

Collaborating to Enhance Clinical Experiences

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Medical-surgical nurses have traditionally accepted the preceptor role as an expected contribution to nursing students' education. Bedside nurses strive to facilitate quality clinical experiences for student nurses given the combined effects of growing enrollment at nursing schools, faculty shortages, and limited clinical sites. This challenge is quite complex when considered closely: Nursing students from multiple schools, at different stages of education, and with varied expectations, are often present on the same clinical area on different days or shifts within the same week and change with each new semester.

In 2008, Geisinger Medical Center, a large medical center in central Pennsylvania investigated this issue in a grant-funded project: *Collaborating to Enhance Quality Clinical Educational Experiences: Facilitating Clinical Preceptors*. Our team, consisting of 5 medical-surgical nurses and 6 clinical faculty from affiliated nursing programs, worked for several months to identify issues and create best practice guidelines for students' clinical experiences. The guidelines were presented at three interactive workshops to a combined audience of over 250 nursing staff, students, faculty, managers, and administrators. Highlighted themes included recommended skills for nurse preceptors and clinical faculty, professional behaviors, communication, and partnership in clinical learning.

In addition to presenting the recommendations from the project group, the audience provided feedback and ideas for implementation of the guidelines. These suggestions included providing preceptor education specific to students' clinical learning with an emphasis on communication skills, teamwork, and professionalism. Also important were clear accountability and recognition of staff nurses by management for their roles in working with students.

This presentation summarizes our process and outcomes. Most notable, this project has increased our awareness of the essential need for collaboration between all stakeholders involved in the education of nursing students. Sustained and nurtured relationships enhance student's clinical learning experiences, strengthen the quality of nursing practice and improve patient outcomes.

Outcome Measures to Evaluate and Monitor Nursing Research Council Effectiveness

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Purpose: Magnet institutions must sustain environments that are supportive of clinical inquiry and evidence based practice in the patient care setting. This requires institutional strategies and infrastructure to promote innovative thinking leading to evidence based practice questions and projects that improve patient outcomes, and new nursing research ideas. Restructuring of our Nursing Research Council (NRC) has contributed to nursing excellence by supporting initiatives aimed at enhancing the research related knowledge and skill of every nurse independent of their level of practice and existing research knowledgebase. The council achieves this through the directed work of four subcommittees: Evidence Based Practice (EBP), Dissemination, Mentorship and Scientific Review (Nurse Scientists), and Clinical Research Nurses. The unique subgroup structure combines independent subcommittee meetings with full council meetings allowing each group to develop initiatives with the guidance and support of the larger committee.

Methods: Following restructuring, outcome measures have been developed to evaluate program effectiveness and to guide continued program development. Research and scholarship metrics include: the number of attendees at NRC meetings, the number of research proposals reviewed for scientific merit, the number of IRB approved nursing research proposals, the number of EBP projects initiated/completed, the number of EBP projects resulting in practice/policy changes, the number of grants submitted/received, the number of publications/presentations/posters disseminated locally and nationally, as well as committee member satisfaction.

Findings: Over the past 18 months, many successes and positive outcomes have been noted, including increased participation, increases in the quantity and quality of nursing research and EBP projects, as well as increased use of research and knowledge dissemination. This innovative council model can serve as a framework to create research capacity and to enhance research use in the clinical setting.

Discussion: This model has fostered increased collaboration and rich information sharing across shared governance councils, nursing programs, as well as with our academic colleagues. It has generated new enthusiasm for nursing scholarship, thus meeting our goal to create an institutional culture of nursing scholarship that promotes a scientific basis for nursing practice across the continuum of care. Initiatives are driven by practice issues and the science of knowledge development. This committee also provides an important linkage with our academic partners, which fosters further collaborative opportunities.

An Interdisciplinary Intervention to Prevent Falls in Hospitalized Adults

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Preventing falls represents a major challenge for bedside nurses, particularly with the increasing numbers of older adults in hospitals. Yet achieving positive outcomes as a result of fall prevention programs in acute care hospitals has remained elusive. Falls are caused by a variety of factors, and acutely ill older people are at higher risk of falls and falls with injury. Maintaining mobility is key in preserving independence in ADLs, yet low mobility and bed rest are common during hospitalization. Lower extremity weakness and balance as well as gait instability (Oliver et al., 2004) have been identified as important risks, and exercises that improve lower body strength and balance have been shown to reduce falls.

The *purpose* of this study was to examine the impact of lower extremity strengthening exercises and mobility on fall rates in hospitalized patients.

A nonequivalent control group *design* was used, with treatment (lower extremity exercises plus mobility) and control (mobility alone) nursing units. The *sample* (n = 225) included patients admitted to the study units during the six-month data collection period. Exclusion criteria included strict bedrest orders and LOS less than three days. A trained research nurse reviewed medical records for potential inclusion, provided an informational letter to potential subjects, and performed an assessment of lower extremity strength. The *inter-disciplinary intervention* included ambulation using a nurse-driven mobility protocol plus tailored lower extremity strengthening exercises. Aggregate data as well as individual data for study participants related to fall rates and fall rates with injury were analyzed. Fall rates for study participants were below the established targets. Implications for nursing practice will be identified and addressed.

Managers' Views of Communication in Healthcare Settings

Drs. Hartung, Miller, & Spegman

Background: Current initiatives on best practices underscore the importance of healthy work environments that sustain quality care. Disruptive behaviors, such as ineffective communication and poor teamwork, can be harmful to patients and demoralizing to employees. Communication problems include withholding information, conveying inadequate information, and demonstrating demeaning or disrespectful attitudes. The unit manager is the frontline administrator in a hospital. Studies have correlated leadership style with workers' productivity and retention; however, few studies have focused on nurse managers' opinions about their impact on communication and the workplace (Aikens, 2002; Baird, 2000; IOM, 2004).

Purpose: The purpose of this descriptive qualitative study was to examine nurse managers' views of their communication practices as related to their leadership roles in the hospital setting. The study was initiated to provide insight into the less tangible aspects of communication and workplace health. The qualitative emergent design was chosen because the research design emerges based on the realities and viewpoints of those under study.

Description, Methods & Results: Forty Operations Managers (unit nurse managers) at a north central Pennsylvania major tertiary care center with Magnet status were invited to participate. The study sample included 12 in-depth interviews of six Operations Managers. Data collection consisted of demographic information, audiotaped interviews, transcripts of those interviews, and researchers' field notes and memos. During analysis, 370 free nodes were marked, and more than 150 first and second-level codes were identified, using ATLAS.ti and NVIVO 8 software. Examples of free nodes in this study included "accessible" and "involved." Examples of first-level codes included "spreading yourself thin," "cloning oneself," and "circling back." Examples of second-level codes included "changes within one's influence" and "meeting the challenges." Conceptual relationships were mapped into positive and negative connotations, e.g., "open minded" (positive) versus "open-mouthed" (negative).

Conclusions: These findings are useful to strengthen communication practices in patient care settings. Methods of communication, as delineated, enable managers to communicate more effectively. Several workplace processes were identified that may hinder the managers' abilities to stay connected to their staff, and thus can be obviated. More research is needed into the values and communication patterns of nurses from different generations.

Impact of 12-Hour Shifts on Nurse and Patient Safety

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Purpose: To determine the impact of 12-hour shifts on nurse and patient safety, a systematic evidence synthesis was conducted to assist in policy-making regarding nurses work schedules for creating a safe and satisfying care environment.

Theoretical Framework: Roger's "adoption-of-innovations" theory and Dufault's Collaborative Research Utilization Model guided potential policy changes.

Methods: A four-stage evidence synthesis was conducted. First, 8 nursing students guided by faculty, clinicians, librarians, and quality and information experts, searched, reviewed, & critiqued the evidence. Search strategy (1988 – 2009) included research, clinical practice guidelines, and "grey literature" from databases of Cochrane, PubMed, and CINAHL. 12 articles meeting inclusion criteria were evaluated for methodological rigor. Second, a strength-of-evidence summary table was constructed. Third, senior leadership students directed by the information systems specialist conducted retrospective reviews of 80 medication errors/near misses occurring during 2008-09 in this 148-bed Magnet community hospital. Variables examined included error location, length of shift, and between-shift recovery time. Fourth, a hospital-wide research roundtable was convened to discuss scientific merit, clinical applicability & feasibility, comparison of clinical findings to empirical literature, and potential for translation into best practices and policies.

Results: Strength of clinical and empirical evidence was conflicting (all studies descriptive, graded at levels 4 to 7). Findings from the retrospective study revealed majority of errors occurred on first day following time off, rather than during 12-hour shifts.

Conclusions/Implications: Evidence to support policy changes related to nurses schedules is inconclusive, suggesting need for multi-site studies to guide policy.

The Lived Experience of Liver and Kidney Transplant Recipients

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Approximately 5,000 patients undergo liver or kidney transplants each year. Most commonly, the transplanted organs are obtained from a deceased donor. Although the medical care following the transplant is increasingly refined with improved outcomes, less is understood about the patient's experience of receiving a liver or kidney transplant from a deceased donor.

The purpose of this study was to examine the holistic experience of receiving a liver or kidney transplant from a deceased donor. By understanding the transplant experience from the recipient's point of view, nurses will be better able to anticipate patient needs and develop individualized plans of care for each recipient.

The sample consisted of adult liver and kidney transplant recipients transplanted with deceased donor organs within the Geisinger Health System after January 1, 2006. Geisinger Health System is a level-one trauma center located in rural Pennsylvania.

A phenomenological approach was utilized to examine the "lived experience" of the transplant recipients. The holistic experience was described through personal interviews with transplant recipients conducted by the researchers. The data collected was analyzed using Colaizzi's framework. Common themes related to receiving a liver or kidney transplant are presented.

The implications for nursing are greater understanding of the holistic experience of receiving an organ transplant, increased awareness of recipient needs, and improved plans of care for recipients.

Using *NDNQI-RN Survey* Data to Identify Hospital Units Vulnerable for Bullying, Harassment and Horizontal Violence (BHHV)

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Background: Bullying, Harassment and Horizontal Violence (BHHV) is a significant problem in the nursing workforce; recipients exhibit poorer health and increased workplace disengagement, absenteeism, and turnover. All of these are associated with increased medical errors and poorer patient outcomes. By identifying strategies that allow for the rapid identification of BHHV, interventions can be initiated to reduce BHHV and its sequelae.

Purpose: To demonstrate that existing *NDNQI* and exit survey data can be used to identify units at-risk for negative outcomes associated with BHHV among nurses. Specific aim: To identify the subset of *NDNQI-RN Survey* items that is consistent with BHHV within the nursing workforce that could then be used for screening or evaluation purposes after targeted interventions have been implemented.

Methods: In Phase I, a BHHV measure was created from the *NDNQI-RN Survey* questions using a modified Delphi technique. A panel of subject matter experts (N=12) with an in-depth knowledge of the literature on BHHV participated in a multi-phase process designed to transform individual opinions regarding the contribution of specific items into a group consensus as to those items that are consistent with bullying, harassment and horizontal violence (BHHV) on nursing units. In Phase II, the goal was to evaluate the effectiveness of using the delineated items for detecting units where BHHV is an issue. The validation sample was drawn from 1,200 RNs in 46 inpatient units at NYU Langone Medical Center. Unit data will be compiled and ranked by using normalized, summed scores from the August 2009 *NDNQI-RN Survey*. Content analysis of open-ended questions from exit interview data are to be ordinally ranked by unit according to both the percentage of exiting RNs that reported information consistent with BHHV and have higher turnover. A matrix of *NDNQI-RN Survey* and exit interview data will be used to identify those units that fall in the lower quartile. Turnover data and key informant panels will validate these findings.

Results: The resulting BHHV indicator from the Phase I Delphi study was a measure consisting of 23 identified questions from the *NDNQI-RN Survey* that were congruent or highly specific to bullying, harassment and horizontal violence.

Conclusions & Practice Implications: By increasing recognition, interventions can be initiated to reduce BHHV and its sequelae, and be used to help ascertain cost savings related to decreased RN absenteeism, nurse turnover, as well as improving nursing care quality. This work also serves as a pilot study for development and further validation of an *NDNQI-RN Survey* BHHV indicator.