart review. Pretests and post-tests were administered to all attendees. A passport was provided as a roadmap ensuring attendance at each skill stations. Upon completion, the completed passport entered a raffle. Visual, auditory, and kinesthetic learning styles were captured. Vendors were available to inform attendees about professional development opportunities. Feedback by way of evaluations, helped to clarify unclear points and share experiences.

**Findings:** From 200 attendees, pretest average was 74%. Post-test average was 90% showing knowledge retention. Three post-tests have showed monthly increase of knowledge retention at 89%, 90% and 92%. Pre-event self-knowledge increased from 78% to 94%. Satisfaction showed an average of 4.1 on a 1-5 scale.

**Conclusion & Significance:** Competency-based learning with skills fairs, benefits nursing practice and standardizes care. Findings demonstrated knowledge retention and event satisfaction. Competency-based learning with skills fairs enhances care delivery by improving skill sets for a more competent nurse in today's evolving healthcare system.

## Biography

Ana Bandin received her Bachelor of Science in Nursing from the University of Miami in 2006. She's been a pediatric nurse in the respiratory unit for more than 10 years. Her expertise, passion for teaching, innovation and evidence based practice, led her to her current role of clinical educator for her unit. She's a Master in Nursing Education candidate this summer. She serves as the facilitator for the nursing research and evidence based practice council at Nicklaus Children's Hospital. She was presented the certificate of Excellence for an Evidence-based practice Poster from the Society of Pediatric Nurses in April 2016 and awarded Scholar of the Year for her organization in Nurses' week 2016. Ana strives for quality and safe care through best practices while driving service excellence and patient satisfaction in her unit and organization.

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Jenna Klareich has been practicing as a pediatric nurse for 8 years. She obtained masters in nursing education from the University of Central Florida. While practicing as a bedside nurse, she acquired a certification in pediatric nursing. She then became an assistant nurse manager for a medical surgical pediatric unit and an orthopedic/neurology pediatric unit. Along with working at the bedside and in management, she also worked part time as an adjunct instructor at a local nursing college educating nursing students in the skills lab and taking them to clinical sites. Currently, I practice as a clinical specialist/educator on a medical pediatric unit. The specialties on the unit include, but are not limited to, gastroenterology, endocrinology, nephrology, and adolescent medicine. Educating patients, families, and staff about current evidence based practices is a strong passion of mine so everyone can benefit from high quality care.

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# Young Research forum

*Global Nursing Education 2017*



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## Effectiveness of implementing shared governance on turnover rates

Salma Alshammari

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One of the most common issues affecting the performance and productivity of healthcare facilities is nursing staff turnover. High rates of nursing staff turnover in healthcare facilities is a recent concern that may have negative impacts on nursing staff, patients, and healthcare organizations. Many of factors lead to increase nursing turnover rates such as nurses' dissatisfaction, lack of engagement, and poor communication in the workplace. Although many solutions for reducing turnover rate are utilized, the percentages of turnover rates among nursing staff are still a major issue. Since many members of nursing staff cannot become involved in any decision making processes or share their ideas in healthcare sectors, nurses leave their jobs in order to find another workplace where the environment and job satisfaction are better. As a result, implementing of shared-governance principles is an effective strategy that has been recommended by various researchers for enhancing nursing satisfaction and retention rates. The aim of this presentation is to discuss the effectiveness of implementing shared-governance principles on turnover rates. Therefore, implementing of shared governance can provide nurses with an opportunity for involving into organizational decisions that influence the outcomes of quality health care.

### Biography

Salma Alshammari received Bachelor's degree in Nursing Sciences from University of Hail in Saudi Arabia, and Master's degree in Nursing Administration from Indiana University of Pennsylvania, USA. She is currently working as Teaching Assistant/Clinical Instructor at Shaqra University, College of Applied Medical Sciences. Her teaching interests include supervising students in the clinical settings in Nursing Administration Course and Community Health Nursing Course. Her role is helping nursing students in identifying their learning needs, strengths and limitations, and they select learning opportunities that will improve their knowledge. Her primary research interests are in the field of decreasing turnover rates among nursing staff through improving their job satisfaction. In her free time, she works as a Volunteer in a nursing home, Indiana PA, and a member in Toastmaster International Club.

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## Community health nurses' role, work contents, and nurses' learning needs assessment in Southwest China

Lin Tao, Suzhen Liu and Jiping Li  
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**Background:** The cost of curing chronic diseases has been the present growth trend. And, improving the health promotion and healthcare management may have achieved significant results in terms of population health maintenance. How to make the community health nurses' role full play and establish a comprehensive education development plan had been the concern of the Chinese Government.

**Objective:** The purpose of this study was to investigate community health nurses' role, work contents, and explore the reasonable teaching methods by knowing nurses' learning needs.

**Methods:** A descriptive cross-sectional design using self-answered questionnaires comprising demographic questions and three scales measuring actual role, work content and teaching needs scale was used.

**Results:** 1,015 community health nurses in 56 CHS centers were cluster sampled. Findings showed that the community nurses mainly undertook the roles of health educator (94.0%), health care giver (84.9%), collaborator and coordinator (78.5%), observer (73.9%), manager and organizer (52.3%), but seldom undertook advocate role (48.4%), leadership role (27.7%) and research role (32.3%). And, there were five most important work contents: Health education (84.4%), providing care for patient directly (71.4%), community-based prevention (70.1%), chronic disease management (69.6%) and elderly healthcare (66.5%). This presents a problem for community nursing education: lacking of related ability such as advocating for residents, leadership skills and scientific research skills are perceived as the greatest need. Nurses preceptors also need to improve teaching related to maternal healthcare, child healthcare, mental rehabilitation, family health nursing and hospice care.

**Conclusions:** For community health nurses in China to function perfect, making best use of interactive teaching methodologies and encouraging nurses in community based research projects helped a lot to improve individual quality and ability. Meanwhile, encourage nurses in family health survey and learn to do community diagnosis contributed to take good care of vulnerable groups.

### Biography

Lin Tao is working in School of Nursing, West China Hospital, Sichuan University. Her main research direction is Community Care. She has taken part in 2 international nursing conferences, which were held in Singapore and Thailand.

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## Efficacy of the compliance program for basal insulin usage standardization in outpatients with diabetes

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**Background:** Daily management of diabetes is the prerequisite to promote blood glucose and quality of life in diabetic patients, especially in patients with insulin therapy. The self-management behaviors in diabetic patients with initial basal insulin therapy have attracted little attention in the literature.

**Objective:** To investigate the blood glucose levels and self-management behaviors in diabetic patients with initial basal insulin therapy. And analyze the effect of the Compliance Program for Basal Insulin Usage Standardization on self-management behaviors of diabetic patients.

**Methods:** A convenient sample of 257 outpatients with initial basal insulin therapy hospitalized in a major hospital during February 2016 to October and August 2016 participated in the study on a voluntary basis. Initial diabetes education was conducted to participants by nursing specialists. Patients' demographic information and the result of glycosylated hemoglobin were collected at initiate. Short message and telephone follow-up were conducted regularly. The items of summary of diabetes self-care activities (SDSCA) were gathered by questionnaires at initiate and after three months.

**Results:** The blood glucose control conditions were poor among diabetic patients starting basal insulin therapy, with 24 patients (9.3%) meet the goal of glycosylated hemoglobin ( $HbA1c < 7\%$ ). And the total SDSCA score was about  $(26.64 \pm 14.71)$  at initiate, in which 64 patients (24.9%) performed well. The total score of self-management behaviors was significantly improved after three months intervention with score of  $(50.61 \pm 8.48)$  and 192 patients (74.7%) performed well. All dimensions of self-management behaviors was significantly different ( $P < 0.01$ ).

**Conclusion:** The blood glucose levels and self-management behaviors in diabetic patients with initial basal insulin therapy are not optimistic. And the compliance program for basal insulin usage standardization contributes to improve diabetes self-care activities.

### Biography

Xiaoxia Chang is a Graduate student who has studied in Sichuan University and is registered in West China Hospital. She has published 2 papers in core journals in China. Her major is Clinical Nursing and she is devoted to improve and/or maintain the health behaviors of patients.

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