

The Best of Both Worlds: Practice and Education Developing Curriculum



NLN Summit
September 23, 2011

Recommendations from the Future of Nursing

- In order to truly transform care, practice and education will need to partner on curriculum development and the professional socialization of the new nurse.
- Develop and test new approaches to pre-licensure clinical education.
- This is what this presentation is all about!

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What Occurred to Make This Happen

- Basically luck, also known as being at the right place at the right time
- Program Director Renee Ketchum called me to consult regarding an update for their curriculum
- I visited Chaffey College to meet with faculty
- I presented my ideas for updating the curriculum incorporating current initiatives

What Occurred to Make This Happen

- Director Ketchum invited her practice partners from Kaiser Permanente to attend the meeting.
- At the meeting I discussed my approach to clinical education that included a clinical activity portfolio with assignments related to critical thinking, developing a professional identity, and incorporating current initiatives such as QSEN.

What Occurred to Make This Happen

- Chaffey and the Kaiser Permanente practice partners were working to develop a closer partnership
- The clinical activity portfolio – this was the piece they were looking for to complete the process
- My plane to return home wasn't off the ground and they were already working to make this happen!

Let me Introduce – The Team!

- Renee Ketchum, Chaffey College
- Yolanda Ramirez, Kaiser Permanente
- Juli Ann McGinnis, Kaiser Permanente
- Ruth Zimmerman, Kaiser Permanente

Partners in Practice:



Fontana Medical Center, CA



Rancho Cucamonga, CA

What if...

- We changed the way we address the needs of the our New Grad RNs?
- We worked more purposefully with our academic partners to ensure a clinical experience which would:
 - Increase the student nurses clinical competency?
 - Improve the clinical learning environment of our nursing units?

Community Benefits Support

- Wrote a proposal for Kaiser to work with our affiliated nursing schools.
- Our focus was to improve the student nurses clinical experiences *before* graduation.
- We obtained financial support for a three-year pilot, beginning January 2009 through December 2011.

Program Strategy & Goals

- Select three Kaiser hospitals and one of their affiliate nursing programs
- Obtain agreement and support for this three-year project to:
 - Improve student nurse (SN) clinical competency
 - Improve the clinical learning environment

Our Partners

- Fontana Medical Center and Chaffey College
 - 2 Medical Surgical units
- West Los Angeles Medical Center and Santa Monica College
 - 2 Medical Surgical units
- Anaheim Medical Center and California State University Fullerton
 - 3 Medical Surgical units

How could we be purposeful and effective?

- Patient-Centered
- Student-Centered
- Grounded in Evidence
- Collaborative Initiatives
- Role-based Competencies
- Lessons Learned

Clinical Adjunct Faculty

- Staff nurses were interviewed and selected for this position at each pilot site.

- UNAC support



Our Measurements

- Selected validated tools:
 - SN self-assessment of critical thinking skills and habits
 - Survey for SN to evaluate factors that influence a positive clinical learning environment
- Obtained IRB approval for our tool and evaluation method

Lessons Learned

- Building collaborative relationships with our academic partners is essential
- New strategies keep unfolding
- Power of partnership is rewarding and exciting
- Nursing staff is an incredible resource!

Chaffey College

- Valued Interdependence
 - Gate keeper
 - Responsible partner
- Collaborated with them on integration of QSEN

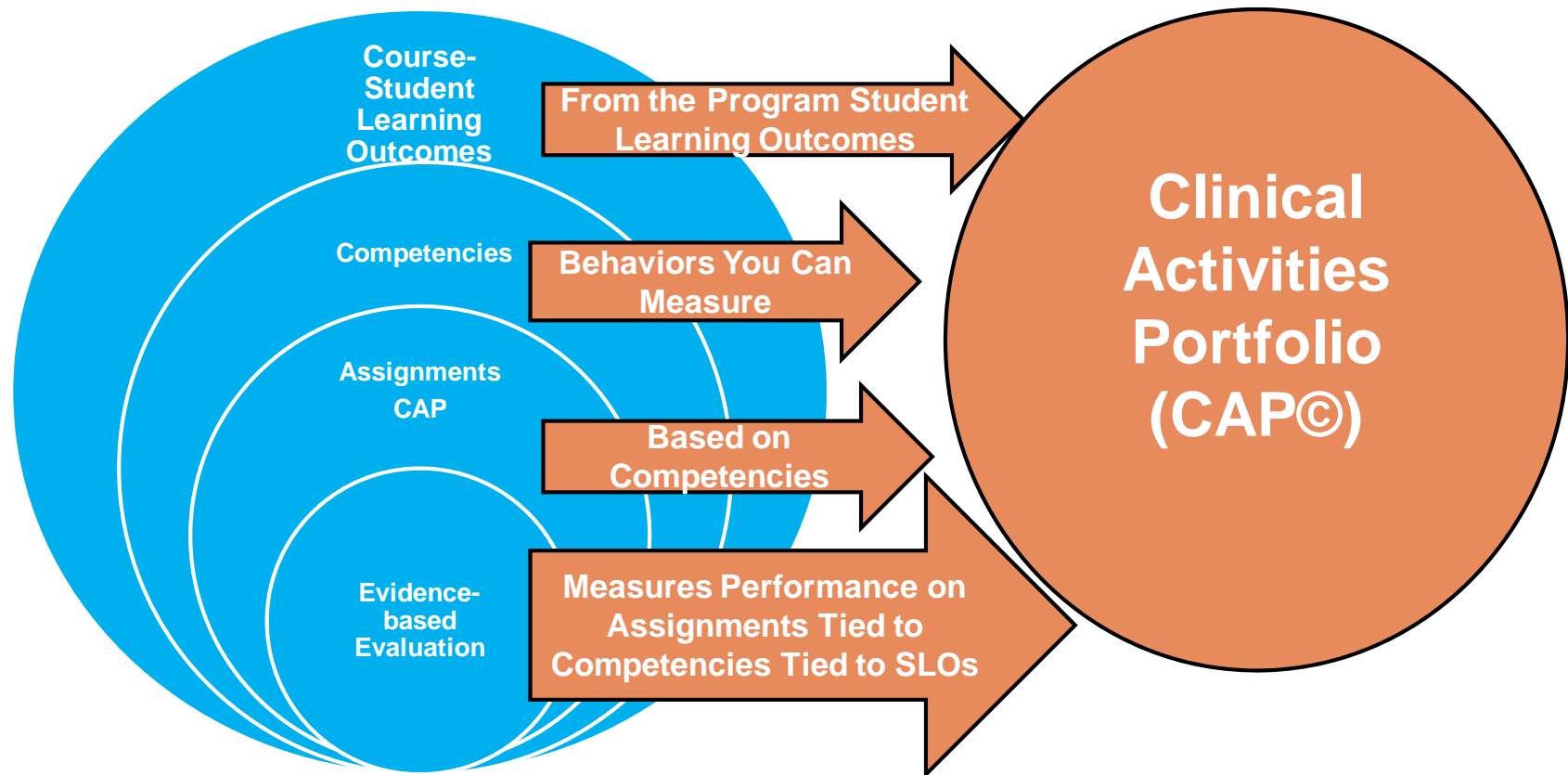


Timing was right...

Collaborative Meeting



The Caputi Model for Clinical Education©



Clinical Activities

Student Learning Outcome #1: Evidence Based Practice-Fundamentals

Use own textbook and agency guidelines to compare and contrast care provided versus textbook and agency recommendations

Activity:

Access your textbook

Access agency's source for clinical guidelines regarding your patient's condition

Review the pt's chart and how closely the prescribed care relates to the guidelines and textbook

Note if there are variance and explore why

Key Recommendations of guidelines	Comparison to Text book. Adherence or variance	Comparison to Agency Guidelines. Adherence or variance	Reason for variances: pt preference, physical or other condition

Evaluation

Student Learning Outcome #6:

Moral, ethical , legal and professional standards observation rubric

This tool is used to demonstrate application of moral, ethical, legal and professional conduct in the care of aging patients in the long term setting.

Behavior	Satisfactory	Needs Improvement	Unsatisfactory
Demonstrates application of the professional standards of moral, ethical, legal conduct in the care of aging patients in the long term setting.	Applies professional standards and moral, ethical and legal conduct in the care of aging patients in long term setting with no supporting (verbal or physical) cues.	Applies some but not all professional standards and moral, ethical and legal conduct in the care of aging patients in long term setting and requires supporting verbal or physical cues.	Unable to apply professional standards and moral, ethical and legal conduct in the care of aging patients in long term setting.

Provide examples of how you satisfactorily met this standard each day you cared for a pt.

Day 1:

Day 2:

Day 3:

Day 4:

Day 5:

Day 6:

Day 7:

**Student Learning Outcome #6:
Accountability observation rubric**

This tool focuses on accountability for personal and professional behaviors, including when to ask for assistance and practicing within parameters of individual knowledge and experience in the care of aging patients in the long term care setting.

Behavior	Satisfactory	Improvement Needed	Unsatisfactory
Assumes accountability for personal and professional behavior , including when to ask for assistance and practicing within parameters of individual knowledge and experience in the care of aging patients in the long term care setting.	Assumes accountability for personal and professional behavior , including when to ask for assistance and practicing within parameters of individual knowledge and experience in the care of aging patients in the long term care setting without supporting verbal/physical cues.	Assumes some accountability for personal and professional behavior , including when to ask for assistance and practicing within parameters of individual knowledge and experience in the care of aging patients in the long term care setting requires supporting verbal/physical cues.	Unable to assume accountability for personal and professional behavior , including when to ask for assistance and practicing within parameters of individual knowledge and experience in the care of aging patients in the long term care setting

**Provide examples of how you satisfactorily met this standard each day you cared for a pt.
Day 1:**

What we are doing today....

Chaffey  College





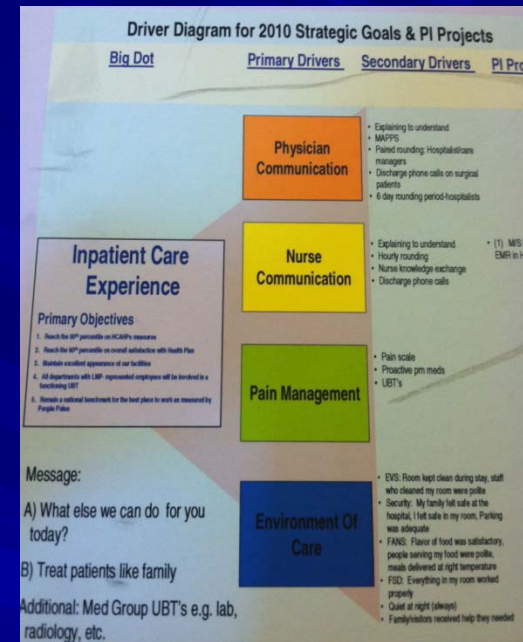
Clinical Activities in Action...

A Collaborative Experience

Juli McGinnis



Joint Meeting: Aligning Student Objectives with Service Initiatives



2011
Patient Safety Goals
for Hospitals

- Identify patients correctly
- Improve staff communication
- Use medicines safely
- Prevent infection
- Check patient medicines
- Identify patient safety risks

<http://www.health.mil/dodpatientsafety>

Shift Huddles:

Quality Improvement

Safety

QSEN “Theme of the Week”

- **Pre-shift Huddle** – brief introduction; “Safety”

Evidence Based Practice

Patient Centered Care

- **Mid-shift Huddle** – “60 Second Situational Awareness”
- **Post-shift Debriefing** – link student behavior to outcomes

Informatics

Teamwork & Collaboration

QSENs: Supportive Structures & Processes and Staff Exemplars



Delegation...



Nursing Executive Center New Graduate Nurse Performance Survey

FRONTLINE NURSE LEADER RANK-ORDERING OF NEW GRADUATE NURSE PROFICIENCY

1. Utilization of Information Technologies
2. Rapport with Patients and Families
25. Conducting Appropriate Follow-Up
26. Recognition of Changes in Patient Status
27. Ability to Take Initiative
28. Interpretation of Assessment Data
29. Ability to Work Independently
30. Understanding of Quality Improvement Methodologies
31. Completion of Individual Tasks within Expected Timeframe
32. Ability to Keep Track of Multiple Responsibilities
33. Conflict Resolution
34. Ability to Prioritize
35. Ability to Anticipate Risk
36. Delegation of Tasks

Unleashing the Leader Within the Student ... Discovering the of Delegation”

Chaffey College

Goal
Provides leadership in a variety of settings for diverse populations of patients and families

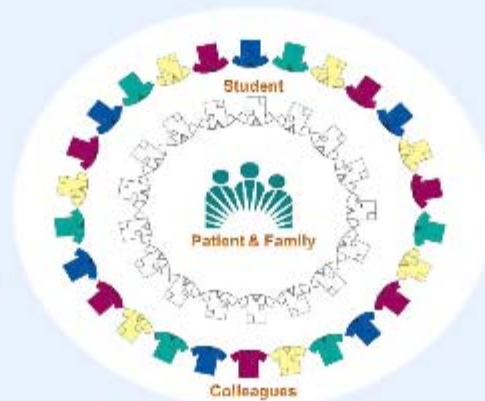
Drivers

QSEN Competencies:
Teamwork and Collaboration

- Senior “Professional Partnership”
- Team Approach to Providing Care

Patient Centered Care

- Patient Focused Clinical Activities
- “Voice of the Patient” Poster Project
- Individualized Plan of Care; Care mapping



Joint Clinical Delegation Activity

PLAN

- Research Roles (RN, CNA)
- Create CNA Interview
- Develop Sample Patient Report

DO

- Interview CNAs
- Deliver Report to CNA
- Delegate Activities
- Observe the process

STUDY

- Reflect upon & Analyze Observations & Feedback

ACT

- Incorporate Team Feedback into Revised Plan of Care

Kaiser Permanente Medical Center

Goal
Patient Safety and Quality

Drivers

QSEN Competencies:
Teamwork and Collaboration

- Strong Communication
- SBAR
- Nurse Knowledge Exchange Plus
- Interdisciplinary Rounds

Patient Centered Care

- Relationship Based Care
- NKEplus (Bedside shift change report; Careboard review & teachback; Safety Check)
- Electronic Medical Record (KP HealthConnect)



Chaffey College

Sue Herman, RN, MSN, CNS
Professor of Nursing



KAISER PERMANENTE

Juli Ann McGinnis, RN, MSN
Quality and Patient Safety Consultant

Questions...

