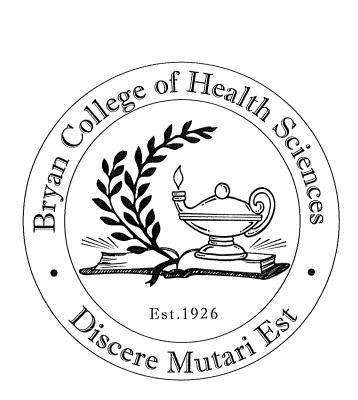# Provost Colloquium

Master of Science in Nursing

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Bryan College of Health Sciences
MSN Program Philosophy

Nursing is an art and a science: the embodiment of caring. Nursing consists of a unique and integrated body of knowledge and requires multiple ways of thinking and reasoning. Nursing addresses holistic human responses to promote optimal health. Nurses function as part of part of the interprofessional team to provide high quality, safe, holistic care to their clients. Nursing requires commitment and responsibility to a diverse society and to the profession.

Learning is a lifelong endeavor that results in perpetual evolution of thinking, insight, attitude, and behavior. Education is a shared venture between students and faculty in which both embrace learning as change. Students are responsible to uphold the highest level of integrity and practice standards and demonstrate commitment to self-direction, independence of thought and creativity. Faculty craft an intellectually challenging environment in which they facilitate learning, support student learning goals, and role model excellence in education and nursing practice.

Graduate nursing education emphasizes inquiry as a constant that is integral to advancement of nursing practice. Engagement in systematic inquiry using traditional research methods, available evidence, contemporary technology, and information systems is an essential component of nursing education scholarship and leadership. Graduate nursing education provides the foundation to assume a variety of specialized roles in teaching and leadership in nursing.

Nursing education is a specialty area of nursing practice that requires a unique blend of clinical and educational excellence. Nurse educators use their clinical expertise to facilitate learning in physical and virtual classroom environments as well as clinical settings. In clinical settings, nurse educators assist students to correlate theoretical concepts to real time events to solve patient care issues.

Nursing leadership is a specialty area of nursing practice that requires a unique blend of expertise in nursing and the business of healthcare. Nursing leaders facilitate interprofessional teams toward innovative solutions within health care systems. Nursing leaders shape safe, healthy, and fiscally sound systems through creative application of theoretical principles.

Bryan College of Health Sciences
MSN Program Outcomes

Upon completion of the Master of Science in Nursing program, graduates will be able to:

1. Utilize evidence-based strategies to create an interprofessional collaborative environment focused on addressing needs in professional practice.

2. Employ change theory in planning, implementing, evaluating, and revising systems that meet contemporary and emerging needs.

3. Integrate legal, ethical and diversity considerations into the practice of nursing.

4. Demonstrate proficiency at analyzing and using evidence in nursing practice. Assimilate the multiple roles of advanced nursing practice within the context of the practice setting.

5. Assimilate the multiple roles of advanced nursing practice within the context of the practice setting.

Assessing Undergraduate Nursing Confidence Utilizing Simulated Bedside Shift Report

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Abstract

Purpose: The purpose of this quality improvement project is to use simulation training for bedside nurse reporting with undergraduate nursing students to increase their confidence levels.

Background: Typically, nursing students are not taught how to perform handoff communication systematically; handoff reporting is learned through vicarious observations and apprenticeship experiences. As a result, they may observe many clinical handoff reports but lack the ability to independently conduct effective reports during care transitions and critique the reports of others (Lee et al, 2016). Clinical simulation training helps to ensure participants receive the same content, affording them the opportunity to practice new skills, and help to work through challenging situations and learn from their own and others' mistakes in a safe environment (Connolly, 2017).

Method: An educational power point was reviewed by the students at the beginning of their simulation day. Students completed a 4 question pre and post survey developed by the research team to assess student confidence utilizing SBAR format.

Results: Results were analyzed using a Paired T test. The average pre and post scores have a p value of <0.0001, and it was found that 267 percent of undergraduate nursing students said they strongly agreed feeling confident when delivering bedside shift report after participating in a simulated environment.

Conclusions: The results of this survey indicate the need for continued bedside shift report during simulation experiences to increase future nursing student's confidence.

COMPASSION AWARENESS

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Abstract

Purpose: To increase awareness and educate on compassion fatigue versus compassion satisfaction, with two progressive care units, at a midwestern medical center. Following education, does this improve the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) nursing composite scores?

Background: Since the implementation of the HCAHPS, hospital reimbursement has been associated with quality metrics and patient experience ratings. The transparency and focus on metrics has created additional stress on critical care nurses. These nurses report less capacity for compassionate feelings toward patients when they perceive their role expectations are not met.

Method: There were 29 participants involved. The nurses were educated on compassion satisfaction and compassion fatigue and invited to take the Professional Quality of Life survey (ProQOL). Chi-Square analyzes were used to find the relationships between burnout and age, education, unit tenure and nursing experience.

Results: A statistically significant relationship was found between burnout and unit tenure (X^2 = 15.3, p <.009). Nurses, with a tenure between one and three years were almost three times as likely to experience burnout compared to nurses with less than one year and more than three years of unit tenure. A statistically significant relationship was also found between burnout and nursing experience (X^2 = 10.6, p <.05). However, there was no correlation with the HCAHPS.

Conclusions: Strategies were provided to the nurse managers on ways to identify and prevent compassion fatigue. These recommendations include: utilizing the ProQOL, being a transformational leader and implementing a meaningful recognition program.

FORMAL MENTORING PROGRAM

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Abstract

Background: The nursing profession is plagued with a major nursing shortage due to the aging population of the nursing workforce, baby boomers and due to the increasing demands of the healthcare organizations. Up to 50% of new graduate nurses change jobs during their initial year of employment, 13% contemplate leaving their job, and some leave the profession altogether (Boamah & Laschinger, 2015).

Purpose: Develop a formal mentoring program for graduates of the Nurse Residency Program to reduce turnover and retention of bedside nurses.

Method: A review of literature on formal mentoring programs was performed. Contact with an author who implemented a mentoring program provided additional information to develop a Mentoring Toolkit. The proposal was presented to key stakeholders.

Results: After presenting the tool kit to the stakeholders, recommendations included:
- Offer the mentor program to experienced nurses new to the organization as well as to the new graduate nurses.
- Change the timing of the initiation of the program from 6 months to 12 months for the new graduate nurses.
- Offer the formal mentor program to experienced nurses beginning just prior to their orientation ending.
- The mentor may need to be assigned to more than one mentee due to the volume of new hires or experienced nurses interested in participating in the program.
- The mentor/mentee would ideally be paired together from the same unit however if the volume of new hires outnumbered the qualified mentors, mentors from sister units could be assigned to the mentee.

Conclusion: The results of the presentation of the formal mentor program to the key stakeholders was favorable. Additional collaboration to further develop the formal mentor program is necessary for further development and successful implementation.