DOCTOR OF NURSING PRACTICE POSTER
2nd YEAR STUDENTS
ABSTRACT PROGRAM

21st Annual Nursing and Health Professions Research Conference
Research, Evidence-Based Practice, and Performance Improvement in Healthcare Conference

Wednesday, April 19, 2017

University of Southern Indiana
College of Nursing & Health Professions
Implicit Bias and HIV Stigma in Healthcare Providers and Healthcare Disparity

Amy Walker, MSN, ACNP-BC, AAHIVS and Mellisa Hall, DNP, ANP-BC, FNP-BC, GNP-BC
Doctor of Nursing Practice, 2nd year student
University of Southern Indiana

Background/Significance of problem:
There are currently 1.2 million people living with HIV in the United States. Approximately 50,000 Americans become infected each year. Implicit Bias and Human Immunodeficiency Virus (HIV) Stigma is essential in evaluating nursing practice. Implicit bias is pervasive having devastating effects in healthcare with consequences of depression, rejection, shame, and disgrace as related to HIV Stigma leading to health care disparity. A common theme throughout literature is a gap in relationship to Implicit bias and HIV Stigma. Validating Implicit Bias and HIV stigma in nursing practice with evidence-based practice of potential outcomes contributes to holding nursing accountable for their practice.

Clinical question / Project Purpose:
What impact does implementation of an HIV Stigma program have on perceptions of nurses and healthcare facilities to identify drivers of HIV stigma and routine monitoring of HIV related stigma? The purpose of this project is a descriptive study to help facilitate routine monitoring of HIV-related stigma, as well as the expansion and improvement of programming and policies at the health-facility level.

Search of literature/best evidence:
An extensive review of the literature from 1983 to 2015, using data bases from CINAHL, PubMed, PsychInfo, and SocIndex, was conducted using search terms: implicit bias, subconscious bias, HIV, stigma, discrimination, healthcare providers, and health care disparity. The search produced 29 peer reviewed articles, including descriptive, cross sectional, quasi-experimental, qualitative, meta-analysis, and randomized controlled studies.

Clinical appraisal of literature/best evidence:
Analysis of the evidence suggest 4 principle findings: 1) Identification of HIV Stigma and Implicit Bias is essential in improving health disparity, 2) Health care providers may not be aware of personal HIV implicit Bias/HIV Stigma, 3) Awareness and education of Implicit Bias/HIV Stigma positively impacts HIV care, and 4) HIV implicit Bias/HIV Stigma literature is lacking.

Integration into practice:
The capstone project outcomes are three fold. The first is to implement the project’s strategies of identification of Implicit Bias and HIV Stigma for improved provider/patient communication. The second is to compare the findings among the three sample groups. The third is to disseminate the findings among the primary stakeholders.

Evaluation of evidenced-based practice:
The project will be measured by conducting descriptive demographic survey measures from a convenience sample of approximately 150 nurses. Initial comparison of the three groups, nurse practitioner students, nurse practitioners and registered nurse will be analyzed.
The Power of Peer Review: Impacting Practice at the Bedside

*Cynthia R Herrington, FNP, MSN, RN, NE-BC, OCN and Mikel W Hand, EdD, RN, OCN, NE-BC, NEA-BC*

Doctor of Nursing Practice, 2nd year student
University of Southern Indiana

**Background / Significance of problem:**
Nursing Peer Review (NPR) is essential in evaluating nursing practice. It validates that care is evidence-based and aligned with the American Nurses Association standards. A common theme throughout the literature is NPR holds nurses accountable for their practice through nurses evaluating nurses, and it raises practice standards.

**Clinical Question / Project Purpose:**
What impact does the implementation of a NPR Program have on nurse perceptions concerning the level of support for professional growth, practice, and a culture of safety?
The purpose of this project is to develop, implement, and evaluate a NPR program to promote a culture of patient safety and improve safety?

**Search of literature/best evidence:**
*Medline and CINAHL* databases from 1988 to 2016 were searched using key terms: peer review, mentorship, peer coaching, peer support, transformational learning, quality care, and patient safety. The search produced 25 peer reviewed articles, including descriptive, quasi-experimental, quantitative, and qualitative studies. Randomized controlled studies were lacking.

**Clinical appraisal of literature /best evidence:**
Analysis of the evidence suggests 4 principal findings: 1) NPR provides meaningful feedback fostering professional development, 2) NPR provides a thorough process for nurses to systematically assess, monitor, and evaluate the quality of nursing care, 3) NPR supports shared-accountability where nurses take responsibility for the care they deliver, 4) Through communication and collaboration, nurses gain knowledge, empowerment, confidence, decision-making, and professional growth.

**Integration into practice:**
The Synergy Council developed and implemented a NPR process that was integrated into the shared governance practice model after didactic education including giving and receiving feedback, “just culture”, and Relationship Based Care Theoretical principles. Employees also completed the Culture of Patient Safety Survey (CoPS).

**Evaluation of evidence-based practice:**
The project will be measured by conducting pre- and post-measures using the (CoPS), from a convenience sample of approximately 120 Mom/Baby nurses. Qualitative data will be analyzed using a paired T test to evaluate if differences exist in the perceived level of support and safety between pre- and post-implementation.
Advanced Care Planning: Improving Patient/Proxy Adherence to End-Of-Life Treatment Choices and Reducing Unnecessary Re-hospitalization Rates

*Eric Wolfe, RN, MSN, FNP and Melissa Hall, DNP, ANP-BC, FNP-BC*

Doctor of Nursing Practice, 2nd year student
University of Southern Indiana

**Background/Significance of problem:**
Advanced care planning is a means for people to document their care preferences and enable families and providers to advocate on their behalf. High rates of rehospitalizations from nursing homes to acute care could signal quality of care problems. Honoring the treatment choices of patients at the end-of-life has the potential to reduce unnecessary re-hospitalizations.

**Clinical question / Project Purpose:**
Does advanced care planning with patients and their families impact unnecessary re-hospitalization? The purpose of this project was to develop, implement, and evaluate the effectiveness of an advanced care plan process, its impact on patient/proxy adherence, and reduction in unnecessary rehospitalizations at the end-of-life.

**Search of literature/best evidence:**
The search criteria included terms: Palliative, end-of-life, death, family dynamics, surrogate, adherence, rehospitalization, advanced directives, living will, patient preferences and decision-making. A date range was not used to limit the literature search. The following databases were used: CINAHL, the Cochran Library, MEDLINE, ProQuest Health and Medical Complete, ABI/INFORM Complete, PsychINFO and Social Work Abstracts.

**Clinical appraisal:**
A synthesis of the definitions of adherence across the research spectrum resulted in adherence being defined as a collaboration among healthcare workers, the patient, and the family to agree on an objective to create the best possible outcome and goal.

**Integration into practice:**
Advanced care planning was integrated into practice for patients who have existing orders indicating they do not want resuscitative interventions performed in a life threatening condition. The family members were included in the advanced care plan session as well.

**Evaluation of evidenced based practice:**
At the end of this project, a Likert-Type questionnaire will be offered to each patient and their family members to identify strengths and weaknesses of this project to determine the impact of the advanced care planning session. The number of patient transports to the emergency department one year before and one year following advanced care planning will be compared.
Nurse Leader Rounding Impact on Nurse Satisfaction with the Practice Environment and Relationship with Nurse Manager

Michele A. Ridge, MSN, RN, NE-BC DNP student and Roxanne Beckham, DNP, RN-BC, CNE, NE-BC
Doctor of Nursing Practice, 2nd year student
University of Southern Indiana

Background/Significance of Problem:
Forty percent of nurses reported a plan to leave their job in the next three years, but would consider staying for increased compensation, an improved practice environment, better hours, and more respect from management (American Federation of State, County, and Municipal Employees, 2014).

Clinical Question / Project Purpose:
How does implementation of Nurse Leader Rounding effect staff nurse satisfaction with the practice environment and the relationship with the nurse manager on three medical-surgical units at Indiana University Health Bloomington Hospital over a six-month time period?

Search of Literature/Best Evidence:
Nursing and Healthcare databases were searched from 2008-2015 using search terms: nurse manager rounding, nurse leader rounding, patient care rounding, rounding, leadership, and transformational leadership. There is a plethora of literature on leadership styles and the effect leadership styles have on job satisfaction. Rounding articles were abundant but focused on quality outcomes. There was scant literature on the impact of Nurse Leader Rounding on nurse satisfaction.

Clinical Appraisal of Literature/Best Evidence:
Analysis of the literature found all articles to be level VI evidence. Nurse Leader Rounding was primarily focused on rounding on patients. A systematic review of nursing leadership style, outcome patterns, and work environment concluded that relational and transformational leaders are needed to enhance nurse satisfaction, recruitment, retention, and a healthy work environment. (Cummings et al., 2009).

Integration into practice:
Bedside nurses will be given the opportunity to routinely interact and receive feedback from the nurse manager during Nurse Leader Rounding. The nurse leaders presence in the practice environment will build a relationship with the nurses while providing daily opportunities for personal connection.

Evaluation of Evidence-Based Practice:
Nurse satisfaction will be measured pre and post intervention utilizing the Practice Environment Scale of the Nursing Work Index (Lake, 2002). Focus groups will be conducted to gain a deeper understanding of staff nurse satisfaction with the practice environment and the nurse leader.
Implementation of a Nurse Residency Program to Increase Retention Rates in First Year of Employment

*Michelle Musgrave MSN, RN, NEA-BC and
Melissa Hall, DNP, AGPCNP-BC, FNP-BC*

Doctor of Nursing Practice, 2nd year student
University of Southern Indiana

**Background:**
A registered nursing shortage is projected as the need for healthcare continues to rise due to the aging population and healthcare reform (American Academy College of Nursing, 2014). Nursing retention rates can be used to analyze the healthcare workforce and to project the job market (Robert Wood Johnson Foundation, 2014). Retention rates can also be indicative of the working environment of an organization. National retention rates of registered nurses were 88.8% in 2011 and 83.6% in 2014 (Nursing Solutions 2015). The national retention rates in the first year of employment are 82.5%, and down to 66.5% by the end of second year (Robert Wood Johnson Foundation, 2014).

**Clinical question / project purpose:**
Will a Nurse Residency Program increase registered nurse retention rates in first year of employment of new graduates? The purpose of this capstone project was to create and implement a Nurse Residency Program to increase registered nurse retention for new graduates in first year of employment.

**Search of Literature/Best Evidence:**
*CINAHL and ProQuest Health* databases from 2005-2015 were searched using key search terms: new graduates, student nurses, nursing education, nurse residency, mentoring, and preceptorships. The search produced 23 peer reviewed articles, including descriptive, exploratory, and qualitative studies. Experimental, quasi-experimental, and randomized controlled studies were lacking.

**Clinical appraisal:**
Analysis of the evidence suggests 4 principal findings: 1) ineffective orientation and lack of resources and support decrease nurse retention, 2) 42% of nurses have difficulty transitioning from graduate nurse to competent nurse, 3) nurse residency programs increase skill and overall competence, and 4) measures to better prepare nurses to meet the current population is needed.

**Integration into practice:**
A Nurse Residency program will provide structure and support to aid in recruitment and retention of new graduate nurses while decreasing costs of nurse turnover.

**Evaluation of evidenced-based practice:**
A 12-month long nurse residency program was offered to all new graduate nurses hired in medical/surgical/telemetry units beginning in June, 2016. The Casey-Fink Graduate Nurse Experience Survey© and retention rates were used for evaluation.
A Toolkit for Adjunct Clinical Faculty to Promote Knowledge Transfer in Baccalaureate Nursing Students

Traci C Freeman, MSN, RN, and Mikel W. Hand, EdD, MSN, RN, OCN, NE-BC, NEA-BC

Doctor of Nursing Practice, 2nd year student
University of Southern Indiana

Background/Significance of Problem:
The theory practice gap is a significant problem in undergraduate nursing education programs. A common theme in the literature is the need for intervention to address this gap.

Clinical Question/Project Purpose:
In second semester undergraduate nursing students, can implementation of an adjunct clinical faculty toolkit decrease the gap in knowledge transfer from classroom to clinical area in the clinical rotation? The project’s purpose is to design, implement, and evaluate a toolkit to decrease this gap for nursing students.

Search of Literature/Best Practice:
A search was conducted utilizing five databases: Education Resources Information Center (ERIC), Medline, Cumulative Index to Nursing and Allied Health Literature (CINAHL), PubMed, and Google Scholar. Key terms included knowledge management, transfer of learning, theory practice gap, nursing, education, and knowledge acquisition. The search produced 25 peer-reviewed articles including descriptive, exploratory, meta-analyses, quasi-experimental, and qualitative studies. Randomized controlled studies were lacking.

Clinical Appraisal of Literature/Best Practice:
Analysis of evidence suggests that a gap in knowledge transfer is present in nursing education. Due to lack of qualified full time nurse educators, adjunct faculty are frequently used to teach in the clinical environment, thus adding to the gap in knowledge transfer from classroom to bedside.

Integration into Practice:
A toolkit consisting of recorded information derived from the classroom was provided to adjunct clinical faculty weekly. The clinical faculty integrated the recording’s content with patient care each week of the rotation. The students and adjunct faculty were asked to complete an instructor effectiveness survey.

Evaluation of Evidence-Based Practice:
The pre-post self-evaluations of adjunct clinical faculty will be appraised to determine if teaching effectiveness improved. The students will evaluate teaching effectiveness of adjunct clinical faculty in the current semester and compare to faculty from a prior rotation. The Nursing Clinical Teacher Effectiveness Inventory tool (NCTEI) will be utilized for evaluation of quantitative data. Weekly narrative reports relating to integration of the recorded material into clinical will be evaluated for qualitative data.