



Empowering and Educating Novice Nurses to Intervene in Clinical Deterioration

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Evaluation of learning in undergraduate programs is heavily based on knowledge and technical skill assessment more than demonstration of critical thinking. Higher acuity, sicker patients that novice nurses encounter will have complex needs. The ability of the nurse to manage clinically deteriorating patients is crucial. As a growing part of the workforce, novices are likely to be first responders and they need to be prepared to manage these patients. Evidence identifies classic warning signs of deterioration and impending arrest. If novice nurses are educated and trained to recognize these signs and intervene appropriately, they will be empowered and able to impact outcomes in failure to rescue situations. The purpose of this review was to design and test an evidence based education strategy using simulation to prepare the novice nurse to recognize and respond to early clinical indicators of clinical deterioration.



Introducing the Maryland Clinical Simulation Resource Consortium

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The Maryland Clinical Simulation Resource Consortium (MCSRC) is a statewide funding initiative authorized under the auspices of the Nurse Support Program II (NSP II) and jointly approved by the Health Services Cost Review Commission (HSCRC) and the Maryland Higher Education Commission (MHEC). The program is designed to create a sustainable increase in the quality and quantity of simulation used in nursing education throughout Maryland's academic and practice institutions. The purpose of the presentation is to inform the audience of the opportunities available to nurse educators through the consortium.

The initiative began with visits to 26 pre-licensure nursing simulation programs and conducting an assessment based on the National Council State Board of Nursing simulation guidelines for faculty and program preparation (Alexander et al., 2015). Aggregate data from the assessment informed development of curriculum for a train the trainer program and workshops. The MCSRC Train the Trainer program is a three-day intensive workshop; developed across Benner's Theory of Novice to Expert (2001) using recognized simulation standards and guidelines. Participants are selected through a nomination process then, self-select according to criteria into one of three levels: Simulation Education Leader (SEL) I, II, or III. The impact of simulation as a teaching-learning strategy is significantly influenced by the level of expertise of nurse educators utilizing simulation. As each nurse educator moves through the program, the consortium will build sustainability across the state.

Workshops have been developed in key areas as identified by the assessment: Foundations in Simulation, Debriefing Basics, Debriefing: A Deeper Dive into Methods and Evaluation, Curriculum Integration of Simulation-Based Education and Evaluation in Simulation. The workshops have been through a prototyping process and will launch August 1, 2016. Academic and practice institutions can request workshops through the MCSRC website.

The MCSRC awards \$250,000 annually toward simulation material and equipment to colleges or universities for optimization of simulation programs. Schools request material and equipment according to a rubric with unbiased, external reviewers making award decisions.

The MCSRC completed the first year of a five year award educating 51 Train the Trainer participants from academia and practice. Five colleges and universities received material and equipment. In collaboration with an external evaluator, the MCSRC developed an evaluation plan using Kirkpatrick's Four Levels of Evaluation (Jeffries, 2012). Evaluation from the inaugural year will be shared including salient findings from the assessment of simulation programs. The MCSRC website will be explored to inform the audience of important documents, social media and "What's Simmering," a portal to simulation news.



Focus on Clinical Faculty: Preparing New Nursing Instructors across Maryland

Susan L. Bindon, DNP, RN-BC, CNE

Hundreds of nurse educators teach in clinical environments statewide. These clinical nursing instructors are positioned to have a great impact on nursing students, yet often are not prepared for the realities and requirements of their new role. While these nurses are excellent clinicians, their skills do not automatically transfer to teaching. They may not have enough teaching experience, especially with students in a clinical setting, to be safe and effective instructors. According to the most recent American Association of Colleges of Nursing (AACN, 2015) fact sheet, nursing faculty shortages continue to limit student enrollment capacity while the need for registered nurses persists. The limited number of nursing faculty is of national concern. There is an especially urgent need for clinical faculty, as schools rely on many part-time adjuncts to teach in clinical settings. Without consistent preparation and ongoing support of new clinical instructors, the crucial link between didactic content, clinical practice, and desired program outcomes may be at risk.

The Institute for Educators at the University of Maryland School of Nursing recognizes the need for professional role preparation for clinical faculty. With the support of NSP II grant funds, the Institute is working hard to address it! In alignment with its mission and the objectives of their FY 16 NSP II grant to increase statewide resources, the Institute is delivering on its goal of preparing new clinical faculty statewide.

This presentation will describe the identified clinical faculty learning needs, implementation of successful clinical faculty workshops in 2015-16, and the Institute's next steps to provide ongoing clinical faculty education and support. Focus will be on unique aspects of the workshop, particularly:

- a program designed specifically for clinical nursing faculty;
- morning didactic sessions led by national expert, highly active afternoon sessions for application of content;
- combination of faculty with four distinct areas of expertise: clinical teaching, education design and delivery, simulation and debriefing, and course direction; and
- use of standardized students (professional actors trained to portray students in difficult clinical situations) to engage participants in real-time teaching scenarios.

This work is critical, as well-prepared clinical faculty can deliver the best possible learning experience to students, who then provide safe, effective patient care. By advancing the education of novice nursing faculty, we can influence the overall advancement and transformation of nursing education.



Improving Nursing Practice through Legislation

Shirley A. Devaris, RN, JD and Mary Kay Goetter, PhD, RN, NEA-BC

The increase in APRNs and advance degree nurses should be reflected in the Maryland Board of Nursing (Board) composition. Two APRNs will be appointed to the Board. One will always be a CRNP. All APRNs will be eligible for a second term re-appointment. Advance degree nurses will provide more practice area diversity.

The definition for Advanced Practice will be corrected to Advanced Practice Registered Nurses (APRN) and designate the four major practice areas recognized by other states and the National Council of State Boards of Nursing (NCSBN). Specialty APRN nursing areas will be defined in regulations as needed

A grandfather clause will be added for Clinical Nurse Specialists who were educated, licensed and certified before October 1, 2012. Current language in the NPA does not permit the Board to recognize their national certification.

The Rehabilitation Program and Committee will be renamed the "Safe Practice Program and Committee". The Board does not rehabilitate anyone. Instead, it monitors the progress of all the program participants and is authorized to make recommendations to the Board for case dispositions. The name change reflect the program's goal to ensure safe practice. The term "habitual intoxication" will be changed to "substance abuse disorder" to reflect current terminology.

Renewal applicants with a positive background check have been experiencing delays with their renewals because of the time it takes to submit the documents the Board requires for review of the background check. The NPA will be changed to permit the Board to renew a license with a provision that the applicant must submit the required documents within 90 days with the possibility of one 90 day extension. Safety will not be compromised because the Board has the option to suspend a license for cause.

There are some changes to Board rules and authority. The Board President will be a Registered nurse, a simple majority of the appointed members present will constitute a quorum, and election of Board officers will take place in June every two years and as needed. The Board has had to postpone hearings because there was no quorum. This is a hardship for respondents and witnesses who have taken time off and traveled to Maryland for a hearing. Other Health Occupation Boards have a similar provision. Moving the election of officers to June instead of July will ensure that someone with Board experience will be eligible for election as an officer. New appointments are made in July or later and there was concern that someone not familiar with the Board and its proceeding could be elected.

Explicit authority will be granted to the Board to delegate certain activities to Board staff. This will improve performance by allowing staff, with guidelines, to handle Board duties of a routine nature.

Obsolete terms such as reference to a state administered licensure exam will be updated.

From Conversations to Curriculum: Listening to the Advisory Board

Linda K. Diaconis, PhD, RN; Lyn, Murphy, PhD, MBA, MS, RN; Rebecca Placko Brotemarkle, PhD, RN; Mary Etta Mills, RN, ScD, NEA-BC, FAAN; Nancy Lerner, DNP; and Linda L. Costa, PhD, RN, NEA-BC

The Health Services, Leadership, and Management (HSLM) specialty track in the Department of Organizational Systems and Adult Health at the University of Maryland School of Nursing continues to educate students to be leaders and managers throughout all settings in today's healthcare organizations. The HSLM specialty serves approximately 174 students within four sub-specialty programs: RN to MS, HSLM, HSLM Education, and HSLM Business (dual degree MS and MBA program). HSLM faculty consulted with an Advisory Board that is made up of five nurse executives from various healthcare organizations throughout the state of Maryland. Their suggestions and recommendations became topics that faculty implemented into courses for HSLM students.

The first Advisory Board meeting was in spring of 2015 and focused on the skills and education levels that nursing leaders deemed to be important for graduate level nurses. The executives described the need for nurses to have skills that would benefit the organization, such as teambuilding, writing, and communication, particularly negotiation. They believe that nurses need a better understanding of HR issues and financial reimbursement, including the relationship of quality and cost. The role of the DNP and benefit of the MBA as well as ease and access to educational advancement were mentioned.

HSLM faculty conducted a crosswalk of the Advisory Board suggestions and subsequent implementations to the Advisory Board members in preparation for the second meeting, scheduled in spring of 2016. Building upon conversation from the previous meeting and modifications to courses, the faculty asked about issues that nurse executives experience with transitions of patients across the care continuum and what types of educational preparation are needed to address those issues in their healthcare organizations.

Faculty who develop curriculum and teach future nurse leaders rely on resources such as The Essentials of Master's Education in Nursing (AACN) and American Organization of Nurse Executives (AONE). For the HSLM faculty, however, we found that having conversations with our practice partners not only ensured that we were focused on current issues and relevant topics, but the collaboration affirmed that our curriculum is alive and well.



Improved Education Research to Transform Nursing Education

Lily Fountain, PhD, CNM, RN

Improved measures of knowledge, motivation, reasoning and critical thinking will enable nurse educators and administrators to advance nursing performance. For this study, 182 maternity nurses were recruited from national nursing listservs explicitly chosen to capture multiple levels of experience from prelicensure to very experienced nurses. The three independent measures included a domain-specific Topic Knowledge Assessment (TKA), consisting of 24 short-answer questions, a motivation measure, with 20 questions indicating level of interest and engagement in maternity nursing topics and activities, and the Test of Relational Reasoning (TORR), a graphical selected response measure with 32 items organized in scales corresponding to four forms of relational reasoning: analogy, anomaly, antithesis, and antinomy.

The dependent measure was the Critical Thinking Task in Maternity Nursing (CT2MN), composed of a clinical case study providing cues with follow-up questions relating to nursing care. These questions align with the cognitive processes identified in a commonly-used definition of critical thinking in nursing. Reliable coding schemes for the measures were developed for this study. Key findings included a significant correlation between topic knowledge and individual interest. Further, the three individual difference factors explained a significant proportion of the variance in critical thinking with a large effect size. While topic knowledge was the strongest predictor of critical thinking performance, individual interest had a moderate significant effect, and relational reasoning had a small but significant effect. The findings suggest that these individual difference factors should be included in future studies of critical thinking in nursing. Strong measures of performance that are usable in multiple settings and across multiple levels of experience will enable the goals of the Future of Nursing report to be evaluated as well as foster the transformation of nursing care, ultimately improving patient outcomes.

During this presentation, the audience will be asked to participate in designing short-answer knowledge items, adapting a motivation measure to their area of practice, taking a reasoning test, and scoring a critical thinking measure. Hallmarks of strong measures will be discussed.

Building Nursing Leadership Capacity for the State of Maryland
Patricia Franklin, PhD, RN and Kathryn Montgomery, PhD, RN, NEA-BC

“Chronic disease is the leading cause of death, disability and cost of health care costs in Maryland.”¹ The rate of obesity contributes to the rise in chronic disease observed in Maryland as well as nationally. A 2015 CDC report revealed Maryland had the 26th highest rate of obesity in the U.S. The cumulative effect of chronic illness may result in children experiencing a shorter life expectancy than their parents. In addition, between 2013 and 2014, there was a 21% increase in drug and alcohol related deaths in Maryland along with a 22% increase in opioid-related deaths.

Maryland health care is in a process of dramatic change with the implementation of the Affordable Care Act (ACA) and the Centers for Medicare & Medicaid Services (CMS) state waiver. Reliance on traditional models of care will not allow the state to successfully address health challenges as well as opportunities.

The National Academies of Sciences, Engineering, and Health (formerly IOM) recognized the value of nursing's contribution to the design, development and implementation of new health care delivery models. Specifically, "Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States."² Studies document the benefits of collaboration among health professionals including improved patient outcomes, reduced lengths of hospital stay, cost savings, along with increased job satisfaction and retention among nurses. However, interprofessional collaboration is not yet the norm and changing this culture will not be easy.

The Maryland Health Services Cost Review Commission (HSCRC) recognized nursing leadership as essential for shaping health care services that improve health outcomes. However, to be full partners and to be leaders in system design and innovation, nurses require contemporary leadership skills and competencies. In July 2015, HSCRC approved and awarded funding for the Nurse Leadership Institute (NLI) at the University of Maryland School of Nursing. This five-year, statewide initiative is designed to build leadership capacity within Maryland nurse faculty and clinicians.

The NLI was designed using the complex adaptive system framework and the characteristics of leadership required in complex systems. NLI has four main elements; expert leadership education and training, sustaining mechanisms including mentoring, collaboration facilitation, and a culture of evaluation.

Fellows are selected from a competitive pool of applicants. Leadership education and training facilitates individual skill development. Mentors guide and sustain the fellow's leadership socialization. Collaboration between academic and clinical fellows focusses on design, implementation, and evaluation of projects that address gaps in health care systems as well as in the preparation of nurses to be full partners in shaping new health care models. The NLI evaluation design measures programmatic as well as individual, short-term and long term effects. A culture of continuous evaluation provides formative as well as summative feedback. Further, a longitudinal study will measure the program's overall effect.

This presentation will describe the design, implementation and preliminary results of the NLI's first year. In addition, it will discuss the lessons learned and adjustments made to improve the program's accessibility as well as the individual's experience and outcomes.



Degree Completion Initiative: Expanding and Improving Opportunities for Baccalaureate Education in Nursing for Maryland Nurses

Bonnie L. Fuller, PhD, RN, CNE and Elizabeth Crusse, MS, MA, RN, CNE

The 2010 IOM Future of Nursing report set forth the goal to have 80% of the nursing workforce educated at the baccalaureate level by the year 2020, and healthcare institutions with Magnet® recognition are striving to have sufficient numbers of baccalaureate educated nurses to meet accreditation requirements. Clearly, there is a mandate that academic institutions need to provide the multiple generations of nurses who are currently in practice or enrolled in nursing education programs avenues to attain the desired education.

Although fully online degree completion programs are well developed and readily accessible, nurses in practice cross a great expanse of generations and display a wide variety of preferences for education. Additionally, nursing students currently enrolled in Associate Degree nursing programs recognize the need for baccalaureate education and are seeking ways to efficiently continue their educational journey. In order to meet the needs of these nurses and nursing students, creativity, flexibility and innovation are required.

Through MHEC NSP II grant support, Towson University is now providing an avenue for nurses to achieve their BS degree through a curricular design that includes both a pre-licensure dual enrollment plan with partner Associate Degree nursing programs as well as a degree completion plan for experienced licensed registered nurses. For students who wish to have face-to-face interactions with teachers and peers, while also having the flexibility of online education, traditional classroom teaching has been combined with online and distance learning to optimize educational experiences. Faculty commitment to 'meeting the students where they are' is demonstrated as nurse educators connect with students - both literally and virtually - at multiple sites throughout the state.

This flexible and innovative Degree Completion curriculum allows RN2BS and ATB (Associate-to-Bachelor) students the opportunity to complete their baccalaureate degree in as little as six months after receiving their AS degree when dually enrolled and less than one calendar year full time or about 18 months part time for students in the RN2BS option. Additionally, this flexible approach allows students who may 'step out' after starting in the dual enrollment ATB program the ability to resume their studies in the RN2BS program when they graduate - the courses cross the options!

To support these motivated students, academic advising that starts during the application process and continues throughout the program is provided and meets the students where they are and when they need it. Graduate and practicing nurses provide additional academic support through educational enhancement with mentoring and tutoring on site at the three locations or virtually using technology. Using dedicated student resources and retention strategies, student persistence will lead to higher completion rates and decreased time to graduation for the 300 Degree Completion students currently enrolled. The redesigned curriculum built with an innovative course delivery design that provides greater access and flexibility allows the Towson University Nursing Degree Completion Initiative (DCI) to play a significant role in increasing the number of BSN nurses in Maryland.



Associate to Bachelors (ATB): Positioning More Baccalaureate Nurses at the Bedside
Heather Gable, DNP, RN, LNHA, RAC-C

Frostburg State University has a long-standing history of successful online courses and online programs. In particular, the Department of Nursing has been successful in the development, implementation, and Commission on Collegiate Nursing Education (CCNE) accreditation of an RN-BSN program. In fall 2014, a master's of science in nursing program with two tracks (administration and education) was approved at the state level for implementation in fall 2014.

In an effort to decrease time to degree, current Frostburg State nursing students have been pursuing dual enrollment between the community college and university. Faculty at Frostburg advise this type of student regularly to help facilitate the completion of their two-year nursing degree and then shortly thereafter the completion of their BSN degree. The addition of the associate to bachelor (ATB) model provides a more structured progression, financial aid benefits, and reduces overall the tuition costs for students. The ATB model is the collaboration of the two programs, which eliminates curriculum duplication and decreases the amount of time for associate degree nursing students to achieve their bachelors of science in nursing (BSN). Students in an associate degree in nursing (ADN) program can take up to three years to complete, with an additional 3-4 years for the BSN (Robertson, Canary, Orr, Herberg, & Rutledge, 2010). The option would allow the seamless progression between the two programs at two separate institutions of higher learning also meeting the Institute of Medicine's (IOM) (2010) recommendation to increase the number of nurses prepared at the BSN level to 80%.

Frostburg State University has implemented an innovative associate to bachelor (ATB) model, to increase BSN graduates, through collaboration with other community colleges in Maryland.

To create this model, a five-year implementation grant was requested and funded by the Maryland Higher Education Commission (MHEC) Nurse Support Program II. The funding has been used to hire an ATB Coordinator and ATB Faculty to increase student capacity and organize the efforts and development of memorandum of understanding (MOU) with five interested community colleges over the five year project period.

The anticipated outcomes/results over the project period are an additional 540 student capacity over five year project period with five community colleges graduating 156 students with 248 in the pipeline by the end of the five project period.

At the present time, three total MOUs have been signed with community colleges in Maryland. This was more than was anticipated during the first year of the project period. The total number of students in this option is 20 ATB Students from one community college with an additional 11 expected fall 2016. There are two additional community colleges currently in the pipeline to begin accepting students for the fall 2016 semester.

There will be a continuation of project initiatives to create the ATB model with additional community colleges. The challenges and successes of this project will be shared and used to make adjustments and improvements in the model as they are identified moving forward.

Cultural Competence in Nursing Curriculum: Student Perspectives

Jana Goodwin, PhD, RN, CNE; Vanessa Fahie, PhD, RN; and Patricia McLaine, DrPH, MPH, RN

It is well documented that when the nursing workforce mirrors the population it serves in terms of social determinants, significant improvements in health outcomes, quality of patient care as well as reductions in cost occur (American Association of Colleges of Nursing [AACN], 2008; Institute of Medicine [IOM], 2010).

The University of Maryland School of Nursing (UMSON) is involved in an initial one year project focused on improving the preparation of entry level nurses to provide culturally and linguistically appropriate care to diverse populations. In partnership with Shady Grove and the University of Maryland Medical Centers, the project is building collaborations between education and practice to develop new models that will promote a patient centered continuum of care. The multifaceted approach includes assessment of graduating BSN students, BSN faculty, practicing nurses and hospital educators. Four focus groups have been conducted with graduating students and interviews with UMSON BSN faculty have been completed. Interviews with practicing nurses and hospital educators are being scheduled. Based on competencies and concerns of these four groups, we will examine the need for curricular enhancement and develop a toolkit and workshops for faculty and nurse educators. The results of the student focus groups will be presented.

Four focus groups were conducted with graduating BSN students over the course of two academic semesters at UMSON in Baltimore and at the Universities at Shady Grove. Twenty-six seniors participated in discussions regarding their perceptions of their educational preparation as it pertains to cultural competence in the curriculum, the classroom and clinical setting and their readiness to practice as it relates to cultural competence. All focus groups were audio recorded, transcribed and analyzed using content analysis.

Overall, students reported a high sense of cultural sensitivity and cultural awareness by the end of the program. But, they felt that they were not well prepared to advocate for their patients when faced with issues of bias or cultural misunderstandings. Several themes emerged, including: 1) Students had to reconcile the theory of cultural competence with the realities of delivering culturally competent care; 2) Cultural, religious and racial bias are present in healthcare; 3) Culturally competent care is a learned skill; 4) Educational preparation requires more application than theory; 5) Developing cultural awareness is different from stereotyping; 6) Implementation of CLAS standards vary across hospital settings.

Students perceived they had a theoretical understanding of cultural competence and demonstrated cultural humility and cultural sensitivity. However, they were not confident in their abilities to advocate for their patients when cultural bias or cultural misunderstandings were evident. This valuable information will help inform the development of project deliverables including a toolkit for nurse educators, inform curricular decisions and identify possible practice and research opportunities.



Nursing Support Grant II Accelerated ADN to BSN

Karen S. Hammond, MS, RN

Hagerstown Community College is working toward the Institute of Medicine's recommendation that by 2020 80% of nursing will hold a Bachelor of Science (BSN) degree. By instituting an accelerated two-year pathway to the Associate Degree (ADN, students were accepted into the new accelerated pathway. These students are completing the prerequisite and nursing courses concurrently.

Project objective included recruitment, advisement, instructional support services and transfer assistance. With most nursing students currently needing three years to complete an ADN, the new pathway constitutes a fundamental change, leading students more expeditiously to the BSN. As two-year pathway numbers increase, simultaneous decreases in three-year pathway students will take place. By FY 2020, a potential 144 students will complete the two-year pathway, with an expected 80% graduation rate, or at least 115 new ADNs, with 80% transferring to a BSN program within one semester.



EASTERN SHORE-WESTERN SHORE FACULTY INITIATIVE: CREATING A NEEDS ASSESSMENT

Judith M. Jarosinski, PhD, RN; Tina Brown Reid, EdD, MSN, RN; and Lisa A. Seldomridge, PhD, RN

The Eastern Shore-Western Shore Faculty Initiative (ES-WSFI) builds on the success of a collaborative initiative that provided a training/mentoring program to develop expert clinicians as adjunct clinical faculty (Hinderer, K., Jarosinski, J., Seldomridge, L., & Reid, T., 2016). The findings from that initiative supported the creation of a needs assessment to identify issues related to the clinical nurse faculty shortage. The needs assessment will provide direction for planning and modifying current strategies in regionally diverse nursing programs included in the MHEC, NSP-2 grant, one-year project.

The aim of ES-WSFI was to create a needs assessment to identify common and unique issues related to the statewide shortage of undergraduate and graduate clinical nursing faculty. This project is assessing current efforts and resources that are in place for recruitment, training and mentoring of nursing faculty across the State. A mixed methods approach using web-based surveys and focus groups/interviews is in use to collect data from deans/directors of nursing education programs as well as faculty. The comprehensive needs assessment includes establishing relationships with prospective partners, collection of demographic information about partner programs (educational offerings, staffing needs by clinical specialty and level), compilation of existing approaches to address staffing needs, identification of untapped resources regionally, discussions with partners about gaps and possible solutions. A dedicated website was constructed to facilitate communication about the project not only among partner institutions but across the state. A password protected database has been created to house the results of the needs assessment. With statewide data available in a single place, future initiatives can be planned and implemented, maximizing efficiency and effectiveness in utilization of resources while addressing the need for increasing capacity across all levels of nursing education from associate degree through DNP.

Development of web-based surveys and database, construction of focus group/interview questions, and recruitment of partner schools will be discussed.



Faculty Mentorship: Implementation at the University of Maryland School of Nursing*

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In the best of worlds, faculty mentees and mentors would magically find each other and work together for extended periods of time in an exchange of information and skills from the more experienced mentor to the less experienced mentee with mutual benefits for both parties of the dyad. The individual benefits for both mentor and mentee are many, such as increased self-confidence and greater job satisfaction. Academic institutions can also directly benefit from retention of valued employees via improved intention to stay and grow in the nursing faculty role.

A Faculty Mentorship program is now in its initial phase of implementation at the University of Maryland School of Nursing with nine mentor-mentee dyads participating. Aspects of the conceptualization of this program, description of process of development and implementation, as well as the mentee and mentor training program will be addressed in this presentation.

In today's academic environment, time is increasingly precious and must be a key consideration. The University of Maryland School of Nursing is adeptly addressing time in the conceptualization of the new Faculty Mentorship Program in several ways: 1) an online faculty survey is used to identify content potential mentees and mentors would like to focus on; 2) the focus of mentoring is on specific content the mentee has identified as a learning need; 3) mentoring experiences are designed for a varying number of months as blocks of time; 4) mentor and mentee training sessions are tightly focused; and 5) flexibility is acceptable and encouraged.

Future directions for the program will be shared, including a workshop and conference focused on faculty mentorship. These directions include exploration of statewide access to this program for faculty in other Maryland nursing schools.

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Decreasing barriers to oral health: Results of a Maryland survey of nurse practitioners' knowledge and practices related to dental caries prevention

Laura W. Koo, MS, RN, CRNP, FNP-BC; Alice Horowitz, PhD; Min Q. Wang, PhD; and Dushanka V. Kleinman, DDS, MScD

Access to dental caries preventive regimens and treatment for poor and Medicaid-dependent children has been one of several reasons for disparities in dental caries. Fluoride varnish application was previously provided only by dental professionals before regulations in Maryland changed in 2009 to provide Medicaid reimbursement to nurse practitioners and physicians for fluoride varnish application. Nurse practitioners can play a key role in early childhood caries (ECC) prevention through assessment, patient/caregiver education, prescribing fluoride supplements, and applying fluoride varnish.

We surveyed Maryland nurse practitioners about their knowledge of childhood dental caries prevention strategies and fluoride use as part of the 2010 statewide Maryland oral health literacy assessment of healthcare providers including physicians, dentists, and dental hygienists.

We mailed NPs licensed in Maryland an anonymous postage-paid 27-item self-report questionnaire containing 11 items about dental caries prevention. Descriptive statistics, correlations, and logistic regression assessed characteristics of the subset of respondents who reported treating children/youth in their practice (n=171). A composite fluoride knowledge scale assessed knowledge of fluoride use for dental caries prevention (Cronbach's alpha =.87). Logistic regression was performed to examine predictors of assessing children's sources of drinking water.

NP respondents had a moderately low composite fluoride knowledge level (mean score 22, possible range 0-48). Slightly more than half (55.6%) of the NPs reported asking the source of children's drinking water. All respondents (100%) who prescribed fluoride drops or tablets reported assessing children's sources of drinking water. Respondents who reported having a child patient present with ECC over the past year, compared with those who did not, were 12.5 times more likely to report assessing children's sources of drinking water. Respondents who reported feeling "sure" of their ability to prevent ECC, compared with those who did "not know" or were "unsure", were almost 12 times more likely to report assessing children's sources of drinking water. Ten percent of respondents reported that a provider in the practice applies fluoride varnish to patients ages six months to two years; less than nine percent reported it for children ages three to six years.

Conclusions: Respondents had a moderately low knowledge level of dental caries preventive regimens. Within a year after the Maryland Mouths Matter program launched, findings suggest that less than ten percent of practices with NPs who treat children were providing fluoride varnish applications. Findings suggest that caring for children with dental caries and feeling confident about helping to prevent caries increases the likelihood of assessing children's source of drinking water. Assessing drinking water is an important step in assessing for adequate fluoride intake to prevent dental caries. Low fluoride knowledge levels may be the reason that knowledge was not a predictor of assessing children's sources of drinking water. These preliminary findings suggest that NPs could benefit from continuing education and formal education regarding fluoride use and dental caries prevention strategies to contribute to decreasing the barriers to oral health care.



Interprofessional Education (IPE): A Faculty Development Initiative

Michelle Moulton, MS, RN, PCCN, CHSE

Interprofessional education (IPE) occurs when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes. Health professionals often lack sufficient knowledge of other professional roles and competencies to be able to provide integrated, high quality patient care. Studies support early introduction of IPE to promote shared responsibility for patient care by all healthcare disciplines. The Interprofessional Education Collaborative designed core competencies to build upon expected disciplinary competencies by defining competencies for interprofessional collaborative practice. Additionally, TeamSTEPPS® is a curriculum that focuses on improving communication and teamwork among health care professionals using an evidence-based approach. Combined, these resources can assist with developing IPE initiatives to improve patient care.

Both the University of Maryland Baltimore (UMB) campus and the University of Maryland School of Nursing identified interprofessional education (IPE) as one of the key themes in their strategic plans. The IPE Faculty Development Initiative was crucial in championing the UMB mission of IPE education by creating a diverse group of faculty from each of the professional schools at UMB who are skilled in the use of clinical simulation as a platform for teaching interprofessional collaboration (IPC). At the culmination of the project the grant team had successfully implemented two faculty development courses; "Teaching with Simulation" and "Using Simulation as a Platform to Teach IPC". Six simulations were created to teach IPC to health professional students. The simulations each focused on one or more of the IPEC and TeamSTEPPS competencies. Some of the prominent simulation themes are as follows: coordination of care, medication reconciliation, critical communication, patient care hand-off, multidisciplinary team rounding and conflict resolution. The patient care settings vary in each simulation and include primary care, outpatient clinics, acute/critical care and long-term care.

At the conclusion of the courses, course evaluations will be completed to measure satisfaction of the achievement of the learning objectives. In addition, the Readiness for IPE Learning (RIPLS) Tool will be used to measure participant perceptions related to IPE prior to and at the conclusion of the faculty development program (Parsell and Bligh, 1999). The simulation scenarios created will be evaluated by students and simulation experts using teamwork-based learning objectives as the evaluation criteria. The debriefing skills of the IPE faculty will be evaluated by simulation experts and students using the Debriefing Assessment for Simulation in Healthcare (DASH) Tool (Brett-Fleegler et al., 2012).

This session will review how the simulations were created, the data collected and the lessons learned. This grant created a tremendous opportunity for 17 faculty members and 5 grant team members to partner to create interprofessional simulations. This partnership has increased cohesion between the schools and faculty now have strong relationships with other faculty on campus. The faculty members involved in these simulations are now moving forward with additional IPE simulation projects. While this grant did not directly increase the number of bedside nurses or faculty, it did provide faculty development and created materials and simulations for all faculty members in Maryland to use.



Building a Healthier Nation: Public Health Nurses at the Forefront Leading the Change Carolyn Nganga-Good, RN, MS

In the last several years, significant transformations have occurred to the US healthcare system as a result of the Patient Protection and Affordable Care Act. Changes in the healthcare landscape have called for improved cost-effective strategies and a renewed commitment to better meet the needs of the nation while leaving no one behind. The health of our nation matters. Health disparities, an aging population, a diverse population, more insured people, higher rates of chronic diseases, high rates of preventable deaths, and the skyrocketing health costs are just a few of the reasons why we cannot continue to maintain the status quo.

Public health nurses (PHN) are uniquely and well-positioned to lead and meet these evolving needs of the healthcare system. Nurses are the most trusted profession and the largest segment of the healthcare workforce. PHNs have an independent scope of practice and well-developed roles in supervision, delegation, and training other health workers. PHNs are trained to consider social determinants of health (SDH) in addition to medical concerns. They are adaptable to change and promote health and wellness. PHNs are already engaged in an array of population health-focused activities - mother-baby home visits, school-based clinics, wellness programs, care coordination and transitional care, and end-of-life care. PHNs provide population-focused services to entire communities and are often the face of healthcare in many underserved areas. PHNs also have the knowledge and skills to provide population health services and to collaborate across and within disciplines and sectors. However, if PHNs are not fully engaged in decision making and in showcasing their value and impact, they will be unable to provide leadership based on their education and experience.

There are several ways nurses can be engaged in leading the transformation of our healthcare system to build a healthier nation from the bedside to the boardroom - enhancing academic curriculums to promote SDH, population health, interdisciplinary collaborations, and leadership; developing innovative models of care; community health advocacy; fostering collaborations across disciplines and sectors; promoting health as a shared value in the communities nurses live, work, and play; creating healthier more equitable communities; strengthening integration of health services and systems; advancing nursing leadership by participating in boards/taskforces/advisory councils to influence policy and decision making; and nurses being champions, role models, and mentors for change.

The Action Coalition's "Campaign for Action: Future of Nursing" provides a forum for building nurses' capacity and galvanizing action through the implementation of the Institute of Medicine's "Future of Nursing" recommendations and the Robert Wood Johnson Foundation (RWJF) Culture of Health Framework. As a part of these two initiatives, Maryland's RWJF Public Health Nurse Leader (PHNL) will be engaged in a project that aims to enumerate and characterize the public health nursing workforce in Maryland; to identify initiatives where Maryland PHNs are engaged to determine which ones are scalable and replicable; and to identify new initiatives that could be implemented to improve health outcomes across the lifespan. This presentation will describe the RWJF culture of health framework and the PHNL's project plan.

Development of an Open Access Resource to Support Nurse Educators

Carol O'Neil, RN, PhD, CNE

The Institute for Educators at the University of Maryland Baltimore School of Nursing was awarded a Nurse Support Program II grant entitled "Increasing Capacity for Preparation and Professional Development of Nursing Faculty and Educators: A Statewide Approach". One objective of the grant proposal is to reconstruct and expand the existing Faculty Resource Center that was developed several years ago. This initial resource center was in need of an update and redesign because of the advances in technology and the ease of access to information via the internet made content redundant and cumbersome to retrieve. This presentation will describe the redesign process and evaluation and will include:

- the lessons learned from the development and evaluation of the initial Faculty Resource Center;
- the findings from a statewide needs assessment of what nurse educators find to be important and useful resources and support to enhance their knowledge and skills of teaching;
- the design of an open access website;
resources to be disseminated in the site, such as videos from the Institute for Educator's monthly Educational Grand Rounds, annual conference key note addresses and future events;
- design and implementation of a continuous method for obtaining feedback, such as using 'pop-up' questions related to the content and navigation of the site;
- the management, marketing and sustainability plans for the website; and
- a timeline of activity for the next year that will delineate plans for growth and continuous evaluation.



Planning Innovative BSN Approach

Kara Platt, DNP, RN and Stefanie Hay, MSN, RN

Due to the success of the RN-BSN program at Frostburg State University (FSU), more Maryland residents are associating FSU with nursing education. Every year the number of pre-nursing students attending FSU rises, and the only option for these students is to transfer to a school of nursing. Many students do not want to leave FSU when it is time for them to transfer. It was found during advising sessions that students were completing degrees in biology or psychology at FSU. After graduation, these students then began attending nursing school because they did not want to leave FSU at the time they should have transferred to a school of nursing. This finding proved that students need an option for a four year nursing degree in Western Maryland. Within the FSU community, Allegany College of Maryland (ACM) already has a well-established associate degree program. In order to decrease duplication, it was decided to investigate the opportunity to create a dual enrollment option and increase capacity within ACM's nursing program.

The purpose of this grant initiative was to build an innovative way for students who reside outside of the local contiguous counties to earn a BSN within Western Maryland. This innovative pathway prevents the addition of a traditional nursing program and increases nursing seat capacity within Western Maryland.

A one year planning grant was approved through NSP II funds to collaborate with ACM's nursing program and college. The planning grant involved monthly meetings with stakeholders from each school to investigate the possibility of seamless dual enrollment option. Key issues such as financial aid, progression plan, advising, clinical instruction and resources were discussed.

At the completion of the planning grant phase an MOU was signed between FSU and ACM to allow students who are attending FSU and reside outside of the local contiguous counties to apply to the ACM nursing program. This option increases ACM's nursing student capacity and does not detract from the local community of interest that currently attends ACM's nursing program. Every spring 10 additional seats will be available to a competitive pool of FSU students. These students will be able to dually enroll and have their financial aid available to them to pay for their education at both institutions.

Beginning fall 2016, a small cohort of students will enter the dual enrollment option between FSU and ACM. In addition a cohort of 10 students will be accepted into the option each spring, starting with spring of 2017. Discussions for expansion in the future have been mentioned and will be ongoing throughout each semester. As previously stated, this option not only decreases the time to completion and entrance into the profession of nursing with a baccalaureate degree, but also saves the student tuition dollars by attending FSU and ACM as opposed to a larger school of nursing for four years.



SIP4: Maryland review and revision of articulation model and diversity/inclusivity strategic plan development

Wiseman Rebecca, PhD, RN

One of the major Maryland Action Coalition goals is to increase the number of baccalaureate prepared nurses to 80% by 2020. A related goal is to increase the diversity and inclusivity within the nursing community at all levels: education, work sites and leadership.

The goals of this project are to:

- 1) review and revise the Maryland Statewide Articulation Model in order to facilitate better academic progression for students from the AD programs to BSN programs; and,
- 2) develop a Maryland Action Coalition Plan for Diversity and Inclusion.

This presentation will provide information about the SIP 4 grant and report progress to date.



Eastern Shore Faculty Academy and Mentorship Initiative (ESFAMI): A hybrid experience to develop expert clinicians as clinical faculty

Lisa A. Seldomridge, PhD, RN; Tina P. Reid, EdD, MSN, RN;
and Katherine A. Hinderer, PhD, RN, CCRN-K, CNE

Across the United States, the shortage of nursing faculty has been identified as central to the ongoing nursing shortage. Recruitment and retention of highly qualified individuals from diverse backgrounds to teach students in clinical settings is challenging. Educating practicing nurse experts about the complexity of the clinical academic environment requires a multifaceted approach.

The Eastern Shore Faculty Academy and Mentorship Initiative (ES-FAMI), a hybrid educational program, is a partnership of three nursing programs on the Eastern Shore of Maryland. The ES-FAMI experience includes face-to-face meetings, interactive online modules, simulated clinical teaching experiences, and mentoring. Specific goals of the ES-FAMI are recruitment of a racially, ethnically, and gender-diverse group of participants and expansion of the pool of trained faculty with clinical backgrounds in psychiatric/mental health, maternal/newborn, pediatrics, and community health nursing.

Originally designed as a three year grant, the project was so successful that a one-year extension was sought to expand the mentorship aspects of the program. Mentoring activities included periodic face-to-face meetings to discuss challenging clinical situations and how to manage them, one-to-one shadowing with experienced faculty, site visits to those with clinical teaching assignments, and workshops on such topics as "organizing a clinical experience", "methods to track student assignments/patient diagnoses/clinical skills", and "managing difficult student situations".

At the conclusion of the four year Maryland Higher Education Commission Nurse Support Program-II grant, a 5-year continuation grant was written and funded, with the goal of graduating an additional 80 participants for a total of 140 graduates by 2020. Ongoing challenges include the need for continued mentorship for academy participants, redefinition of roles and expectations with each of the partner schools, the need for strong leadership from at least one of the partners, and the importance of a plan for sustainability when grant funding ends.



Expediting Doctoral Education on the Eastern Shore: Initiatives to Expand Maryland's Capacity for Preparing Nursing Faculty

Lisa A. Seldomridge, PhD, RN

The Institute of Medicine (IOM) call for doubling of the number of nurses with doctorates by 2020 requires expansion of graduate nursing education programs. Nationally, fewer than one percent of nurses hold a doctoral degree yet those with doctorates are needed to teach future generations of nurses and to conduct research that becomes the basis for improvements in nursing science and practice (IOM, 2010).

To address the need for more doctorally prepared nurses in Maryland and the geographically isolated Eastern Shore, Salisbury University launched a post-master's to Doctor of Nursing Practice (DNP) program in Fall 2012 with a leadership or family nurse practitioner (FNP) focus. In Fall 2014, a post-BS to DNP entry with FNP focus was launched. Access to these advanced education programs was facilitated by delivering courses through distance and web-based technologies. All courses were designed to meet standards for the Quality Matters ? Higher Education program (2011) as well as the American Association of Colleges of Nursing (2006) Essentials of Doctoral Education for Advanced Nursing Practice and the National Task Force on Quality Nurse Practitioner Education (2008) Criteria for Evaluation of Nurse Practitioner Programs.

With generous funding from the Maryland Higher Education Commission Nurse Support Program-II (NSP-II), Salisbury University advanced several statewide initiatives including expanding capacity and options for doctoral study, increasing access and efficiency of doctoral degree completion, and preparing family nurse practitioners to meet the burgeoning needs for primary care providers. Salisbury University graduated its first class of post-MS to DNP students in May 2015, awarding the first doctoral degrees in the history of the University. The first post-BS to DNP students are expected to graduate in May 2018. The DNP program was accredited by the Commission on Collegiate Education (CCNE) in October 2015 for the maximum period of five years.

This presentation provides an overview of the process of developing and implementing the post-MS and post-BS to DNP curricula. Outcomes including enrollment, retention and graduation rates, and student characteristics will be reported. Keys to success and solutions to challenges will be discussed.



Creating Multiple Pathways from Associates to Bachelor's Degree in Nursing: Facilitating Student Choice

Nina M. Trocky, DNP, RN, NE-BC, CNE

In Maryland, there are both Associate Degree Nursing (ADN) and Bachelor of Science in Nursing (BSN) programs educating future registered nurses. The National Council of State Boards of Nursing (NCSBN) (2014) reported, that of first time test takers completing the National Council Licensure Examination for Registered Nurses (NCLEX-RN®) in Maryland, 1205 graduated with a BSN as compared to 1712 with an ADN; a 35% difference. To achieve the goal of 80% nurses holding the BSN degree by 2020 (Institute of Medicine, 2010), multiple pathways are needed to create educational mobility and seamless academic progression.

Harnessing the energy of the community colleges and universities allows both to construct a variety of pathways supporting the students' own needs and long term goals. No one pathway will suffice. Addressing the recent reports calling for nursing education transformation, the New Consensus Policy Statement on the Educational Advancement of Registered Nurses (Tri-Council of Nursing, 2010), Educating Nurses: A Call for Radical Transformation (Benner, Sutphen, Leonard, & Day, 2009), The Future of Nursing Leading Change, Advancing Health (Institute of Medicine, 2010), and Academic Progression in Nursing (National League for Nursing, 2011), the University of Maryland School of Nursing (UMSON) developed multiple pathways facilitating a student-centric approach to achieving a bachelor's of science degree through the UMSON.

First, the RN to BSN curriculum was revised to address competencies required of the RN to effectively practice within a increasingly complex healthcare environment. All revised courses addressed the Essentials of Baccalaureate Education for Professional Nursing Practice (American Association of Colleges of Nursing, 2008) and relevant professional reports while building on the knowledge and skills gained from the ADN program. After transforming the curriculum, partnerships were developed with the community colleges within the state of Maryland using the dual admission agreement model. The dual admission agreements offer students enrolled in associate degree programs the option to enroll into RN to BSN courses prior to graduating with their associate's degree. This pathway supports the students' ability to easily progress towards completion of their bachelor's degree. Moreover, dual admission agreements offer students the option to take courses online, on site at the UMSON, or through a hybrid format where RN to BSN courses are taught by community college faculty within the community college facility. Next, recruitment activities were expanded for the open pool of RNs seeking their BSN. Dedicated UMSON admissions staff focused their attention on streamlining the recruitment and admissions processes. Finally, for those students wishing traditional in class or face-to-face format, instructional sites were extended to include a designated a Regional Higher Education Center by the Maryland Higher Education Commission. Support services such as faculty advising, assistance with identification of scholarship and grants, and promotion of career services options are made available to all students, facilitating their academic success.

This poster describes curriculum revision, the dual admission pathways, and student services developed to facilitate academic success. Regulatory considerations are discussed. Language from key provisions of the dual admissions agreements will be displayed. Outcomes from each pathway are illustrated.



Advancing Education Transformation: Toolkits and Simulation Using Standardized Patients to Teach Essential Psychiatric Mental Health Nursing Skills

Debra Webster, EdD, RNBC, CNE; Lisa A. Seldomridge, PhD, RN;
and Judith M. Jaronsinki, PhD, RN, CNE

Simulations are rising in popularity as an effective strategy to deliver clinical nursing education. With shorter lengths of stay, increased competition for clinical placements, and restrictions that prohibit students from caring for patients deemed to be too unstable, some students may not have opportunities to care for individuals with common mental health issues. Using standardized patient experiences (SPEs), students are able to practice communication and other skills essential to psychiatric mental health nursing in a safe learning environment.

To prepare students to care for "real" patients with mental health needs, we developed a series of toolkits for use in an undergraduate psychiatric mental health nursing clinical course. Each toolkit was designed to meet a core skill set and was packaged to include learning objectives, pre-simulation activity, clinical assignment, video vignette, feedback rubric, and suggested post-simulation activities. Video vignettes involved the use of SPEs to demonstrate and teach content. Each toolkit also provides faculty with strategies aimed at helping students apply core psychiatric mental health nursing skills in a clinical setting. Toolkits were specifically designed to address: therapeutic relationship and professional boundaries, management of hallucinations and delusions, assessment of suicidal ideation, limit setting for manic patients, cognitive evaluation of dementia, and management of withdrawal in addictions. Additional toolkits will be developed to address other skill sets.

This creative approach to psychiatric mental health nursing education using simulation, specifically Standardized Patients (SPs) has enabled nursing faculty to provide consistent clinical experiences for all students that focus on teaching core psychiatric mental health nursing competencies. Funded by a NSP-II grant, these toolkits will be available to other nurse educators in Maryland. This session will provide an overview of the development, use, and evaluation of this clinical learning strategy.



Advancing Academic Progression: CCBC's Associate to Bachelor's (ATB) Dual Enrollment Nursing Degree Option

Karen Wons, MS, RN, CNE

Since the release of the 2010 IOM report, *The Future of Nursing: Leading Change, Advancing Health*, nurse educators have been examining ways to produce a more highly educated nursing workforce to meet increasingly complex 21st century health care needs. Compelling research reveals that when more BSN nurses are employed in health care institutions, better patient outcomes result. Such evidence is serving as the impetus for creative new partnerships in nursing education. At long last, nurse educators are recognizing that by embracing and celebrating the richness of both associate and baccalaureate education programs, they can forge effective partnerships to help achieve the IOM's recommendation that 80% of nurses will have the BSN by 2020.

This presentation will describe NSPII grant funded initiatives that have led to the creation of a dual enrollment Associate to Bachelor's (ATB) Nursing Degree model, first with Towson University, then with three additional partner universities - Frostburg State, Notre Dame of Maryland and Stevenson. The process of forming the partnerships, creating dual enrollment curriculum plans, and recruiting and retaining students will be shared. Successes and challenges experienced by ATB students, ATB Coordinators, and participating institutions will be discussed. The goals of a new NSPII grant recently awarded to CCBC, Expanded Pathways to the BSN - ATB 1-2-3, will be shared.