

## Meeting the MSN Essentials: Innovative Learning Opportunities in a Master's Entry into Professional Nursing Program

Diane Orr Chlebowy, PhD, RN  
Associate Professor

Karen Black, MSN, APRN, PMHNP-BC  
Assistant Professor

Sarah J. Carter, MSN, APRN, FNP-BC  
Lecturer

1

## Presentation Objectives

- ❑ Discuss three innovative student-centered and concept-driven learning opportunities in a Master's Entry into Professional Nursing (MEPN) Program.
- ❑ Discuss ways in which each learning opportunity meets the AACN Master of Science in Nursing (MSN) Essentials.
- ❑ Discuss student feedback and outcomes specific to each learning opportunity.

2

## Innovative Opportunities

- Research Scholar Program
- Interprofessional Education
- Leadership Practicum

## Research Scholar Program

Promotes nursing research and scholarship among students through faculty mentoring.

## Research Scholar Program

- ❑ Eligibility criteria
- ❑ Application process
- ❑ Student and faculty mentor develop objectives
- ❑ 4 hour research practicum per week for 2 semesters
- ❑ Scholar recognition at end of program

## Student Outcomes

- ❑ Presentations at local, regional, and national research conferences
- ❑ Co-authorship on manuscripts with faculty mentors
- ❑ Acceptance to doctoral programs post-graduation from MEPN Program

UNIVERSITY OF LOUISVILLE SCHOOL OF NURSING

## Predicting Grief Intensity after Perinatal Loss

Jaclyn Hayden, BA, Master's Entry into Professional Nursing Student; Meredith Grisanti, BA, Master's Entry into Professional Nursing Student; Marianne H. Hutt, PhD, WHNP-BC; John Myers, PhD, MSPH; Lynne A. Hall, DrPH, RN, Barbara J. Polivka, PhD, RN; Susan White, CNM, MS, IBCLC; Janice Hill, RNC, BSN; Elizabeth Kloenne, BSN Student; Stephen Furmanek, MS Student  
University of Louisville School of Nursing<sup>1</sup>, University of Louisville School of Medicine<sup>2</sup>, Norton Healthcare<sup>3</sup>, University of Louisville School of Public Health and Information Sciences<sup>4</sup>

**Background**  
Intense grief after perinatal loss is associated with increased divorce, anxiety, depression, and PTSD (Burden et al., 2016; Ogata et al., 2016).  
\*The Perinatal Grief Intensity Scale (PGIS) was developed for clinical use to predict intense grief and identify the need for follow-up after perinatal loss (Prohn, Lasker, Toester, 1999).  
\*The purpose of the study was to evaluate the ability of the PGIS to predict adverse mental health outcomes after perinatal loss.

**Methods**  
Design: Longitudinal survey design used to collect prospective data within 6 weeks (T1) and 3 months after the initial measurement (T2) following the loss.  
Setting: Women were invited to participate via the internet, social media (Facebook), and fliers given to eligible women upon discharge from major hospitals providing obstetric services. Surveys were sent electronically at T1 and T2.  
Measures: T1: Demographic Data Form, PGIS, and PGIS; T2: Center for Epidemiologic Studies - Depression Scale (CES-D), Beck Anxiety Inventory (BAI), PGIS, and a brief information form.  
Data Analysis: One-way ANOVA, ROC analysis, and correlations to further evaluate the validity of the PGIS using SPSS 21.

**Results**  
Sample Characteristics: 103 international English-speaking women, predominantly white (n=92; 89%), well-educated (college degree or greater n=73; 71%) women, over age 18 (mean 31.22; SD 5.60) who had recently experienced a miscarriage (early loss, n=83; 81%), stillbirth, or neonatal death (late loss, n=20; 19%).  
H<sub>1</sub> = PGIS total and subscale scores will be related with the Perinatal Grief Scale (PGS) at Time 1 (T1) and Time 2 (T2), and in the appropriate direction.

	PGIS Total	Healthy Subscale	Confront others Subscale	Congruence Subscale
PGIS Total T1	.64**	.34**	-.38**	-.26*
PGIS Total T2	.40**	.36*	-.26*	-.26*
Active Grief Subscale T1	.59**	.55**	-.33**	-.29*
Active Grief Subscale T2	.38**	.43**	-.24*	-.07
Difficulty Coping Subscale T1	.47**	.22*	-.40**	-.52**
Difficulty Coping Subscale T2	.30*	.26*	-.20	-.24*
Despair Subscale T1	.47**	.26*	-.32**	-.49**
Despair Subscale T2	.42**	.30*	-.29*	-.38**

\*p < 0.05 \*\* p < 0.001

**Conclusions**  
1. In addition to a) validly identifying grief intensity at the time of the loss and b) providing theoretically-based suggestions for interventions based on a patient's score on the instrument, the PGIS is able to c) predict those women who are likely to experience intense grief and need follow-up at 3-6 months post-loss.  
2. This instrument has the potential to significantly improve the care provided to women near the time of the loss as well as to help health care providers identify those women with the greatest need for professional support and follow-up after.

**References**  
Bartley, C., Bradley, S., Boney, C., Elia, A., Hussey, A.E.P., Dwyer, T., Costello, J., & Browne, G. (2011). From grief and pain to hope in youth and girls: Psychosocial, clinical, and meta-analysis of internet-based research of the experiential therapy of adults, BMC Pregnancy and Childbirth, 11(9), 1-12. DOI: 10.1186/14752-292-200-2  
Ogata, C.H., Jackson, L.L., Hessel, A.E., & Roberts, T.E. (2015). Exploring the integrable economic costs of adults' BMC Pregnancy and Childbirth, 15(181) 1-10.  
Prohn, L., Lasker, J., & Toester, L. (1999). Measuring grief: A short version of the Perinatal Grief Scale. Journal of Psychopathology and Behavioral Assessment, 20(1), 29-45.

UNIVERSITY OF LOUISVILLE SCHOOL OF NURSING

## Interprofessional Education

- Two IPE experiences in curriculum
  - Focus on geriatric patients in rural settings
  - Focus on palliative care/oncology patients
- Complete online training modules
- Option for clinical day in palliative care unit
- Critical reflection paper discussed in group
- Dental, pharmacy, medical, social work, nursing students, chaplaincy, and community health navigators attend workshop

## Student Outcomes

- ❑ Enhance understanding of: (1) care needs of geriatric and palliative care patients; and (2) role of other disciplines in the healthcare setting
- ❑ Increase confidence collaborating with other disciplines in an interprofessional healthcare environment

## Leadership Practicum

- ❑ Apply leadership and policy concepts to capstone practice setting
- ❑ Consult with leadership on floor and within agency
- ❑ Conduct needs assessment, develop evidence-based practice or policy question (PICO format) and intervention, and disseminate findings to units, agencies, peers, and the School of Nursing faculty

## Student Outcomes

- ❑ Development of leadership skills demonstrating ethical and critical decision making within current system
- ❑ Apply evidence-based quality improvement measures to the clinical setting
- ❑ Incorporate research into intervention within practicum setting, advocate for change, and distribute results to leadership within agency

11

11

## Leadership Project Example

### GIVING A GOOD DEATH



- ✓ Student researched nurse-led interprofessional palliative care teams which promote communication
- ✓ Agency adopted a palliative care team

### PICO QUESTION

Among nurses working in the critical care setting, does formally increasing nurse influence in end-of-life decision making (EoLDM) process reduce Moral Distress & symptoms of Burnout Syndrome as compared to nurses with limited influence over EoLDM?



### PILOT PRACTICE CHANGE Nurse-Led Interprofessional Palliative Care Team

#### PSYCHOSOCIAL

and family concerns for patient, emotional & spiritual support for patient and family

#### PHYSICAL

care/ADL assessment for patient & supportive drug management, symptom management (Pain & Nausea)

#### & INFORMATIONAL

Education/empowerment allows for integrated care planning across disciplines, clear & consistent information on timing with patient & family

#### SUPPORT FOR PATIENTS & FAMILIES DURING LIFE-THREATENING ILLNESS



12

12

## Leadership Project Example

### Reducing ICU-Acquired Delirium and Weakness in Mechanically Ventilated Patients

University of Louisville  
NURS-2016-18

Among patients in the intensive care unit (ICU) on mechanical ventilation, implementing a nurse-led ABCDEF bundle intervention compared to traditional physician-led care interventions resulted in decreased delirium and weakness in hospitalized ICU patients and decreased length of stay, financial, and cognitive outcomes.

PICO  
Question

#### Solution – ABCDEF Bundle

- A: Assess, Prevent, and Manage Pain
- B: Both Spontaneous Awakening Trials (SAT) and Spontaneous Breathing Trials (SBT)
- C: Choice of Analgesia and Sedation
- D: Delirium: Assess, Prevent, and Manage
- E: Early Mobility and Exercise
- F: Family Engagement and Empowerment

(Mora, Tronzo, & De, 2015)

- ✓ Student researched nurse-led ABCDEF bundles to promote weaning and improve patient outcomes
- ✓ Agency used technique, but student presentation helped with nurse adoption

13

13

## Opportunities Lead to....

- Scholarly evidence-based leaders in professional nursing practice post-graduation from MEPN Program.
- Increased comfort of graduates in collaborating with other disciplines in an ever-changing interprofessional healthcare environment.
- Knowledge of leadership and management skills necessary to improve patient outcomes and attain leadership roles in clinical agencies within one year post-graduation.
- Acceptance to doctoral programs post-graduation.

14

14

## Conclusion

- ❑ Faculty teaching in master's entry nursing programs should consider innovative learning opportunities to promote student-centered and concept-driven learning.
- ❑ Learning opportunities were positively evaluated by students and enhance their understanding of concepts specific to the MSN Essentials.

## Questions



## Contact Information

Diane Orr Chlebowy, PhD, RN  
Associate Professor  
MEPN Program Director  
MSN Program Director  
Research Scholar Program Coordinator  
(502) 852-8384  
dochle01@louisville.edu