ACADEMIC MISCONDUCT AMONG NURSING STUDENTS PREPARING TO BE LICENSED PRACTICAL NURSES

Juanita Reese Kline, PhD, RN, CNS

Objectives:
1. Discuss the incidence of academic misconduct among nursing students preparing to be licensed practical nurses.
2. Compare findings of academic misconduct between students preparing to be licensed practical nurses and students preparing to be registered nurses.

Academic misconduct continues to be common in higher education, including nursing. The research literature indicates that 40% to 90% of all college students cheat. Student nurses engage in academic misconduct too, both in the classroom and clinical setting. In previous studies by the investigator in 2000 and 2007 nursing students enrolled in baccalaureate, associate degree, or diploma nursing programs in the Midwest reported engaging in academic misconduct. In 2000, 75% of subjects reported they had engaged in unethical behavior in the classroom and/or clinical area. In 2007, 70% of the participants reported engaging in unethical behavior. Plagiarism was the most common unethical classroom behavior reported in both studies. In the clinical setting, both studies showed that over 40% of the subjects reported they had not maintained patient confidentiality. The purpose of this research study is to: (1) investigate the incidence of academic misconduct by PRACTICAL nursing students in the classroom and clinical settings; (2) examine the relationship between academic misconduct in the classroom and clinical settings; (3) determine the reasons that student nurses give for engaging in unethical behaviors in the classroom and clinical settings; and (4) identify ways that students are engaging in unethical behavior via the use of technology. Data from this study will be compared with other studies including the investigator’s studies from 2000 and 2007. Preliminary findings are suggesting that students enrolled in practical nursing programs are engaging in unethical behaviors in the classroom and clinical settings similar to students preparing to be registered nurses. Early findings suggest that some types of behavior such as plagiarism are common among both groups of students. However, other types of behaviors that practical nursing students report engaging in vary in frequency from students preparing to be registered nurses i.e. calling in sick for clinical when they were not sick.
This presentation will present ideas on how to incorporate critical thinking and interprofessional communication in a dynamic simulation.

Educators seek to develop innovative ways to teach nursing students how to competently gather appropriate assessment data, use critical thinking, anticipate complications, and develop a safe plan of care. During a junior level Nursing of the Childbearing Family course, students attend a simulation day where they participate in one of three consecutive simulations: a laboring woman who delivers, transitioning her newborn, or managing a postpartum hemorrhage. Prior to the simulation day, students are to prepare by reviewing a list of skills and concepts relevant to the scenario. The simulation begins with a question/planning session. A faculty person plays the role of a pregnant woman calling the hospital reporting she is in active labor. At this point, while the client is on the phone, students must prioritize what information they need in order to prepare for this patient’s arrival. They are given additional time to obtain information from the client's prenatal chart. Students are then asked to analyze the information, anticipate potential complications and outline a plan of care. Based on the client's obstetric history, students anticipate a rapid delivery and potential postpartum hemorrhage. Prior to beginning the simulation they are given a few minutes to make sure that needed equipment available in the simulation room. At the end of each simulation students practice giving a patient report using ISBARR, a formal communication tool. This innovative learner-center activity provides an opportunity for students to ask questions, think critically, anticipate complications, and practice communication skills.
BSN COMPLETION STUDENT SATISFACTION WITH ONLINE EDUCATION

Debra Hyde, MSN, RN, ACNS-BC, CNE

After viewing the poster, the viewer/learner will be able to:

Identify factors that may influence satisfaction with online learning for the BSN completion student.

Describe the development of the questionnaire and conceptual model used in the research.

The Institute of Medicine (2010) report identifies the need for an increased number of nurses with baccalaureate degrees by 2020. Online RN to BSN programs will provide additional opportunities for RNs to obtain their BSN degree. Current literature lacks instruments for measuring online BSN completion students’ satisfaction with their education. The purpose of this research is to psychometrically evaluate a scale developed by the researcher to measure BSN completion students’ satisfaction with online education. A conceptual model has also been developed that includes the factors of convenience and flexibility, technology, perceived usefulness of the online environment, faculty, and social presence. A review of the literature provided the guidelines for item development and the specific content included in the 18 item questionnaire. Content validity was established for the questionnaire by two nursing faculty with expertise in online nursing education using the content validity index. A content validity index of greater than .80 was found for all items (Waltz, Strickland, and Lenz, 2005). Face validity was established by administering the scale to five BSN completion students who have completed an online program and getting their feedback on the usability of the scale and completion time. Subjects were invited to participate in the study through a link provided by a northeast Ohio hospital’s information technology department. The data will be analyzed for item characteristics including means, standard deviations and ranges. In addition, demographic information will be provided. Principal components factor analysis will be used to explore the dimensionality of the scale. Based on factor analysis findings, Cronbach’s alpha will be used to establish reliability of the scales and subscales. Once the scale has been evaluated, it can then be used to improve teaching-learning strategies for online education for this student population.
CONCEPT-BASED TEACHING-LEARNING STRATEGIES FOR EDUCATING OB NURSING STUDENTS

Sharon K. Pittard, MSN, RNC & Carmen Harrison, MSN, RNC

BEHAVIORAL OBJECTIVE:  Describe concept-based teaching strategies used in the classroom setting for OB nursing students

This poster describes the use of concept-based teaching-learning strategies used in the classroom for educating OB nursing students at Good Samaritan College of Nursing and Health Science. Nursing programs throughout the country are struggling with streamlining specialized nursing content. Nurse educators are faced with the challenge of delivering succinct and relevant didactic information utilizing creative and innovative measures. In the fall of 2010, the curriculum at the College underwent a revision to reflect a conceptual model. As a result, specialized content, such as obstetrical nursing, was significantly reduced both in the classroom and clinical settings. Nursing faculty who taught this specialized content were required to develop imaginative and engaging classroom activities upon implementation in the fall of 2011.

Faculty researched and developed classroom teaching-learning strategies for the three classes involving the concept of “Reproduction”. Course outcomes for each class directed the classroom teaching-learning activities and were utilized to assess student learning and evaluate student progress in meeting learning outcomes. Some examples of these teaching-learning activities were case studies, computerized simulated fetal heart rates, uterine contraction patterns, maternity simulators, and pelvic and fundal models.

Utilizing a conceptual-based model allowed for increased time to employ active teaching-learning strategies in the classroom. Both faculty and student survey results at the College indicated positive findings related to the student’s ability to better understand the concepts presented in the course. Modifications for active teaching-learning strategies in the classroom are continually being evaluated.
CREATING VIRTUAL LEARNING SPACES

Kellie Adams MS, RN & Tracy Coats MS, RN

1. Identify the purpose and definition of a virtual leaning space.

2. Describe a learning tool that can be used in virtual learning space.

An Ohio University-Chillicothe cohort of 24 Licensed Practical Nurses (LPNs) were selected to enroll in the LPN-Registered Nurse (RN) program in the summer of 2011. A new pilot program was developed for this cohort utilizing a structured face-to-face and online blended classroom approach. This pilot program provided the students with an opportunity to complete courses while maintaining busy working schedules. The rigors of the blended coursework upheld the quality standards set forth by the university and the nursing program. The faculty utilized multiple virtual learning spaces. These spaces include the use of Blackboard, podcasting of lectures, synchronous meeting spaces, digital poster presentations, discussion boards, blogs, and social networking. Many of the online vehicles provided a rich learning environment and enhance student learning and growth. This poster presentation will include the rewards and struggles of utilizing online learning spaces, visual examples of learning tools and the process used to develop the virtual learning space.
At the end of this session the participant will be able to:

- Describe the process of developing ethical unfolding case studies that are leveled throughout undergraduate nursing curriculum for epigenetics, genetic technology, anticipatory guidance and pharmacogenomics principles.

- Be able to identify ethical frameworks and organizational resources to facilitate introduction of genetics and implications for present and future nursing practice.

- Be aware of stigmatization & discrimination as a consequence of linking genetic information with ethnicity, race, gender, or other social variables.

- Foster ethical decision making, morale reasoning, and reflective practice for common challenges including privacy, confidentiality, and impact of genetic counseling on various populations with integrated genetic education model.

Complex health issues and disparities make ethical decision making a cornerstone foundational skill of nursing practice. Genetics, epigenetics and pharmacogenomics is a fundamental skill of graduate nursing that can be introduced in undergraduate nursing curriculum given the advancement of genetically guided health care and changes in pharmacological therapies in many health care populations based on their genetic code and propensity for disease processes.

Introduction of ethical codes of practice are essential at any level of nursing practice and should be integrated throughout undergraduate nursing curriculum. Unfolding ethical case studies based on principles of genetic advances in health care can introduce principles of: disease susceptibility, preventive screening and risk reduction, target disease treatment and available resources that will foster the nursing process and develop the spirit of inquiry.
FACULTY PERCEPTIONS ABOUT PREPARING NURSING & MEDICAL STUDENTS FOR INTERPROFESSIONAL COLLABORATION

Jacqueline M. Loversidge, PhD, RNC-AWHC

Objectives:

- Identify curricular strategies and pedagogies that nursing and medical faculty perceive facilitate students’ learning of interprofessional collaboration.
- Describe factors that contribute or hinder development of interprofessional collaboration between nursing and medical academic programs.

The effectiveness of teams comprised of physicians, nurses, pharmacists, and allied health care providers is critical to the safe and effective delivery of health care, particularly for individuals and groups with complex health problems and care needs.

A number of reports, government agencies, and private organizations have been remarking on the association between team effectiveness and patient safety for more than 20 years. Recommendations to reduce medical error and improve safety have considered the many causative elements related to health care safety and effectiveness. A number of these recommendations focus on collaboration as a way to improve team effectiveness. Much of the focus has concentrated on the core dyad consisting of physicians and nurses. The body of literature on interprofessional education is expansive, however health care systems and academic health centers continue to struggle with implementation, and students continue to be educated in discrete and separate programs.

The body of literature on interprofessional education is growing, however much of the literature continues to focus on practicing professionals rather than students. In addition, faculty are the group least frequently surveyed. To address these gaps in the literature, this qualitative thematic analysis explores faculty perceptions of the preparation of pre-licensure medical and nursing students for interprofessional teamwork and collaboration.

Results suggest that a number of successful curricular strategies and pedagogies used by faculty facilitate students’ learning of interprofessional collaboration. These included authentic experiential learning, faculty mentoring, role modeling, and facilitated reflection. Simulated learning experiences, and teaching communication principles and techniques were also important. Faculty who were successful built collaborative relationships with faculty from the other profession, identified common ground, and engaged students in peer learning and faculty members in cross-professions teaching. The building of interfaculty relationships, and the use of effective strategies and pedagogies helped to overcome structural and functional barriers to interprofessional education found in both the educational and clinical environments.
Objectives:
1. Describe the role of FTOF in maintaining quality in an online RN-BSN option
2. Identify advantages of FTOF positions

Abstract:

A large nationwide RN-BSN program option employs seven Full-Time Online Faculty (FTOF). This program option serves thousands of students with visiting professors (VPs) and adjuncts (independent contractors) numbering in the hundreds. The FTOF work remotely from their homes spread throughout the US with computers and technology support provided by the university. The role of the FTOF in the college is similar to the role of full-time ground campus faculty: teaching a full load, responding to student questions and situations, assisting struggling students to access support services, committee membership and leadership, task forces and projects, service to the college and community, maintaining certifications, and scholarship. In addition, each FTOF is the Subject Matter Expert (SME) for one or more of the required nursing courses in the RN-BSN online option. In this capacity, the FTOF are in charge of course redevelopment; textbook and resource selection; discussion and assignment design; making emergency changes to courses between redevelopments when issues arise; answering questions about content or assignments from other faculty teaching the course; and working with the Dean, Faculty Manager, and Web Development Manager to evaluate student comments and metrics to drive changes and course improvements. FTOF do not manage other faculty (VPs and adjuncts); this role is held by Faculty Managers who report directly to the Dean. The employment of FTOF has helped to ensure quality and current course content. The college has benefitted from employment of FTOF by their remote work environment (no need to build more offices or parking lots) and their contribution to committees and projects. FTOF in the RN-BSN option help to ensure that the focus of the college includes both prelicensure and postlicensure students and issues. While FTOF work in isolation, they easily can communicate with each other or other college personnel via technology. All meetings are attended remotely. The inclusion of FTOF has been a positive move that resulted in quality courses and productive faculty.
The viewer/learner will verbalize how high fidelity simulation can be integrated into a classroom setting.

The viewer/learner will explore benefits and challenges of having high fidelity simulation in the classroom.

With the advances in the healthcare field, and particularly the focus on developing nurses who can work within particular specialties, it is imperative that those responsible for nursing education help prepare students for a clinical environment that is increasingly complex. The health care system is changing quickly and educators must not rely on traditional education models for content delivery. In order to meet these needs we need to embrace technology in the classroom.

The use of high fidelity patient simulators (HFPS) has been, for the most part, in a simulation/skills lab setting. What is not clear in the research is whether HFPS’s would benefit students in a classroom setting. Would bringing a simulator into the classroom enhance learning by incorporating a more hands on approach?

This quasi-experimental, pretest-posttest design was conducted on first year, second semester associate level nursing students enrolled in their first Medical-Surgical nursing course. Informational Processing Theory was the guiding framework. The control group received only a power point lecture. The power point focused on assessment of a pre-surgical patient; education needed, consent requirements, laboratory and diagnostic testing needed and medication involvement with patient having surgery.

The experimental group received the power point along with the simulation scenario. During the simulation scenario, the students were divided into five sub-groups. An assessment, education, consent verification, laboratory and diagnostic analysis, and medication involvement sub-group. These sub-groups worked together to gather information that related to preparing a patient for surgery. Upon completion, the sub-groups presented their findings to the entire experimental group.

Enhancing traditional approaches to education with technology will likely increase positive student learning outcomes. Overall, it may be interesting to know if national licensure exam scores are higher for students that utilize HFPS. Data collection is nearly complete with analysis to follow.
IMPLEMENTATION OF AN AUTOMATED MEDICATION DISPENSING UNIT IN SCHOOL OF NURSING

Annette Ferguson, RN, MSN, Ginger Hardy, RN, MSN & Beth Delaney, RN, MSN, FNP-BC

Learning Behavioral Objectives:

1. After the completion of this presentation the learning will be able to implement an automatic medication disposing unit in a School of Nursing campus lab.
2. After the completion of this presentation the learning will be able to list four benefits of implementing an automatic medication disposing unit in a School of Nursing program.

Abstract

Preparing students to practice in the ever changing health care environment is ongoing process for nurse educators. Keeping up with technology and exposing students to these new innovative technologies is imperative to creating competent practitioners for the future.

One approach that the School of Nursing at Ohio University Southern is using to prepare students is by utilizing an automated medication disposing unit in the campus setting. Previously, students were given a paper medication administration record (MAR) and asked to select medications from a drawer. The new system allows students to administer medications in the campus lab setting similar to the hospital setting.

The benefits from this new technology is a better understanding of the process of administering medications, a realistic process of administering medications in the hospital setting, less medication errors, and a reduction in the learning curve for students when they graduate and secure employment as new nurses in the hospital setting.

This poster presentation describes the process the School of Nursing at Ohio University Southern implemented to utilize the Metro Med Dispense system in the campus setting with first year associate degree students and the benefits to the students. The presentation will also provide a summary of students’ reactions and feedback to this new system.
INTEGRATION OF LOW AND MEDIUM FIDELITY SIMULATION IN NURSING
LECTURES

Amber Essman  MSN, RN, CNE & Michelle Miller MSN Ex., RN

At the end of this session the participant will be able to:

❖ Describe integration of simulation in the classroom
❖ Be able to identify the framework for active learning during lecture
❖ Propose organization of low and medium fidelity simulation in classroom activities.

Different learning or mixed learning styles create challenging environments to facilitate
nursing curriculum with varied teaching strategies. Integrating low/medium fidelity in the
classroom can be an effective strategy for educators in all courses in undergraduate/graduate
curriculum to enhance true acquisition of clinical decision making. The model presented will
give nurse educators a foundational approach to integrate psychomotor teaching techniques
during nursing lectures to facilitate an active learning environment. This strategy focuses on
objectives for the in class lecture with emphasis on objectives, assessment, clinical management
& skills, and hands on learning with didactic facilitation.
Behavioral Objectives:
1. Discuss purpose for implementation of a multiple patient simulation.
2. Identify scenarios contained within the multiple patient assignment.

This simulation is a component of the Capstone Nursing Course, ‘The Caring Role of the Nurse in Managing Nursing Care’. This is a 1 credit hour course taken in the fourth semester of the Associate Degree RN program. The 2 hour simulation allows the graduating student to develop and demonstrate skills in leadership and management by functioning as a team leader and/or team member while providing nursing care for a simulated patient assignment. Students are assigned in small groups throughout the semester to participate in a half day simulation which consists of a mock code and multiple patient assignment. The multiple patient assignment is designed as a ‘hospital floor’ in the Nursing Skills Lab populated by four patients with conditions including postpartum, small bowel resection, congestive heart failure, and motor vehicle accident. A variety of potential complications can also be added to the patient profiles including stroke, alcohol withdrawal, grand mal seizures, hemorrhage, sudden respiratory distress and evisceration. The students gather together at the start of the simulation and are assigned team member roles. Two faculty members lead and debrief the simulation and 2-3 faculty members act as the voice of the patients. Students are given a verbal report on the patients and then proceed to plan and implement patient care. The Lead Instructors monitor the progression of the simulation and provide guidance as needed. Periodic debriefing occurs throughout the simulation as well as an interchange of team member roles. The students are evaluated by the instructors during the debriefing for their ability to provide insightfulness and reflection on their application of leadership and management skills. The instructors also evaluate the students informally throughout the simulation noting any serious errors in judgment or practice. The instructors provide immediate remediation within the simulation or post-simulation if necessary.
Objectives:

1) Discuss educational and communication technologies utilized by remote employees.

2) Define the roles and responsibilities of online faculty and list tips and temptations of working 100% remotely.

More nurse educators and faculty members are becoming remote employees, working full-time teaching and communicating in online environments. Others work as part-time, online adjunct faculty and visiting professors in addition to their full-time, campus-based positions. This poster presentation will discuss the roles and responsibilities of the visiting professors, adjunct and full-time faculty for a large, online RN-BSN Option. Various technological methods and strategies for teaching and communicating will be mentioned including holding meetings, developing courses, conducting faculty forums, etc. Tips and temptations of working as an employee 100% remotely will be shared.
USE OF AN ORIENTATION NOTEBOOK TO IMPROVE RN ORIENTATION

Kelli Schweitzer RN, MSN

Objectives

1. After reading this poster one will be able to state how an orientation notebook can improve RN orientation.
2. After reading this poster one will be able to develop an orientation notebook for their area of practice.

An orientation notebook was developed to improve orientation on a busy intermediate care unit. Prior to the development of the orientation notebook, new RN staff expressed frustration of not being exposed to specific procedures and policies while in orientation. Management, the unit educator, and staff acknowledged that it is not possible for the RN in orientation to have practice with every diagnosis, procedure, or policy that one may encounter. In order to allow staff to practice procedures and review policies common to our unit, an orientation notebook was developed to guide the orientation.

For our unit, the notebook is organized to review things that may happen from admission to discharge. The RN in orientation is able to practice getting and receiving report. Policies such as code status and pain are reviewed. In addition, the new RN can practice the steps of giving blood and managing a patient in Diabetic Ketoacidosis. One is also able to review the steps to successful discharge of the patient.

The notebook is reviewed with RN’s in orientation in a small group setting with an experienced RN during a four hour session. Prior to coming to the session, new staff complete a pre-assessment that guides what will be taught/reviewed during the session. Upon completion of the session, a post assessment is completed. These assessments have shown that the new staff is grateful for the small group setting to aid in learning. In addition, new staff has reported that because of the orientation notebook they are confident in performing procedures and protocols that they have not yet or have had little exposure to during orientation.
THE USE OF ‘SAFE PRACTICES’ WITHIN SIMULATION

Marie A. Cobb, DNP, RNC-OB, IBCLC & Michele Z. Enlow, DNP, RNC-OB

Objectives:

1. Discuss the importance of exposing nursing students to “safe practices”
2. Examine options for incorporating “safe practice” into simulation

Abstract

Safeguards for medication administration cannot be overstated. In order to provide responsible education for the reduction of medication errors, academic nursing programs must be proactive. In a junior level baccalaureate nursing program, one such simulation exercise incorporates and reinforces safe medication administration for “safe practice”.

Nursing of the Childbearing Family is a junior level course that includes various simulation exercises in the Learning Resource/Simulation Lab. Topics for simulation includes admitting a laboring patient, transitioning a newborn, and completing a postpartum assessment. In the final weeks of the course, individual student groups complete the course of a laboring woman from admission, delivery, newborn assessment, and transfer to the postpartum unit. The use of ISBARR is reinforced by having the students give report to the subsequent group of students at the next station of the simulation. It is in the final postpartum simulation station that the students enact how to assess and intervene in a postpartum hemorrhage. Engrained in a postpartum hemorrhage simulation, ISBARR, a formal communication tool, and QSEN (Quality and Safety Education for Nursing) guidelines are reinforced. When calling the physician for orders after the initial nursing interventions, the student writes down the verbal orders and repeats back any medication orders using the phonetic alphabet.

Integrating the phonetic alphabet into the “read back” of any physicians’ orders enhances the reduction of medication errors. With clarification of physicians orders there can be an identifiable method of reducing medication errors. Incorporating this added “safe practice” in simulation provides nursing students with experience in preventing medication errors.
USING SBAR AS A FRAMEWORK FOR PROMOTING COMMUNICATION, CRITICAL THINKING AND PATIENT SAFETY IN CLINICAL PHARMACOTHERAPY

Charman Miller MSN, CNE, ANP, BC & Camille Leadingham MSN, CNE, ANP, BC

Objective(s):
1. Describe how the SBAR framework can be applied to clinical pharmacotherapy with pre-licensure nursing students through an innovative teaching strategy.

The Situation-Background-Assessment-Recommendation (SBAR) technique provides a framework for communication between members of the health care team about a patient's condition/needs. SBAR is an easy-to-remember, concrete mechanism useful for framing any conversation requiring a clinician’s attention and action. It allows for an easy and focused way to promote critical thinking and set expectations for what will be communicated and how between members of the team, which is essential for developing teamwork and fostering a culture of patient safety. With the need for promotion of that culture of patient safety forefront, instructors in a pre-licensure accelerated Baccalaureate of Nursing (BSN) program designed and implemented a Pharmacotherapy Teaching and Safety assignment based on the Quality and Safety Education for Nurses (QSEN) principle of patient-centered care and the American Academy of Colleges of Nursing (AACN) BSN Essentials utilizing SBAR as the framework.
USING SIMULATION TO EASE TRANSITION TO CLINICAL PRACTICE

Kathleen M. Horning MSN, RN, APRN-BC

Behavioral Objectives:

1. The participants will describe one method of using simulation to enhance nursing student learning.
2. The participants will list benefits of simulation enhanced learning.

Purpose:

1. The purpose of the simulation was to use a human patient simulator (HPS) to enhance the students’ ability to identify abnormal lung sounds.
2. Additionally, after using the nursing process to arrive at the appropriate interventions, the students would then utilize the simulator to practice their skills and assess the effectiveness of their care by re-auscultating the lungs which would then have normal lung sounds.

Materials:

1. Human patient simulator
2. Moulage i.e. all the materials and equipment utilized in the simulation scenario. They include incentive spirometer, pillow, doctor’s order sheet, the simulator with the right hand wrapped in gauze and elevated from an IV pole.

Process:

1. Faculty adjusts the simulator with adventitious breath sounds.
2. The student performs a lung assessment on the simulator; decides which abnormal sounds are present, plans and performs the interventions.
3. The student then reassesses and evaluates the effectiveness of the care and reports the findings verbally.
4. Debriefing takes place post scenario and includes:
   a. Review of the process including thoughts and emotions experienced during the scenario
   b. Input from other students who watched the scenario
   c. Listing of areas of improvement

Benefits: Ease transition to clinical practice by:

Improving proficiency in assessment of patient and evaluation of care

Increasing student confidence in skill performance

Promoting team work among students
1. Describe the use of human patient simulation as a strategy to foster student competency in selected QSEN knowledge, skills, and attitudes.
2. Identify the use of Socratic questioning in simulation debriefing.

This presentation describes a doctorate in nursing practice capstone project. The project is a quality improvement change process aimed at fostering selected knowledge, skills, and attitudes in associate level nursing students necessary to provide safe, quality care.

In 1999, the Institute of Medicine (IOM) identified failings in healthcare quality and safety (Institute of Medicine, 1999). IOM findings of inadequate quality and safety challenges nurse educators to prepare graduates with competencies to deliver safe, quality care in an increasingly complex healthcare environment (Committee on the Quality of Health Care in America, 2001). In response to the IOM, the project on Quality and Safety Education for Nurses (QSEN) was developed in 2005 to reform nursing education by delineating the IOM competencies and providing a framework for advancing the competencies in nursing students (Quality and Safety Education for Nurses, 2012). QSEN defines six competencies and created sets of knowledge, skills, and attitudes (KSA) for use by nursing faculty to foster student achievement of each competency (Cronenwett et al., 2007).

In 2007, the QSEN project reported a gap in the ability of nursing faculty to identify pedagogical strategies useful for teaching the KSA, acknowledging faculty commitment to the competencies, but lack of insight into how to teach toward achievement of specific KSA (Cronenwett et al., 2007). Filling the gap in nursing faculty ability to identify pedagogical strategies to teach QSEN KSA is a priority within nursing education. The inability of nursing faculty to identify ways to teach QSEN KSA gives rise to a question within nursing education regarding types of pedagogical strategies useful for fostering QSEN KSA. Human patient simulation (HPS) is a pedagogical strategy increasingly being used in nursing education, and may be useful in fostering QSEN KSA.

The poster presents a change process, utilizing the Jeffries Nursing Education Simulation Framework (Jeffries, 2007), to foster QSEN competency through the integration of selected KSA into HPS activity design. Socratic questioning integrated into HPS debriefing sessions is aimed at student achievement of learning outcomes. Results of pre- and post- simulation student surveys reveals increased student confidence in achievement of learning outcomes rooted in QSEN KSA.
At the completion of this poster presentation, nurse educators will be able to:

1. Describe one new process to assist at risk undergraduate nursing students

Nurses have been using the nursing process in practice for decades to provide positive patient outcomes. Similarly, nurse educators have been teaching nursing students the nursing process since its inception. Each nurse, whether in practice or in education, can utilize the nursing process to help clients. For the nurse at the bedside, the client is the patient; for the nurse educator, the client is the student. Using the nursing process to help students work through barriers that impact their success in the classroom is imperative. This method is intended to help nurse educators identify barriers to student success and use the nursing process to support the achievement of higher grades and continued learning. By using the steps of assessment, goal identification (plan), intervention, and evaluation, the student and educator can identify strategies for improvement that may result in positive outcomes on future tests.
1. The learner will be able to describe the process of how to teach motivational interviewing utilizing standardized patients.

Abstract
Motivational Interviewing (MI) is a client centered approach for eliciting behavior change by assisting clients in exploring and resolving ambivalence about their treatment regimen. MI as a formal method of communication has demonstrated success in improving the health behaviors of populations and therefore having a positive impact on adherence to treatment regimens. Thus, the overall program goal was to provide simulation training utilizing standardized patients to teach MI techniques to a diverse group of health care professionals including nurses, physicians, physical therapists, psychologists, social workers, and students. All participants in the program received formal training on motivational interviewing. The concepts learned in these training sessions were practiced in the simulation lab with the standardized patients. Four major strategies (i.e., open-ended questions, affirmation, reflective listening, and summarizing) of motivational interviewing was the focus of the simulation training. A case study was developed regarding a patient with heart disease who smoked heavily and the major goal of the patient/provider interaction was to address the smoking issue. Each standardized patient portrayed themselves as having heart disease and as a person who smokes. A checklist was utilized by the standardized patient to determine how well each health care professional utilized each of the four motivational strategies during their 15 minute interaction. After the interaction, the standardized patient gave written and verbal feedback to the health care professional. The utilization of standardized patients to teach motivational interviewing is an innovative teaching strategy for both nursing education programs and staff development departments.