

ABSTRACT PRESENTATIONS



American Association
of Colleges of Nursing

The Voice of Academic Nursing

Faculty Practice Pre-Conference

*Emerging Strategies: Evaluation, Leadership & Resilience in an
Evolving Practice Environment*

January 15, 2021

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Faculty Practice Pre-Conference

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- Emerging Strategies: Evaluation, Leadership & Resilience in an Evolving Practice Environment

Faculty Practice Pre-Conference

Poster Abstracts

Friday, January 15, 2021

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Podcasting to Promote Excellence & Innovation for Doctoral Nursing

Molly Bradshaw, DNP, APRN, FNP-BC, WHNP-BC, Eastern Kentucky University

Co-Author(s): Tracy Vitale, DNP, RNC-OB, C-EFM, NE-BC, Rutgers

Category: Quality Improvement/Evidence-based Practice

Abstract

Background/Introduction

Use of the audio podcast is on the rise. Podcasting may be a useful tool to promote excellence and innovation for doctoral nurses. Information can be accessed on the go. Best practices, stories, and strategies can be shared.

Purpose

The purpose of this presentation is to outline a step by step approach used to develop a podcast series called, “The DNP Project Podcast: Tips, Inspiration, and More.”

Processes/Procedures

Specifically, the session will cover the process of content development, use of creation technology, and how to disseminate podcast files. The session is meant to be hands-on allowing the participant to develop a plan for their own future podcast using a checklist.

Results

Since its launch in June of 2020, The DNP Project Podcast is leading the national DNP conversation by sharing tips, inspiration, and more.

Limitations

Though technology may be intimidating, doctoral nurses can use podcasting as a technology platform to share information and advance their agendas.

Conclusions/Implications for Practice

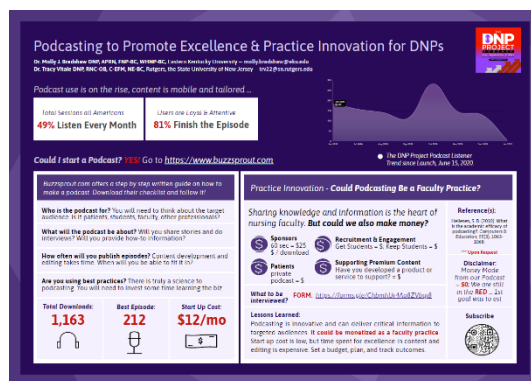
As illustrated by this example, use of podcasts has a role in promoting excellence and innovation for doctoral nurses.

Biography

Molly J. Bradshaw, DNP, APRN, FNP-BC, WHNP-BC is an Associate Professor, DNP Program Coordinator, and Faculty Innovator at Eastern Kentucky University. Her academic scholarship is rooted in teaching innovation, use of infographics/social media, and the DNP Project. Tracy Vitale, DNP, RNC-OB, C-EFM, NE-BC has been a nurse for over 20 years and is currently assistant professor and specialty director of DNP Projects/DNP Project Courses at Rutgers, The State University of New Jersey School of Nursing. Dr. Bradshaw & Dr Vitale have recently published a book in collaboration with Springer Publishing company entitled, “The DNP Project Workbook: A Step By Step Process for Success,” and are the co-host of the DNP Project Podcast.

Contact Information

Molly Bradshaw, DNP, APRN, FNP-BC, WHNP-BC
Associate Professor, DNP Program Coordinator
Eastern Kentucky University
molly.bradshaw@eku.edu
(859) 629-1036



Advanced Practice Providers Should Interpret 12-lead ECGs

Mary Carey, RN, PhD University of Rochester Medical Center

Abstract

Learning Objectives:

- To train and certify APPs to interpret 12-lead ECGs
- To understand the value of timely interpretation of 12-lead ECGs
- To increase the capacity of APPs clinical practice

Abstract:

Many ECGs are read by non-cardiologists, including emergency, urgent care and family practice-physicians who do not necessarily have ECG training. As health care tasks increase in complexity, many physician-based tasks are delegated. The transition of cardiologist read ECGs to APP is feasible give the computerization of the ECG which provides high quality waveforms with sophisticated algorithms to guide decision making. The ECG remains the classic, non-invasive gold standard for cardiac diagnosis and is interpreted within 10 minutes of symptoms. ECGs are the first-line diagnostic tool; and certifying APPs in interpretation will result in higher-quality and rapid initial diagnosis without delays.

Biography

Dr. Mary Carey is the Director of the Clinical Nursing Research Center at Strong Memorial Hospital and an Associate Professor, School of Nursing. An intensive care nurse by background, she earned a bachelor's degree in nursing from the University of Buffalo and a MS and PhD in nursing from the University of California San Francisco. Mary's program of nursing research has improved ECG monitoring so that disease conditions are better detected. Over her career, she has applied the ECG to over 2000 research subjects including in the ER, ICU, telemetry, outpatients, on-duty firefighters and swine.

Contact Information

Mary Carey, RN, PhD
Associate Professor
University of Rochester Medical Center
Mary_Carey@URMC.Rochester.edu
(732) 875-1320

Advanced Practice Providers Should Interpret 12-lead ECGs

Mary G. Carey PhD, RN, FAHA, FAAN
University of Rochester Medical Center

Background

- The 12-lead ECG is one of the most common tests conducted among hospitalized patients.
- Due to the rapid development of cardiac diagnostic modalities such as imaging techniques, device therapies, invasive procedures and cardiogenomics, many cardiology trainees lack personal interest in clinical ECG training
- Currently, most ECGs are read by non-cardiologists, including emergency, urgent care, and family practice-physicians who do not necessarily have clinical ECG training

Purpose

- The purpose of this proposal is to promote the training and certification of Advanced Practice Providers (APPs) to interpret 12-lead ECGs

Rationale

- By tradition, as health care tasks increase in complexity, many physician-based tasks are delegated to APPs, especially in the demanding hospital setting
- Nurses already continuously monitor and interpret bedside ECG arrhythmias and myocardial ischemia
- The transition of cardiologist read 12 lead ECGs to APP makes sense given the computerization of the ECG which provides high quality waveforms with sophisticated algorithms to guide in decision-making
- Despite significant improvements in cardiac technology, the 12-lead ECG remains the classic, non-invasive gold standard for the diagnosis of a arrhythmias, ischemia and lengthening QT intervals and rapid interpretation is needed to optimize patient outcomes.

Conclusion

- APPs provide substantial hospital care and are omnipresent; 12-lead ECGs are the first line diagnostic tool in diagnosis cardiac conditions. By training and certifying APPs in ECG interpretation, higher quality, rapid initial diagnosis will be made without delays.

DOCTORAL EDUCATION CONFERENCE
A Virtual Event | January 29-30, 2021

Pivoting Faculty Practice: Proven solutions for developing resiliency and maintaining fiscal sustainability

Lauren Diegel-Vacek, DNP, APRN, FNP-BC, CNE, FAANP, University of Illinois at Chicago College of Nursing

Co-Author(s): Virginia Reising DNP, PEL-CSN, PHNA-BC, University of Illinois at Chicago College of Nursing; Virginia Reising DNP, PEL-CSN, PHNA-BC, University of Illinois at Chicago College of Nursing

Abstract

Proposal:

Pivoting Faculty Practice: Proven solutions for developing resiliency and maintaining fiscal sustainability

Background:

When the COVID-19 pandemic prevented face to face patient visits, our faculty practice health center pivoted to a telehealth format. Our goals were to maintain the continuity of primary and behavioral health care delivery and initiate virtual outreach to address social determinants of health for our patient community.

Methods:

Implementation of telehealth visits replaced traditional in-person encounters. Interprofessional services provided include primary care, behavioral health, medication assisted treatment and nutrition counseling.

Results:

The provider team collaborated to successfully maintain patient services via telehealth resulting in an increased patient volume, a decreased no-show rate and maintenance of clinic fiscal sustainability.

Learning Objectives:

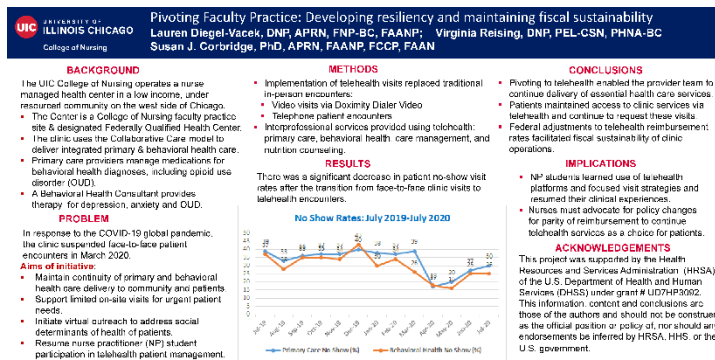
- Describe effective transition of robust and billable encounters to a telehealth platform to support optimal patient outcomes in a nurse-managed practice.
- Integrate best practices for high quality clinical education experiences for nursing and health science students using a telehealth model.
- Identify leadership strategies to rapidly transition faculty practice operations to maintain fiscal sustainability.
- Develop evidence-based approaches for fostering resiliency and mitigating burnout in interdisciplinary teams and nursing students.

Biography

Lauren Diegel-Vacek DNP, APRN, FNP-BC, CNE, FAANP is a Clinical Associate Professor at the University of Illinois Chicago College of Nursing and Director of the DNP Program, and Certified Nurse Educator. Dr. Diegel-Vacek's areas of interest are advancing academic nursing faculty practice and promoting the translation of evidence to practice to improve individual and population health outcomes and eliminate health disparities. Dr. Diegel-Vacek is the Chair of the NONPF Faculty Practice SIG.

Contact Information

Lauren Diegel-Vacek DNP, APRN, FNP-BC, CNE, FAANP
Clinical Associate Professor
University of Illinois at Chicago College of Nursing
lvacek@uic.edu



A Framework for Comprehensive Evaluation of Nursing Faculty Practice

Kathryn Fiandt, PhD, APRN-NP, FAANP, FAAN, University of Nebraska Medical Center College of Nursing

Abstract

Learning Objectives:

At the end of the presentation the participant will be able to:

- Describe the goals of nursing faculty practice,
- Review the purpose of an evaluation plan for nursing faculty practice,
- Describe one model for a comprehensive evaluation of nursing faculty practice, and
- Explore the challenges to implementing a comprehensive evaluation of nursing faculty practice.

Abstract:

For years nurse educators have emphasized the importance of NP faculty practice as an essential to assuring the quality of the NP education. There are many other assumed benefits to faculty practice ranging from education to revenue. However, there is little data on the impact of faculty practice. We describe one framework for evaluation of faculty practice designed to reflect the healthcare system's Quadruple Aims as well as the university's Tripartite Mission. The complexity of a comprehensive model for evaluation necessitates that it must sometimes serve as an aspirational goal. Regardless of challenges, a holistic vision of the impact for nursing faculty practice is essential for achieving the goal of demonstrating its value.

Biography

Dr. Fiandt has been a family nurse practitioner since 1976. Since then she has maintained an active practice with clinical expertise in the areas of chronic disease management and practice improvement.

She has been active in the nursing center movement since 1990, serving as the clinical director of three nurse-managed health centers since 1990. She was at the University of Nebraska Center from 1993 until 2007. During that time she directed the Family Nurse Practitioner Program and became the Director of the Morehead Center for Nursing Practice. IN 2007 she moved to Galveston TX where she served as the Associate Dean for Clinical Affairs until 2014, at that time she returned to the University of Nebraska Medical Center where she currently serves as the Associate Dean for Transformational Practice and Partnerships. In addition to being active in several nursing organizations, Dr. Fiandt is a Fellow of the American Academy of Nurse Practitioners, a Fellow of the American Academy of Nursing, and a Robert Wood Johnson Executive Nurse Fellow.

Contact Information

Kathryn Fiandt, PhD, APRN-NP, FAANP

Professor

Associate Dean for Transformational Practice and Partnerships

University of Nebraska Medical Center College of Nursing

kfiandt@unmc.edu

Understand your Destination: Apply the Backward Design Strategy to Create Transition to Practice Curricula

Karen Hande, DNP, ANP-BC, CNE, FAANP, Vanderbilt University School of Nursing

Co-Author(s): *Natasha McClure, DNP, CPNP-PC, Vanderbilt University School of Nursing*

Category: Quality Improvement/Evidence-based Practice

Abstract

Background/Introduction

Most transition to practice (TTP) programs do not use nationally accepted nurse practitioner (NP) competencies or practice competency-based evaluation. This gap calls for nurse faculty to apply their expertise in learning strategies, leadership, and resilience in instructional design.

Purpose

This project describes how nurse faculty can leverage their specialized educator skills using backward design to create curricula that reflect nursing standards and competencies acquired in TTP programs.

Processes/Procedures

Two nurse faculty partnered with a health care organization to create TTP specialty-focused programs. The faculty followed backward design to (1) identify program objectives that reflected the skills, knowledge, and attitudes desired of an NP, (2) define specific and measurable learning outcomes to monitor learners' progress toward meeting the objectives, (3) determine desired knowledge and behaviors learners should demonstrate, (4) create the specific instructional content and learning experiences.

Results

Two 12-month post-graduate nurse practitioner TTP curricula were designed. The programs were implemented in 2020. Four learners are currently participating in the programs. Formative curricular evaluations have found both curricula designs guide the achievement of the learning goals.

Limitations

While educators in multiple disciplines can utilize this evidence-based strategy for curricula design, the outcomes within nursing literature are limited. The two exemplar programs for this project require summative feedback to improve the overall designs.

Conclusions/Implications for Practice

Nurse faculty can build strategic and mutually beneficial partnerships that advance the role of academic nursing in health care organizations and meet their needs through the delivery of collaboratively developed TTP programs. Backward design begins with the end in mind, producing cohesive, effective content that aligns with experiences, clear learning outcomes, and measures. This effectively develops graduates from competence to proficiency, strengthening the profession and the practice of nursing through clinical development.

Biography

Karen Hande is DNP prepared adult health board-certified nurse practitioner (NP) and a certified nurse educator. Karen is a fellow of the American Association of Nurse Practitioners, an associate professor at the Vanderbilt University School of Nursing and the assistant director of the DNP program. Her scholarly work focuses on nurse practitioner transition to practice and NP fellowship outcomes. Karen maintains her clinical practice at the Vanderbilt Ingram Cancer Center in the Pain and Symptom Management Clinic. She designed and implemented the first oncology/hematology Advanced Practice Registered Nurse fellowship in the state of Tennessee.

Contact Information

Karen Hande, DNP, ANP-BC, CNE, FAANP
Associate Professor
Vanderbilt University School of Nursing
karen.a.hande@vanderbilt.edu
(615) 829-0868

The infographic is titled "Understand your Destination: Apply the Backward Design Strategy to Create Transition to Practice (TTP) Curricula". It features a header with the title and authors: Karen Hande, DNP, ANP-BC, CNE, FAANP and Natasha McClure, DNP, CPNP-PC. Below the header is a photograph of three people. The main body of the infographic is divided into several sections: "Backward Design" with a flowchart showing four steps (Step 1: Identify the destination, Step 2: Determine what you need to know, Step 3: Determine what you need to do, Step 4: Create the learning experiences); "BACKGROUND" which states that nurse faculty can leverage their specialized educator skills using backward design to create curricula that reflect nursing standards and competencies acquired in TTP programs; "METHODS" which describes how two nurse faculty used the backward design strategy to create TTP curricula; and "RESULTS" which notes that two 12-month post-graduate NP TTP curricula were designed and implemented in 2020. At the bottom right is the Vanderbilt University School of Nursing logo.

Impact of a Pandemic on Doctoral Nursing Students

Rachel Joseph, PhD, MA, CCRN, Liberty University

Co-Author(s): Shanna Akers, EdD, MSN/MBA-HC, RN, CNE, NEA-BC, Liberty University; Chansoon Lee, PhD, Liberty University; Tracey Turner, EdD, MSN, RNC-OB, Liberty University; Elizabeth Whorley, PhD, RN, CNE, Liberty University; Cynthia Goodrich, PhD, RN CNE, Liberty University

Category: Research

Abstract

Background/Introduction

COVID_19 pandemic changed life for everyone globally. Lives of students in institutions of higher education were no exception, particularly nursing students because of the clinical component and closure of clinical sites. Students at each program level were affected. Doctoral students, including the Doctor of Nursing Practice (DNP) and Doctor of Philosophy (PhD) in Nursing Students, faced unique challenges that altered their experiences as students, practicing nurses, and educators.

Purpose

Purpose of the study was to examine the impact of a pandemic on nursing students at all levels of programs with more focus on doctoral students.

Methods

A convenience sampling method was used to recruit nursing students from pre-licensure BSN, post-licensure BSN/MSN, and doctoral (APRN/DNP and PhD) programs to examine the impact of the pandemic. The participants were from online and residential nursing programs at a large CCNE accredited nursing school in central Virginia. The impact of the pandemic was measured using the Impact of Events Scale-Revised (IES-R), a 22-item, 5-point Likert scale. In addition, data on demographic information and practices related to prevention of infection and daily living were collected. Data collection has been completed and 207 students including 50 doctoral students participated. A multiple linear regression will be applied to examine the effect of predictors on the IES-R score of students in all levels, after controlling for other variables.

Results

About 20% of the doctoral students in this study indicated having stress levels above the IES-R cut-off score of 33 for PTSD.

Limitations

Lack of data on baseline stress level in nursing students.

Conclusions/Implications for Practice

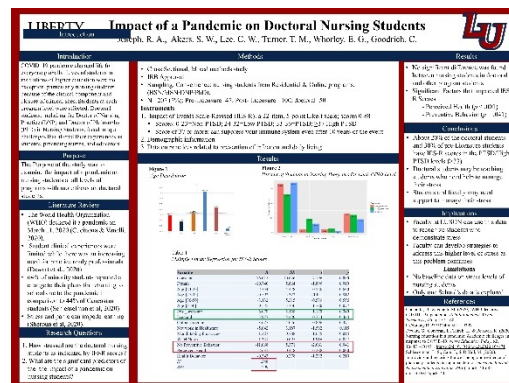
Faculty can use the results to recognize the extent of stress experienced by the doctoral nursing students and develop strategies to support them. Doctoral /graduate students who are faculty can identify strategies to support their students in different programs to cope with any crisis.

Biography

Rachel is a member of several regional and national organizations including American Association of Critical care Nurses (AACN), Sigma Theta Tau International, Academy of Neonatal Nursing (ANN), and Nurses Christian Fellowship (NCF). Her areas of research include Quality of life, stress and coping, spiritual care, forgiveness, family caregivers, health literacy, and education.

Contact Information

Rachel Joseph, PhD, CCRN
Associate Professor
Liberty University
rajoseph1@liberty.edu
(302) 602-2503



Leadership Lessons from the Past to Inform and Influence the Future

Kathy Magorian, EdD, MSN, RN, Mount Marty University

Co-Author(s): Andrea Roberts, DNAP, CRNA, Mount Marty University

Category: Quality Improvement/Evidence-based Practice

Abstract

Background/Introduction

Perhaps there is nothing that is new under the sun. Leadership lessons developed 1500 years ago can provide a guide for leaders today who are faced with great uncertainty and unrest. Benedict of Nursia – a privileged nobleman from Rome, gave up his inheritance and lifestyle to find a better way to live, as individuals and in community. The result of a large part of his life's work, his Rule, and more specifically, the relationship between humility and leadership, has been studied as an important element of modern-day leadership.

Purpose

Humility is not a new concept in the discussion of leadership, but humility as Benedict defined it, is in contrast to the charismatic appeal our world seems to need from present day leaders. A counter-cultural review of the notion of humility provides a framework for sustainable practices that bring people and the work they do together in ways that transcend organizational performance and success.

Processes/Procedures

Utilizing the identified steps of humility in Benedict's Rule, the DNP curriculum can be infused with practical application of these steps in the development of resilient leaders that will be ready for the evolving practice environment. Compare and contrasting with other attractive leadership models, such as the transformational leader, servant leadership, Benedict's steps of humility can be seen as threads and components of each of these proven, successful leadership approaches.

Results

In process

Limitations

While Benedict's Rule has been incorporated into successful Fortune 500 companies, there is no evidence that his leadership philosophies are active in nursing leadership models.

Conclusions/Implications for Practice

The need for resilient leaders, especially in our modern world and the current world amidst a pandemic, is more crucial than ever before. These leaders must be armed with the tools required to bring their systems, units, or departments up to the challenge of the ever changing practice environment.

Biography

Dr. Kathy Magorian (primary author) and Dr. Andrea Roberts (secondary author) are both in nursing leadership positions within the Division of Nursing at Mount Marty University. Understanding the value of effective and excellent leadership characteristics and how these are utilized to move teams in positive and empowering ways has been an area of interest and deep conviction for both of these authors.

Contact Information

Kathy Magorian, EdD, MSN, RN
Dean of Nursing and Health Sciences
Mount Marty University
kathy.magorian@mountmarty.edu
(605) 668-1535

The image shows a thumbnail of the research paper's abstract page. The page is titled "Leadership Lessons from the Past to Inform and Influence the Future" and lists the authors as Dr. Kathy Magorian, EdD, MSN, RN and Dr. Andrea Roberts, DNAP, CRNA. The page is organized into several sections: Introduction & Background, Review of Literature, Procedure, Conclusions & Implications for Practice, Purpose, Results, Limitations, and References. The text is dense and follows a standard academic format.

Making Concepts Stick - Using Improvisation in Nursing Education

Susan Rux, PhD, MSN, RN, PHN, ACNS-BC, CHEP, CNE, CPCC, CPRW, LNCC, NEA-BC, OCN, Chamberlain University - North Brunswick, New Jersey Campus

Category: Quality Improvement/Evidence-based Practice

Abstract

Background/Introduction

A healthy work environment yields several benefits that positively influence retention of nursing faculty. Regard for another's knowledge and skills, through purposeful and collaborative actions, promotes the principles of a high-performing team. Faculty are challenged to devise creative ways to impart concepts, inclusive of leadership and communication, to students with each academic encounter, from the classroom to the skills laboratory to the clinical setting. The focus on collaboration and retention of information to demonstrate content mastery in courses and student engagement in the classroom and experiential learning environments is critical. Improvisation is a concept that has not been fully explored in nursing education but is emerging as an effective strategy. While associated with the liberal arts, improvisation is an innovative and valuable strategy that faculty can use to clarify difficult content and help students extend their learning from beyond the classroom.

Purpose

Being attentive to others and the overall situation, including members of the interprofessional team, fosters successful outcomes through improvisation. Organizational culture and focus on teamwork facilitate the improvisation experience. Boosting confidence and building interpersonal communication skills and trust are some of the benefits that students and teams can derive from improvisation.

Processes/Procedures

The foundations of improvisation within nursing education as well as practice require impulse control, listening, and being supportive of others.

Results

Instilling improvisational techniques into the learning environment is central to student engagement, in addition to supporting the unique skill set of each member of the team to care for students and future nurses.

Limitations

No limitations noted as the virtual learning platform has also been conducive to solidifying course content.

Conclusions/Implications for Practice

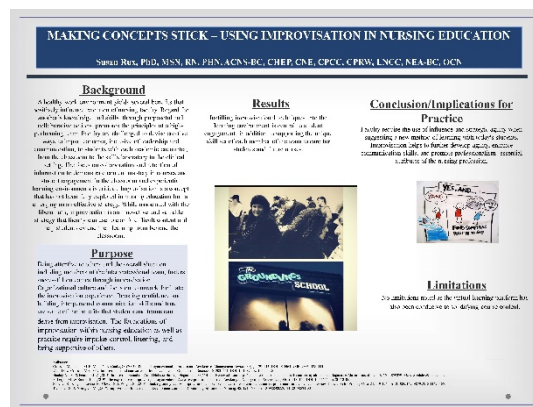
Faculty require the use of influence and strategic agility when suggesting a new method of learning with today's students. Improvisation helps to further develop agility, enhance communication skills, and promote professionalism -essential attributes of the nursing profession.

Biography

Dr. Rux is an award-winning nurse administrator, career coach, educator, and improvisator whose work on promoting civility in the nursing workplace has brought attention to the divisive concerns of peer-to-peer incivility in academic and work environments. A Fellow of the New York Academy of Medicine (NYAM), Dr. Rux has also most recently served as the Vice President of Communications for the New Jersey State Nurses Association (NJSNA), Region 4 and Nominations Committee of the New Jersey League for Nursing. She holds numerous professional memberships, board appointments, and certifications spanning the administrative, education, and practice fields of nursing.

Contact Information

Susan Rux, PhD, MSN, RN, PHN, ACNS-BC, CHEP, CNE, CPCC, CPRW, LNCC, NEA-BC, OCN
Dean, Academic Affairs
Chamberlain University - North Brunswick, New Jersey Campus
ruxsusan@gmail.com
(732) 875-1320



COVID-19 Disconnection: Teaching New Nurses to Communicate and Connect with Patients during a Pandemic

Shada Styles, BSN, RN, CCRN, University of West Georgia

Category: Quality Improvement/Evidence-based Practice

Abstract

Background/Introduction

This capstone teaching-learning project will take place in an acute care hospital located in a suburban community. The learners are participants in the nurse residency program. A needs assessment indicated a decrease in patient satisfaction scores during the COVID-19 pandemic. Upon review of current unit practices, the author determined a need for training to overcome barriers to patient connection and communication for patients in isolation precautions.

Purpose

The teaching-learning project seeks to achieve an increase in patient satisfaction scores. The learner objectives for the project are to assess appropriate ways to enhance the patient- nurse relationship and determine therapeutic communication techniques for the clinical situation.

Processes/Procedures

The author selected Gagne's cognitive learning theory to give learners a supportive space to acquire and demonstrate competency in communication and building relationships. The teaching strategy will include a brief problem-based lecture on communicating through masks, using non-verbal communication, and nurturing patient relationships through commit to sit initiatives, as implemented by the Cleveland Clinic. The author will use a skills assessment checklist to evaluate students' return demonstration of learning through a role-play exercise

Results

Students will be able to identify communication techniques to use for patients in isolation precautions and demonstrate methods to enhance patient relationships.

Limitations

Limitations include lack of previous research studies on improving patient satisfaction scores for patients with COVID-19 through communication and patient connection.

Conclusions/Implications for Practice

Patient satisfaction scores increase when nurses are competent in communication skills and relationship-building in the COVID-19 patient population.

Biography

Shada Styles has been practicing nursing for over ten years. She received her undergraduate nursing degree from Jacksonville State University and will complete the University of West Georgia's graduate degree program focusing on nursing education in May 2021. She has an extensive background in acute hemodialysis and critical care nursing. She is nationally certified in critical care nursing and continues to work in the critical care setting. She is a member of the American Association of Critical Care Nurses and the Graduate Nursing Student Academy.

Contact Information

Shada Styles, BSN, RN, CCRN
MSN student
University of West Georgia
sstyles1@my.westga.edu
(404) 226-5846

