

Implementation of Simulation Learning for Advanced Health Assessment Students in a DNP Program

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PROBLEM INTRODUCTION

- The standards of advanced nursing practice are continually evolving, which presents both challenges and opportunities for nurse practitioner education programs.
- Traditional clinical training methods, where students completed external clinical experiences to practice advanced health assessment skills while taking Advanced Health Assessment, are being replaced by structured, in-person learning experiences with hands-on simulations prior to clinical training.
- This shift in clinical training raises concerns about ensuring the same level of real-world clinical exposure and competency as traditional methods, while also addressing the need for more controlled and standardized training experiences.
- The challenge lies in balancing the need for flexibility and innovation in education with maintaining the depth and authenticity of clinical practice experiences that adequately prepare students for real-world healthcare settings.

LITERATURE REVIEW

NTF Requirement

- Completion of Advanced Health Assessment required before starting clinical courses with direct patient care.
- Elimination of the clinical component of the N513 course.
- Competency assessment required before progressing to clinical rotations.

Mandatory Simulations and In-Person Labs:

- Previously optional, these experiences will now be mandatory for all students.
- Aim to provide hands-on, clinical-like opportunities to ensure skill development and confidence.

Project Goal:

- Bridge the transition from traditional clinical hours to mandatory simulations and in-person labs.
- Ensure students develop the necessary skills and confidence for real-world clinical practice.

Role of Advanced Practice Programs:

- Prepare students to think ethically, conceptually, and theoretically while delivering evidence-based nursing care.
- Foster advanced communication skills to engage with diverse patient populations.

Advanced Health Assessment Course:

- Focuses on applying and critically evaluating advanced clinical knowledge.
- Equips students with the competencies necessary for successful clinical rotations.

Overall Outcome:

- Ensure nurse practitioner students are well-prepared for clinical practice through structured simulations, competency assessment, and hands-on learning experiences.

Methods

Data Collection:

Students completed anonymous **pre-surveys** and **post-surveys** via **Qualtrics** to assess changes in knowledge and confidence. Surveys were designed to gather **anonymous data** on student self-reported competence before and after the simulation-based learning experience.

Simulation-Based Learning Experience:

The primary focus was on developing advanced health assessment skills in a **supportive, judgment-free environment**.

Skills Practiced:

- Head, Ear, Neck, and Throat (HENT) assessments
- Cardiac assessments
- Respiratory assessments
- Lymphatic system assessments

Students practiced these skills on **each other, instructors, and lab mannequins**.

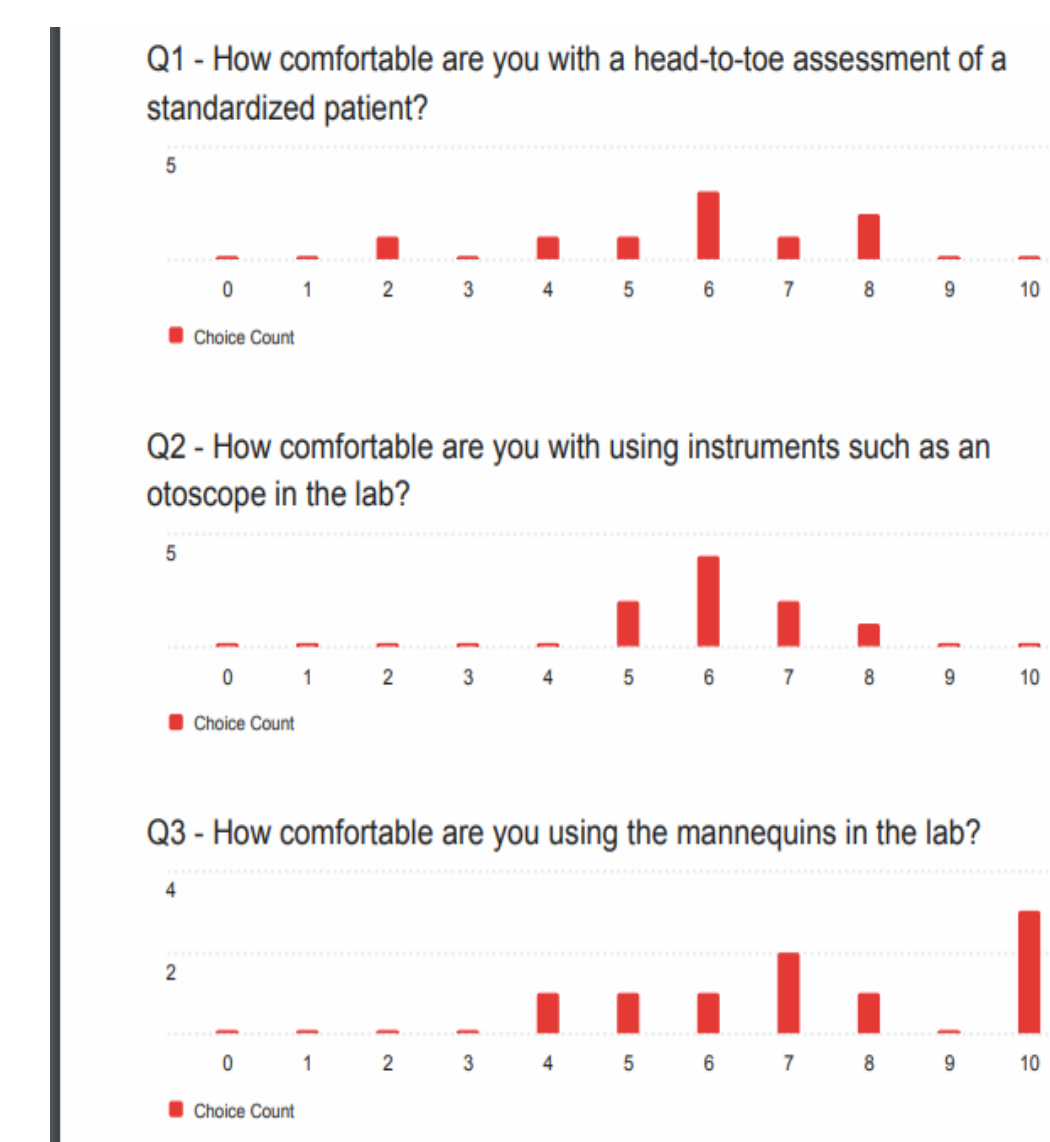
The learning process included **patient vignettes**, which were worked through as a **group** with project leads acting as adjuncts to facilitate understanding.

Learning Environment:

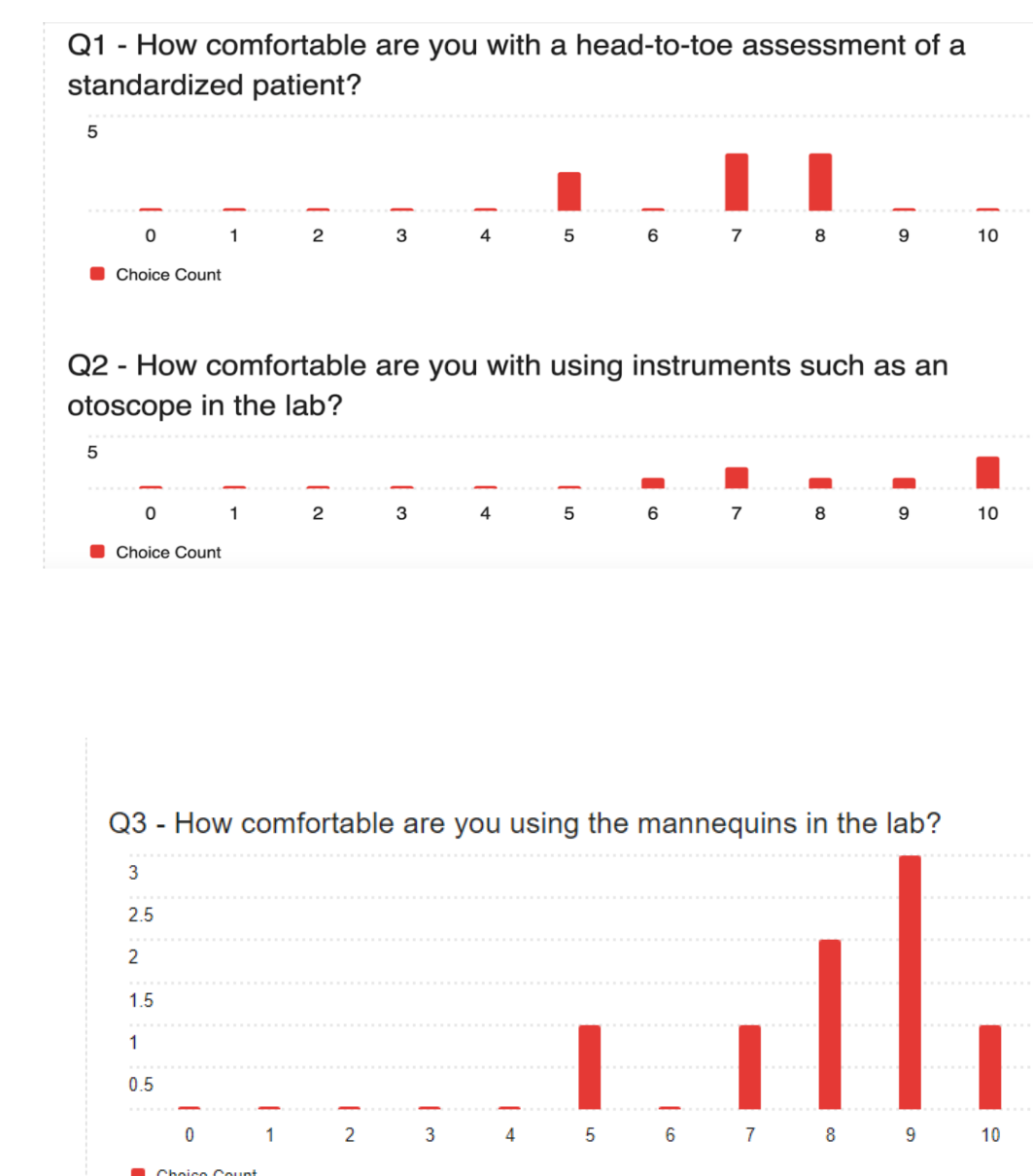
Students were encouraged to ask questions and seek guidance throughout the sessions to ensure clarity and support.

The goal was to **increase both confidence and competence** in performing advanced health assessments.

Pre-Survey



Post-Survey



EVALUATION

Results showed significant improvement in students' confidence and knowledge across various assessments:

The study demonstrated that simulation-based training significantly enhanced students' clinical skills and preparedness. However, limitations like sampling bias and limited student participation due to time and availability constraints affect the generalizability of the findings.

IMPACT ON PRACTICE

Increased **Confidence**: Students demonstrated greater confidence and a deeper understanding of advanced health assessment skills through simulations.

- **Improved Competency**: Students' competency and self-assurance in performing assessments improved throughout the implementation process.
- **Short-term Impact**: Enhanced comfort and proficiency in the Advanced Health Assessment course for the Fall 2024 cohort.
- **Long-term Impact**: Continued use of simulations will foster ongoing skill development and confidence in future students.
- **Suggested Modifications**:
 - Increase the number of simulation days.
 - Offer more flexible scheduling to accommodate more students.
 - Incorporate focused sessions throughout the semester to cover each section of the head-to-toe examination in greater detail to enhance learning and skill retention.

CONCLUSIONS

The project successfully prepared nurse practitioner students for their advanced health assessment head-to-toe examination with a standardized patient. As new research and evidence-based practices emerge, continuous updates and improvements will support the ongoing growth and enhancement of nurse practitioner programs.

Six Key Words

Advanced Health Assessment
Head-to-Toe Exam
Standardized Patient
In-Person Simulation
Advanced Health Assessment
NP Student
Competency

Evidence-Based Practices for Non-surgical and Non-pharmacological Management of Musculoskeletal Disorders

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PROBLEM INTRODUCTION

- Many Guatemalans work in agriculture, have a low level of education, and live in poor conditions. The agriculture sector is underregulated, and safety and health practices are unenforced, unmonitored, and unreported (Sherrer & Radon, 2019).
- Musculoskeletal disorders (MSK) are a prevalent occupational hazard in agricultural work due to many manual tasks (WHO Mortality Database Guatemala, 2024)

- Our stakeholder is a non-profit organization that supports medical missions to Guatemala. The organization consists of providers, students, and volunteers.
- The team frequently treats MSK complaints of body aches, wrist, back, shoulder, and knee pain. The clinic has minimal over-the-counter medications and resources to treat these disorders.
- Guatemalans are predisposed to GERD, gastritis, and other GI diseases from the diets they consume. The use of non-steroidal inflammatory drugs to help manage MSK disorders can further increase the risk and complications of gastrointestinal disease.

- The medical clinic has no physical therapy, occupational therapy, or specialty providers.
- This quality improvement evidence-based project set forth to educate the ER Abroad medical mission team on the best practices for the non-pharmacological and non-surgical management of the most encountered MSK disorders.

LITERATURE REVIEW

Low back pain (LBP) is the most frequent type of chronic pain and constitutes the most significant global burden of disease (Fernandez-Rodriguez et al., 2022).

Interventions for LBP include motor control exercises, strain counter strain techniques, straight leg raises, and core strengthening exercises.

Shoulder pain is a frequent MSK disorder in primary care, preceded by back and neck pain (Liu et al., 2022).

Exercise and physical therapy are the first-line treatments for shoulder pain (Liu et al., 2022).

The tendinopathies of the hand and wrist are no less than those of the ankle, knee, and shoulder (Cordella et al., 2023)

Splinting is the first-line treatment, and nighttime splinting is the most often recommended (Ostergaard et al., 2020).

Knee pain affects more than twenty-five percent of adults and accounts for more than four million primary care visits annually (Kelsey, 2021).

Osteoarthritis (OA) is highly causative for knee pain.

Physical therapy is widely accepted as a first-line treatment for knee pain, including knee pain caused by OA (Safran-Norton et al., 2019).

Braces for knee pain and OA may improve physical function, reduce pain, and slow disease processes (Paolucci et al., 2023).

PROJECT METHODS

August 2024: A self-guided internet based educational module was created

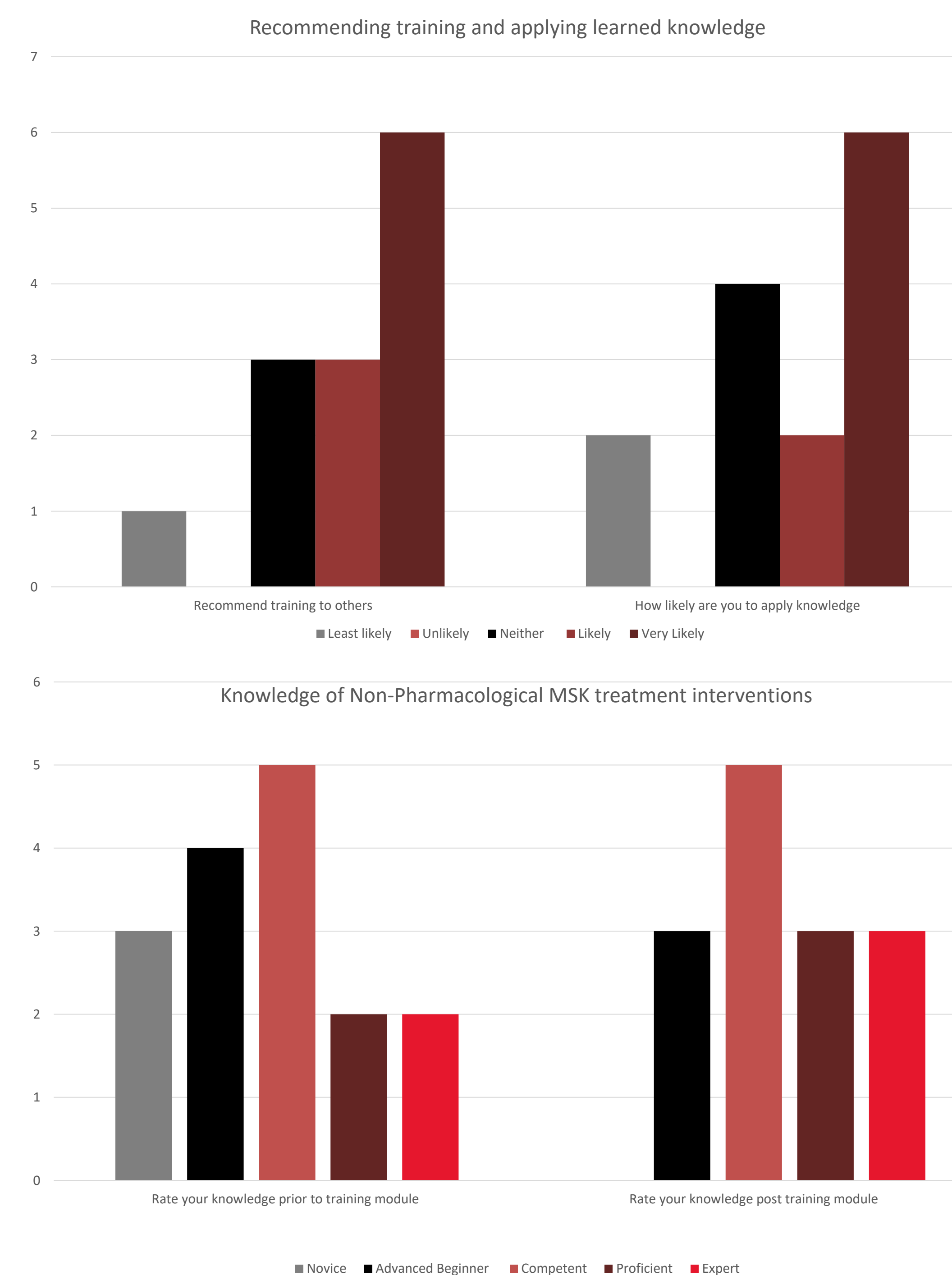
September 2024: Attended the organizational team meeting to present the project and discuss the module introduction

September 2024-October 2024: Participants were asked to complete the learning module. A pre and post-test were incorporated into the module

October 12th-19th – Medical mission trip to Guatemala

Immediately following their return, a feedback survey was distributed to team members

EVALUATION



IMPACT ON PRACTICE

Despite limitations, the overall impact on the organization and clinical site was positive and well received. Most participants are likely to implement the interventions.

Braces, wraps, and therapy bands were purchased for the clinic and will remain available.

Patients were provided with non-pharmacological means to treat common musculoskeletal complaints. The providers and volunteers gained new knowledge for future trips.

Future medical mission teams will have continuous access to the module.

The predicted long-term impact is that providers will see improvements in patients with MSK complaints by providing non-pharmacological treatments.

CONCLUSIONS

This project fostered a collaborative learning environment for providers on short-term medical missions. It focused on the appropriate management of MSK disorders using non-pharmacological interventions, collectively determining effective stretches and bracing techniques and improving the Guatemalans' body mechanics. The project also supplied the providers with evidence-based, accessible tools needed to teach the patients how to manage MSK disorders/injuries.

Additionally, the project provided an easy-to-follow, high-quality, and cost-effective intervention to manage MSK disorders in a community with low education and limited economic resources.

Implementation of the quality improvement project improved provider competence levels to approximately twenty-two percent. The average competency level on the pre-test was 2.33, compared to 3.00 on the post-test.

Compared to previous trips, 12 new interventions were implemented, including at-home exercises, braces, and resistance bands.

For future efforts, we recommend providing more resources such as PT, OT, and a Spanish interpreter.

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Impact of Improving the Quality and Frequency of Stroke Education on an Inpatient Stroke Unit

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PROBLEM INTRODUCTION

- Stroke is a leading cause of serious long-term disability (Tsao et. al, 2023).
- Approximately one in four strokes are suffered by someone who has had a previous stroke. (Tsao et. al, 2023).
- Knowledge regarding stroke warning signs and risk factors remains low among the general population (Soto-Cámara et. al, 2020).
- Barriers exist in the delivery of high-quality stroke education in the inpatient setting, including time available for bedside nurses to sit at the bedside to provide education to patients with a new diagnosis of stroke.

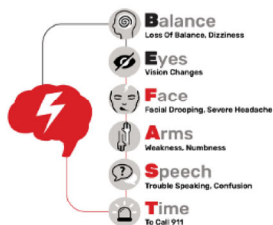
LITERATURE REVIEW

- Improving the population's knowledge regarding stroke signs, symptoms, and risk has the potential to reduce time delays in treatment and revascularization (Soto-Cámara et al, 2020).
- There are barriers which exist in the implementation of high-quality stroke education including lack of time, lack of bedside nursing confidence, and lack of education continuity and collaboration amongst the healthcare team (Izeogu & Iheagwara, 2024).
- There are educational benefits in the use of plain-language, moderate length, multimedia digital counselling of stroke patients (Myllykangas et. al, 2024).
- A combined video education session and teach-back methodology demonstrated improved self-care ability of stroke patients (Wang et. al, 2024).
- The use of a customized interactive computer education system (CICS) proved to be more efficacious in stroke patient education when compared to a traditional pictorial booklet (Chu & Choi, 2020).

WHEN IT COMES TO STROKE,

BE FAST CALL 911

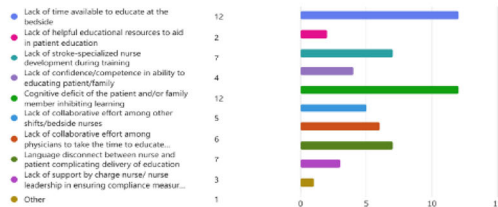
Any one of these sudden **SI**NS could mean a **STROKE**



PROJECT METHODS

- Obtained approval from Advocate Aurora Healthcare to implement a stroke education process change on inpatient stroke unit with collaboration with stroke coordinator and chief nursing officer.
- SIUE IRB and Advocate Aurora- Wake-Forest IRB approval obtained.
- A pre-survey of nurses was completed to identify perceived barriers in implementing high-quality, frequent stroke education to newly diagnosed stroke patients.

1. What perceived barriers exist in completing stroke education on stroke rule out patients upon admission and throughout their inpatient stay? Check all that apply.

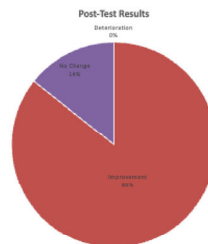


- A process change was implemented on an inpatient acute stroke unit which incorporated iPad-based digital learning for patients newly diagnosed with stroke.
- Educational topics focused on signs and symptoms of stroke, activation of emergency response system, modifiable and nonmodifiable risk factors, and medications to prevent stroke.
- Prior to receiving digital learning, patients were pre-tested on these items to assess baseline knowledge.

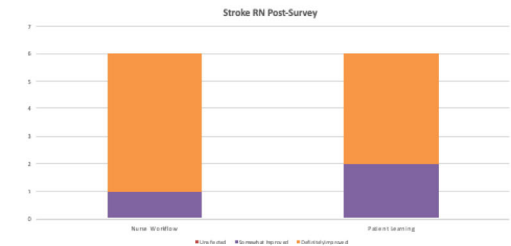
EVALUATION

N = 14 stroke patients

82% of patients reached for follow up



- 85.7% of stroke patients who participated in new process demonstrated improvement in knowledge 1-2 months post-discharge.
- The average pre-test score was 31.8%, n=17
- The average post-test score was 62.9%, n=14
- Positive responses from nursing staff who utilized new education process on their patients.



IMPACT ON PRACTICE

- Following positive results from quality improvement project, stroke coordinator at hospital is aiming to increase process utilization amongst all nurses on the stroke unit.
- Stroke patients will now have the tools to manage their new diagnosis and for secondary stroke prevention.

CONCLUSIONS

- Stroke education is needed during the acute inpatient stay to improve patient outcomes, health literacy, provide for patient empowerment and secondary stroke prevention.
- The use of a digital-based educational format was effective in improving stroke patient knowledge regarding key factors of the diagnosis.
- The process change also offered improved workflow and perception of patient learning for nursing staff on the inpatient stroke unit.

LIMITATIONS

- Lower than anticipated patient volumes at time of project implementation
- Difficulty in consistent utilization of process change by nursing staff

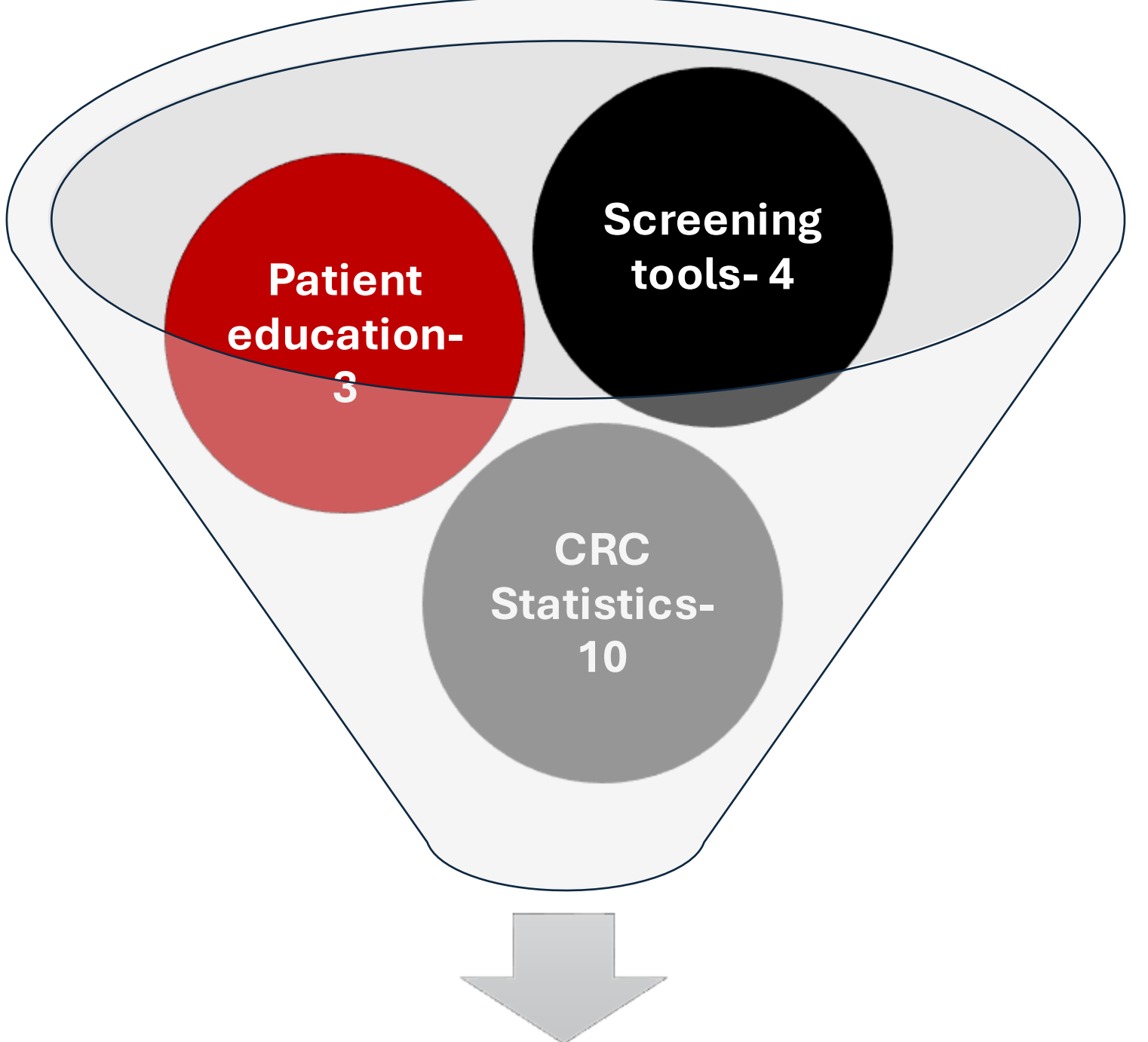
Increasing Colorectal Cancer Screening Rates Using Interactive Video Presentations

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Problem Introduction



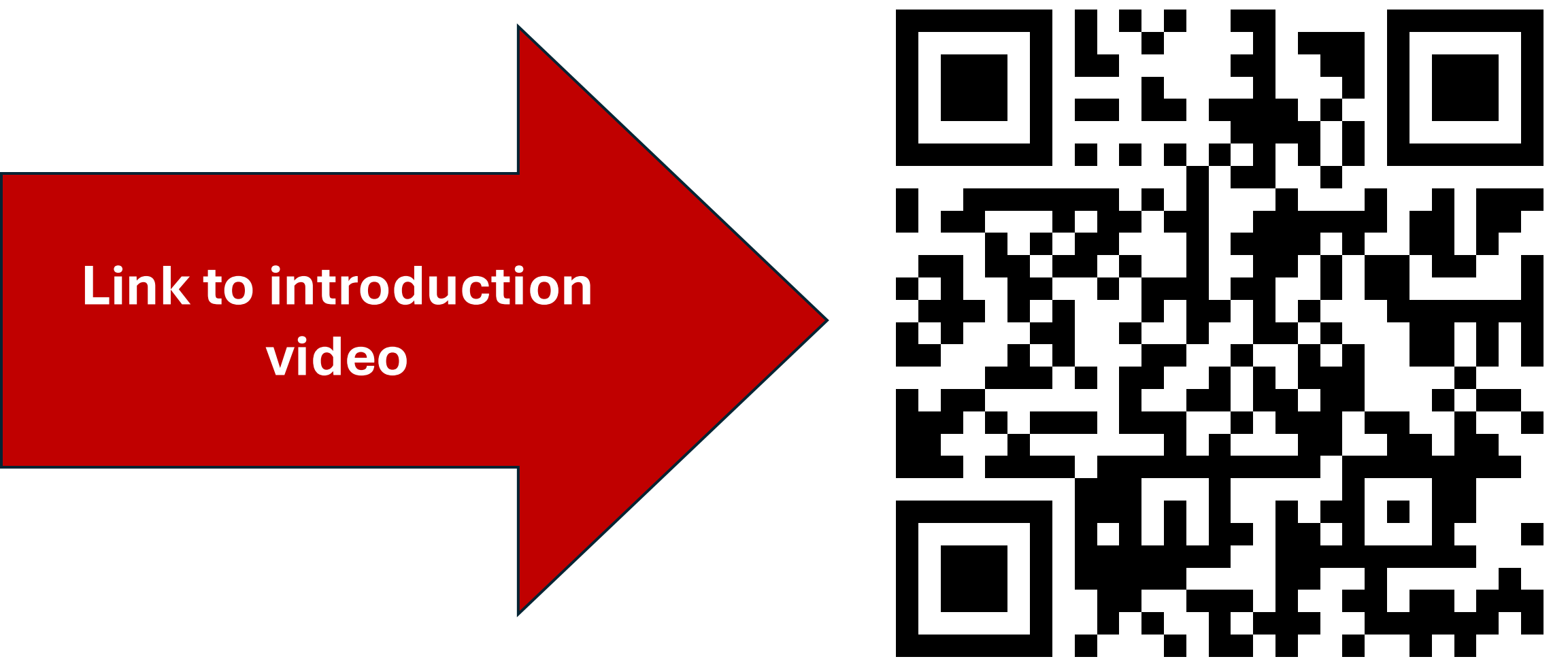
Literature Review



Educational screening videos

Project Methods

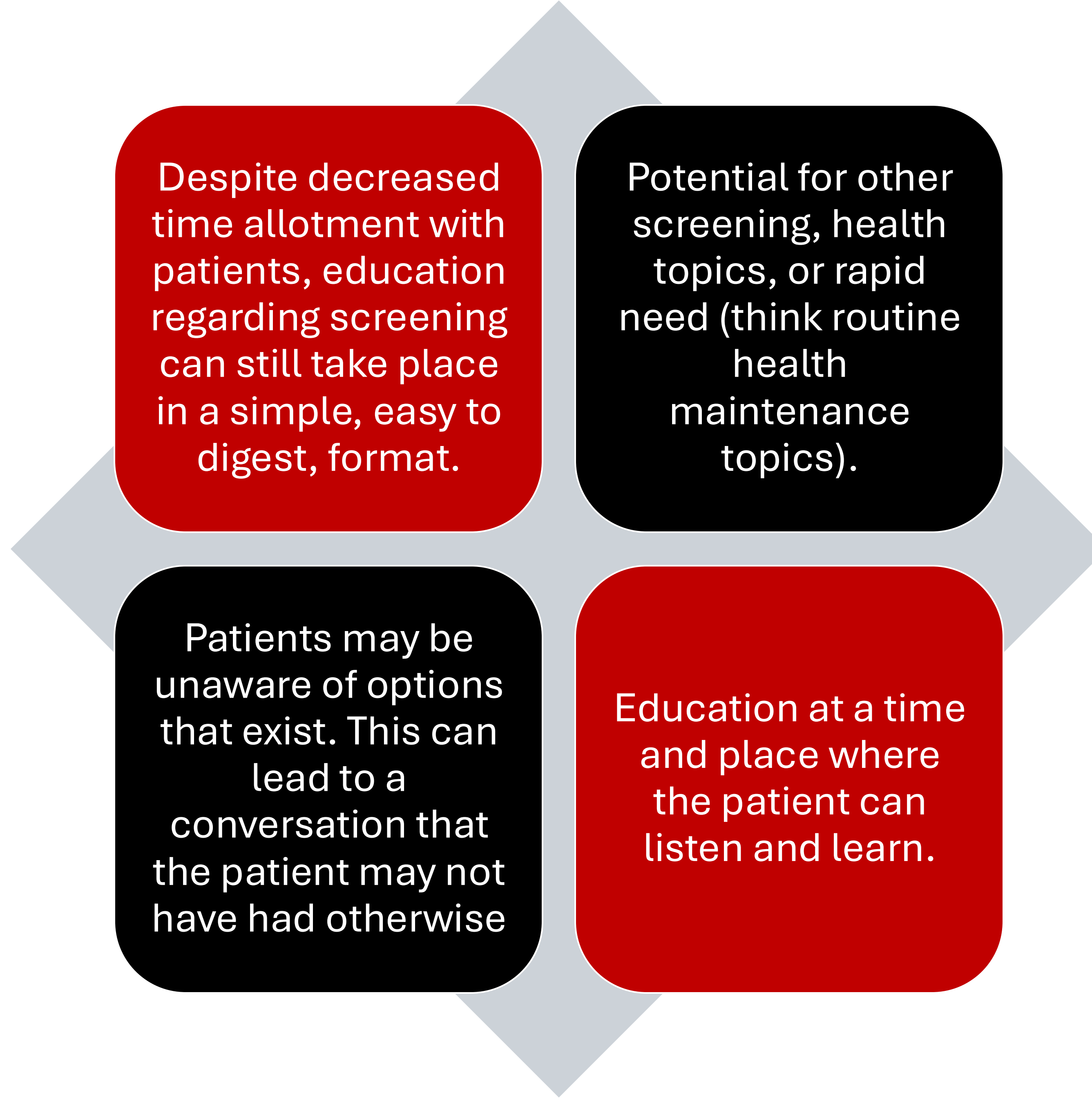
- Using AI animation and audio software, this educational video was rapidly created
- Using QR codes and encouragement from office staff at a primary care office at Jersey Community Hospital, patients are taken to an introduction video
- The short introduction video gives basic information and encourages the patients to learn more about screening, request screening, or refuse screening.
- If they select “yes” to schedule screening, the patient is referred to a phone number or email address using a landing page.
- If the patient selects “learn more” they are taken to a video to select between home-based tests or hospital-based tests.
- If the patient selects “no” they are taken to a video to encourage screening or go back and learn more about screening options.



Evaluation

- Colorectal cancer awareness month was utilized and an advertising push utilized the videos for encouragement to screen
- Between 3/1/25-3/31/25
 - 43 people watched the introduction video
 - 27 people clicked action links on landing page including call to schedule and email to schedule
 - 3 people watched the “yes” video
 - 1 person watched the video to learn more about both types of screening
 - 1 person watched the hospital-based testing video

Impact on Practice



Conclusions

- Shortened implementation period restricted opportunities for broader outreach and participant engagement
- While statistical significance could not be determined due to the limited sample size, the project emphasizes the importance of continued efforts to enhance community engagement and optimize digital health education strategies. Future initiatives may benefit from extended implementation periods, targeted promotional efforts, and integration with existing healthcare outreach programs or EHR to maximize impact.

Integrating Nutritional Education into Short Term Medical Mission Trips to Costa Rica

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PROBLEM INTRODUCTION

Costa Rica is a Central American nation with an overall poverty rate of 20% with a higher incidence of poverty in rural regions inhabited by indigenous populations (Burgos-Ramos, 2023).

Communicable diseases were once the leading causes of death in Costa Rica. The leading causes of mortality are now non-communicable diseases with ischemic heart disease, stroke, and diabetes, ranked second, third, and sixth, respectively (Santamaria-Ulloa et al., 2022; World Health Organization, 2024).

This quality improvement project took place in Costa Rica, intending to educate individuals on improving nutritional intake to lower the risk of cardiovascular disease and diabetes.

One short-term medical mission organization identified the need for a standardized practice and process for nutritional counseling of people with elevated blood glucose and blood pressure readings in Spring 2024.

PROJECT METHODS

This project aimed to improve nutritional education provided by one short-term medical mission (STMM) organization. The changes made in the educational process were piloted during a STMM trip to Costa Rica in March 2024.

The setting for this DNP project was an outpatient wellness clinic held in communities near the capital city of San Jose, Costa Rica. The organization partnered with volunteer student nurses, student nurse practitioners, RNs, nurse practitioners, physicians, and other allied health professionals to conduct these clinics.

Two educational brochures focusing on diet were created for individuals 18 and older: one for individuals with high blood pressure and another for individuals with elevated blood glucose. The educational pamphlets followed hypertension and diabetic guidelines from WHO and AHA.

This project was implemented in March 2024 with the STMM organization, nursing faculty, and nursing student volunteers from one Midwest public University.

IMPACT ON PRACTICE

Education provided during the DNP project was a safe way to enhance care for individuals in Costa Rica.

The most significant impact assessed was the pamphlet's ability to facilitate communication between providers and patients attending the clinics.

Individuals left the clinic with a pamphlet for future reference, ideally impacting their dietary choices.

CONCLUSIONS

Healthcare providers noticed the education provided had a positive impact on clinic patients. Having a follow-up with these patients would be beneficial but, unfortunately, this is not an option due to the limited time frame of the medical mission.

Limitations included: limited culture knowledge of food access and dietary customs, unpredictable clinic attendance, missed education opportunities, and proper fasting for blood glucose checks.

This project has the potential for continuation by including guidelines on proper meal portion sizes within the pamphlets.

LITERATURE REVIEW

A study comparing Costa Rican diets in 1996 to diets in 2017 found recent diets consume fewer dairy products, beans, vegetables, and fiber with more sugar-containing drinks, pastries, desserts, snacks, fast food, and total added sugar (Monge-Rojas et al., 2021).

A direct correlation exists between sugar consumption, obesity, and cardio-metabolic disease. Educating about decreasing sugar intake would be beneficial to improve the public's health (Monge-Rojas et al., 2021).

A direct correlation exists between increased sodium intake and an increased risk for high blood pressure and cardiovascular disease. The average household sodium intake in Costa Rica is twice as high as the World Health Organization recommends (Vega-Solano, 2021).

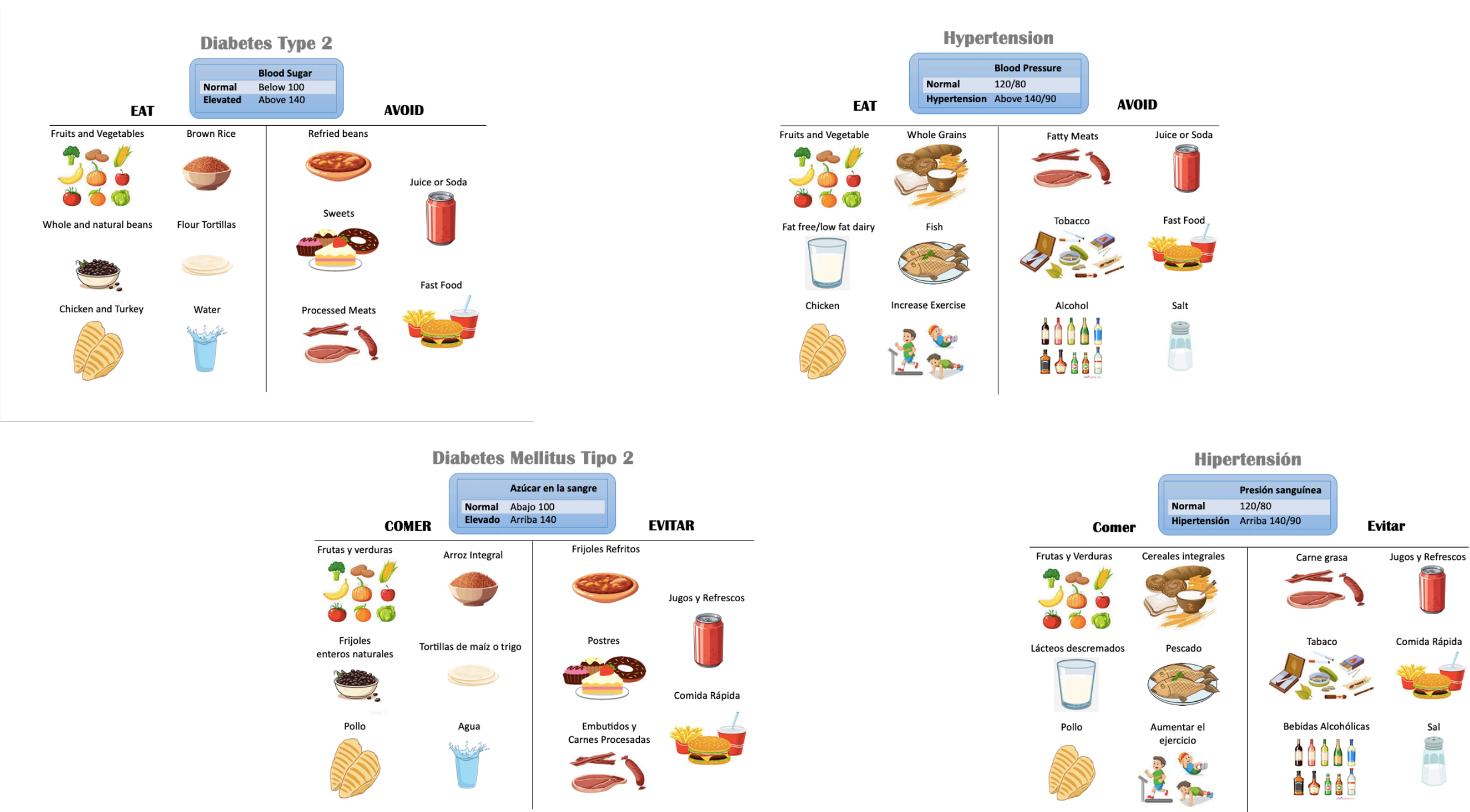
A meta-analysis of 84 studies measured health literacy levels in Latin America using self-reported comprehension, word recognition, and reading and numeracy comprehension items. Compared to all Latin American countries, Costa Rica had the highest prevalence of low health literacy (de Jesus et al., 2024).

EVALUATION

This quality improvement project was evaluated in two ways: by the number of individuals who met diabetic and/or hypertension criteria and who received dietary counseling, and by a qualitative post-project evaluation from the healthcare professionals working at the clinics.

Implementation of Patient Education Summary				
Educational Criteria	n met criteria	% total adults seen in clinic	n received education	% met criteria who received education
High Blood Pressure	16	13.2	14	87.5
Elevated Glucose	26	21.5	25	96.2
Both	7	5.8	7	100
Met Neither Criteria	72	59.5	n/a	n/a

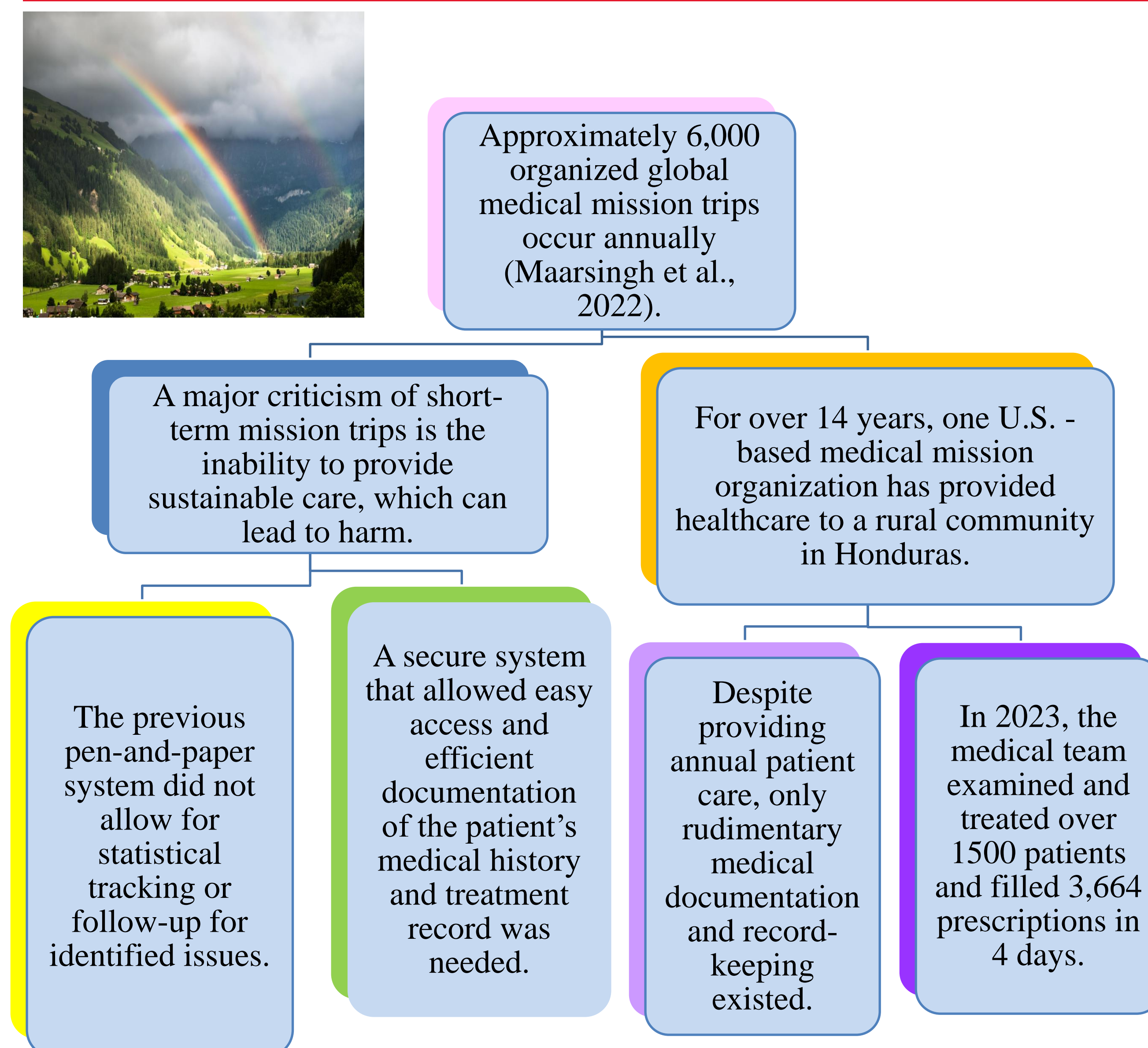
Pamphlets



Establishing an Electronic Medical Record System for Global Medical Mission Trips

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PROBLEM INTRODUCTION



LITERATURE REVIEW

Safeguarding information

Using paper medical forms creates a threat of unsafe, ambiguous care (Dianton & Chu, 2016).

Using an electronic medical record (EMR) keeps patient records safe with password and encryption protection.

Transitioning from paper to electronic records

Globally, Caribbean and Latin American nations are struggling to digitalize patient record keeping (Borbolla et al., 2016).

Paper forms are only helpful if they are legible (Maarsingh, 2022).

Guidance for a standardized work process

Protecting private patient medical record information is an ethical obligation of providers to their patients.

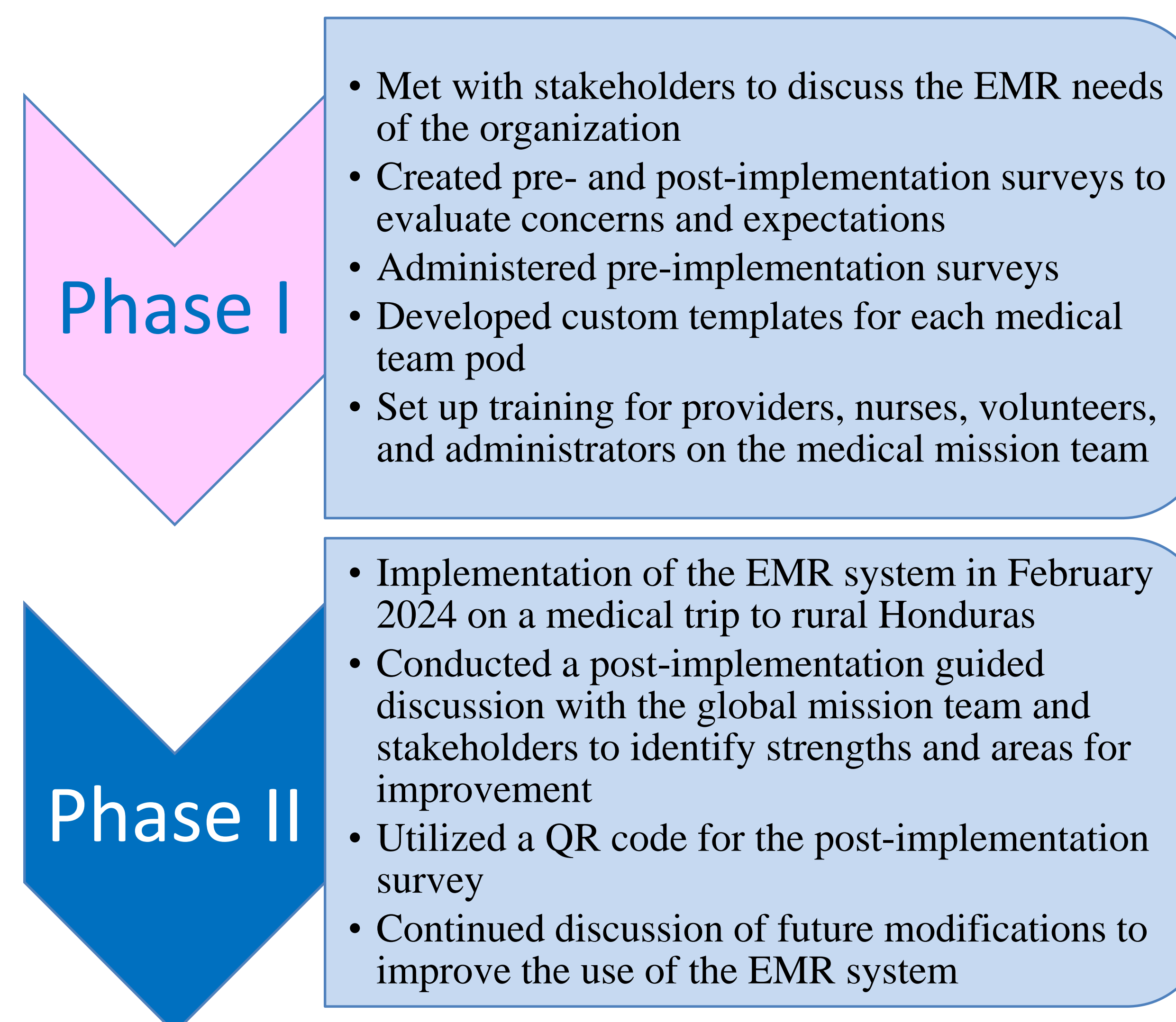
United States law dictates that HIPAA applies to U. S. providers who work internationally (Alder, 2023).

Advantages of electronic medical records

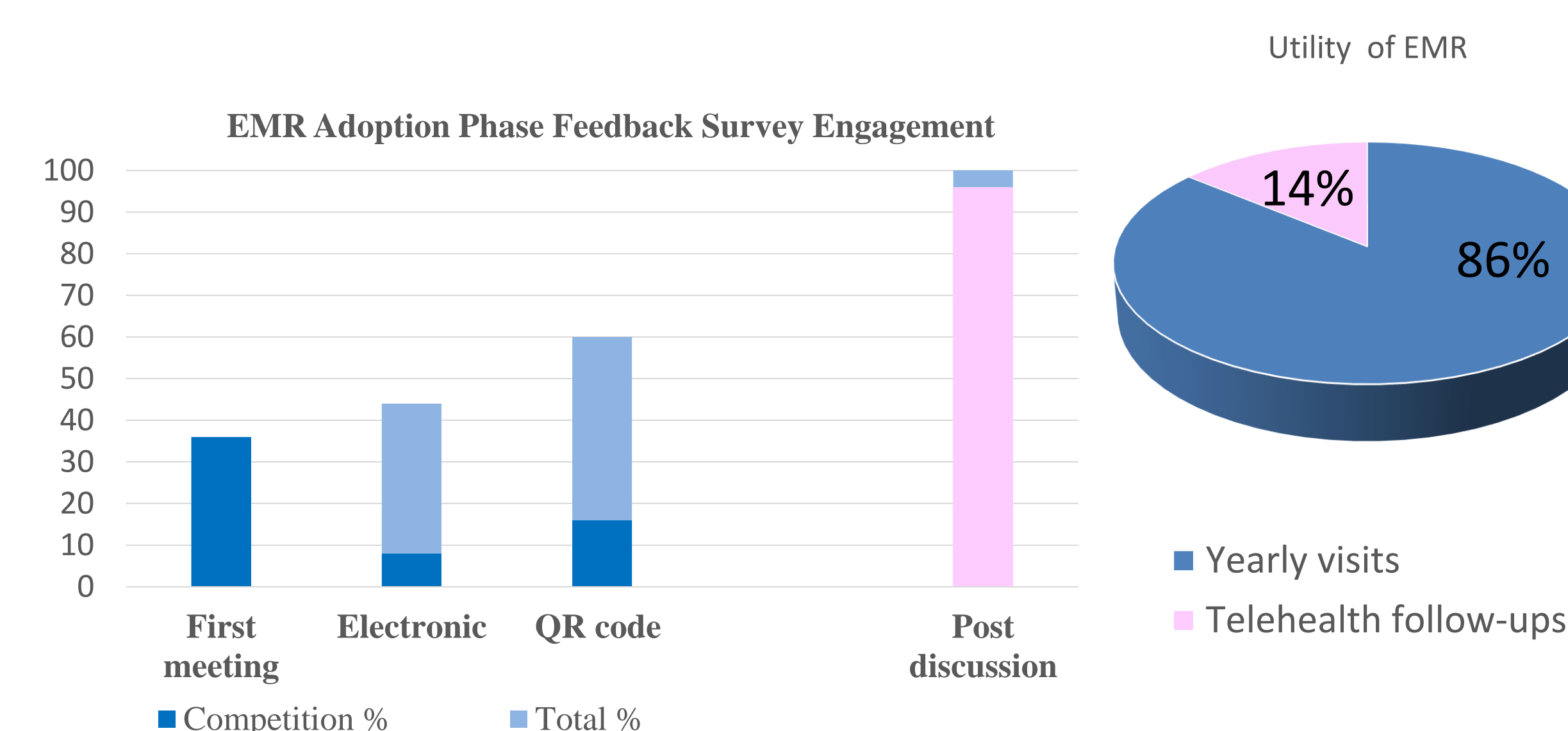
Sustainability is achieved, and a coherent workflow is ensured.

Reduces the carbon footprint by being energy-efficient and space-saving (Garcia, 2024).

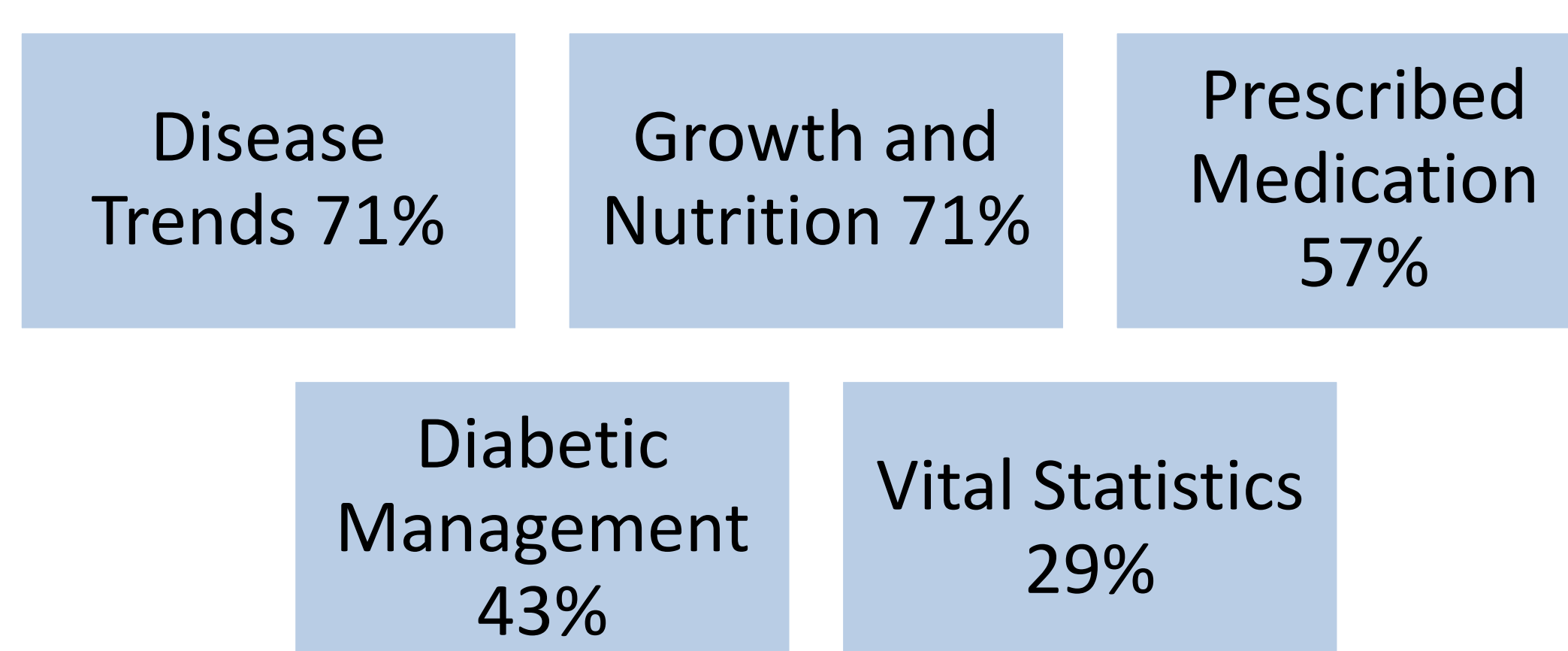
PROJECT METHODS



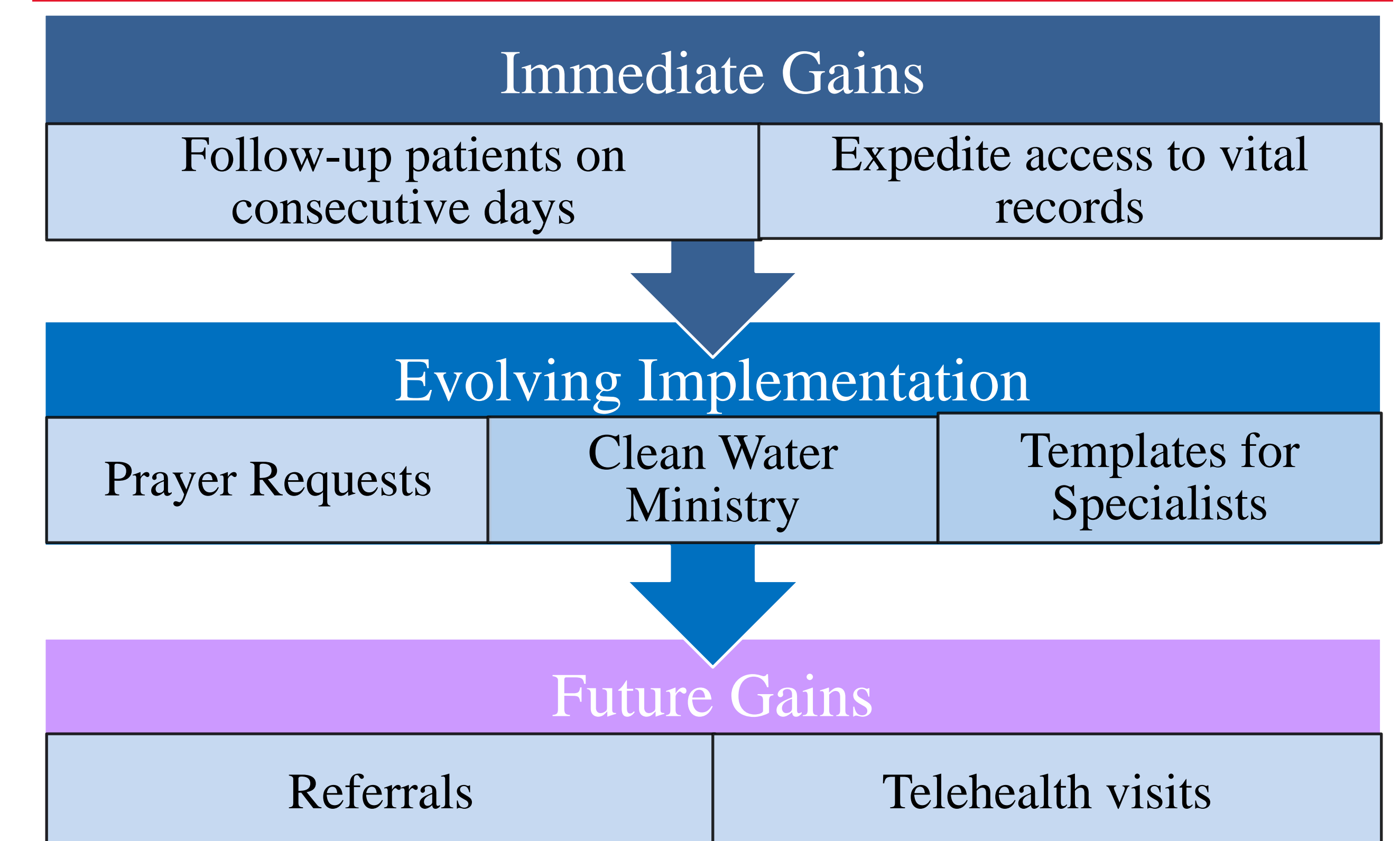
EVALUATION



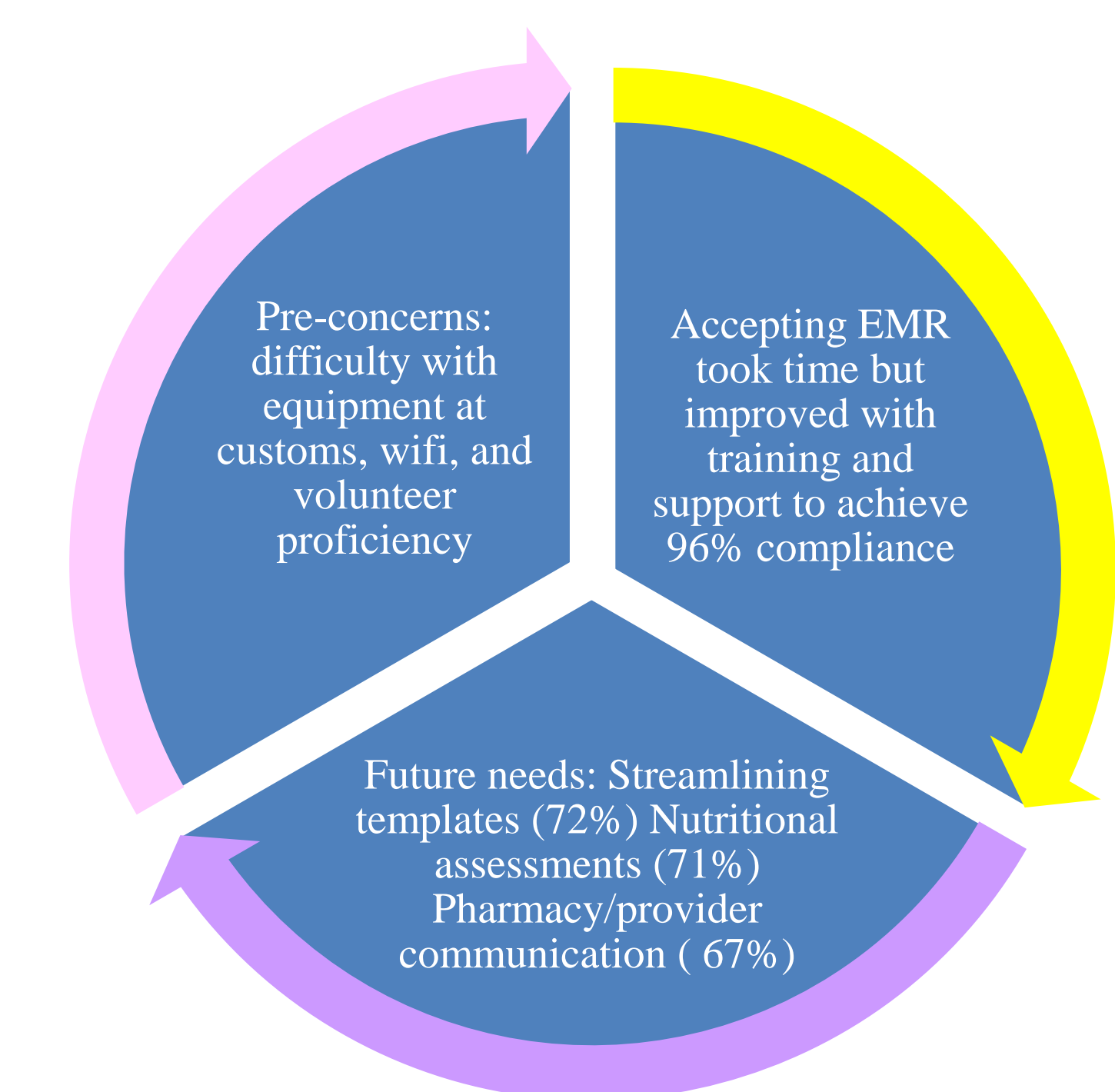
Post-discussion: Patient areas to track



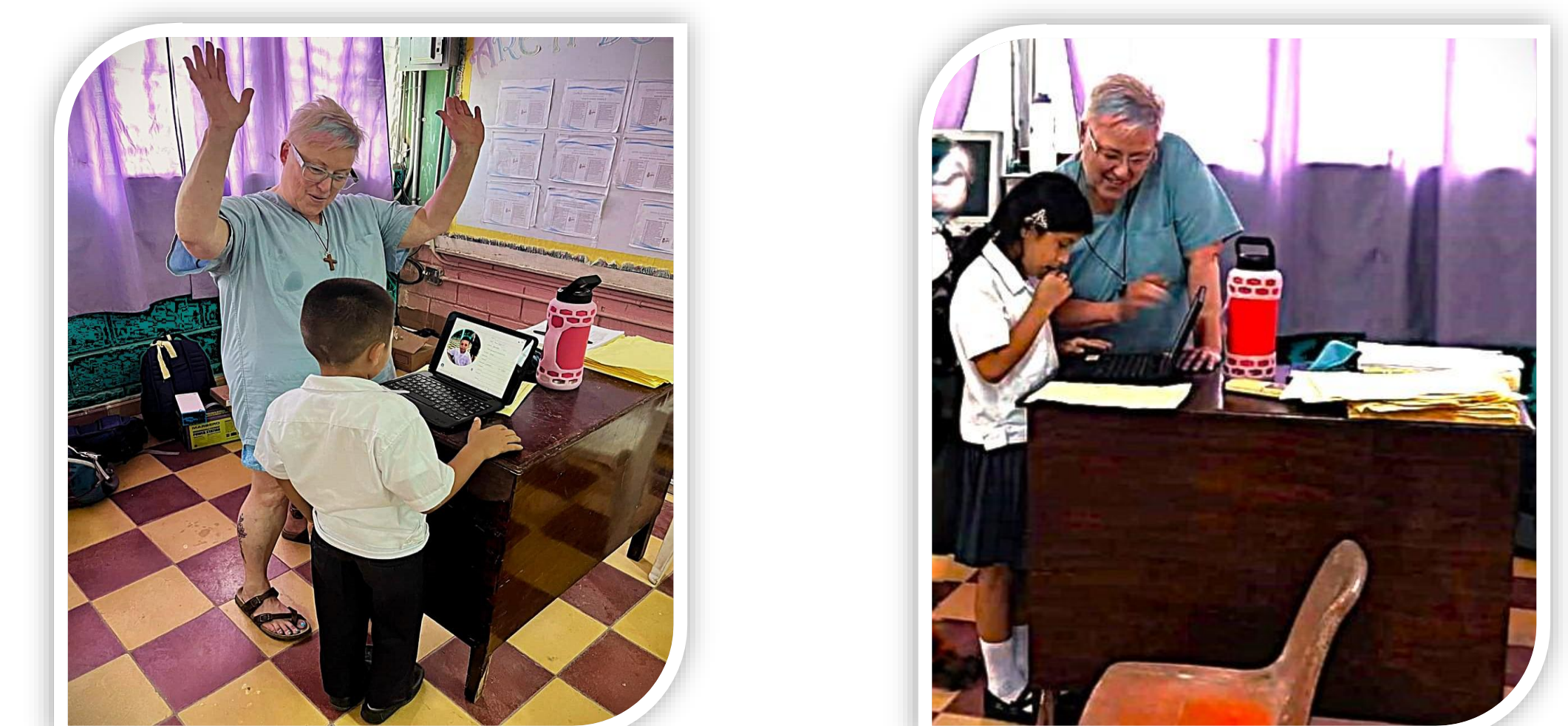
IMPACT ON PRACTICE



CONCLUSIONS



PARTICIPANTS

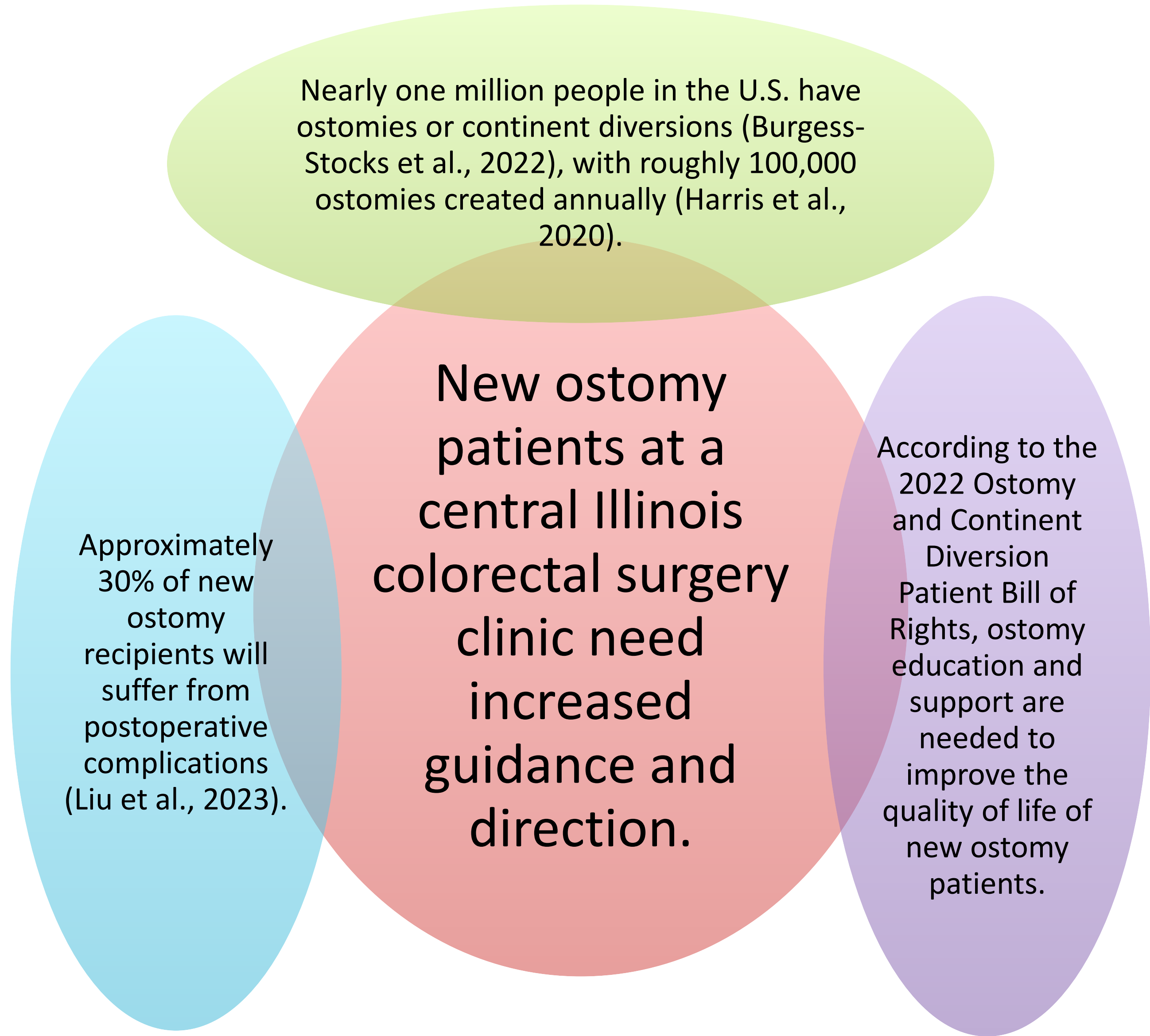


A Special thank you to Dr. Sobczak and Dr. Jennings

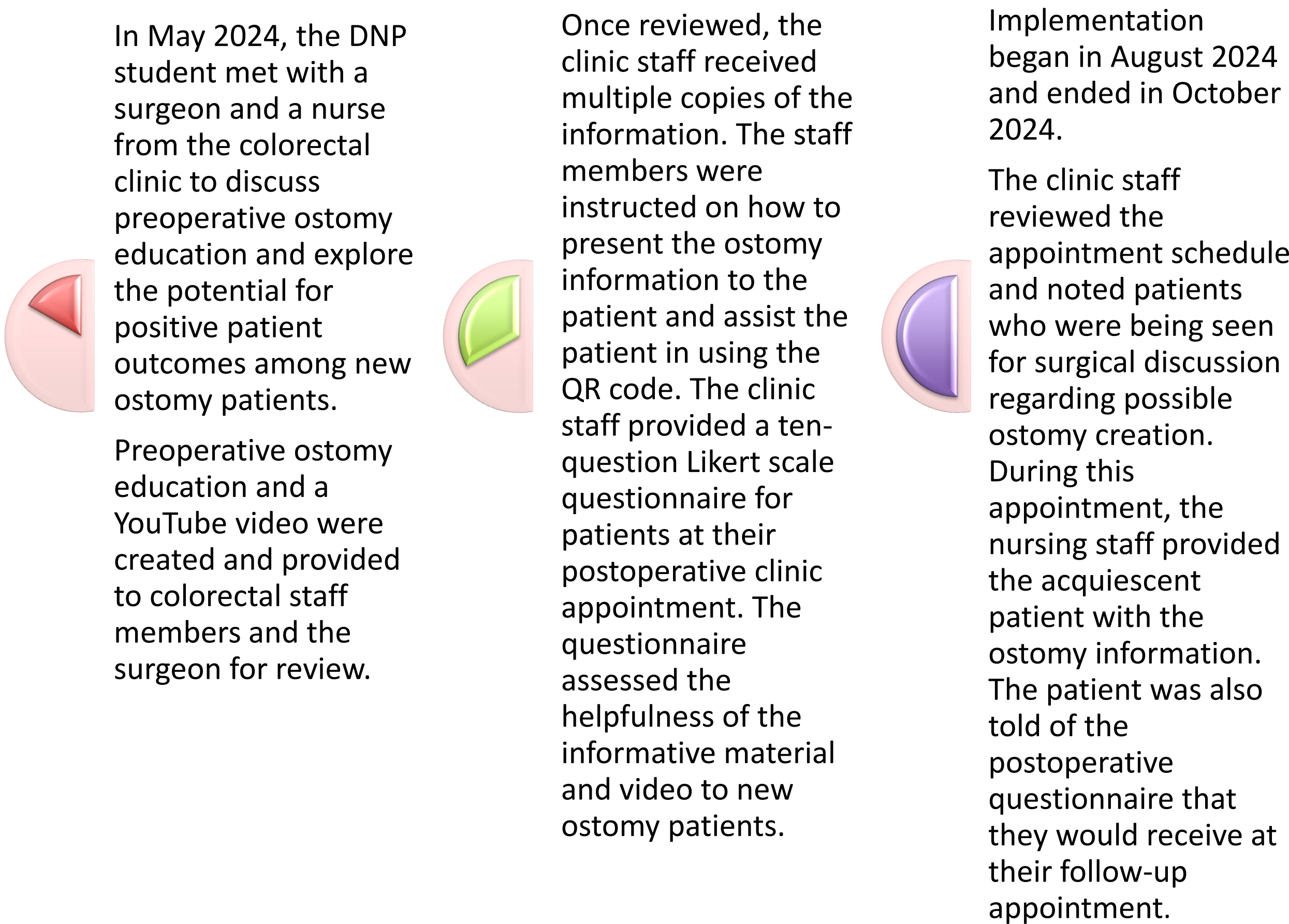
Preoperative Ostomy Education for New Ostomy Patients

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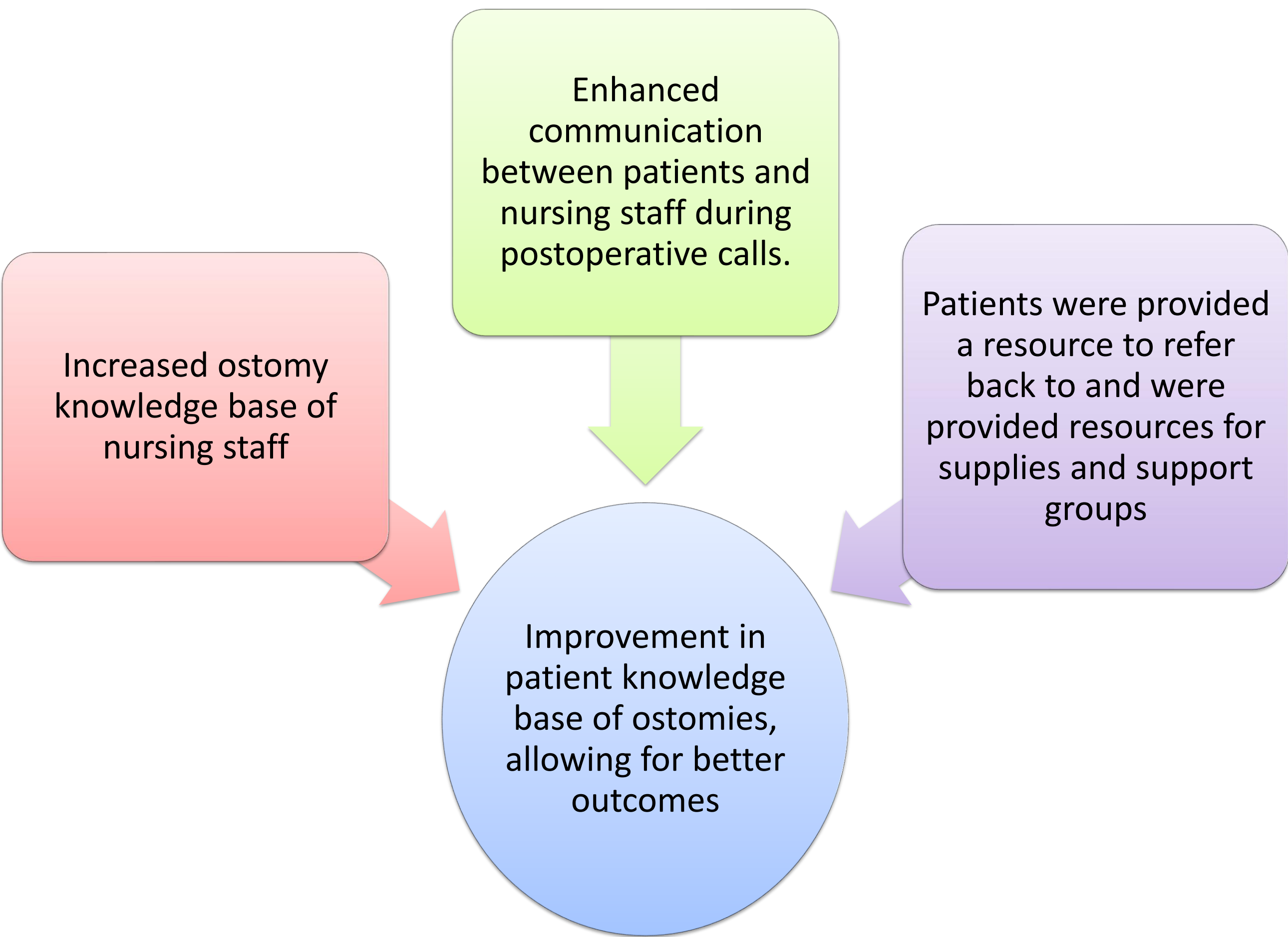
PROBLEM INTRODUCTION



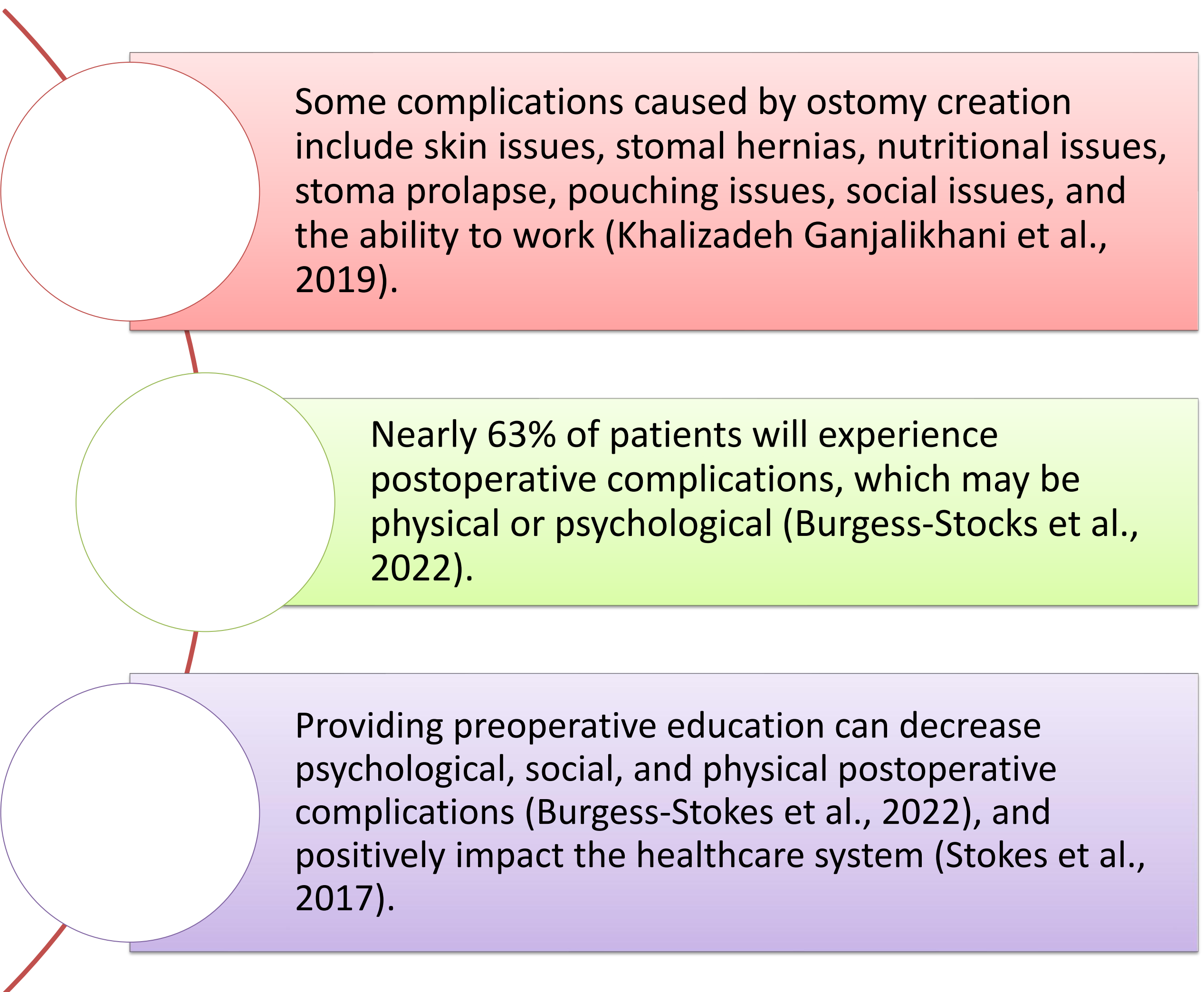
PROJECT METHODS



IMPACT ON PRACTICE



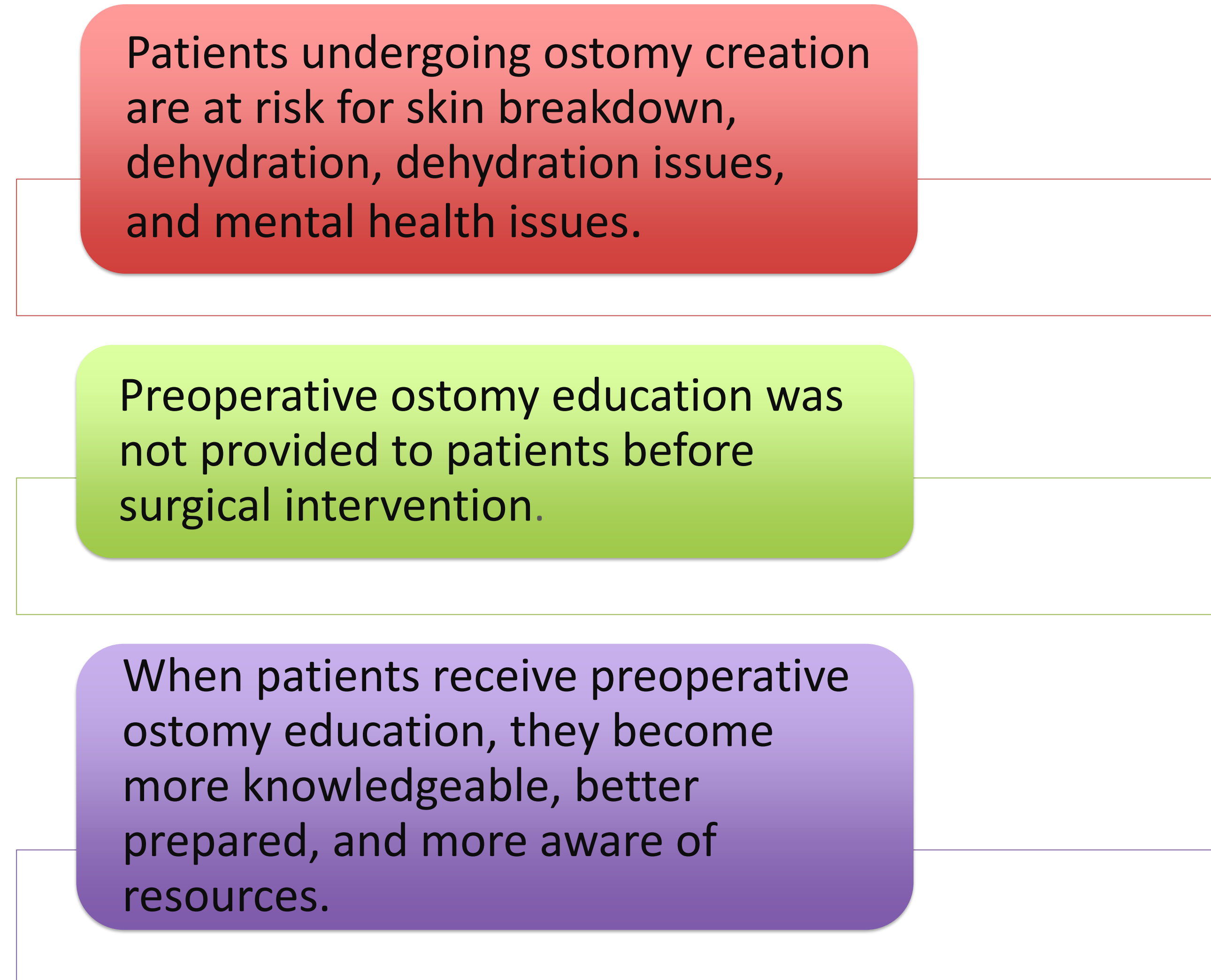
LITERATURE REVIEW



EVALUATION

Very Helpful	Somewhat Helpful
80% preoperative appointment	20% preoperative appointment
70% preoperative education	30% preoperative education
100% found topics discussed in ostomy information	0% found topics discussed in ostomy information

CONCLUSIONS



Addressing Health Care Provider Burnout in the Primary Care Setting

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PROBLEM INTRODUCTION



80% of burnout is attributed to a chaotic work environment.

Job Destabilization

Administrative staff of a large rural health clinic recognized the need to address burnout of healthcare providers (HCPs).



Burnout can lead to depression, addiction & suicidal ideation.

High Turnover Rates

A work group dedicated to addressing burnout was established to identify specific work-related issues contributing HCP burnout.

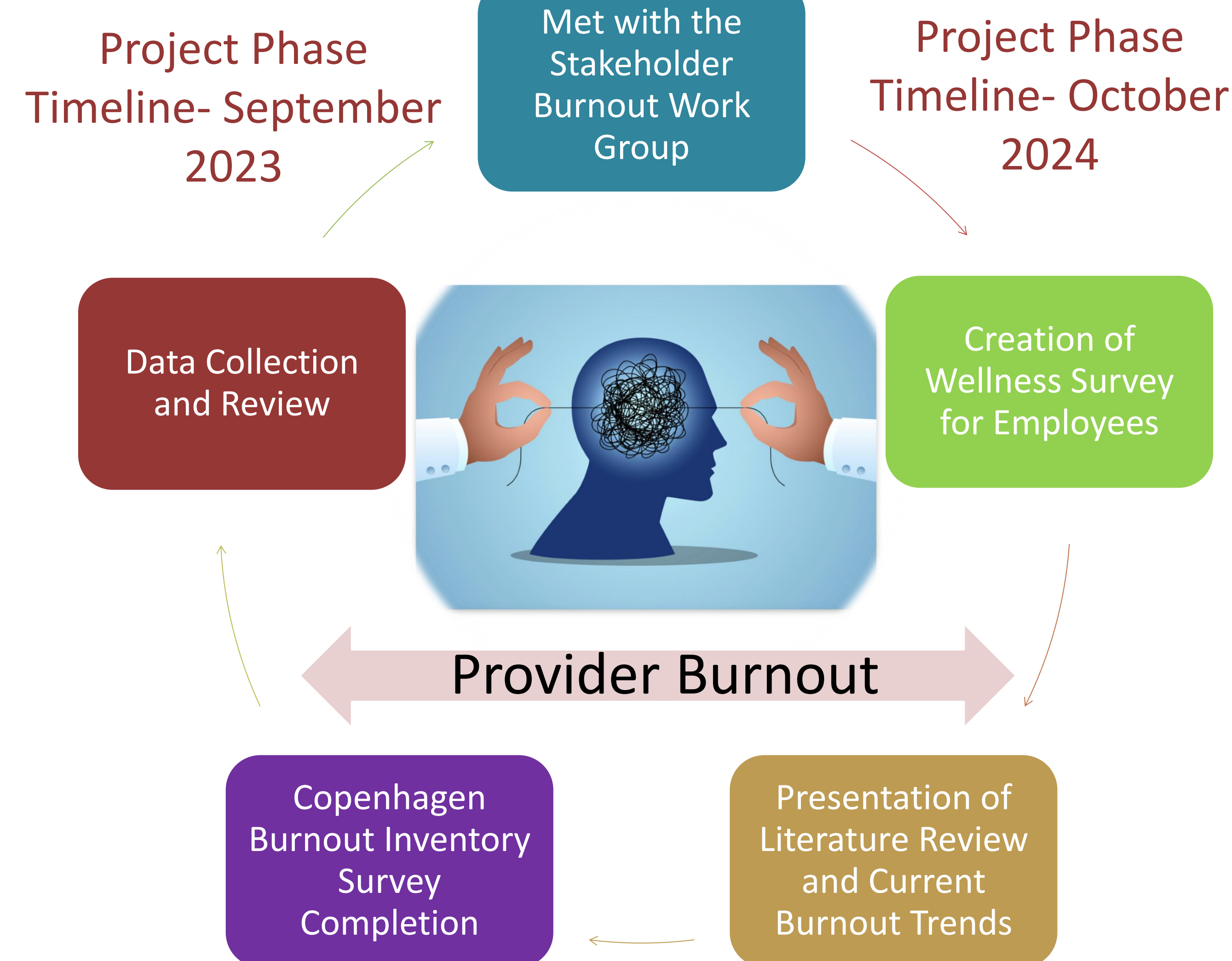


Medical errors, missed work, & disengagement in patient care.

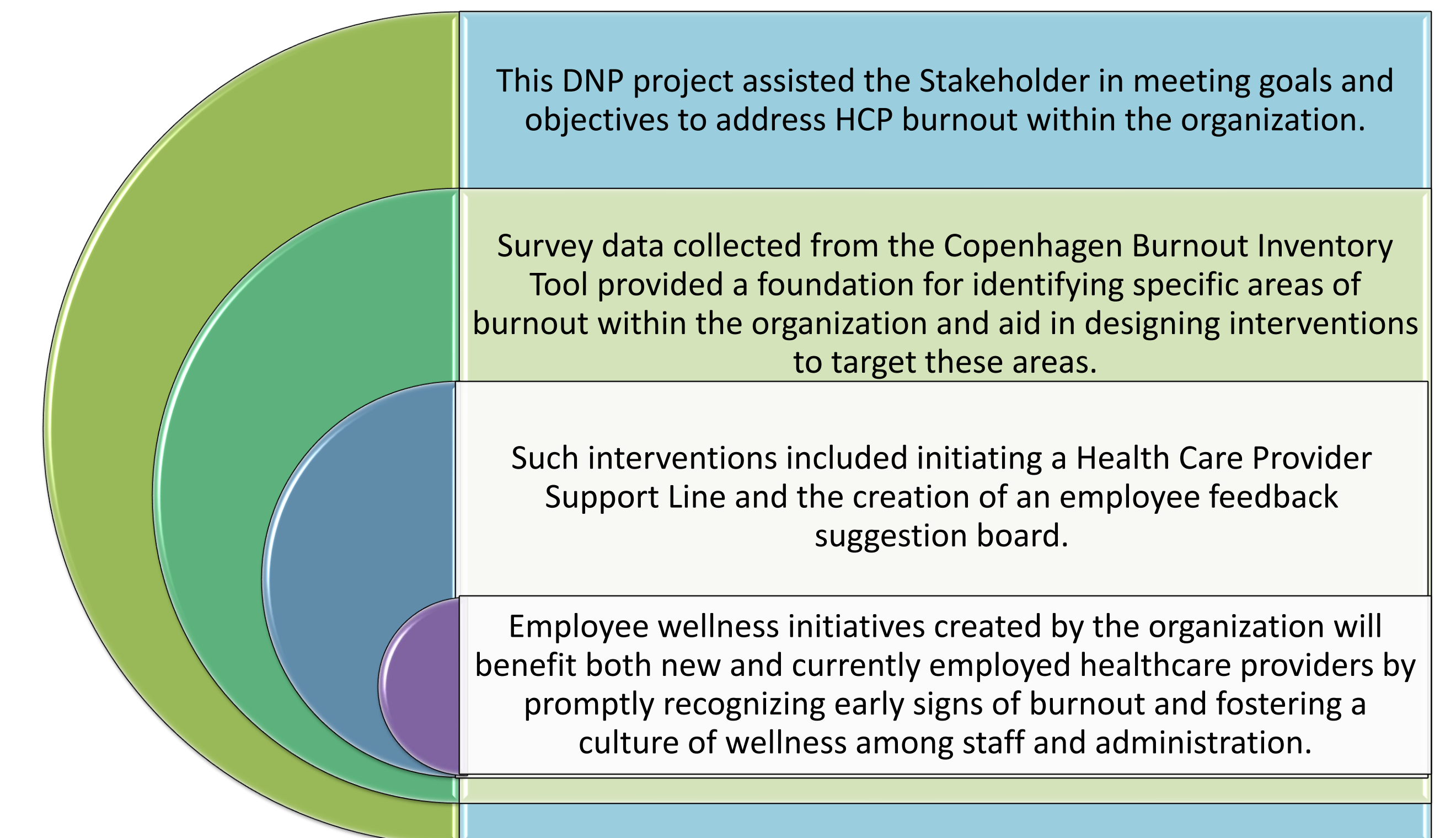
Poor Patient Outcomes

Goal: Identify HCP levels of burnout and provide a foundation to combat specific causes of burnout within the workplace.

PROJECT METHODS



IMPACT ON PRACTICE



LITERATURE REVIEW

Burnout is defined as a psychological state characterized by feelings of emotional exhaustion, depersonalization, and perceived lack of effectiveness. Although most healthcare fields experience some measure of burnout, rates of burnout are worsening in primary care (Edwards et al., 2018).

HCP burnout often arises from various cumulative stressors, making individual interventions less effective than combined approaches (Rehder et al., 2021).

Factors that lead to burnout among HCP include work demands, long work hours, organizational constraints, work value conflicts, complex decision making, and poor work-life balance (Bridgeman et al., 2018; Patel et al., 2019; Taranau et al., 2022).

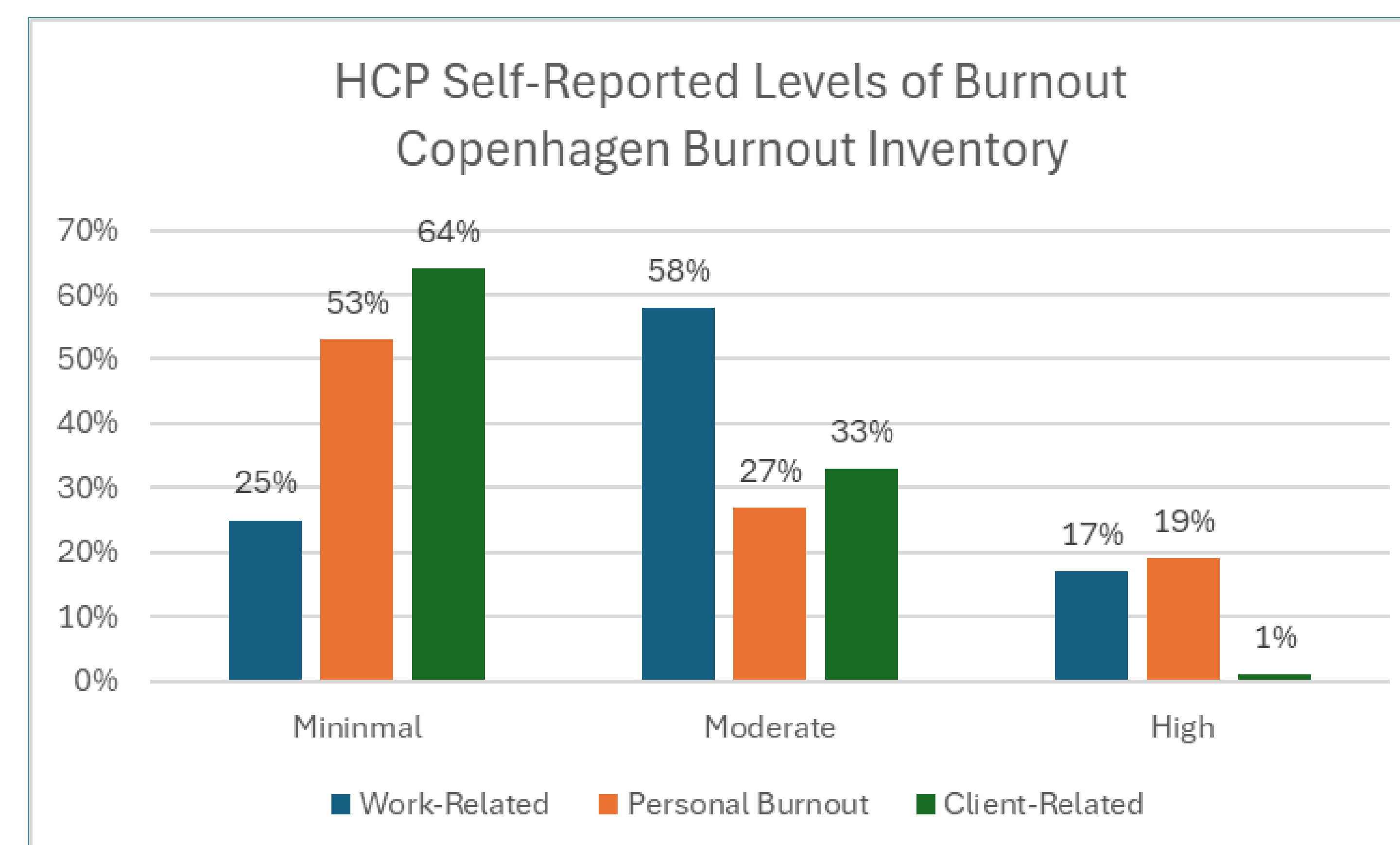
The Copenhagen Burnout Inventory (CBI) is a 19-item self-reported measure covering three areas: personal, work-related, and patient-related or client (Ogunsuji et al., 2022).

Ignoring organizational contributors to burnout leaves important drivers unaddressed and sends the message that an individual is burned out because they are not resilient enough (Rehder et al., 2021).

As healthcare leaders look to improve burnout in their workforce, it is crucial to take a comprehensive approach to organizational and individual factors driving provider burnout (Rehder et al., 2021).

EVALUATION

A total of 36 of 40 (90%) HCPs completed the Copenhagen Burnout Inventory. 100% (n=36) experienced some level of work-related burnout. 99% experienced some level of personal burnout. 98% experienced some level of client-related burnout.



CONCLUSIONS



Results from the Copenhagen Burnout Inventory revealed that a high number of respondents (75%) experienced moderate to high levels of work-related burnout, indicating that the organization should target sources of burnout within the work environment.



Additionally, 46% of respondents reported moderate to high levels of personal burnout. In comparison, 34% indicated moderate to high client-related burnout, illustrating that these areas may have a negative impact on HCPs' performance in the workplace.



Suggested interventions to address stressful workplace issues include establishing a Health Care Provider committee to provide feedback to administrators about clinic workflow and staffing concerns, scheduling times to allow HCPs to complete administrative duties, and streamlining the use of EMR during patient encounters.



Interventions are needed to address the crossover of workplace stress to personal wellness and administrative care for all employees.



Strengths of the project included addressing the topic of HCP burnout, collecting formal data to identify workplace burnout levels, and achieving the stakeholders' goal to build a framework to establish new and continue ongoing workplace wellness initiatives.



Using the findings from this DNP project, future efforts to address healthcare provider burnout in primary care should focus on holistic activities that promote employee well-being and self-care.

IMPLEMENTING ADVANCED DIRECTIVE COUNSELING IN THE PRIMARY CARE SETTING

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PROBLEM INTRODUCTION

- Advanced care planning (ACP) allows adults to discuss and share personal values, preferences, and goals regarding future medical care (Silveira, 2023).
- A preemptive conversation with a primary care provider (PCP) helps establish advanced directives before patients become critically ill (Hafid et al., 2021).
- No published guidelines exist for ACP; therefore, the topic is often avoided due to its sensitive nature and the time available during appointments (Silveira, 2023).
- One suburban, central Illinois family practice clinic sought to implement an ACP quality improvement initiative to increase the number of patients with advanced directives on file.

LITERATURE REVIEW

Trust and rapport in the relationship between a PCP and patient provide added benefit for ACP discussion (Abu Al Hamayel et al., 2019; Hafid et al., 2021; Kendall et al., 2020; Reich et al., 2021; Silveira, 2023).

Due to the longitudinal nature of a PCP and patient relationship, ACP discussions can be discussed over time and readdressed, when necessary, in the primary care setting (Howard et al., 2020).

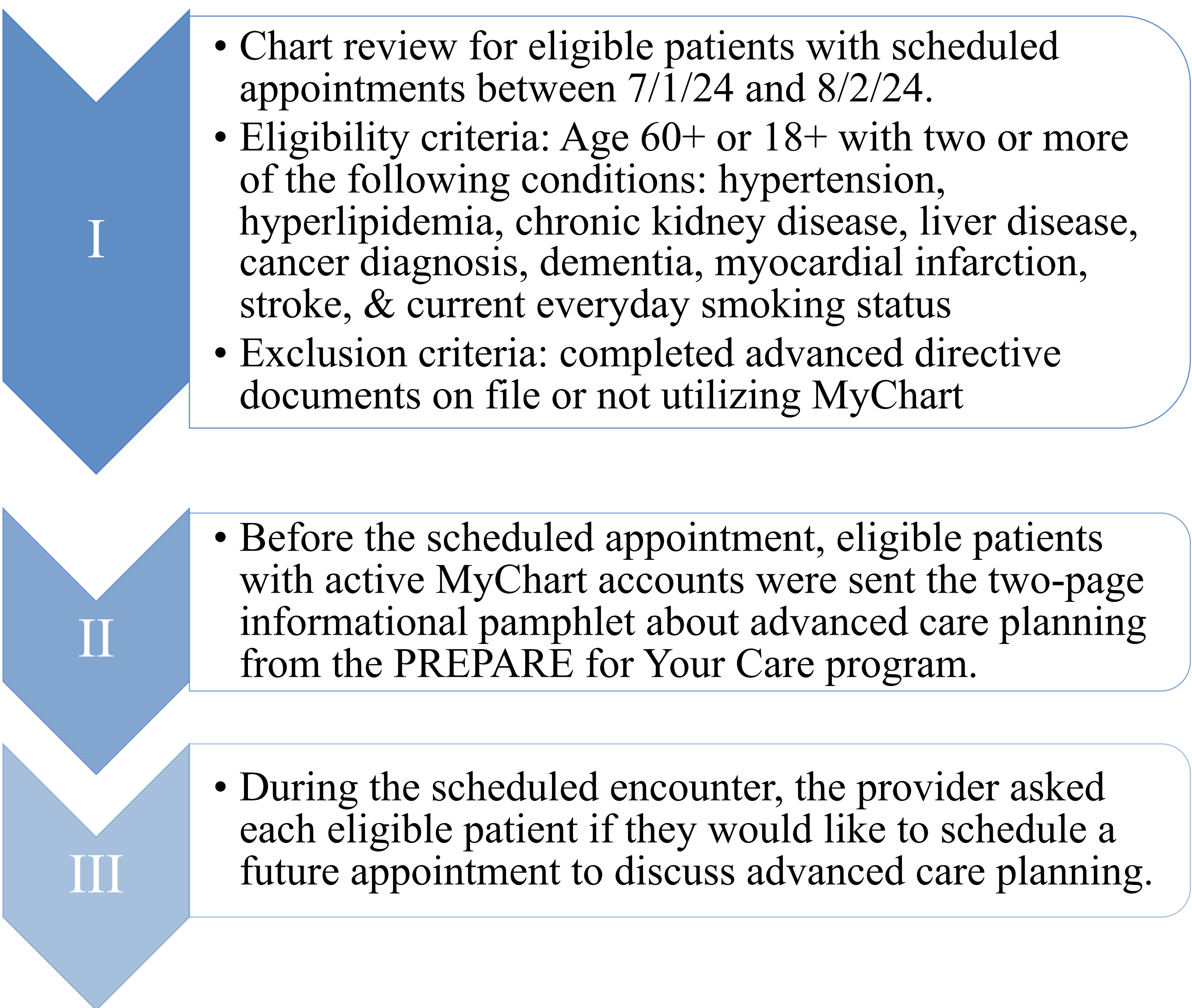
A study by Reich et al. (2021) revealed that patients value having ACP material to review at home before discussions with providers.

In the ambulatory care setting, appointments are scheduled in advance which allows for distribution of educational materials prior to the patient's visit to discuss ACP (Reich et al., 2021).

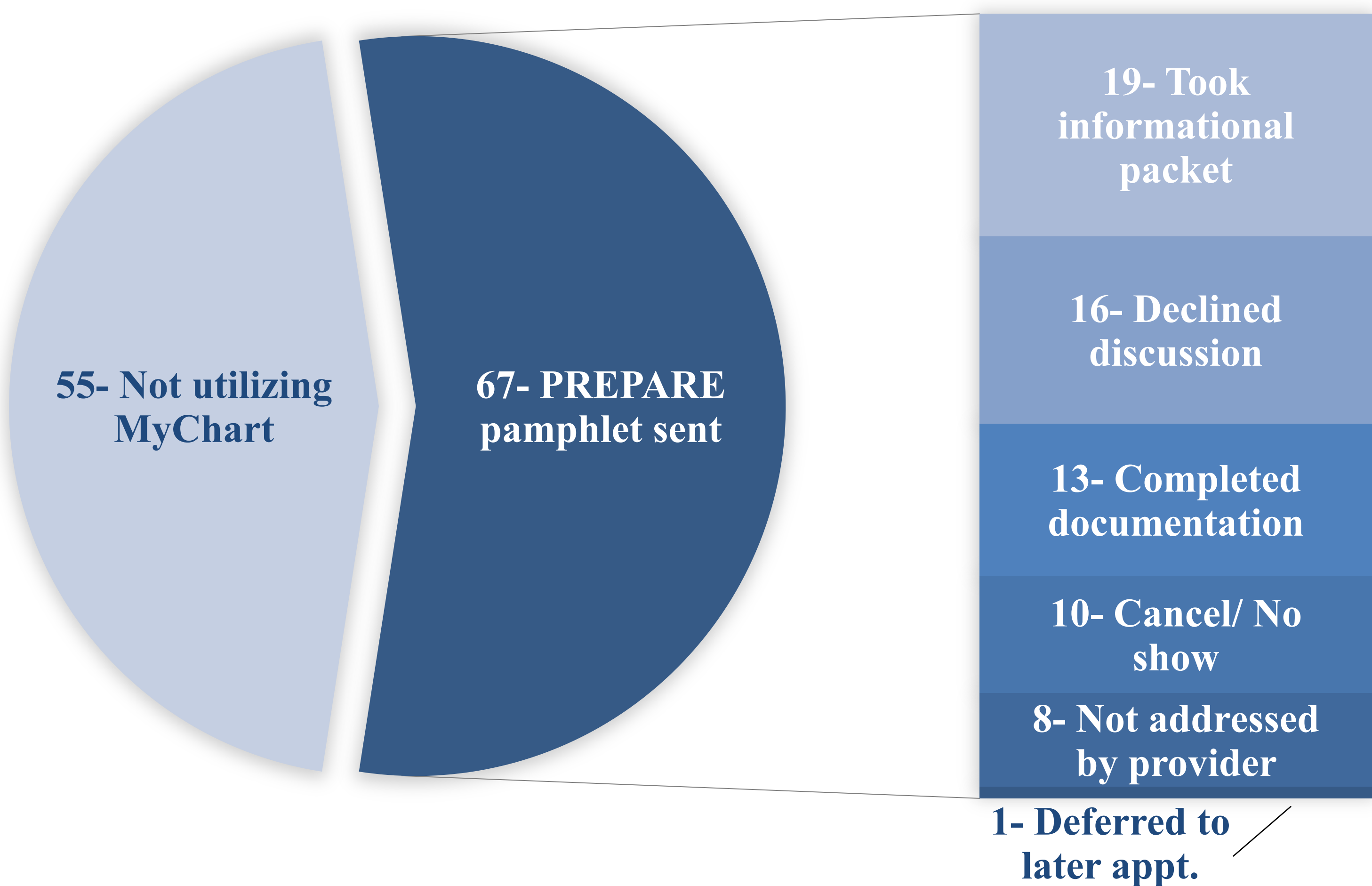
In a qualitative study by Bernard et al. (2020), participants expressed feeling like they were imposing on the provider's time to discuss advance care planning (ACP) while other patients were waiting to be seen.

The PREPARE For Your Care (PREPARE) program is an online program available in English and Spanish that is patient-directed. It empowers patients and family members to have ACP discussions with their providers (Freytag et al., 2020).

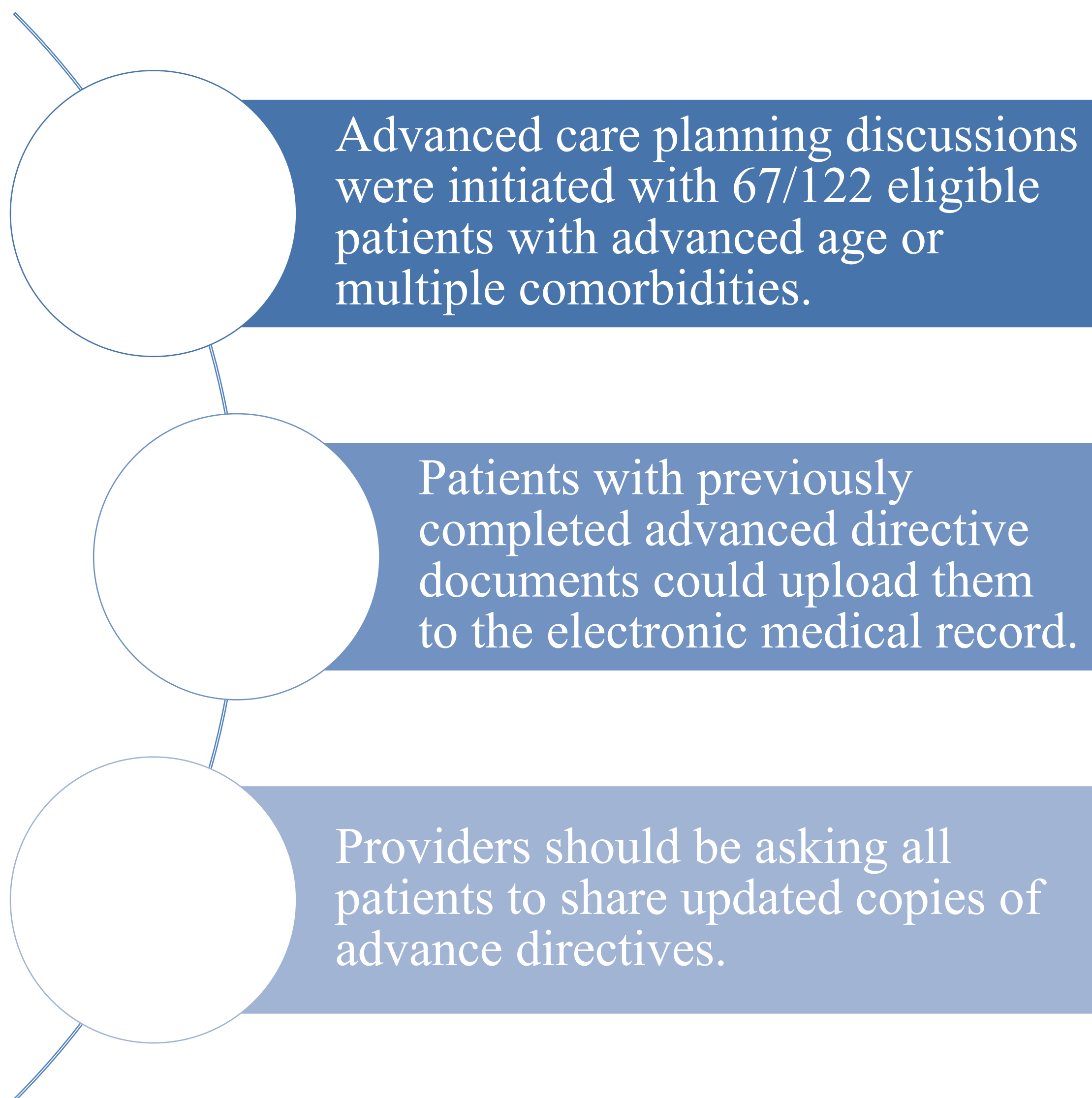
PROJECT METHODS



EVALUATION



IMPACT ON PRACTICE



CONCLUSION

While this project did not have success at scheduling future appointments to discuss ACP, it did provide impactful educational material and spark essential conversations amongst eligible patients.

In the future, educational material on ACP should be physically mailed or handed to patients to avoid technology's limitations.

The Development of a Nurse Practitioner Graduate School Mentorship Program

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PROBLEM INTRODUCTION

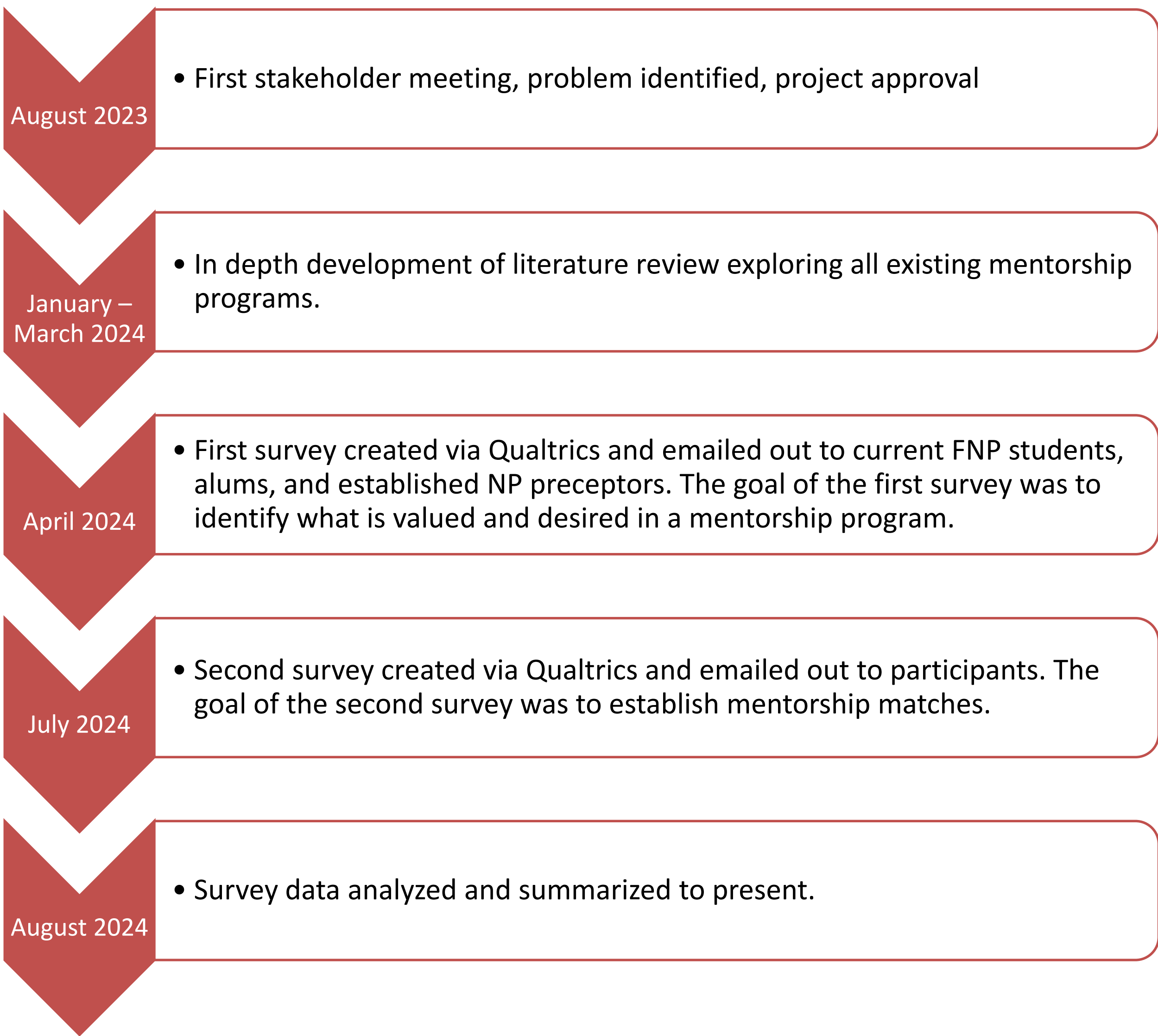
Nurse practitioner graduate student burnout is increasing, and mentorship programs may help ease the transition from nurse to provider.

Graduate nursing program enrollment decreased markedly by 9.45% in the academic year 2021-2022 (AACN, 2023).

Many factors increase stress for graduate nursing students, including the rigorous nature of learning content, financial concerns, lack of support, difficulties attaining work-life balance, and worries related to one's present or future professional career in nursing (Sawyer, 2022).

Numerous studies have documented the benefits of undergraduate nursing mentorship programs in providing support.

PROJECT METHODS



IMPACT ON PRACTICE

Short Term Impact

Established past alumni and current student interest in a mentorship program	Identified a pool of students and NP alumni for the first mentorship program cohort	Determined key preferences of potential participants to aid in planning activities for the first cohort
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Long Term Impact

A supportive network of nurse practitioners	Decrease in graduate NP student burnout	Increase graduate NP student retention
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LITERATURE REVIEW

There was a 10% decrease in the Family Nurse Practitioner (FNP) certification exam pass rates from 2021 to 2022 (AANPCB).

In 2021, 17,924 people took the FNP exam through the AANPCB, with a pass rate of 84% (AANPCB, 2021).

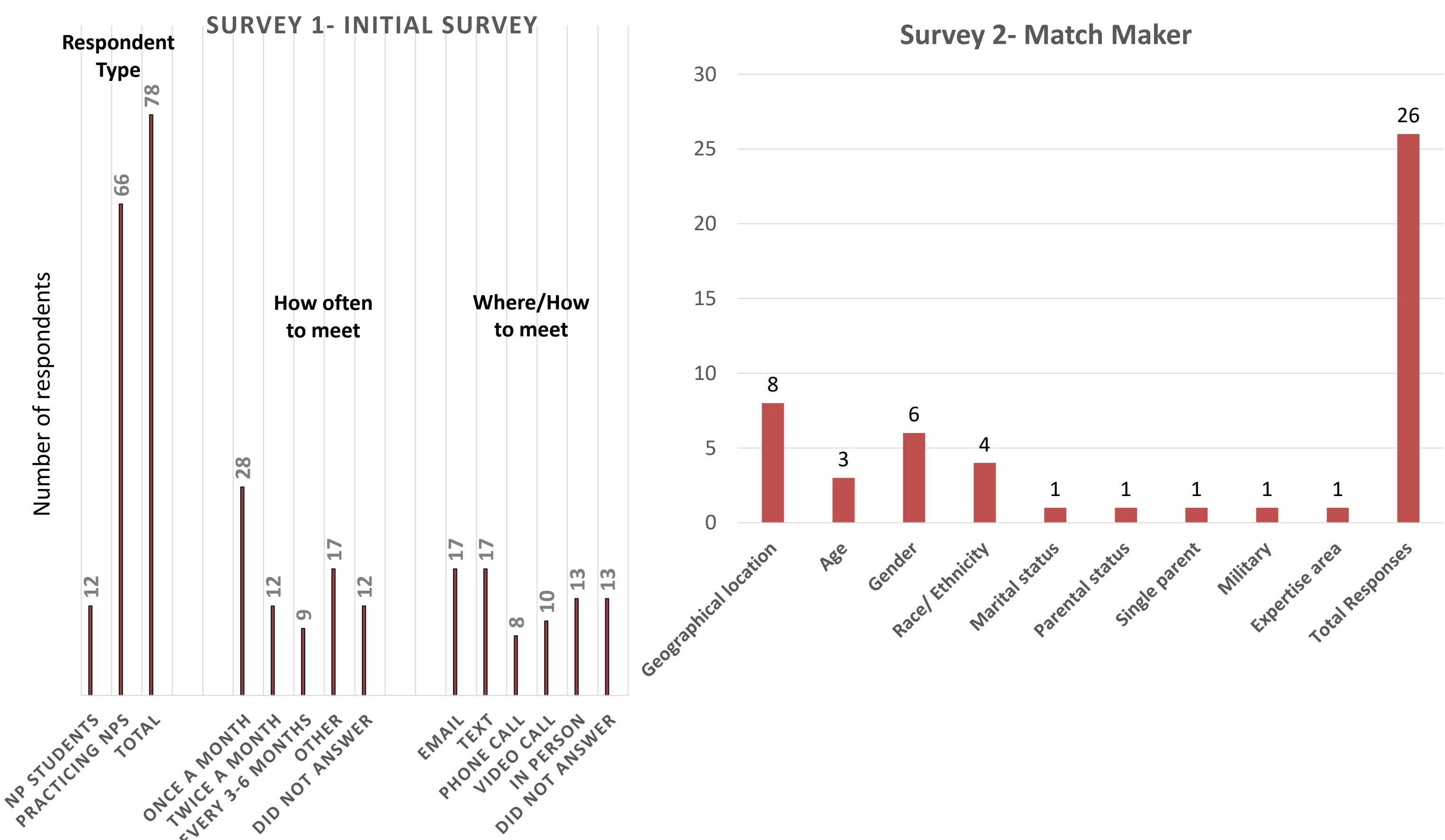
In 2022, 17,968 people took the FNP exam through AANPCB but with a pass rate of only 74%.

American Nurses Credentialing Center (ANCC) pass rates declined 10% between 2021 (84%) and 2022 (74%).

To aid in this challenging transition, the American Association of Nurse Practitioners (AANP) developed a post-graduate mentorship program, to benefit both the mentors and mentees (FAANP Career Advancement Program, n.d.).

The benefits of having a mentor include inspiration and motivation, the promotion of lifelong learning, and the encouragement of leadership development (FAANP Career Advancement Program, n.d.).

EVALUATION



CONCLUSIONS

- Based on survey results, mentees and mentors prefer to communicate at least once a month.
- Many respondents indicated that email/text was their preferred form of contact, but others preferred in-person meet-ups. Therefore, a hybrid program with both in-person and online connections is desired.
- The next cohort of DNP student project leaders will use this information to implement the mentorship program
- In phase 2, mentors and mentees will be matched using the information gathered
- A bigger sample size would decrease sample bias. Surveying during the Summer months may have limited number of responses