I am excited to release the fall 2017 edition of our peer reviewed newsletter. This edition has the following inclusions:

- President's message from Dr. Patsy Smith
- Updated list of the newly elected officers and board members
- Abstract Reviews from the 30th Annual Conference, Orlando, Florida
- Conference awardees from the 30th Annual Conference, Orlando, Florida
- Members' news
- Membership benefits
- Call for manuscripts
- 31st Annual Conference Information
- Membership Application/Renewal Form

If you have news or announcements to share about yourself or your colleagues or manuscripts to submit, please send them to afletcher@umc.edu.

Respectfully,

Audwin B. Fletcher,
PhD, APRN, FNP-BC, FAAN

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**ABNF Membership**

ABNF Members attend the Annual Meeting and Scientific Conference; contribute to and review the ABNF Newsletter and ABNF Journal; apply for and learn from grants, awards, scholarships, and development opportunities; and establish a united voice on Public Policy.

**Fees:**
- $125 regular membership
- $25 student membership

An application is available in this newsletter, or you may visit our website (www.abnf.net) to complete your membership application and submit annual membership dues securely using a credit card.

Please contact Linda Washington Brown, RN, Membership Coordinator, as needed for more information:
joycew2480@yahoo.com
Greetings, Friends and Members of ABNF, Inc.,

In June, the celebratory 30\textsuperscript{th} Annual Meeting and Scientific Conference took place in sunny Orlando, Florida, with warm weather and wonderful afternoon showers. Conference space and accommodations created a wonderfully stimulating learning atmosphere. Thank you to all who attended the conference and to all who offered support through committee work, planning, and presentations.

Congratulations to all award winners and to newly elected officers. Thank you for your dedication to a busy year ahead. Conference planners are already engaging in negotiations for accommodations to hold the 2018 Annual Meeting and Scientific Conference scheduled June 6-9, 2018, in the Kensington area of West London, England. Please make plans now to participate in the conference by submitting abstracts for poster and podium presentations for knowledge dissemination, and for networking to offer and share wise advice about professional nursing careers. The ABNF Annual Meeting and Scientific Conference offers excellent opportunities for nursing faculty, graduate students, and undergrads alike to gain momentum and enthusiasm for careers in academia or clinical nursing involving nursing research. Find more information on the website: abnf.net. Professional nursing brings responsibility to work toward the health of individuals and communities in keeping with Nursing’s Social Policy Statement.*

The nation breathed a collective sigh of relief in late July when efforts to repeal the Patient Protection and Affordable Care Act (ACA) failed in the United States Senate. The audible sigh was actual and not just imagined, though perhaps difficult to fathom by many. The battle to retain affordable health care for Americans is far from complete. Therefore I take this opportunity to restate the importance of writing to national senators and representatives to let your voices be heard: the energy used to irresponsibly repeal and replace could more effectively be used to craft important adjustments to the ACA if only both sides of the aisle would work together with transparency to determine which parts require adjustment. Working together with transparency requires civility, professional behavior, and actions in the best interest of all Americans. Issues related to health care and the ACA are bound to reappear, so encourage local and national representatives to act in the best interest of the people rather than in the interest of political standing. Encourage colleagues and students to do the same.

Enter your address at the following link to obtain contact information for your congressional legislators: https://www.govtrack.us/congress/members

Additional issues merit attention to learn more about and to let representatives know the views of citizens. Without notes and letters from informed constituents, decisions may take place based on biased, uninformed, political rhetoric. Examples of bills to learn more about include the Thin Blue Line Act H.R. 265, the Protecting Our Democracy Act H.R. 356, Opioid Addiction Prevention Act S. 892, and Protecting Against Child Exploitation Act, labelled H.R. 1761, among others.

Keep watch, members and friends. The issues require more than casual voting during mid-term elections; more important than ever are the voices of academic educators and clinical practice nurses, and advanced degree and undergraduate nursing students. We, the people, create notable impact through voice about issues affecting physical and mental health.


Sincerely,
Patsy R. Smith, PhD, RN, CNE
ABNF, Inc., President (2017-2019)
ABNF Executive Board Members
Serving July 2017 – June 2018

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COMMITTEES
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ABNF FOUNDATION
Dr. Bess Stewart, FAAN

ABNF FOUNDER
Dr. Sallie Tucker-Allen, FAAN

ANNUAL MEETING (2018)
Dr. Diana P. Jones
Dr. Kathy Parker
Ms. Kimetha Broussard

Ex-Officio Members:  Dr. Diana P. Jones, Immediate Past President (2016 - 2018)
Dr. Sallie Tucker-Allen, ABNF Founder
Dr. Bess Stewart, FAAN, President, ABNF Foundation, Inc.
The primary aim of this innovative Project is to design and implement the National University Nurse-Managed Clinic (NUNMC), which utilizes an interprofessional healthcare team to deliver services onsite at designated locations throughout an underserved community, providing comprehensive direct care to patients served. Remote biometric monitoring is used between onsite visits to follow clinical trends. In contrast to the existing system, which expects patients to travel to the healthcare facility, this Project creatively shifts the paradigm by taking the interprofessional healthcare team to the community. Designed to reduce the morbidity and mortality rates of the patient population served residing in the Watts area of Los Angeles County in California, this Project cost effectively utilizes faculty-supervised nursing and health professional students, in collaboration with a full-time interprofessional healthcare team, community-based organizations (CBOs), and faith-based institutions. The Project uniquely creates public-private partnerships to improve access to care for an at-risk population. The broad objectives of this Project are to: 1) establish an interprofessional collaborative practice model to improve access to primary health care in a medically underserved community; 2) increase the diversity of the nursing and health professional workforce by improving recruitment, retention and graduation rates of minority students enrolled in the health professions programs; 3) improve the quality of care by preparing the IPCP team, nursing and health professions faculty and students to provide culturally competent and sensitive care; 4) increase the effectiveness of educational and community-based programs by empowering the community to engage in the health education and referral process, and, 5) utilize telehealthcare technologies in the delivery of primary care services to extend access beyond traditional clinic walls. To address the complex needs of the patients served, the Project team consists of a project director, advanced practice nurses (APNs), medical social worker, project manager, project coordinator, medical director, evaluator, health educator and an office secretary. The full-time Project team works in collaboration with an Advisory Board, CBOs and the faculty and students in the departments of nursing, community health and health sciences. The Project is operationalized at the National University Los Angeles Campus, serving as the home office location. The Watts targeted patient population experiences high rates of serious chronic and acute health problems with notable poor healthcare outcomes. Recent census report data indicate that there are 36,815 people residing in Watts, an area of 2.12 square miles with a density of 17,346 people per square mile, among the highest in the nation. The impact of the Project will be evaluated using a variety of measures to track patient encounters and referrals; level of change in mortality/morbidity rates of the community served; patient satisfaction; quality and safety indices; extent of interprofessional and community-based collaborations; and, the retention, graduation, and satisfaction rates of ethnically diverse nursing and health professions students.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UD7HP28533, NEPQR-IPCP for $1,492,759, and is supplemented with 53% of nongovernmental sources, including in-kind support. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
CONFRONTING THE STIGMA OF HIV/AIDS IN JAMAICA - THE LIVED EXPERIENCES OF JAMAICAN NURSES CARING FOR PATIENTS WITH HIV/AIDS IN JAMAICA: A PHENOMENOLOGICAL INQUIRY
Blondel Martin, PhD, MSN/Ed, RN

Background: At the beginning of AIDS, no one could have predicted how the epidemic would spread across the world and how many lives would be impacted or changed. Devastating families, communities, and countries, HIV/AIDS is an international epidemic crossing all oceans and all borders. HIV/AIDS patients present complex challenges for health care professionals who are at the forefront of prevention, care, and treatment. An important aspect of health care that has emerged is how nurses will adapt to these challenges and care for these HIV patients.

Purpose: To explore and describe the lived experiences of Jamaican nurses caring for patients diagnosed with AIDS or HIV and give voice to those nurses in articulating their own experiences to gain an understanding of the meaning of their lived experiences.

Methods: A qualitative research design following van Manen’s hermeneutic phenomenological traditions was used to explore the lived experience of Jamaican nurses. Data collection was obtained with the use of an audio-tape recorder to conduct semi-structured face-to-face interviews with selected participants.

Results: Four related themes of fear of being infected, transition in nursing role, powerlessness and anger, and compassion emerged through this phenomenological investigation. These themes illuminated the Jamaican nurses experiences caring for patients with HIV/AIDS, and Starck’s (2003) middle range theory of meaning provided a framework for gaining a deeper understanding of this phenomenon.

Conclusion: This research study exposed the challenges Jamaican nurses face when caring for patients with HIV/AIDS in Jamaica and their efforts to find meaning in their duties. The findings of the study highlighted the essence of their experiences by revealing that despite their fear of contracting HIV/AIDS, they displayed compassion in caring for this vulnerable population. Therefore, understanding the depth at which this experience affects health care providers can be fundamental in providing effective and culturally sensitive support to nurses.

NATIVE AMERICAN EARLY ADOLESCENTS RESPONSE TO A CULTURAL-BASED PREVENTION FOR OBESITY
Melessa N. Kelley, PhD, RN

Purpose: The purpose of this study was to explore the impact of a culturally based talking circle approach for the prevention of obesity among early adolescent Native Americans.

Design /Method: A 7-week intervention with a two-condition quasi-experimental design was implemented for the purpose of this study.

Results: A total of 100 (50 participants per condition) Keetoowah-Cherokee early adolescents ages 10 through 13 participated in this study (females n=55; males n=45).

Discussion: Childhood obesity is reaching epidemic proportions, affecting one in six children. Obesity has rapidly increased as a major public health concern in the United States among Native American children and adolescence. Although there has been an increasing effort to develop and evaluate obesity prevention programs for children and adolescents, very little attention has been devoted to understanding culturally effective approaches for Native American populations.

Implications for Practice: Schools should have culturally specific educational programs addressing childhood obesity issues, and school nurses need to be informed about culture and the importance of cultural identity and community as a protective factor/buffer against diseases/illnesses. There is a need to involve, develop, and implement family and community level education and prevention programs.
Conclusion: This study helps to validate the need for future research and more robust obesity prevention programs from a cultural perspective among Native American early adolescents. This study also demonstrates that culture and a strong sense of community and family matter and validates that culture, family, and community serve as a protective factor/buffer.

NURSING STUDENTS’ AFFECTIVE RESPONSES TO BEING OBSERVED BY FACULTY: A QUALITATIVE PILOT STUDY
Bernice W. Carmon, PhD, MPH, RN

The interpersonal nature of nursing education and practice places students in clinical learning experiences that trigger affective responses. The purpose of this qualitative pilot study was to gather information about nursing students’ affective responses to being observed by faculty during clinical learning experiences. Data for this pilot study were generated through semi-structured interviews conducted with eight undergraduate nursing students. The thematic analysis of the data revealed three affective responses: striving to feel in control, striving to feel competent, and striving to feel supported. Emotions generated by these affective responses included anxiety, fear, anger, frustration, satisfaction, relief, exhilaration, and pride. These findings suggest that students’ affective responses to being observed by faculty give rise to emotions that may subsequently influence their perceptions of clinical learning experiences. By accurately identifying nursing students’ affective responses, faculty will have knowledge that can be used to construct individualized instructional approaches that promote students’ self-regulation and facilitate achievement of desired learning outcomes.

NATIONAL UNIVERSITY VETS2BSN PROJECT
Gloria J McNeal, PhD, MSN, ACNS-BC, FAAN

The Accelerated Track for Vets to BSN (V2BSN) Project is designed to increase the number of medics and corpsmen, who apply to, enroll in, and graduate from the Baccalaureate of Science in Nursing (BSN) Program at the National University (NU) School of Health and Human Services (SHHS) Department of Nursing. The Project focuses upon recruitment, pre-entry preparation, academic support services, and retention activities planned to achieve program goals for a minimum of 20 students per cohort admitted twice per year. Students participate in career planning services and are assisted to prepare for the NCLEX-RN licensure examination. NU is a SOC credentialed institution, serving over 5,000 veteran students, and has been named one of America’s Top Military-Friendly Colleges and Universities by Military Advanced Education magazine annually since 2009. The V2BSN Project builds on NU’s successful track record of serving veterans and active duty military personnel and their families since 1971. Led by a Project Director (PD), who is a former Navy Nurse Corps Officer, the Project team consists of a manager, coordinator, counselor, recruiter, nursing faculty, academic advisors, tutors/mentors, and military personnel in the NU Office of Veterans Affairs. The Project works in collaboration with the NU FIPSE-funded Center of Excellence for Veteran Student Success, has appointed a Project Advisory Board, and builds on the current partnerships with two naval hospitals to establish clinical rotation sites. The patient populations targeted reside in 9.3 square miles of the downtown, Golden Hill, Logan Heights communities in San Diego, which consists of 59.2% Hispanic, 27.25% White, 7.29% Black, and 3.8% Asian; 67% of residents live below the federal 200% poverty level, and 34% live below the 100% poverty level. The ratio of primary care physician to residents is 1:737; and the ratio of dentists to residents is 1:1,752. The broad objectives of this project are to: 1) increase the number of veteran corpsmen and medics who are recruited and enrolled in the V2BSN track; 2) implement and evaluate the V2BSN Project that incorporates academic support services, career advisement and mentoring activities; 3) improve the quality of care by preparing veteran corpsman...
and medic students and faculty in the provision of culturally competent and sensitive care; 4) implement plans to inform V2BSN faculty about military culture and teaching strategies for veteran students; and, 5) evaluate post-graduation NCLEX-RN passage rates, and V2BSN alumni and employer satisfaction with BSN program outcomes. The Project utilizes a variety of approaches to increase nursing education opportunities for minority and veteran students through pre-entry preparation, and recruitment and retention initiatives. This accelerated program grants advanced standing by awarding college level credit using nationally recognized transcript evaluation methods, credit-by-examination options, and competency-based evaluation of prior learning and experience. The NU accelerated model of one-course per month format, and online and hybrid course offerings facilitates program completion in 22 months of study, after meeting all pre-requisite requirements. The outcomes of this Project will be evaluated using a variety of measures to track student success: academic progression, retention and graduation rates, scores on standardized tests, employment data, and passage rates on NCLEX examinations.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UF1HP26986, NEPQR-VBSN for $1.05 million, and is supplemented with 27% of nongovernmental sources, including in-kind support. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

OPTIMIZING OPPORTUNITIES FOR ETHNIC MINORITY STUDENTS IN NURSING SCHOOL

P. Renée Williams, PhD, RN, CCE

Introduction: Research has consistently documented that racial and ethnic minority health professionals are more likely to provide culturally competent care to racial and ethnic minorities. Ethnic minorities tend to practice in their communities and provide care to medically under-served populations. Further, recipients of such care tend to be more compliant and trusting of those "who look like them". (Institute of Medicine 2004, 2010, Sullivan Commission, 2004). For these reasons it is imperative to increase the number of racial / ethnic minorities in the nursing profession. The American Association of Colleges of Nursing (AACN) (2013) stated that "all national nursing organizations, the federal Division of Nursing, hospital associations, nursing philanthropies, and other stakeholders within the health care community agree that recruitment of underrepresented groups into nursing is a priority for the nursing profession in the U.S" (p. 2). They further surmised that a diverse nursing workforce will be better equipped to serve a diverse patient population and is essential in meeting the health care needs of the nation and reducing the health disparities that exist among minority populations.

Discussion: A significant challenge for the nursing profession is providing financial aid and academic enrichment services to economically disadvantaged students. Due to the current economic climate, compounded with federal and state policies, tuition rates and increased college and university costs, sources of need-based and non-need based financial aid have decreased. Further, the costs associated with nursing education serve as a barrier for many ethnic minority and low income students (American Association of Colleges of Nursing, 2014, Institute of Medicine, 2004, Sullivan Report, 2004).

Other pertinent information: To increase the number of ethnic minority students admitted and successfully graduate from the University of Mississippi Medical Center School of Nursing, (UMMC SON) the investigator was awarded $100,000.00 in 2015 by the William Randolph Hearst Foundation to continue to provide academic scholarships and enhance the current recruitment and retention activities from a previous Endowed grant of $120,000.00 awarded in 2010. Collaboration with counselors or appropriate representatives in targeted high schools was implemented to identify students interested in
nursing. These students will be registered to participate in ongoing academic enrichment activities coordinated through the UMMC SON Diversity and Inclusion Committee and UMMC Office of Health Careers Opportunity. Using a formal mentoring process, activities such as pre-admission counseling, strengthening standardized test-taking skills, ACT remediation, assistance with the application process, and interviewing skills will be provided. The admission and matriculation of selected ethnic minority students will be tracked to determine whether the strategies developed by the investigator have had an impact on increasing the number of ethnic minority students graduating from nursing school.

DEVELOPMENT OF THE FIRST INDIGENOUS NURSING RESEARCH CENTER WORLDWIDE
John Lowe, RN, PhD, FAAN

The overall goal of the Center for Indigenous Nursing Research for Health Equity (INRHE) is to partner with Indigenous people, communities, and organizations, nationally and internationally, to attain health equity. The INRHE center serves as the first Indigenous nurse led research center worldwide. The INRHE Center serves as the core for connecting Indigenous peoples and communities at the local, tribal, state, national, and international level with academic and research partners to guide and lead research, translation, dissemination, and capacity building efforts. The INRHE Center has a particular interest in the global and transnational connections of Indigenous peoples and communities. Indigenous and non-Indigenous nurses globally serve as a catalyst for building strong relationships between Indigenous peoples, communities, organizations and research partners for the purpose of addressing health disparities and other barriers to the attainment of complete wellness and health equity. Nursing led research among Indigenous peoples worldwide needs to be conducted so that rigorous scientific inquiry will provide a significant body of knowledge to nursing and other health-care practices, prevention and intervention health programs, along with shaping health policy that will impact the health of all Indigenous peoples. Additionally, nurse researchers bring a holistic perspective to studying Indigenous individuals, families, and communities involving a bio-behavioral, interdisciplinary, and translational approach to science.

THE EXPERIENCE OF FATHERING A PRETERM INFANT: A PHENOMENOLOGICAL STUDY
Karen E. Alexander, PhD, RN, CNOR

Preterm births (PTB) are the largest obstetrical problem in the United States (CDC, 2016; WHO, 2016). An infant’s preterm birth presents an extraordinary life situation for fathers, whose voices are rarely heard. A hermeneutic phenomenological approach was used to explore the experience of fathering preterm infants from fathers’ perspectives. The primary research question was “What meanings do fathers of pre-term infants ascribe to fatherhood, family, relationships with the infant, and work, within the context of fathering a preterm infant?” A purposive sample of five fathers of infants born between 24 and 36 weeks gestation participated in three semi-structured interviews over four-months beginning within six months of the birth. Each father took photographs expressing their experience of fathering. Van Manen’s phenomenological approach guided the analysis of interview transcripts and photos and Madison’s nine principles were used to ensure rigor. Guided by van Manen’s four existentials, the 10 emergent themes included “anticipating a future of possibilities,” “worry, waiting and not knowing,” “running out of time,” “letting others in my world,” “living the space of fathering at home and work,” “fatherhood unleashed/ becoming closer,” and “man in the mirror.” Findings will help inform nursing education, policy, and innovative practices of caring for fathers in the community and hospital settings.
EVALUATING SCHOOL NURSES’ PERCEPTIONS OF SELF-EFFICACY IN CARING FOR CHILDREN WITH TYPE 1 DIABETES MELLITUS

Latiena Williams, DNP, RN
Maria Russ, PhD, ARNP, CPNP

Of the 1.25 million Americans living with Type 1 Diabetes Mellitus, approximately 200,000 are school aged children. These school aged children require a high level of healthcare management to ensure their educational success, making continuing education for school nurses in diabetes management essential; however, little evidence regarding the impact of the school nurses’ perception of self-efficacy to manage diabetes has been shown.

This mixed method study evaluated perceived self-efficacy in school nurses who provide care and education to children with Type 1 Diabetes Mellitus (T1DM). The variables examined in this study were (a) self-efficacy diabetes education, and (b) post educational intervention in a sample of 60 school nurses. These variables were examined to determine if there is an existing relationship between school nurses’ self-efficacy in providing care and the educational support they receive as part of their continuing education. Sixty school nurses employed in a large county in Florida participated in the study. The quantitative data were analyzed using SPSS (Statistical Package for the Social Science, version 6.0 for Windows, Chicago, IL). The qualitative data were analyzed using a thematic approach. The significant finding was that the self-efficacy diabetes education scores of school nurses were correlated with their perceived access to diabetic resources. Specifically, what we learned was that for school nurses to do a competent job in caring for children with T1DM, they must have readily available diabetic care management resources, inclusive of parental support, effective communication with the physicians and other healthcare providers, and students’ compliance to diet and medication regimen. The study found no relationship between the years as a school nurse, years as a nurse, age, and educational level and the self-efficacy of the school nurse. This study was an important starting point for evaluating school nurses’ perceptions of their ability to deliver diabetes care and education to students with T1DM.

As a Doctor of Nursing Practice professional, I used the finding from this study to develop a program to increase the self-efficacy of school nurses. The program incorporates having weekly/biweekly conferences with the endocrinologist, school nurse, parents, teachers, and student with the most difficult cases. Furthermore, this study has led to a comprehensive standardized medical order form and a policy change at the state of Florida level that covers all students with diabetes.

CARING-BASED NCLEX SWAT TEAM MODEL FOR INCREASING NCLEX SCORES AMONG DIVERSE BSN STUDENTS

Karethy Edwards, DrPH, ARNP, FNP-BC, FAAN
Jacqueline Marshall, PhD, MPH

Introduction: The purpose of this paper is to present a caring-based learner-centered model of successful strategies for increasing NCLEX scores in an ethnically and racially diverse student population.

Methods: An NCLEX SWAT team was organized for the purpose of creating a caring-based learner centered model to increase the previous year’s NCLEX pass rate of our ethnically and racially diverse student population. The model was based on the College of Nursing’s caring philosophy, values of educational equity, individualized learner-centered teaching approaches, and assessment technologies.

Findings/Results: Our outcomes demonstrated a 16.3% increase in NCLEX scores from 80% to 96.3% NCLEX pass rate for first time NCLEX test takers in one year.

Discussion/Conclusion: The NCLEX SWAT team caring-based learner-center model maybe useful in increasing NCLEX pass rates for first diverse student learners.
THE GRADE EXPERIENCE OF ONLINE NURSE PRACTITIONER STUDENTS WHO TOOK MORE THAN ONE CLINICAL COURSE
Phyllis D. Morgan, PhD, FNP-BC, CNE, FAAN
Jennifer Stone, DNP, FNP-BC
Mahaman Moussa, DNP, FNP-BC
Joshua Fogel, PhD
Linda Steele, PhD, FNP-BC
Bobbie Perdue, PhD, RN

The shortage in primary care physicians has increased the demand for nurse practitioners (NPs). Online NP programs are increasing to meet the needs of working students with other personal and professional life demands. Online NP programs need to produce graduates that are able to provide safe, competent, and quality healthcare. There is limited research on the educational outcomes of online NP programs. This study examines grade experience differences for students of an online NP program who took more than one clinical course per quarter as compared to those who did not take more than one clinical course per quarter. Three approaches were used: 1) number of clinical course failure grades, 2) overall clinical course grade point average (GPA), and 3) overall all-course GPA. This retrospective correlational predictive design included 3,760 online NP students who graduated between fall 2013 through spring 2016. The study found that students who took multiple clinical courses per quarter had higher statistical odds of failing a clinical course for the first time as compared to those who only took one clinical course per quarter. No differences were found for overall clinical course GPA and overall all-course GPA. Data driven decisions are vital to successful NP program outcomes. This study demonstrates that it is important for NP faculty to communicate to NP students the potential risk for clinical course class failure when taking more than one clinical course per quarter.

CARING-BASED ACADEMIC PRACTICE PARTNERSHIP TO INCREASE BSN-DNP GRADUATES’ WILLINGNESS & READINESS TO PRACTICE IN UNDERSERVED COMMUNITIES
Karethy Edwards, DrPH, ARNP, FNP-BC, FAAN
Karen Wisdom Chambers, DNP, ARNP, FNP-BC

Introduction: The purpose of this paper is to present a model of a co-created innovative evidence-based, academic practice partnership with relevant learning experiences for BSN-DNP students grounded in a compassionate, caring framework to enhance new BSN-DNP graduates’ readiness and willingness to practice in rural and underserved communities.

Methods: We fulfilled this purpose by partnering with a federally qualified health center (FQHC) with congruent missions, knowledgeable about social determinants of health, chronic disease management, rural health culture and indices so that we can prepare a culturally-fluent generation of care providers who practice in a caring-based framework with racially and ethnically diverse rural and underserved populations yielding improved patient outcomes, increased patient satisfaction, and cost savings. In this setting, a clinical faculty from the College of Nursing spends .50 FTE in the FQHC. Additionally, the FQHC created a new role, Site Coordinator, to manage the nurse practitioner student experience in their organization. BSN-DNP students are assigned to the FQHC for 3-5 semesters, over 50% of their clinical practice experiences. Students were administered baseline Willingness to Serve and the Caring Abilities Inventories and re-administered at the end of each semester. Students submit weekly reflective journals of their experiences. Equally important, a Director of Diversity role was created to facilitate student attainment of culturally competent skills.

Findings/Results: The preliminary findings indicate that students had high scores on the Caring Inventory
and value the positive receptiveness of patients, preceptors, and staff in the FQHC.

**Discussion/Conclusion:** This academic practice partnership model may be useful in increasing the readiness and willingness of new BSN-DNP graduates to provide primary care services to underserved, ethnically, and racially diverse communities.

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**CHANGING THE CULTURE OF NURSING CARE: INCREASING UTILIZATION OF SBIRT AMONGST STUDENTS IN RN TO BSN PROGRAM**

Umeika Stephens, DNP, PMHNP-BC, FNP-BC  
Cynthia McNeill, DNP, AGCPNP-C

**Introduction:** Substance use and substance abuse disorders are a major public health problem. Consequently, effective substance abuse treatments tend to be those that use a multimodal approach that identifies and addresses the multiple needs presented by the client. The larger impact that we expect to see across mental health and medical systems are: (1) the proliferation of an effective, efficient and affordable process of facilitating access to treatment for those who need it the most, and (2) for the nurses to develop a deeper understanding of the importance of coordination of care across various disciplines and levels of care when working with substance use disorders. Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a practice model disseminated by SAMSHA to train clinicians to identify, reduce and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. As part of a HRSA grant, faculty from Wayne State University (WSU) College of Nursing (CON) have trained 34 registered nurses (RNs) in the ADN to BSN completion program to incorporate SBIRT into their clinical practice and use reflective journaling to document the nurses’ experience using SBIRT.

**Methods:** SBIRT training was provided to 34 RNs enrolled in the ADN to BSN completion program. The RNs incorporated 2 appropriate screening tool(s) from SBIRT, (i.e. Audit, CAGE, DAST) into their clinical practices and utilized journaling to document their experience. Each student will receive the IRETA certified SBIRT training required, after completion of the training, each student will “practice” in the SIMULATION LAB. Students were required to complete reflective journals and how they feel this impact their professional practice.

**Findings/Results:** RNs completed journals discussing their ability to incorporate SBIRT with patients. Themes identified included 1) ease of using SBIRT in clinical practice and 2) SBIRT being a viable tool to enhance assessment skills 3) increased competence/confidence in addressing substance use issues with patients

**Discussion/Conclusion:** This education initiative benefited nursing students by exposing them not only to the SBIRT training, but also to allowed them to develop a broader conceptualization of substance use disorders as complex conditions demanding a collaborative approach across disciplines (integrated care).

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**THE INTERSECTIONALITY OF PATIENTS AND HEALTH: LESSONS LEARNED FROM A STUDY ON THE SOCIOECOLOGICAL FACTORS ASSOCIATED WITH VITAMIN D DEFICIENCY: IMPLICATIONS FOR ADULTS WITH OBESITY AND CHRONIC PAIN**

Valeria Ramdin, PhD, MS, APRN-BC

**Introduction/Statement of the Problem:** Scientific evidence suggests Vitamin D [VD] deficiency [affects approximately 28 million Americans] is linked to chronic diseases including CVD, cancer, CKD, diabetes, SLE, and immunodeficiency. This large-scale association pose a population health threat. National
guidelines provide screening and treatment information for VD, but excludes socioecological factors which can be used to reduce disease burden.

**Purpose/Research Question/Hypothesis:** The purpose of the study was to determine what key socioecological factors were most associated with VD deficiency in adults with chronic illness. Furthermore, to test the hypothesis that there was a statistically significant association between VD deficiency and obesity and VD deficiency and pain.

**Research Design/Methods:** The Socioecological Model [SEM] was the theoretical framework used. We conducted research using a retrospective study design examining patient charts from 2007 to 2012 at an urban integrative medical clinic located in Northeast USA. IRB approval was obtained. ICD-9 and DSMIV codes were used. Inclusion and exclusion criteria were used to proof the approximately 6000 clinical visits. Initial manual review was used to code the data, and validate that each subject had a single merged file. Pain was captured on the pain scale, BMI was used for obesity, and serum 25(OH)D concentrations was used for VD. Chi Square and Regression were used for analysis.

**Results/Findings:** In this sample N=1268, 80% women, and 20% men, mean ages were 52±13.9 and 55±12.4 years-old respectively. Fewer than 6% of the subjects had adequate VD across seasons; mean VD was 26.4±11.6 ng/ml, indicative of deficiency. 29% of Blacks compared to 17% of Whites were deficient. VD deficiency was strongly associated with age, seasonality and ethnicity (p values <0.0001). An inverse relationship was observed between VD and BMI, B 13.6 and P <0.001. VD deficiency and pain were correlated at the moderate pain level P=0.04, 95% CI, [21.6-28.6].

**Interpretation/Conclusion:** SEM is valuable for systematically evaluating VD status. Serum 25(OH)D testing should be done on adults living in temperate zones. Overweight category should be added to VD deficiency risk. VD/pain relationship should be further explored.

**SEXUAL HEALTH AMONG AFRO CARIBBEAN MALE ADOLESCENTS AT RISK FOR HIV/AIDS**

*Cynthia Archibald, PhD, RN*

**Introduction:** The purpose of this study was to assess knowledge and attitudes regarding HIV/AIDS among Afro Caribbean male adolescents.

**Methods.** This was a naturalistic design; using focus groups and interviews to explore perceptions of adolescents living in South Florida. This data collection method of a descriptive inquiry is appropriate for elicitation research in a population that has not been studied.

**Findings/Results:** Themes included: *Standing up against the urge; Memory lapse; Fear of testing; and Dissociation*

**Discussion/Conclusion:** Adolescents face challenges with sexual temptations, they forget what they learn in sexual education classes when faced in the situation, they are fearful of actually going for testing and their relationship with a friend with HIV would strain. Innovative approaches that will gain and maintain attention to enhance behavior change in risky sexual behaviors for this population is highly indicated.

**Other pertinent information:** Stigma is a persistent finding in previous work in this population and challenging for researchers.
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CONGRATULATIONS

Dr. Frieda Outlaw
Lifetime Achievement in Nursing Education and Research

Dr. John Lowe
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Tina Cuellar, PhD, RN was elected president-elect, president, and past-president of the Texas Nurses Association (TNA) District 9 Houston-Galveston area. Newly elected officers for TNA District 9 were inducted Thursday, June 8 at 12:30 during the annual membership meeting. Officers assumed their official duties on July 1, 2017 and will serve through June 30, 2020.

Linda Gregory, RN, PhD was conferred her with Doctorate of Philosophy in Nursing from the University of California San Francisco School of Nursing. The title of her dissertation was “Understanding the Experiences and Perceptions of Underrepresented Minority Doctoral Nursing Students Enrolled in Predominately White Universities”.
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