Bridging the Gap between Academia & Practice

Incorporating NOFCC into Hospital Nursing Orientation & Designated Transition Unit

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BACKGROUND of the NOF initiative

• March 2006, the Massachusetts Department of Higher Education (DHE) and the Massachusetts Organization of Nurse Executives (MONE) convened.
• The group included nurse leaders from a variety of practice settings:
  • educators from both public and private higher education representing all degree levels
  • and representatives from the
    • Department of Higher Education
    • Board of Registration in Nursing
    • Massachusetts Center for Nursing (MCN)
    • Massachusetts Association of Colleges of Nursing (MACN)
    • Massachusetts/Rhode Island League for Nursing (MARILN)
    • National League for Nursing Accrediting Commission (NLNAC)
    • Commission on Collegiate Nursing Education (CCNE).

MISSION STATEMENT:

NOF Initiative

Establish a formal coalition to create a seamless progression through all levels of nursing that is based on consensus competencies which include transitioning nurses into their practice settings. An additional key outcome involved the establishment of the following top priorities:

• Creation of a seamless progression through all levels of nursing education
• Development of sufficient consensus on competencies to serve as a framework for educational curriculum
• Development of a statewide nurse internship/preceptor program.
Players
• UMASSD- Dr. Kerry Fater
• Southcoast Hospitals Group- 3 hospital community health system
• St. Anne’s Hospital
• MASS Dept. Higher Education

The Academic-Practice Partnership: The Journey
• 2006-7 Invitation to participate in GAP analysis of the NOFCC with UMASSD
• KAS- Knowledge/Skills/Attitudes GAP analysis of each of the NOFCC
• NOFCC
  http://www.mass.edu/currentinit/documents/NursingCoreCompetencies.pdf
  http://www.mass.edu/currentinit/NiNofCompetencies.asp
  http://www.mass.edu/currentinit/documents/nursing/nofarticle.pdf

The Process
• Practice Partner conducted GAP analysis
• Academic Partner conducted GAP analysis
• Combined meetings established to review each others identified GAPs
The Gap - Curriculum Development

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Steps Taken

- Academic partners revised curriculum
- Practice partners revised orientations & preceptor training
- Practice partners utilized different education modalities to educate NLN’s and preceptors
- One practice partner initiated a Designated Transition Unit (DTU) simultaneously
Grant Activity

- Collaboration between lead academic investigator, Dr. Kerry Fater (UMASSD) along with 3 practice partners from community based hospitals in Mass (myself, Kathleen Finn, Betty Tangney)

Project Needs

- Acute care nurses typically are not knowledgeable about NOFCC
- Transition to practice presents an opportunity to develop the KAS regarding NOFCC

Project Goal

- Examine current knowledge of practicing nurses (NLNs, Preceptors, graduate nursing students) regarding NOFCC and report ability to incorporate them into their practice
Objectives
1. Integrate NOFCC curriculum and skill development into orientation of transitioning NLNs
2. Pilot a demonstration project on a Designated Transition Unit for NLN’s
3. Provide Preceptor training
4. Educate Graduate nursing students
5. Demonstrate enhanced knowledge of participants with NOFCC via a Nurse Competency Assessment Tool (NCAT)

Other points
• Human Subjects review was obtained in all organizations
• On-line survey manager (for NCAT)
• Instrument content validity was obtained via expert review. Pilot testing was performed
• Validity and reliability not established via psychometrics
• Cronbach alpha .80 (internal consistency)
• 50 item test on-line

NCAT
• Taken Pre-education intervention and Post education intervention
• Participants given 25 dollar gift card for each completed test for total of 50 dollars
**Education Model**

- Two of the community based hospitals used traditional orientation model for NLNs. Preceptors educated via CBL.
- One utilized DTU model, in which NLNs hired in cohort of 6 and oriented on one designated unit. Preceptors educated in 2 hour didactic class.

**Findings**

- Knowledge weakness for NLNs, Preceptors, Grad Students (50s-60%)
  - System Based Practice
  - Quality Improvement
  - Evidence Based Practice (except Grad Students)
- Knowledge marginal (70s %)
  - Info & tech, Safety, Patient Centered Care

**Lessons/Barriers**

- Frequent reminding to study participants
- Change of preceptors when NLN goes to shift
- Strong support of Nursing Leadership essential
Nurse of the Future
Nursing Core Competencies

developed by Haley Bush RN MSN
department of professional practice, research & development at saint anne's hospital, fall river, ma.

Origin
The Massachusetts Department of Higher Education developed Nursing Competencies to:

1. Create a seamless progression through all levels of nursing education
2. Provide a framework for educational curriculum

Patient-Centered Care
Provide holistic care that recognizes an individual’s preferences, values and needs and respects the patient as a full partner in providing compassionate, coordinated, age and culturally appropriate, safe and effective care.

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<th>Example</th>
<th>Knowledge</th>
<th>Attitudes</th>
<th>Skills</th>
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<td>Understands that care and services are delivered in a setting of settings along a continuum of care that can be accessed at any point.</td>
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<td>Respects and encourages the patient’s input into decisions about health care and services</td>
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<td>Communicates patient values, preferences and expressed needs to other members of health care team</td>
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Test Your Comprehension

Which competency is this?
Is it Knowledge, Attitude or Skill?

Respects individual expression of patient values, preferences and needs.

Test Your Comprehension

Answer:

Competency: Patient-Centered Care

| Knowledge | Attitude | Skill |

Understanding and applying the Nurse of the Future Core Competencies will:

- Help you move more effectively through continuing education
- Positively impact patient safety and improve patient care
- Enhance your professional competence
Congratulations! You have finished the PowerPoint. Click TAKE TEST on the left side of your screen.

Southcoast Hospitals System

- Live Classroom Didactic teaching model
- Case Studies
- Enrichment experiences

Patient-Centered Care

- The Nurse of the Future will provide holistic care that recognizes an individual’s preferences, values, and needs and respects the patient or designee as a full partner in providing compassionate, coordinated, age and culturally appropriate, safe and effective care.
Patient Centered Care: How this is addressed

Didactic
- CHF
- Diabetes
- Pressure Ulcers
- Pain and Culture
- Patient Advocate
- Infection Prevention

Enrichment Experiences
- Hospitalist
- IV Skills
- Cardiac Cath Lab
- HUC
- Dialysis

Professionalism
- The Nurse of the Future will demonstrate accountability for the delivery of standard-based nursing care that is consistent with moral, altruistic, legal, ethical, regulatory, and humanistic principles.

Professionalism: How this is addressed

Didactic
- Delegation & Stop the Line, scope of practice
- Time Management skills
- Role: Patient Advocate
- Importance of Quality/core measures
- Infection prevention strategies to lessen morbidity & Mortality of patients

Enrichment Experiences
- Shadow Hospitalist to observe their role as it relates to role for NLNs
- Attend Professional Development programs, conferences, etc.
- Encourage NLN to return to school for further academic achievement (ie: BSN, MS)
Leadership

- The Nurse of the Future will influence the behavior of individuals or groups of individuals within their environment in a way that will facilitate the establishment and acquisition/achievement of shared goals.

Leadership: How this is addressed

Didactic

- Role of Patient Advocate

Enrichment Experience

- Shadow Hospitalists to observe their role
- Observe various leadership roles such as Resource RN, CWCN, role of preceptor, managers

Systems-Based Practice

- The Nurse of the Future will demonstrate an awareness of and responsiveness to the larger context of the health care system, and will demonstrate the ability to effectively call on microsystem resources to provide care that is of optimal quality and value (Adapted from ACGME, n.d.)
Systems-Based Practice: How this is addressed

Didactic

Enrichment Experiences

• CHF care across the continuum
• Diabetes care
• Pressure Ulcers Prevention strategies, CMS, never events
• Stroke care across the continuum
• Rapid Response teams, Code Green Role, Code 99 team role
• Shadow CWCN

Informatics and Technology

• The Nurse of the Future will use information and technology to communicate, manage knowledge, mitigate error, and support decision making

Informatics and Technology: How this is addressed

Didactic

Enrichment Experiences

• Clinical Partners Documentation (CPD)
• Virtual Bed Flow, Patient Tracking program
• Role of the HUC & use of informatics to implement patient care.
• Role of library internet resources to obtain EBP information
**Communication**

- The Nurse of the Future will interact effectively with patients, families, and colleagues, fostering mutual respect and shared decision making, to enhance patient satisfaction and health outcomes.

**Communication: How this is addressed**

- **Didactic**
  - CPD
  - Patient Advocate
  - Pain and Culture
  - Bed Flow

- **Enrichment Experiences**
  - Shadow Hospitalists to observe their role
  - Shadow HUC

**Teamwork and Collaboration**

- The Nurse of the Future will function effectively within nursing and interdisciplinary teams, fostering open communication, mutual respect, shared decision making, team learning, and development (Adapted from QSEN, 2007).
Teamwork and Collaboration: How this is addressed

Didactic

- Presentation on Patient Advocate Role by Pt. Advocate
- Presentation on Medical Code
- Presentation on importance of facilitating patient flow, by the Bed Flow Coordinator

Enrichment Experiences

- Shadow Hospitalists to observe their role X 4 hours
- Shadow HUC to observe their role X 4 hours
- Participate in MOCK Code

Safety

• The Nurse of the Future will minimize risk of harm to patients and providers through both system effectiveness and individual performance (QSEN, 2007).

Safety: How this is addressed

Didactic

- National Patient Safety Goals (NPSG)
- Diabetes
- CHF
- Pain and Culture
- Pressure Ulcers
- IV/CVAD class

Enrichment Experiences

- IV skills
- Shadow HUC to observe their role
- Dialysis
- Cardiac cath Lab

Top 5% in U.S. for patient safety. Again.
Quality Improvement

- The Nurse of the Future uses data to monitor the outcomes of care processes, and uses improvement methods to design and test changes to continuously improve the quality and safety of health care systems (QSEN, 2007).

Quality Improvement: How this is addressed

### Didactic
- CHF
- Pressure Ulcers
- Quality/Outcome Measures
- Prevention
- Pain and Culture
- Diabetes

### Enrichment Experiences
- Availability of QI data on intranet
- Unit based bulletin boards with QI data posted

Evidence-Based Practice

- The Nurse of the Future will identify, evaluate, and use the best current evidence coupled with clinical expertise and consideration of patients’ preferences, experience and values to make practice decisions (Adapted from QSEN, 2007).
Evidence-Based Practice: How this is addressed

Didactic

- Quality/Outcome Measures
- CHIP
- Pain and Culture
- Prevention
- Pressure Ulcers
- IV/CV AD class

Enrichment Experiences

- IV Skills
- Cardiac Cath Lab
- Dialysis

Shout out to Regis College & Lahey Clinic

- EXEMPLAR

  PROFESSIONALISM

  1. Presentation & Group Discussion: Interdisciplinary Resources: Brain Attack, MET team
  2. Journal Entry: Self Care/Compassion Fatigue: What have you done this week to care for yourself? With whom or how did you debrief your day/Week?
  3. Independent Learning Activity: Complete Peer Review Moodle course, Read: Yoder (2010) Compassion Fatigue in nurses
  4. Simulated Learning Experience: Care of the Neuro Impaired Patient

Strategies to incorporate NOFCC into Nursing Orientations

- The Crosswalk
- Involve preceptors from the Git-go
- Orientation elements may fall into several of the 10 NOFCC. (don’t obsess, pick one of the core competencies and move on)
Academic Practice Partnership to introduce system based thinking to Nursing Students

- Director of Nursing Education from practice setting met with senior BSN students during their clinical rotation.
- Reviewed Case Study of Deep Sternal Infections with Post op Cardiac Surgery Patients over several years
- Case utilized to emphasize Quality and Safety with NOFCC

Competencies to address

a) Explain importance of variation and measurement in providing quality nursing care
b) How standardization supports quality patient care
c) Recognize how unwanted variation compromises care
d) Participates in use of QI tools to assess performance & identify gaps in best practice

Graph Suggest pattern of concern ?
2. What are some of ramifications of DSWI ?
3. With graph, what is specificity of concern ?
4. What member of healthcare team should be involved in problem solving ?
5. What QI approach would be effective in problem solving ?
6. What areas of care/data would need a review ? Preop, OR, Post op ?
7. What factors are likely to contribute to DSWI ?
Framework of DTU

- Goal to provide greater support to transitioning NLNs
- Dedicated Nursing Unit to host a cohort of 6 NLN’s approximately every 10 weeks.
- Unit selected with supportive nurse manager, strong cadre of preceptors
- Full-Time CNS familiar with nursing unit will coordinate/facilitate NLN’s experience.
- NLN’s hand picked to have privilege of being part of the DTU

DTU Structure

- 34 bed med/surg unit, sub specialty of oncology
- Dedicated nurse manager
- Dedicated nurse educator support
- Preceptors received 2 hour education regarding NOFCC and Novice to Expert characteristics
Role of CNS

- Participates in NLN candidate selection
- Hand picks preceptors to match the NLN
- Coordinates didactic classes that occur once per week that align with NOFCC
- Coordinates enrichment experiences that align with NOFCC
- Coordinate and facilitates specific clinical experiences for the NLNs to support their psychomotor skill and critical thinking skill development

Didactic classes

- One day per week
- NOFCC were aligned with each lecture topic
- Storytelling and narrative were used as pedagogy whenever possible.
- Engaging the NLN’s was key objective

Enrichment experiences

- Aligned with NOFCC
- Teamwork/collaboration: Time with Bedflow RN, critical thinking involved with placing patients on right nursing unit/right bed type
Post DTU

- At 8 weeks, NLN transition to their final nursing unit destination for last 4 weeks.
- Transition was key. Handoff from old preceptor to new preceptor to share strengths/opportunities for the NLN
- Each cohort is brought back periodically to meet with CNS and CNO to assess transitions & continue open communication

Recommendations

- Need to educate preceptors & manager of receiving units (of NLN’s) to understand the DTU concept.
- We did not realize the importance of the informal luncheons with CNO and CNS. NLNs identified this as one important sense of support that was ongoing.

Feedback

- **Preceptor comments:** from receiving nursing units: these NLNs are “so well prepared” & “this is the best precepting experience I have ever had”
- **NLN comments:**
  - “we felt like we were going through it together”
  - “we felt support was always there”
  - “the classes moved us from pathophys to real practice”
**Outcomes**

- Lower turnover from the DTU NLN’s
- Other hospitals in the health system are now sending NLNs to the DTU for their first 8 weeks
- Other hospital looking at starting its own DTU

**Next Steps**

- In the first testing of the NCAT exam there was no statistical significance to knowledge change with NOFCC pre and post test
- We are now starting a new grant that is looking at refining the NCAT tool.
- The combination of the DTU model with the incorporation of the NOFCC seems to be a successful model based on preliminary results

**References**