POSTER PRESENTATION ABSTRACTS: **IN PERSON VIEWING**

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Increasing Health Care Access in Heart Failure Patients Through the Patient Portal

INTRODUCTION:
Heart Failure (HF) is the most common cause of hospitalization in the U.S. for people over 65 years old and affects 5.7 million people annually. HF contributes to significant mortality and has a one-year survival rate of 30-40% after hospitalization. Despite medical advances in managing HF many rural elderly patients lack access to healthcare and which contributes to poor self-management and preventable readmissions to the hospital or ED and reduced quality of life. The Health Information for Economic and Clinical Health (HITECH) Act incentivized and allowed patients to access electronic medical records, including communication with health care providers in a patient portal (PP). The PP has the potential to aid older adults suffering from heart failure by improving provider and resource access. However, evidence demonstrates many elderly patients do not use their PP because of a fundamental lack of understanding on how to set up and use the portal.

PURPOSE:
The main aims of this Quality Improvement (QI) project was to increase patient portal use by elderly patients diagnosed with HF living in rural settings and to decrease 30-day readmission rates.

METHODS:
The Chronic Care Model and the Johns Hopkins Evidence-based Practice provided the framework for this QI project. Newly diagnosed heart failure patients recently discharged from the hospital were offered education on setting up and using their patient portal. Their PP use and readmission rates were monitored over a 30-day period and compared with national averages.

RESULTS:
Twelve patients participated in this QI project. Data demonstrated an increase in PP creation and patient portal usage compared to the heart failure population in a rural area. In addition, patients in this QI project had a lower 30-day readmission rate compared with national averages.

CONCLUSION:
Patient education on PP use can augment patient provider interaction and has the potential to improve provider access, self-management of HF, and reduce readmissions.

IMPLICATION:
Health systems can use results to improve and strategize for gathering data through the patient portal and improve patient outcomes.

KEYWORDS:
Chronic Illness, Heart failure. Older Adult, Patient Portal, Rural Health, Usability

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Nursing Students Leading, Learning, and Serving in Foreign Country Mobile Health Clinics

Mobile clinics offer flexible and viable options for treating isolated and vulnerable groups and individuals in developing countries. Yet, staffing medical mission trips and their mobile clinics with professional nurses can be a challenge, due to limited paid time off and the demands of adult and family lives. Bellin College has been sending Mission Teams of BSN and MSN students, along with other allied health students, nurses, physicians, and community members to the east coast of Guatemala since 2016. The teams have been providing Nurse-led mobile health clinics to five remote village communities. Preparation for the Mission begins during the fall semester with classroom cultural content, with the team meeting every other week, and culminating with the mission in January. Students can earn 2 clinical credits during this Immersion Clinical. This informative poster will focus on the process of developing mobile health clinics beginning with the identification of a country to serve and safety risk for the team, assessment of community needs within a country, in-country, relationship building within the host country, selection of students and team members, cultural preparation class periods, essential clinic stations, supply collection, clinic set-up and break down, and the importance of debriefing and follow-up with the team. Currently, 1 billion people worldwide live on less than one dollar a day, the threshold defined by the international community as constituting extreme poverty. With that poverty comes an extreme shortage to access of healthcare for people living in developing countries around the world. When students are exposed to healthcare disparities, they are increasingly likely to gravitate towards careers caring for the underserved, and will use the skills in their home communities.

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Saving the Bedside: The Development and Implementation of the first Preventative Approach to Combating Workplace Violence in Acute Care Units

PROBLEM:
Assaults against healthcare staff have been on a rise over the past years. Healthcare's acute care current state is a reactive approach to workplace violence resulting in high turnover, high burnout rates of nursing, and moral distress.

BACKGROUND:
At an urban VA Medical Center, a proactive approach to combating workplace violence was needed. Through a thorough literature review, a gap was identified. The gap highlighted that proactive approaches to managing challenging behaviors in acute care do not exist. Addressing challenging behaviors and identifying proactive interventions was thought to have an influence on many outcomes.

PURPOSE:
This QI project aims to be a proactive approach to decreasing challenging behaviors associated with workplace violence in acute care, while also improving healthcare staff satisfaction, outcomes, resources, and communication.

METHOD:
A quality improvement approach was utilized. An initiative was developed to enhance the communication of workplace violence threats with leadership and to formulate individualized behavioral action plans for patients with challenging behaviors, before workplace violence events occurred. Effectiveness was evaluated by staff's perspectives.

RESULTS:
Preliminary qualitative data was collected at 30 days and noted an increase in perception of resource availability by 22.3% and an increase in perception of staff support by 17.2%. The preliminary data also suggests correlations to improving other data metrics.

IMPLICATIONS FOR PRACTICE:
Preventative approaches to managing challenging behaviors associated with workplace violence in Acute Care has shown to increase staff satisfaction. More data is needed on this topic. Healthcare systems should start to implement and identify more proactive approaches to managing patients with challenging behaviors.

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Steward of the Discipline Ceremony: Promoting PhD Enrollment and Retention

BACKGROUND/INTRODUCTION:
PhD programs in Nursing actively recruit students to become stewards of the discipline to formulate the future of nursing. Retention requires innovative ways to ensure students engage as a *Community of Scholars*.

PURPOSE:
Explore PhD student's perceptions of the *Steward of the Discipline* pinning ceremony.

DESCRIPTION OF TOPIC:
An important element of PhD student recruitment, retention, and program completion is ensuring that PhD students matter as they learn to become *Stewards of the Discipline*. A community of diverse PhD student's, their voices are welcomed; listened to; and action taken. *Stewarding the Discipline* seems to be a daunting task, yet our diverse cohort of PhD students have embraced their roles as future researchers. To acknowledge the significant undertaking of the PhD program, and to welcome and guide new students into the program, the PhD students wanted an official ceremony. The *Steward of the Discipline* ceremony was established to welcome students into the *Community of Scholars*, and to honor their initiation of their *Steward of the Discipline* role. This presentation focuses on the first ever (to our knowledge) PhD *Steward of the Discipline* pinning ceremony. The *Steward of the Discipline* ceremony symbolizes the PhD student's initial transition into their nurse researcher role, and commitment to becoming *Stewards of the Discipline* to develop and maintaining uniqueness, professional integrity of nursing science, educating the next generation of nurse scientists. The *Steward of the Discipline* charge, pledge, poem, and pin were developed for the ceremony. Following the ceremonies (n = 4) held between 2022 and 2023, participants were invited to share their perspectives on the *Steward of the Discipline* pinning ceremony in brief narratives, including how the innovative event impacted engagement within the PhD program. Participants were PhD students (N =25), ethnically and gender diverse, shared their perspectives of *Steward of the Discipline* pinning ceremony. Themes that emerged included *Encouragement, Noble responsibility, Belonging, Camaraderie, and Recognition of Effort.*

IMPLICATION FOR PRACTICE:
Steward of the Discipline ceremony positively influenced students, acknowledging their significant commitment to nursing science to advance healthcare.

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Teaching MN Students to Launch into a Culture of Provider and Work Environment Safety

BACKGROUND:
Nurses and nursing students are routinely exposed to the risk of physical or psychological harm from workplace violence (WPV). The American Association of Colleges of Nursing released updated Essentials of Nursing Education which require educators to prepare students to contribute to a safe work environment. Leaders of a direct entry Master of Nursing program set in a large urban research university identified prevention of WPV as a curricular gap.

AIMS:
The purpose of this quality improvement project was to teach students to create a culture of provider and work environment safety. To do so, students must incorporate into their practice the ability to identify actual and potential risks for WPV and mitigate them. This preparation requires theoretical knowledge and practical strategies of prevention, de-escalation, and self-protection.

METHODS:
The authors assembled an interdisciplinary instructional team to implement a day-long seminar in WPV. An RN survivor of WPV grounded the seminar in actual events. An APNP pain specialist and a pediatric nurse practitioner discussed mitigation of patient conditions which can be precursors to WPV. A CNS instructed participants in the practice of verbal de-escalation. Finally, sworn law enforcement officers demonstrated and guided student practice of self-defense techniques appropriate for the workplace.

RESULTS:
Effectiveness of the education was assessed via a pre-test/post-test instrument and open-ended feedback. Students reported an improved ability to contribute to a safe workplace environment. One-sample t-testing showed statistically significant improvement in their confidence related to de-escalation ($p < .001$), care of patients who pose a risk, ($p < .001$) and strategies to reduce their risk of experiencing WPV ($p < .001$). Qualitatively, students expressed appreciation for the ability to practice skills they could integrate into their practice, which contributed to increased confidence.

CONCLUSIONS:
This interdisciplinary instructional team effectively used PhD, DNP, CNS, and BSN-prepared RNs to address the needs of nursing students to address WPV. Partnership with law enforcement provided valuable legal and technical expertise.

NURSING EDUCATIONAL IMPLICATIONS:
Intentional design of this supplemental learning experience provided interdisciplinary instruction in theoretical and practical strategies for students to address WPV.

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Improving Swing-Bed Referrals and Communication Through Optimization of Electronic Medical Record Referral Process

BACKGROUND:
At St. Clare's Hospital, a critical access hospital located in Oconto Falls, WI, swing bed referrals have increased by 30% within the last year. The lack of a streamlined referral process has led to inappropriate referrals, delays in transfers, and ineffective communication. The use of integrated electronic support tools are shown to enhance coordination, collaboration, and communication with improved patient outcomes (Fitzgerald et al., 2022; Murray et al., 2019; Rathnayake & Clarke, 2021).

AIMS:
The quality improvement project aimed to implement a streamlined referral process utilizing a standardized order set within the electronic health record (EHR) to decrease referral processing time, reduce acute care lengths of stay, and improve multidisciplinary care team communication.

METHODS:
The quality improvement project team created a referral order set and tracking process within the EHR. Staff were trained on the new referral process during a regularly scheduled monthly in-service. A go-live date was set after staff training and the new referral process was initiated on June 26th, 2023. Staff satisfaction surveys were distributed via email prior to and 90-days post implementation using Qualtrics software. Referral tracking data was extracted from the EHR and analyzed using descriptive statistics.

RESULTS:
There were 28 referrals made between June 26th and August 27th. Eighty-two percent (23 of 28) utilized the new referral process with 75% of referrals accepted in less than 48 hours. Only two staff completed satisfaction surveys, however both indicated increased satisfaction with the new process.

CONCLUSION:
While data is limited given the short duration of the project, results indicate that a standardized referral order set embedded in the EHR improves transfer acceptance times, decreases acute care lengths of stay, and improves staff satisfaction.

CLINICAL OR NURSING EDUCATIONAL IMPLICATIONS:
It is important to standardize the swing-bed referral process and integrate a referral order set into the system-wide EHR. This standardization allows for an expedited review process and decreased referral acceptance times. Decreasing referral processing times to less than 48 hours ultimately improves patient care and decreases acute care lengths of stay. The ease of use and efficiency leads to improved staff satisfaction with the referral process.

POSTER PRESENTATION ABSTRACTS: **IN PERSON VIEWING**

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Retrieval Practice and Faculty Engagement Moving Nursing Education to the Next Level

BACKGROUND:

Retrieval practice is a learning technique demonstrated to enhance long-term memory retention. This process has been subject to over 100 years of research (Agarwal & Bain, 2019). In defining retrieval practice, Lemov (2017) states, "Retrieval practice occurs when learners recall and apply multiple examples of previously learned knowledge or skills after a period of forgetting." This approach has been used successfully in classrooms to enhance learning, so much so it has produced student improvement of material of up to 57% (Agarwal & Bain, 2019). A study by Larsen et al. (2013) discovered that when used with medical students, their long-term retrieval of medical conditions was dramatically better than those who did not utilize such practices.

PURPOSE:

Research shows that first-semester nursing students are most vulnerable to failure due to the copious amounts of unfamiliar information and the need for recall (DeYoung, 2009; Jeffreys, 2020). The strategies for study skills have been deemed essential, but no specific recipe for the best approach has been identified (Fairchild, 2022; Freeman & All, 2017; Lavenstein, 2014; Merkley, 2016; Smith-Wacholz et al., 2019). Entrance of Retrieval Practice.

DESCRIPTION:

Retrieval Practice brings information out of the brain to be remembered again at a later date. The practices uses:

Spacing practices recalling information at spaced times to enhance learning over time.

Interleaving boosts learning by mixing closely related information, encouraging discrimination between similarities and discrepancies.

Feedback-driven metacognition boosts learning by allowing students to understand what they do and do not know.

IMPLICATIONS:

Nursing educators are uniquely positioned to enhance the quality of the future of nursing. Research contends that faculty engagement is valuable to learning (Fairchild, 2022). Now couple the use of Retrieval Practice with faculty engagement that may be a powerful tool to enhance student learning in the current classroom. The process of retrieval practice is as simple as not giving a review but asking the students guided questions, and they provide the review. Offering opportunities to recall information and share it with others, taking it one step further, they educate others. All to bring the information back out of the brain.

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This is part of my doctoral project, thus all the references.

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The Intersection of Peer Support and Substance Use Disorder in Nurses

BACKGROUND:
The American Nurses Association estimates 6-8% of nurses use substances to an extent that impairs performance. The US has over 4,000,000 nurses which means that about 240,000 to 320,000 nurses are working impaired. The COVID-19 pandemic resulted in unprecedented stress and some nurses turned to substances to cope. Many of those nurses need help, but they do not know where to turn.
Education on substance use disorder (SUD) in nursing is critical to combat the problem. Education for nurses and nursing leadership must include why it happens, how to recognize it, and where to go for help when it is discovered.

LEARNING OBJECTIVES:
- Gain an understanding of SUD in nursing.
- Learn to recognize the signs of SUD in nurses.
- Identify the resources for nurses with SUD.

CASE PRESENTATION:
Kristin has been an RN since 1991. She worked as a pediatric transport nurse clinician at the height of her career. In 2004 she was discovered diverting from the hospital. She was fired, lost her nursing license, and ended up spending 4 months incarcerated after a re-offense. She found recovery after her release. She petitioned the board of nursing for reinstatement of her nursing license in 2007 and joined their 5-year monitoring program. She completed it successfully with the return of full licensure. The process was difficult and there was little support. Learning there were programs in other states that offer peer support to nurses with SUD, she started one in her state. Now, nurses have the support they need as they navigate the ups and downs of recovery and the journey of reclaiming their nursing career.

DISCUSSION:
SUD in nursing is a current issue affecting all fields of nursing but knowledge on the topic is insufficient. Knowledge is needed to understand the scope of the problem and to offer solutions to those affected. Most states have programs where nurses can get help, oftentimes confidentially, however, most nurses and nurse leaders do not know these programs exist. Many states offer peer support for nurses, but again, not many know they exist. We must educate all nurses and give them the tools they need to practice safely.

POSTER PRESENTATION ABSTRACTS: **IN PERSON VIEWING**

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Educational Strategy

SETTING:
A private religious liberal arts university offering several health professions programs in the Midwest.

BACKGROUND OR SIGNIFICANCE:
The profession of nursing is challenged with educating enough qualified nurses to meet the changing diversity and health care demands. The U.S. Census Bureau reports that projections point towards minority populations becoming the majority by 2043. Underrepresentation of minority populations in the health care workforce is thought to be a contributing factor to health care disparities. This project provides an opportunity to inspire first-generation minority students and expose them to various healthcare professions.

PURPOSE OF THE PROJECT OR STUDY:
The purpose of this project is to offer a healthcare camp to middle school children with the intent to spark interest in higher education and the roles of various healthcare professionals. The camp would include interactive educational activities that would enlighten children about various aspects of how Occupational Therapists (OT), Physical Therapy (PT), and Nurses (RN) care for and treat patients. The camp is in response to the projected growth in ethnic minority populations in the United States.

LITERATURE REVIEW:
The literature identifies several suggestions for bridging the gap between health care and minority populations. Interaction with professionals from different areas of health care along with hands on experiences, provides defining moments for these children and increases their interest in health care. Developing a summer camp for minority middle school children, focused on health care professions, provides an opportunity to generate interest for the attendees to seek a career in health care professions. The camp would focus on health care related activities through interprofessional collaboration.

DESCRIPTION OF SAMPLE OR POPULATION:
20 middle school students from one or two of the Lutheran Urban Mission Initiative (LUMIN) Schools.

RESULTS OR OUTCOMES:
Survey results showed that after attending the summer camp, students were more interested in attending college, and learned something new about a healthcare profession.

CONCLUSIONS AND IMPLICATIONS:
The summer camp will continue to be offered to middle school children in an effort to increase interest in pursuing a career in healthcare.

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DIRECT ENTRY MN PROGRAM EVALUATION PROJECT: DEMOGRAPHIC CHARACTERISTICS

BACKGROUND:
In 2011, the American Association of Colleges of Nursing (AACN) established the Essentials of Master's Education in Nursing to guide the development of Master of Nursing (MN) programs across the United States. Entry-level Master's degree programs were developed for individuals with bachelor's or graduate degrees in a discipline other than nursing (AACN, n.d.). To enhance program quality, a large Midwestern university conducted individual interviews with former direct entry master's degree graduates to gain insight into their views regarding their MN program educational experiences.

AIMS:
The purpose of this quality improvement project is to gather and explore demographic data to gain insight into the characteristics of the participant group.

METHODS:
Initial demographic data of participant characteristics was collected via Qualtrics XM software. Participants responded to a characteristics survey comprised of 15 demographic and background questions. Demographic data included gender identity, race/ethnicity, type of MN program completed (Clinical Nurse Leader (CNL), time from prior degree to MN enrollment, employment status, employment role, certification, and preceptorship.

RESULTS:
39 participants completed the prior degree information. Prior degrees included biology with 15.4%, Bachelor of Science with 12.8%, and 7.7% had a Bachelor of Arts degree. 30 Participants completed the remainder of the questions. 87% of participants were female and 70% white. Enrollment from prior degree to MN program was less than 1 year for 42% of participants. 46.7% of participants obtained their CNL certification. 7% classified employment as a CNL and 55% as direct patient providers.

CONCLUSIONS:
Participants of the MN program come from diverse educational backgrounds. Following graduation, more than half are employed in direct patient care roles but not as a CNL.

CLINICAL OR NURSING EDUCATIONAL IMPLICATIONS:
Information may provide helpful insights for other institutions that may be interested in implementing a Direct Entry MN Program.

NOTES

NOTES

ABSTRACTS FOR VIRTUAL VIEWING ON NEXT PAGE...

POSTER PRESENTATION ABSTRACTS: **VIRTUAL VIEWING**

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Educational Strategy

CASE PRESENTATION:
This presentation is a description of faculty used the Community of Inquiry Framework to develop Pediatric and OB/GYN hybrid simulations for use in an accelerated online BSN program.

SETTING:
Hybrid; both classroom and synchronous online class

BACKGROUND:
Virtual simulation in nursing education continues to rapidly evolve. With clinical placements a challenge for many schools of nursing, the use of virtual and hybrid simulation are viable options. Yet, there is limited evidence developing hybrid virtual simulation experiences using theoretical frameworks.

The NLN/Jeffries Simulation Theory is a widely accepted framework for developing in-person simulations. Other frameworks used in the development of simulations include a combination of classic learning theories such as Schon's Reflective Practice, Kolb's Experiential Learning, and Cognitive Load Theory (Becker & Hermosura, 2019). A search for a framework specifically for the development of hybrid simulation, revealed no single recommended model. The Community of Inquiry (Col)I is the most widely used framework in online education. Garrison, Anderson, & Archer (2000) initially developed the Col framework for use in the design and facilitation of online and hybrid didactic courses.

INTERVENTION:
Using the Col Framework the faculty developed an eight-hour, hybrid simulations for Pediatrics and OB/GYN. The synchronous portion included pre-briefing, peer group work, and debriefing. The asynchronous portion included patient scenarios where students made care decisions, prioritized care, and answered Next Gen questions. Peer groups collaborated on decision-making, developing and presenting patient teaching. Students then offered feedback to peers on their communication techniques. The students completed a post-simulation survey in which 97% (n=33/34) reported that they engaged with their peers and 97% (n-=33/34) reported they engage with faculty. Overall, 88% (n=30/34) reported that the simulation contributed to their learning. The activity has now been adopted by the undergraduate accelerated online BSN program for use in two courses.

DISCUSSION/RECOMMENDATIONS:
Nursing educators and those involved with the development of hybrid simulations should consider using the Col framework when creating learning activities.
Educators should also explore how the use of multiple theories and frameworks fit together to provide the best learning experience and student learning outcomes.

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Senior Nursing Student Capstone Experiences: A Comprehensive Literature Review

BACKGROUND:

The capstone experience for the senior level nursing student is an opportunity for students to explore multiple areas of nursing practice and to synthesize and apply their knowledge, skills, and clinical competencies in the healthcare setting.

PURPOSE:

The purpose of the literature review was to examine the research and gain an understanding of nursing student capstone experiences and transition to practice.

DESCRIPTION OF TOPIC:

Nursing programs often require capstone experiences prior to graduation based on accreditation requirements. The review process explored the benefits, challenges, impact of capstone experiences on student learning, nursing education and transition to practice. The primary themes that emerged from the literature review included student preparation and transition to professional nursing practice, critical thinking, and clinical competence.

Faculty mentorship and support of nursing students were identified as beneficial in the quality of the capstone experience and promoting life-long learning. The challenges that were reported during the capstone experiences were stress management, availability of clinical sites and preceptors. Assessment and evaluation of capstone projects in alignment with nursing program outcomes were also addressed. The literature review identified multiple benefits for nursing students with the capstone experience such as promoting critical thinking, clinical competence, and professional identity. The implications of patient outcomes and quality of care were examined in relation to capstone experiences.

IMPLICATIONS:

The senior nursing capstone experience provides students with the opportunity to develop clinical competence, critical thinking skills, and integrating theory to professional practice. In summary, the literature review identified the impact of the capstone experiences on the preparation of competent professional nurses, and patient outcomes, and quality of care. The review also provided recommendations for future research and curriculum improvements in nursing programs to prepare students to provide optimal patient care in diverse healthcare settings.

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Barriers and Limitations to Learning in RN to BSN Students

BACKGROUND:
Many Associate Degree-prepared Registered Nurses (RNs) are returning to college to attain their Bachelor of Science in Nursing (BSN). Our 100% online RN-BSN program has students that are caregivers, working full time, taking full time classes, and otherwise living full lives. Many students register for classes and may not realize the time commitment that is needed to be successful and result in dropped classes, withdrawals and delayed completion rates.

AIMS:
This study examined barriers or factors that may impact learning and success in our RN to BSN program. We investigated preferred course modality, procrastination tendencies, motivation, and time management.

METHODS:
This IRB approved study utilized a mixed-method approach to answer our research question. An anonymous survey was sent to students who had completed at least one course in the RN to BSN program, but had not yet graduated, and results were compiled (N=63). Descriptive statistics and qualitative content analysis methods were used to analyze the data.

RESULTS:
Over 46% of students that responded indicated that early morning or late at night office hours provided by their faculty would be beneficial to them. An additional 20% of responses indicated that late night office hours only would be of benefit. No students indicated that only early morning office hours would be wanted.

CONCLUSIONS:
Nurses live busy lives and have many commitments outside of the classroom and are forced to do schoolwork in the evening or nighttime. While most students (74%) indicated that they felt connected to their course professors, there were many students that indicated they would appreciate office hours outside of the "normal" 9am to 5pm tradition.

CLINICAL OR NURSING EDUCATIONAL IMPLICATIONS:
Nursing faculty, especially in RN to BSN programs, need to be mindful of the challenges that students face. They are simultaneously working/practicing RNs, parents, caregivers, and students. Results indicated that a more "non-traditional" approach to office hours would be beneficial. More research needs to be done to see how this change would impact student progression in the program as well as the level of support from faculty.

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Leveraging Faculty Guided AI-Generated Unfolding Case Studies In Nursing Education

Key Words: *AI, ChatGPT, Student Engagement, Case Study Development*

BACKGROUND:
Nursing education prepares students for the National Council Licensure Examination (NCLEX). In 2023, the new NexGen style NCLEX questions include three case studies. Unfolding case studies have emerged as an effective pedagogical tool in health sciences as an active learning strategy to engage students and strengthen clinical judgment skills supported by Kolb's experiential learning and Knowles principles of adult learning. However, creating multiple comprehensive, accurate, and dynamic case studies is time-consuming for faculty. This abstract explores the potential of leveraging ChatGPT to assist nurse educators in constructing unfolding case studies.

INTERVENTION:
Faculty in a baccalaureate nursing program enrolled in a free one-hour ChatGPT online educational course to learn AI-prompt writing skills to target realistic AI-generated content for case study development in two courses including critical care and nursing fundamentals. An AI-language processing tool quickly generates initial case scenarios, including patient history, lab data, signs and symptoms, and contextual details. Faculty-guided prompts enable educators to create realistic patient conditions that simulate disease progression. This streamlines the creation process and ensures that students are exposed to the scenarios they may encounter in real-world nursing practice. Nurse educators can use their subject matter expertise to quickly further refine and customize the AI-generated case studies, tailoring them to meet specific course or lass learning objectives and competencies. In a flipped classroom, faculty integrate case study discussion during class time to build clinical judgment, critical thinking, and problem-solving, essential skills for the NCLEX exam.

DISCUSSION:
Faculty-guided, AI-generated unfolding case studies present an innovative solution to enhance nursing education by assisting educators in efficiently creating realistic case studies. This approach optimizes case study development and instructional time while engaging students in active learning strategies. The creation of quality AI-generated case studies showcases the increased capacity for nursing faculty to embrace evolving technologies that help build clinical judgment in non-clinical settings and provide a low-cost alternative to case study development when faculty resources are limited.

POSTER PRESENTATION ABSTRACTS: **VIRTUAL VIEWING**

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SOS: "Save Our Students" by Implementation of a Student-Led Wellness Initiative (Phase 2)

EDUCATIONAL STRATEGY:
This ongoing, action-oriented wellness project aims to mitigate the negative effect of stressors and anxiety on students' academic success and well-being.

SETTING:
The educational strategy included wellness components for use in classroom, clinical and personal spaces.

BACKGROUND:
Three quarters of college students have reported moderate or severe psychological distress[1]. Nursing students especially report feeling stress in their academic training[2]. Echoing this trend, nursing students in a Midwestern BSN nursing program approached faculty in Fall 2022 for help dealing with anxiety experienced in their undergraduate program. To gather data, the Stressors in Nursing Students (SINS)[3] survey was completed with results presented to nursing students across the program. A student-led wellness initiative was launched to help offset the anxiety and stress experienced by student nurses.

INTERVENTIONS:
Phase 1 (Fall 2022) included data gathering with the Stressors in Nursing Students survey. A volunteer student steering committee developed a longitudinal action plan. Phase 2 (Spring 2023) focused on implementing fun, achievable evidence-based self-care interventions to enhance student wellness[4, 5, 6]. The theme of *Walk-Water-Wonder* was implemented and included 21-day challenges for Gratitude *(Wonder)*, healthy intake of *Water*, and a physical *Walking* challenge. Wellness spotlight activities included nutrition and humor. Prizes were awarded for participation in activities. Phase 3 (Fall 2023) focuses on sleep hygiene practices. Future focus areas will be based on one of 10 dimensions of wellness[6] as selected by students.

DISCUSSION/RECOMMENDATIONS:
With a national shortage of nurses, helping students succeed increases the number of nurses eligible to enter the profession while also giving strategies to manage the transition into the profession. With participation in over 400 activities documented to date, 100% of respondents indicated participation helped manage stress. Students report increased awareness of managing their wellness, positive impact of the activities, and a desire to continue wellness habits. Healthier snack choices were added to vending machines. Influenced by the success of the nursing initiative, the School of Health Sciences launched a separate wellness initiative in Fall 2023. Students from disciplines outside of health sciences are interested in wellness activities. Practice partners are asking to collaborate with activities to maintain momentum.

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Promoting Mental Health and Wellness Among Nurses and Nursing Students Through the RUSH Center for Clinical Wellness: An Advocacy Project

A Nursing Research Abstract submitted for consideration at the Wisconsin League for Nursing Fall 2023 Conference

BACKGROUND:
RUSH founded the Center for Clinical Wellness (CCW) in 2020 to provide unlimited and free individual psychotherapy to its students and staff. Currently, the CCW has five therapists who are unable to meet the needs of a population of 17,000 as evidenced by scarcity of appointments despite continually growing demand (Poczatek, E., personal communication, February 10, 2023). Nurses and nursing students experience depression, anxiety, and burnout at higher rates than both the general population as well as other healthcare professionals (Fonseca et al., 2019; Kelsey et al., 2021). Nurse depression is the primary predictor of medical errors and is correlated with burnout, decreased patient satisfaction, and high turnover (Melnyk et al., 2018).

AIMS:
This research aims to highlight the state of mental health in nursing and to provide a framework and rationale for expanding support for the CCW.

METHODS:
An extensive literature review was conducted through a computerized database search. An anonymous survey of 168 RUSH College of Nursing students and nurses assessed barriers to care, desired wellness services, as well as symptoms of depression, anxiety, and burnout.

RESULTS:
Literature review revealed a need for increased resources and at minimum a 140% increase in staffing at the CCW to meet population needs and avoid social worker burnout. Survey responses indicated a desire for expanded services within the CCW and endorsed high levels of anxiety, depression, and burnout, results consistent with the literature review. Nearly 70% of nursing students endorsed symptoms of moderate to severe clinical depression. Responses revealed significant positive correlations between symptom severity, interference with work, and desire for CCW services.

CONCLUSION:
It is critical for continued excellence and improvement that medical and academic institutions establish sustainable systems to mitigate burnout and promote long-term mental health. To these ends, it is recommended that RUSH leadership increase efforts toward supporting the CCW, which continues to provide indispensable care to students and staff.

IMPLICATIONS:
This original research is intended for use in applications for increased funding, staffing, and support for the CCW. Additionally, authors hope that the novel approach of RUSH's CCW will provide a model for similar institutions.

POSTER PRESENTATION ABSTRACTS: **VIRTUAL VIEWING**

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Abstract

EDUCATIONAL STRATEGY:
Application of an ambulatory framework in the development of a program for Cardiology Staff Development.

SETTING:
Heart Care clinics serving a large metropolitan area where general and complex cardiology services are performed.

BACKGROUND INFORMATION:
Nursing and support staff supporting cardiology clinics in metropolitan areas support the care of patients in a wide range of services from general to complex. Nursing and support staff have long identified the need to collaborate and share information in a concise and organized manner to meet the needs of their patient's.

INTERVENTION:
Application of an ambulatory care framework to organize and prioritize the focus of educational opportunities. Recommendations to envision and implement educational opportunities and resources for nursing and clinical support staff development.

DISCUSSION/RECOMMENDATIONS:
Use of a framework is recommended to provide clear direction for the development of educational resources for staff.

Heather Anderson

Generative AI

INTRODUCTION:
Generative AI, a subset of Artificial Intelligence, generates creative content by analyzing patterns and data inputs. In the context of healthcare education, particularly for graduate nurse practitioner students, it has the potential to revolutionize clinical training, augment diagnostic skills, and enhance patient care. However, the ethical implications of using Generative AI in healthcare settings, including privacy, confidentiality, and patient trust, necessitate careful consideration.

ETHICAL CONSIDERATIONS IN HEALTHCARE EDUCATION:
Responsible implementation of Generative AI in graduate nurse practitioner education demands a meticulous approach to ethical challenges. Ensuring patient data confidentiality, avoiding biases in AI-generated medical scenarios, and maintaining the integrity of the nurse-patient relationship are paramount concerns. Nurse practitioner educators must navigate these complexities while fostering a culture of ethical awareness among their students.

BALANCING INNOVATION AND ETHICAL INTEGRITY:
To strike a balance between innovation and ethical integrity, nurse practitioner educators can employ a multi-faceted strategy. Integrating ethics modules into the curriculum, fostering open dialogues about AI's limitations and risks, and encouraging students to critically analyze AI-generated diagnostic suggestions are essential steps. Collaborative efforts between educators, healthcare professionals, and AI developers can establish ethical guidelines tailored to the unique challenges of healthcare education.

EXEMPLAR:
In a graduate nurse practitioner program, Generative AI was utilized to enhance clinical case simulations. Students engaged with AI-generated patient scenarios, honing their diagnostic skills and treatment planning abilities. Students meticulously curated the scenarios, ensuring they align with ethical guidelines and cultural sensitivities. Moreover, students participate in reflective discussions, analyzing the ethical implications of AI-assisted diagnoses, patient consent, and the importance of human empathy in healthcare.

CONCLUSION:
The responsible integration of Generative AI in graduate nurse practitioner education holds the promise of shaping empathetic, skilled, and ethically conscious healthcare professionals. By navigating the ethical challenges with diligence and fostering a culture of ethical awareness, nurse practitioner educators can harness the potential of Generative AI to elevate the quality of education and prepare students for the complexities of modern healthcare practice. Through collaborative efforts and a steadfast commitment to ethical integrity, nurse practitioner programs can pave the way for a future generation of healthcare innovators who seamlessly blend technological proficiency with compassionate patient care.

Jane Frances

The Experiences of Women with Substance Use Disorders with Intimate Partner Violence: A Thematic Analysis

BACKGROUND:
Globally, intimate partner violence (IPV) against women during pregnancy or postpartum is a public health problem (WHO, 2021). The phenomenon IPV affects millions of women per year, irrespective of age, race, culture, pregnancy, and socioeconomic status. IPV among women during pregnancy or postpartum, is defined as any physical, sexual, or emotional acts inflicted on a pregnant or postpartum woman by an intimate partner (CDC 2019). Worldwide, 23-31% of women experience IPV. In pregnancy, prevalence of IPV is 30% worldwide, and 16% in United States. Among women with children, substance use has been associated with IPV which negatively impacts both maternal and child health (Ogden et al.,2022). Few studies have explored the lived experiences of IPV among women with substance use disorders (SUD) who have children.

PURPOSE:
The purpose of this thematic synthesis was to explore and integrate qualitative literature related to the experiences of women with SUD and IPV.

METHODS:
We conducted a systematic search of the databases of APA PsychINFO, CINAHL, and PubMed. Research studies were eligible for inclusion if they were (1) original qualitative research; (2) published in English; (3) peer reviewed; (4) inclusive of descriptions of interpersonal violence (6) conducted in the United States; and (7) published no earlier than January 1, 2013. The search resulted in 11 studies for inclusion. A thematic synthesis outlined by Thomas and Harden (2008) was used to synthesize the findings.

RESULTS:
Four themes were identified that described women with SUD's experiences with IPV and included 1) Types of IPV, 2) Substance Use for Coping, 3) Partner's Substance Use Increases IPV, and 4) IPV is a Barrier to Recovery.
Conclusions/Implications
This systematic review identified that substance use among women was associated with IPV. The findings of this study indicate a need for health care providers to increase knowledge and skill in screening women with SUD for IPV. Research is lacking and more evidence is needed. Referral policies to residential substance use treatment needs to be considered for women with SUD and experiencing IPV.

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