J Nurs Care 2014, 3:7
http://dx.doi.org/10.4172/2167-1168.S1.008

OMICS Group Conferences
Accelerating Scientific Discovery

2nd International Conference on
Nursing & Healthcare
November 17-19, 2014 DoubleTree by Hilton Hotel Chicago-North Shore Conference Center, USA

Implementation of the hybrid educational extension learning partnership (HEELP) nursing model

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Educators are accountable for ensuring students receive the essential curricular competencies needed to pass the NCLEX the first time and ultimately provide safe competent care in the practice setting. Student pass rates on the national council licensure examination (NCLEX) continue to be one of the primary indicators of program evaluation. A systematic program evaluation plan is an optimal approach for continuous improvements. However, when curricular issues occur, the steps within the process of revising a program evaluation plan can be laborious, time-consuming, and oftentimes the results not evident for years. In the interim, it would be sensible to establish a plan that would facilitate immediate results. The purpose of this abstract proposal is to introduce the hybrid educational extension learning partnership (HEELP) nursing model. The HEELP© nursing model is a transformational approach to student learning and faculty development by way of resource sharing. The aim of the model is to develop collaborative partnerships between lower performing schools with higher performing schools based on NCLEX pass rates. The faculty of the higher performing schools offers HEELP© by way of resource sharing. Specifically, the HEELP© faculty will assess student's areas of weakness, design a tailored learning plan, implement the plan, and conduct a post intervention evaluation of student growth. Implementation of the HEELP© in nursing model between neighboring states (NC and SC) substantiated its usefulness and resulted in the emergence of new founded use related to reciprocal professional development between faculty of each program.

A qualitative systematic review employing a meta-aggregation methodology addressing the experience of patients, families and/or significant others with waiting in the context of the healthcare delivery system

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This systematic review considered studies with a focus on patients, family members and/or significant others, of any age, who had experience with the phenomenon of waiting in the context of the healthcare system. Following a systematic search 2481 studies were identified. Based on review of title and/or abstract 2388 studies were excluded. Ninety-three full text papers were retrieved for detailed examination against inclusion/exclusion criteria spelled out in the published protocol; 55 of those were excluded leaving 40 studies for appraisal of methodological quality. The methods for this systematic review followed those endorsed by the Joanna Briggs Institute, University of Adelaide, Adelaide, AU.

Conclusions: During times of waiting patients, families and/or significant others describe the experience as frustrating, paternalistically insulting, stressful and anxiety producing. There is no doubt that for many, waiting is a fearful, turbulent experience and one in which the healthcare system affords patients, families and/or significant others little opportunity to have the power to influence time and outcomes. A disconnect exists between healthcare system providers and patients, families and/or significant others regarding the meaning of waiting. For those who work in healthcare waiting is part of the culture, and is considered routine and normalized. For those who must wait the waiting is personal, fearful, and sometimes tortuous. Feelings of frustration, stress and anxiety were described frequently. Healthcare providers may be able to lessen the impact of the experience through a variety of empathic interventions.