Objectives

1. Describe the typical learning functions within the realm of the Nursing Professional Development (NPD) specialist.

2. Examine the degree of consistency with which some health care organizations reportedly implement the NPD function.

3. Discuss the average ratio of "Number of RN staff : Number of NPD FTE" resulting from a recent inquiry of NPD leaders.

4. Apply this process to examine one's own NPD workforce in a fiscally responsible manner.
NURSING PROFESSIONAL DEVELOPMENT: QUANTIFYING OUR ROLE AND OUR VALUE

Hospitals will Not be Identified

• Data is blinded.
• Participating hospitals will not be identified.
• On February 14, 2013 representatives approved the release of this data for general distribution in order that nursing leaders become better informed.

Survey Purpose

1. Understand the clinical learning function, including its scope.
2. Understand, define, and clarify the role of the Nursing Professional Development (NPD) Educator in serving the clinical learning function. What do we really do?
3. Examine to what degree are we similar or dissimilar in implementing the clinical learning function.
4. Establish to what degree are we similar or dissimilar in assigning NPD manpower to support the clinical learning function.

Survey Implementation

October 31, 2012 to December 31, 2012
Distributed to 28 member hospitals.
NURSING PROFESSIONAL DEVELOPMENT: QUANTIFYING OUR ROLE AND OUR VALUE

Possible Conclusions
The job of the nurse educator is quite similar across all of our hospitals (based on job functions being similar across CHA hospitals in this survey), and so if our ratios emerge with extreme variability, then we should feel very confident in drawing the conclusion that we staff for a very similar clinical education function quite differently from one another.

Possible Conclusions
We implement the role of the nurse educator differently across our hospitals (based on job functions being dissimilar across the CHA hospitals in this survey) and so even if our ratios come out pretty similar, there is no way we can compare ourselves to one another with any reliability.
Possible Conclusions

We implement the role of the nurse educator differently across our hospitals (based on job functions being dissimilar across the CHA hospitals in this survey) and so even if our ratios come out dissimilar, too, there is no way we can compare ourselves to one another with any reliability.

What is our Degree of Agreement on Sub Functions Within the Realm of the NPD Educator?

Preceptor Program

93% 13/14 describe oversight as responsibility of a centralized nurse/clinical education department or a shared responsibility between centralized and decentralized educators

7% describe oversight as led by another department: “Corporate”

Very good agreement on sub-functions that are considered typical components of a nurse preceptor program.
NURSING PROFESSIONAL DEVELOPMENT: QUANTIFYING OUR ROLE AND OUR VALUE

Sub-Function Example
• Needs assessment
• Lit review/summary of evidence
• Program guidelines
• Selection criteria
• Orientation of preceptor
• Coordination at unit/department level
• On-going development of preceptors
• Coaching, feedback and valuation of preceptor performance
• Adult learning principles
• Audits for no blanks in paperwork
• Program evaluation
• Formative & summative

Centralized RN Orientation Program
93% 13/14 describe oversight as the responsibility of a centralized nurse/clinical education department
7% describe oversight as led by another department: In this case “Corporate”

Very good agreement on sub functions that are considered typical components.

Central Interdisciplinary Orientation Program
78.6% 11/14 describe oversight as responsibility of centralized nurse/clinical education or a shared responsibility between centralized and decentralized educators
14.3% 2 do not offer
7.1% describe oversight as led by another department with educators teaching components like restraints and BLS

Removing the 2 who do not offer, the agreement value changes to 92.85%. Very good agreement on sub functions. All 12 who offer agree there is some coordination needed at unit/department level.
NURSING PROFESSIONAL DEVELOPMENT: QUANTIFYING OUR ROLE AND OUR VALUE

Nurse Residency Transition Program

100% describe oversight as the responsibility of centralized nurse/clinical education

• One hospital plans to begin offering in Spring 2013

Very good agreement on sub functions that are considered typical components. Unanimous agreement there is some coordination required by unit level NPD educator

Unit/Department Based Nursing Orientation Program

93% describe oversight as the responsibility of a centralized nurse/clinical education department, the unit itself, or is a shared responsibility between centralized and decentralized educators

7% describe oversight as led by another department: In this case “Corporate”

Very good agreement on sub functions that are considered typical components, and all agreed there is coordination needed by the educator on the unit

Additional Unit/Department Staff Orientation (UAP or Unit Secretary)

100% describe oversight as the responsibility of centralized nurse/clinical education

• Very good agreement on sub functions that are considered typical components of the program.

• Good agreement that unit based nurse educator coordination required.
Nursing Student Affiliations
64.3% 9/14 describe oversight as the responsibility of centralized nurse/clinical education
7.1% 1 hospital does not offer
28.6% 4/14 describe oversight as led by another department:
  • Academic Nursing Director in Nursing Administration
  • Student Nurse Coordinator in Patient Care Services
  • Centralized Education Department
  • Education & Research Coordinator
Back out 1 who does not offer, 70% agree. Very good agreement on sub functions.

Traveler/Agency/Contract Orientation
50% 7/14 describe oversight as responsibility of centralized nurse/clinical education
21.4% 3 do not offer
28.6% 4/14 describe oversight as led by another department:
  • HR
  • Patient Care Services
  • Nursing Administration
  • Hosting Department
Very good agreement on sub functions. Unanimous agreement that there is coordination required by the unit based nurse educator.

Courses Focused on a Competency (Trauma)
57.2% 8/14 describe oversight as the responsibility of centralized nurse/clinical education team
42.9% 6/14 describe oversight as being split, depending on the course:
  • HR – soft skills
  • Trauma Educator – Trauma
  • Newborn Center Educators – NRP and STABLE
  • Corporate Education – AHA
• Very good agreement on sub functions and on role of unit/department based educators in coordinating scheduling into and follow up on these courses.
Role Based Workshops (Ex: SANE)

28.5% 4/14 agree that primary oversight lay with central nurse education
7.1% 1 hospital does not offer
64.3% 9/14 describe oversight as being with educators in various departments at the unit level.

SANE = SANE nurses
Patient Sitter – Nursing Support Services
Charge Nurse – coordinated by HR/unit leaders in two others.

91% of respondents agree that there is coordination required by unit educators.
• Very good agreement on sub functions.

Nurse Manager Orientation/Courses

21.4% 3/14 describe primary oversight as the responsibility of centralized nurse/clinical education
71.4% describe oversight as led by another department:
- HR/Organizational or Leadership Development x9
- Corporate Level/Center for Lifelong Learning x2
- Patient Services Department

• Very good agreement on sub functions required to manage these activities and very good agreement (91.7%) that a leader other than the NPD educator coordinates this at the unit level.

POCT Program

35.7% 5/14 describe oversight as the responsibility of centralized nurse/clinical education
64.3% describe oversight as led by the Lab

• According to 64.3% of respondents, unit based NPD educators do play a significant role in working with the lab on coordinating, management, guidelines, competence validation and record-keeping.
NURSING PROFESSIONAL DEVELOPMENT: QUANTIFYING OUR ROLE AND OUR VALUE

AHA Training Center
71.5% 10/14 describe oversight as the responsibility of centralized nurse/clinical education

28.6% 4/14 describe oversight as led by another department

A stand alone department by one hospital
In the Sim Lab which falls under Corporate Education
Outsourced or in HR Education Department

Very good agreement on sub functions and 75% of respondents state there is coordination required of decentralized/unit based educators

Annual Mandatory Education
85.7% 12/14 describe oversight as the responsibility of centralized nurse/clinical education

14.3% describe oversight as led by another department

• Good agreement on sub functions and that coordination is required (92.3%) at the unit/department level by a nurse.

• In one organization HR handles even unit level coordination.

CPR/BLS Skills Validation
92.3% 12/13 describe primary oversight as the responsibility of centralized nurse/clinical education

7.7% describe oversight as led by another department

• Very good agreement on sub functions.
Annual/On-going Required Competency Validation

57.1% 8/14 describe primary oversight as the responsibility of centralized nurse/clinical education

42.9% 6/14 describe oversight as shared responsibility of unit educators.
- Very good agreement on sub functions and that coordination is required by nurses at the unit level.
- Comments indicate 100% agreement that this function requires either centralized or unit based coordination. For example, 100% (12/12) respondents indicated nurse educators are responsible for the design and delivery of this content.

Quality Improvement

7.1% 1/14 describe primary oversight as the responsibility of centralized nurse/clinical education

14.3% 2/14 do not offer

78.6% 11/14 describe oversight as led by another department
- Removing the 2 who do not offer, 92% (11/12) agree this is led by another department.
- Good agreement on sub functions and comments that indicate that educators have a strong presence in quality as members of quality teams.

Nurse Conference Planning

50% 7/14 describe oversight as the responsibility of centralized nursing education

14.3% 2/14 do not offer

35.7% 5/14 describe oversight as led by another department
- Removing the 2 who do not offer, 58% (7/12) say primary oversight lies with nursing/clinical education.
- Almost unanimous agreement on sub functions of conference planning.
- NPD educators are indicated as often serving on planning teams or doing the CNE for a conference, but this is not considered a routine function of the NPD educator.
### Nursing Professional Development

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>57.2%</td>
<td>describe primary oversight as the responsibility of centralized nurse/clinical education</td>
</tr>
<tr>
<td>42.9%</td>
<td>describe oversight as led by another department, depending: Nursing: Certification Review, Preceptor Development, Nurse Mentor Program Others who contribute include: Clinical Scholars, EBP Scholars, Pt Care Services, Research Council, HR, Work Study Coordinator in HR</td>
</tr>
</tbody>
</table>

• Very good agreement on sub functions; involvement of a NPD educator at the unit level varies by program.

### LMS System Administration

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>7/14 describe oversight as the responsibility of centralized nurse/clinical education</td>
</tr>
<tr>
<td>50%</td>
<td>7/14 describe oversight as led by another department: In this case examples were HR and System level departments</td>
</tr>
</tbody>
</table>

Very good agreement on sub functions and good agreement that unit educators do have responsibility like assigning modules, serving as SME, and running reports.

### Continuing Nursing Education (CNE) Providership

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>92.8%</td>
<td>13/14 describe oversight as the responsibility of centralized nurse/clinical education</td>
</tr>
<tr>
<td>7.1%</td>
<td>describe oversight as led by another department: In this case “Corporate”</td>
</tr>
</tbody>
</table>

Almost unanimous agreement on sub functions and several mention there are Nurse Planners at the unit/department level.
Policy Review & Revision

14.3% 2/14 describe oversight as the responsibility of centralized nurse/clinical education
21.4% 3/14 do not offer
64.3% 9/14 describe oversight as led by another department

* Very good agreement on sub functions.
87.5% (7/8) agreed that unit educators have responsibility for coordinating communication out about change and validating competency when necessary.

New Product Introduction

57.1% 8/14 describe primary oversight as the responsibility of centralized nurse/clinical education
42.9% 6/14 describe oversight as led by another department, committee or practice council

* Very good agreement (91%) that the nurse educator has a role in management of new product introduction at the unit level by way of communication and competence validation.

Collaborations with Schools of Nursing

78.6% 11/14 describe primary oversight as the responsibility of centralized nurse/clinical education
14.3% 2/14 do not offer
7.1% 1/14 describe oversight as led by patient care services department

When we remove the 2 who do not offer, 92% (11/12) agree on primary oversight.
NURSING PROFESSIONAL DEVELOPMENT: QUANTIFYING OUR ROLE AND OUR VALUE

**Simulation**

71.4% 10/14 describe primary oversight as the responsibility of centralized nurse/clinical education department

7.1% 1/14 do not offer

21.4% 2/14 describe primary oversight being led by another department: in these cases the Simulation Lab itself.

77% agreement when we remove the 1 who does not offer. Very good agreement on sub functions and respondents noted that NPD educators are involved but that others are involved as well – CNS, MD

**High Level of Agreement**

That Functions are Part of the Nurse Educator Role

<table>
<thead>
<tr>
<th>Function</th>
<th>% Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit Based Competency Validation of Travelers, Agency, Contract Nurses</td>
<td>100</td>
</tr>
<tr>
<td>Annual Ongoing Required Competency Validation</td>
<td>100</td>
</tr>
<tr>
<td>Nurse Residency Transition Program</td>
<td>100</td>
</tr>
<tr>
<td>Role Based Workshops</td>
<td>100</td>
</tr>
<tr>
<td>Orientation of Additional Unit Staff</td>
<td>100</td>
</tr>
<tr>
<td>Courses Based on Competency (Trauma, NRP, STABLE)</td>
<td>100</td>
</tr>
<tr>
<td>Unit/Department Orientation Program</td>
<td>95</td>
</tr>
<tr>
<td>Preceptor Program</td>
<td>90</td>
</tr>
<tr>
<td>Centralized RN Orientation Program</td>
<td>90</td>
</tr>
<tr>
<td>Centralized Interdisciplinary Orientation</td>
<td>92.85</td>
</tr>
<tr>
<td>CNS Approved Preceptorship</td>
<td>92.8</td>
</tr>
<tr>
<td>CPR / BLS Skills Validation</td>
<td>92.3</td>
</tr>
<tr>
<td>Annual Mandatory Education</td>
<td>92.3</td>
</tr>
<tr>
<td>Collaborations with Schools of Nursing</td>
<td>90</td>
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<tr>
<td></td>
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</tbody>
</table>
## Moderately High Level of Agreement

**That Functions are Part of the Nurse Educator Role**

<table>
<thead>
<tr>
<th>Function</th>
<th>% Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education related to Policy revisions</td>
<td>87.5</td>
</tr>
<tr>
<td>POCT Education coordination and competency validation by unit educators</td>
<td>83.4</td>
</tr>
</tbody>
</table>

## Some Agreement

**That Functions are Part of the Nurse Educator Role**

<table>
<thead>
<tr>
<th>Function</th>
<th>% Agreement</th>
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<tbody>
<tr>
<td>Simulation</td>
<td>77</td>
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<tr>
<td>LMS System Administration by unit based educators</td>
<td>76.9</td>
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<tr>
<td>AHA Training Center</td>
<td>71.5</td>
</tr>
<tr>
<td>Nursing Student Affiliations</td>
<td>70</td>
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</table>

## No Agreement – Significantly Variable

**That Functions are Part of the Nurse Educator Role**

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<tr>
<th>Function</th>
<th>% Agreement</th>
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</thead>
<tbody>
<tr>
<td>Nursing Conference Planning</td>
<td>58</td>
</tr>
<tr>
<td>Nursing Professional Development</td>
<td>57.2</td>
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</tbody>
</table>
NURSING PROFESSIONAL DEVELOPMENT: QUANTIFYING OUR ROLE AND OUR VALUE

High Level of Agreement
That Functions are Consistently NOT part of the Nurse Educator role

<table>
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<tr>
<th>Function</th>
<th>% Agreement</th>
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</thead>
<tbody>
<tr>
<td>Quality Improvement</td>
<td>92</td>
</tr>
<tr>
<td>P&amp;P Revisions</td>
<td>82</td>
</tr>
<tr>
<td>Nurse Leader/Manager Orientation/Courses</td>
<td>71.4</td>
</tr>
</tbody>
</table>

Representativeness of the Functions in the Survey

<table>
<thead>
<tr>
<th># of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
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<tr>
<td>8</td>
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<tr>
<td>6</td>
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<tr>
<td>4</td>
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<td>2</td>
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<td>1</td>
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</table>

Functions Believed Missing by 2012 Respondents
- Inservicing at the bedside
- Committees/meetings
- Change Agency
- Daily Operations
- Magnet Activities
- EMR Education / competence validation / Integrations
- Care Coordination & integration
- NIMS training
- Coordination of speakers for events/nurse’s week
- New hospital move in
- Consults on individual nurse development plans
- Development of on-line programs
- Education on Professional Practice
- Education for research/clinical scholars/publications/EBP/Quality
### Conclusion: Consistency of the Work Performed by the NPD Educator:

The job of the nurse educator is quite similar across all of our hospitals. We are similar enough that we believe we can compare ourselves to one another. Therefore, since our ratios came out quite similar, we should feel confident in the validity and reliability of those ratios and our conclusion that we employ a similar number of nurse educators to get a similar job done.

### Key Point

- In those hospitals where certain functions are typically outsourced/ not served by the NPD function, those hospitals may have ratios of NPD educator to RN staff smaller in comparison.

- On the other hand, hospitals whose NPD educators manage functions sometimes outsourced by other hospitals may be able to justify a larger nurse educator to RN ratio. Examples of these outsourced or inconsistent functions include: American Heart Association classes such as BLS, PALS, and ACLS, TNCC, Nursing Professional Development offerings, Simulation, management of Student Affiliations, conference planning, quality improvement, and LMS coordination.

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<table>
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<th>#</th>
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<th>Decent</th>
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<th>Staff</th>
<th>Mana</th>
<th>Other</th>
<th>Subtract</th>
<th>NPD FTE</th>
<th>RN Served</th>
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<td>5</td>
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<td>.1</td>
<td>1.2</td>
<td>21.9</td>
<td>1400</td>
</tr>
</tbody>
</table>
Conclusions Around Our Primary Aims:

1. What are the typical learning functions viewed as being within the scope of the Nursing Professional Development (NPD) Educator?

*The learning functions in the survey do a good describing the majority of the functions within the realm of the nurse educator. With addition of the list above, we should have a fairly comprehensive view of the role functions of the NPD educator.*

Chief Nursing Officers

• "We had 8 new directors in 2 years and each had no idea what the educators were doing."

• "The centralized group is essential – they see the needs of the organization as a whole."

• "Interesting to see centralized vs. decentralized numbers. So many centralizing reporting. Next we need pros and cons of each model. Now we have a way to get the numbers."

Education Directors

• "ANA Scope & Standards are great, but this helps us describe that the educators are DOING."

• "And that it is similar to what other hospitals are doing."

• "Corporate needs this."

• "We have to put our own data in context of our own organization – interpret the nuances."

• "We need to keep doing this and keep validating as our world changes. We may have more interprofessional education / organizational complexity which could have impact to our workload – we can evaluate that now because we have a baseline."
Conclusions Around Our Primary Aims:

2. What is the degree of consistency with which Association hospitals implement the NPD role based on those learning functions?

A good deal of consistency is noted in the role responsibility of the NPD educator with regard to the learning functions in the survey.

Conclusions Around Our Primary Aims:

3. Based on the degree of consistency noted among survey respondents, are we able to identify an average ratio of Number of RNs: Number of Nurse Educator FTE as a goal or benchmark?

Yes. Because of the degree of consistency with which respondents implement the NPD educator role among the functions listed, we feel confident that our implementation of the clinical education function is relatively consistent and reliable enough to compare our NPD staffing against one another and against a benchmark created by an average derived from this survey.

Number of Nurse Educator FTE per 100 RN Staff members

Range = 1.5 to 2.9

Median = 1.9
#RN Served by 1 FTE Nurse Educator

Range = 34.48 to 66.7
Median = 52.63

Means

1 Nurse Educator for every 52.18 RNs
100 RN staff per 1.97 Nurse Educators

Limitations

- Quality.
- Adult hospitals / long term care facilities?
- Only considered RNs.
- Is this different for Ambulatory? Do ambulatory areas have patients with lower acuity thus need less education for ambulatory staff? Also not a 24/7 operation. But do have other allied health staff – MA.
- Simulation – some in centralized department – where do they fit?
- Response bias. Was there something systematically different about the hospital Education Directors who did respond? Not as busy? Something similar? Saw value in data – being asked for data?
Possible Research

• Quality - Select a quality metric and see if an increase in numbers of educators makes a difference. Run a correlation between the two variables. Could even include the variable of centralized numbers vs. decentralized numbers to see if that has an impact. Acknowledge there may be confounding variables, but it is a start.

Possible Research

• List all functions – ask to identify how much time being spent on it. Total to 100%. Then correlate % time spent on it to a quality indicator specific to that area.

• Could identify a quality metric for each function, weight it for importance or amount of time spent on it, and summarize a composite quality metric and compare to the numbers each hospital has to see if there is a correlation.

Summary

• Understanding our role is good.
• Describing is better.
•Quantifying our value-add is Priceless.
Objectives

1. Describe the typical learning functions within the realm of the Nursing Professional Development (NPD) specialist.

2. Examine the degree of consistency with which some health care organizations reportedly implement the NPD function.

3. Discuss the average ratio of "Number of RN staff : Number of NPD FTE" resulting from a recent inquiry of NPD leaders.

4. Apply this process to examine one’s own NPD workforce in a fiscally responsible manner. Perform exercise in local ANPD chapters; replicate this nationally!

Reference


Thank you!
Francine
fkkingst@texaschildrens.org