

# Meeting the Professional Development Needs of Night Nurses with a Night Shift Clinical Nurse Education Specialist

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*Presenters:*

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Pennsylvania Hospital



# Learning Objectives

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## **Learners will be able to:**

1. Discuss the role of the Night Clinical Nurse Education Specialist
2. Describe how role was developed using ANPD's Nursing Professional Development (NPD) Practice Model
3. Discuss current state and future goals
4. Apply concepts to the development of other NPD roles

# Pennsylvania Hospital



## *The Nation's First Hospital*

*Established in 1751 by Ben Franklin & Dr. Thomas Bond*

- ◆ Located in Center City Philadelphia
- ◆ Part of the University of Pennsylvania Health System (Penn Medicine)
- ◆ 520-bed acute care facility
- ◆ ~2,650 total employees (~990 RNs)
- ◆ Over 29,000 inpatient admissions and 115,000 outpatient visits each year, including over 5,100 births



# Overview: *Clinical Nurse Education Specialist Role*

## Clinical Nurse Education Specialist (CNES):

- Blended role (NPDS and CNS)
- Educators, clinical & practice experts, consultants, leaders
- Responsibilities span from the unit to the health system

Develop, implement & evaluate education	Lead orientation program for nursing
Teach specialty and global courses	Competency management (initial/ongoing)
Develop/maintain updated nursing policies	Lead QI / PI projects
Workflow redesign	Support shared governance
Promote professional development and advancement of nurses	Lead & participate in committees from unit to health system
EBP translation & Research (conduct/utilize)	Assess and address learning needs
Assess and address learning needs	Develop/submit professional abstracts, articles, presentations

# Prior to Developing Night CNES Position...

- ◆ Daytime CNESs flexed to evenings & occasional nights
  - Worked well to reach off-shift team members
  - CNESs would miss daytime meetings & unit presence
- ◆ Low turnout for nighttime activities
  - Perpetuated feeling that clinical RNs at night were not engaged or interested despite frequent requests for night shift educational activities
- ◆ Night shift voiced a need for a consistent go-to person throughout shift
  - As opposed to waiting until the morning to connect with educator (when they wanted to go home!)

# Advocating for the Position

- ◆ Multiple sources of clinical RN feedback:
  - ◆ Surveys & Assessments
  - ◆ Committees/councils
  - ◆ Rounding / discussions with clinical staff
  - ◆ CNO Staff Meetings
  - ◆ Nursing Leadership Town Hall Meetings
- ◆ CNO strategic goal “Year of the Night”
  - ◆ Nursing leadership developed comprehensive plan to increase resources & support for the night team
  - ◆ Nursing Education support was a key component
  - ◆ Developed proposal for position
  - ◆ Presented as part of the FY17 budget plan... approved!

## Development of Night CNES Role

## ◆ Stakeholder Feedback:

- Night Shift Shared Governance Council
- Nursing Education Department
- Nursing Leadership
- Clinical Nurses
  - System-wide Nursing Learning Needs Assessment
  - Engagement Survey
  - Discussion with unit-based CNESs



# Stakeholder Feedback

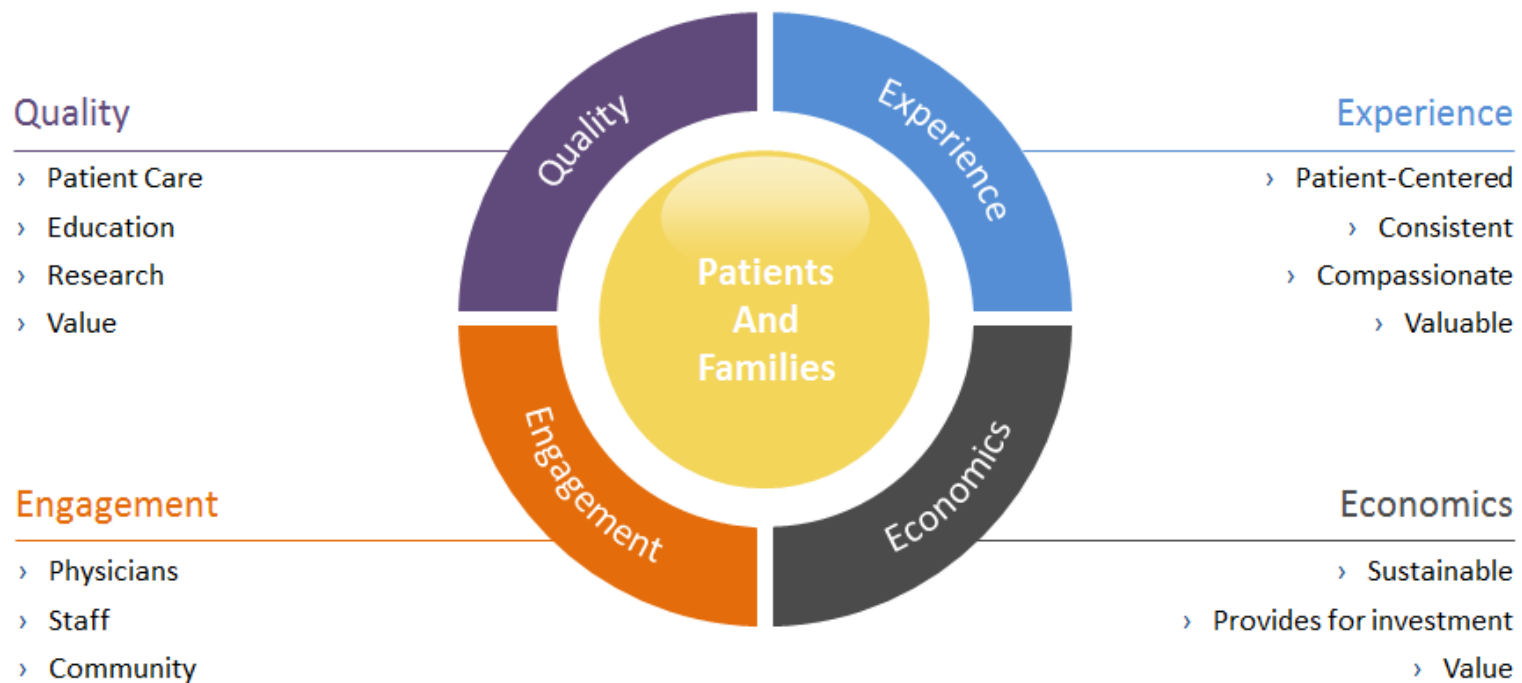
## *What is your vision of the Nighttime CNES?*

- ◆ Generalist with a broad skill set & background in critical care
- ◆ CNES leadership on Night Council
- ◆ Expand opportunity for classes at night (BLS, etc.)
- ◆ Increased mock codes & in situ simulations for night shift
- ◆ Support for nighttime competency validation
- ◆ Lead QI/PI projects specific to night team
- ◆ Coordinate educational opportunities for professional development (Grand Rounds, in-services, etc.)
- ◆ Resource for orientees and preceptors at night
- ◆ Support clinical advancement, certification, professional development
- ◆ Autonomous and self-driven individual
- ◆ Maintain strong connection with daytime CNES team
- ◆ Hours: 7pm – 3am, 5 days/week



# Pennsylvania Hospital Strategic Plan

## Pennsylvania Hospital



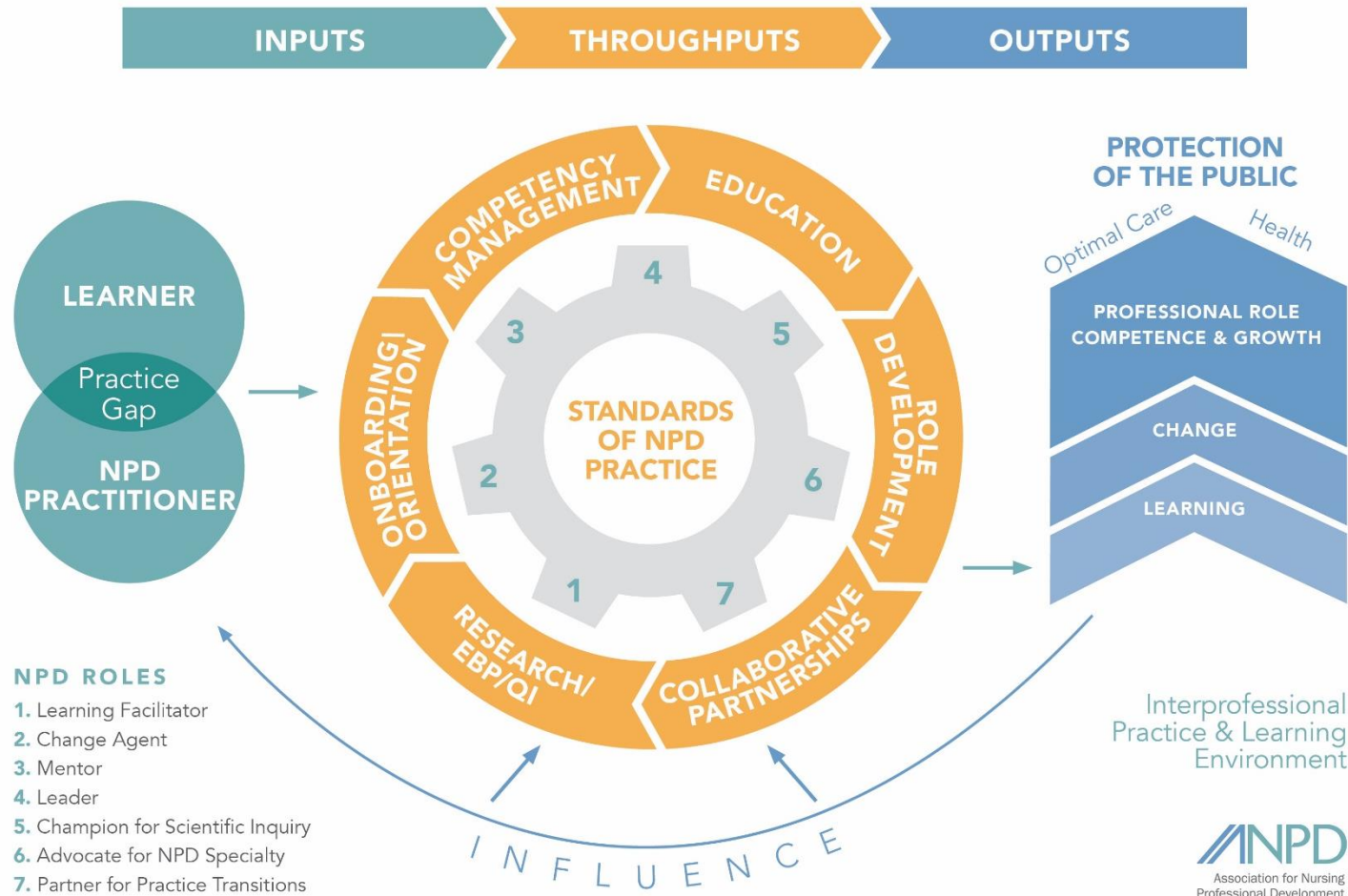
# Professional Practice Model

## Relationship-Based Care



# ANPD's NPD Practice Model

## Nursing Professional Development (NPD) PRACTICE MODEL



# Finding the Right Person



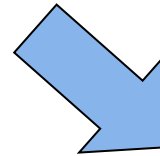
TOO HOT



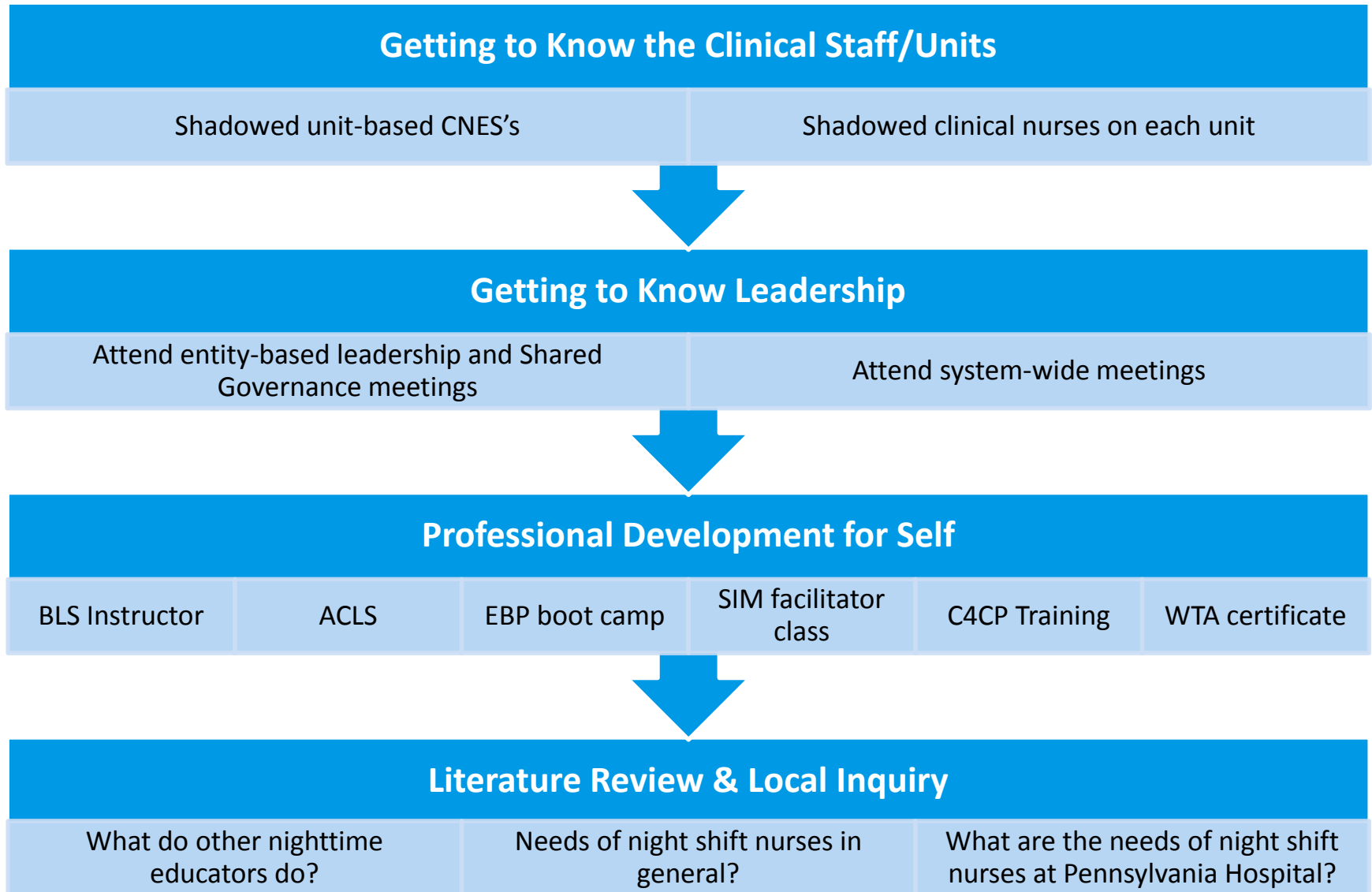
TOO COLD



JUST RIGHT



# Orienting to a New Position



# Literature Review

## *The Night Shift Nurse*

### The Night Shift Nurse

- More autonomous
- Younger
- Less experienced
- Less satisfied with job

### The Night Shift Culture

- Feel isolated
- Feel ignored
- Less perceived support
- Higher nurse-patient ratios

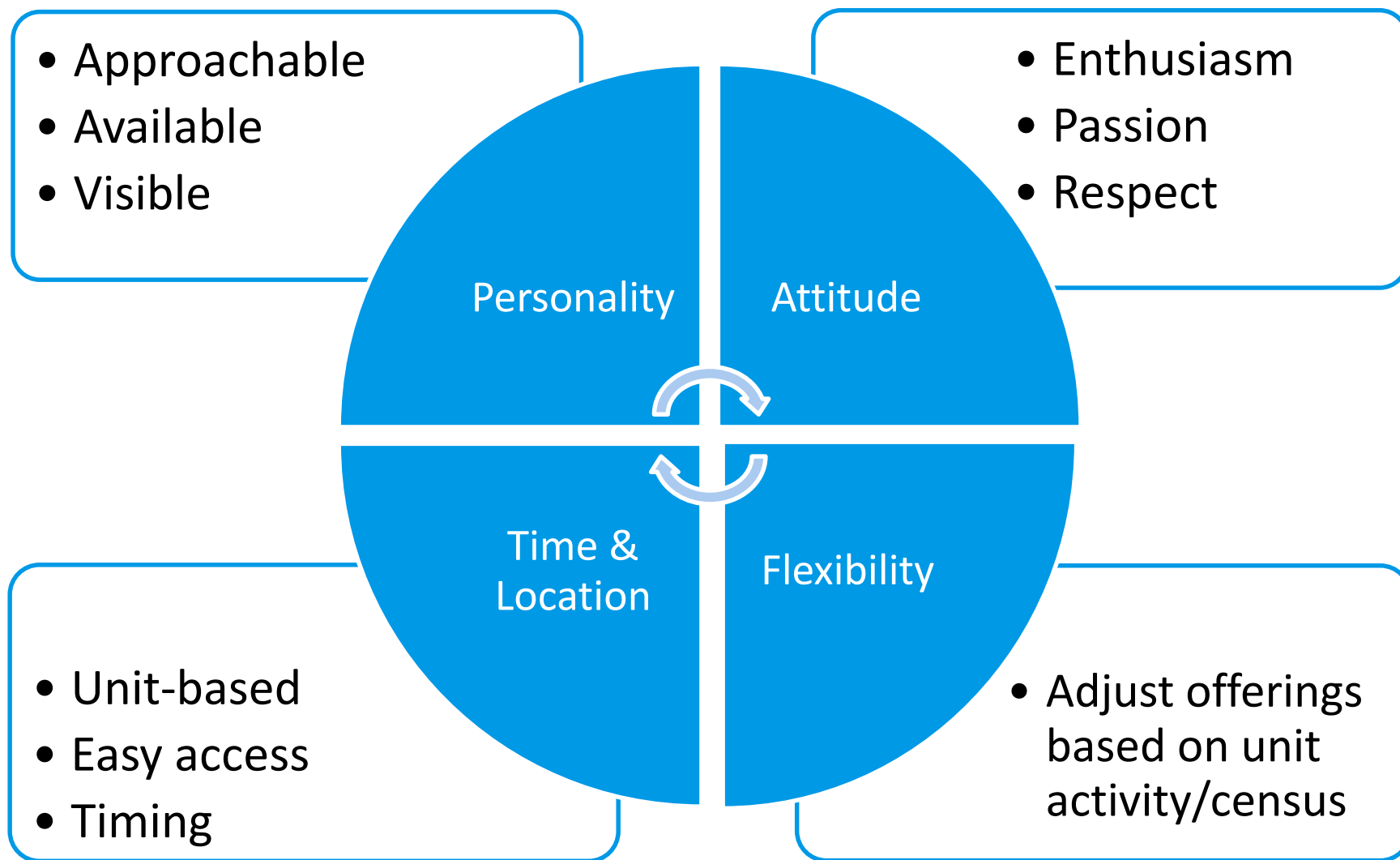
# Recommendations from Literature

## *Over-arching Goals for the Night CNES Position*



# Literature Review

## *How to Make it Work*



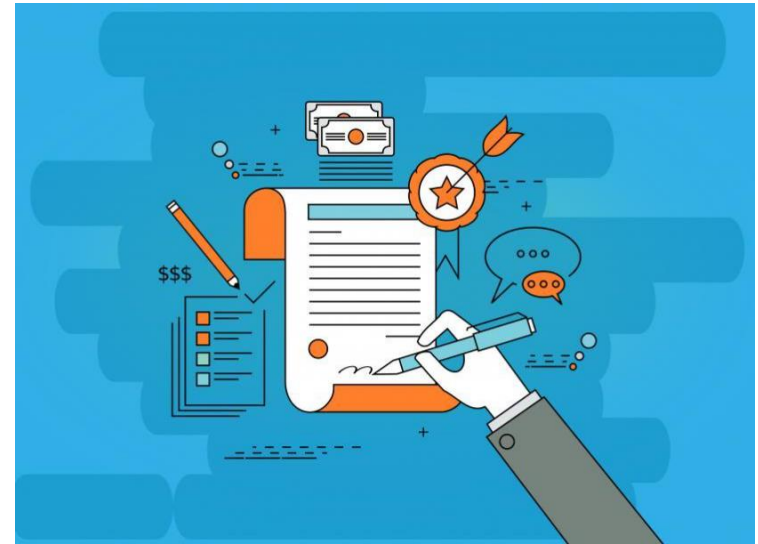


# Local Inquiry Reflected Literature Review

- ◆ Most education offerings happen during the day
- ◆ If classes are offered in evening (7p-10p) staff is typically busy starting their shift and unable to attend
- ◆ Night staff have these options for education/professional development:
  - Adjust sleep schedule to come in during day
  - Stay after working all night
  - Not attend the education

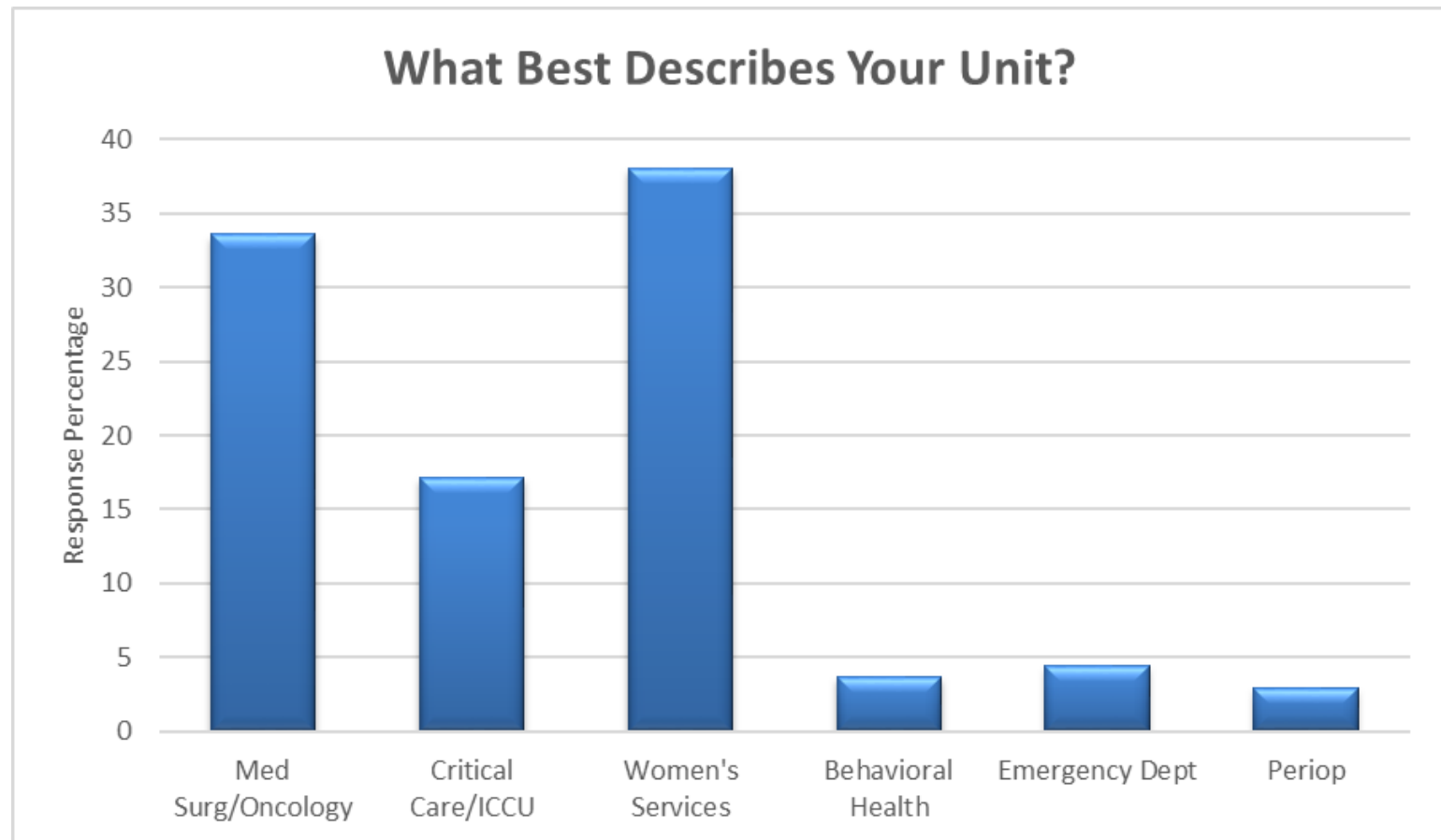
# Identifying Needs at Pennsylvania Hospital

- ◆ Reviewed 2016 Nursing Learning Needs Assessment results
- ◆ Developed a focused survey for night shift nurses to further assess their specific needs
- ◆ Rounded on units & talked with nurses
- ◆ Shadowing with clinical nurses provided insight into practice gaps
- ◆ Results from all methods helped direct and prioritize work



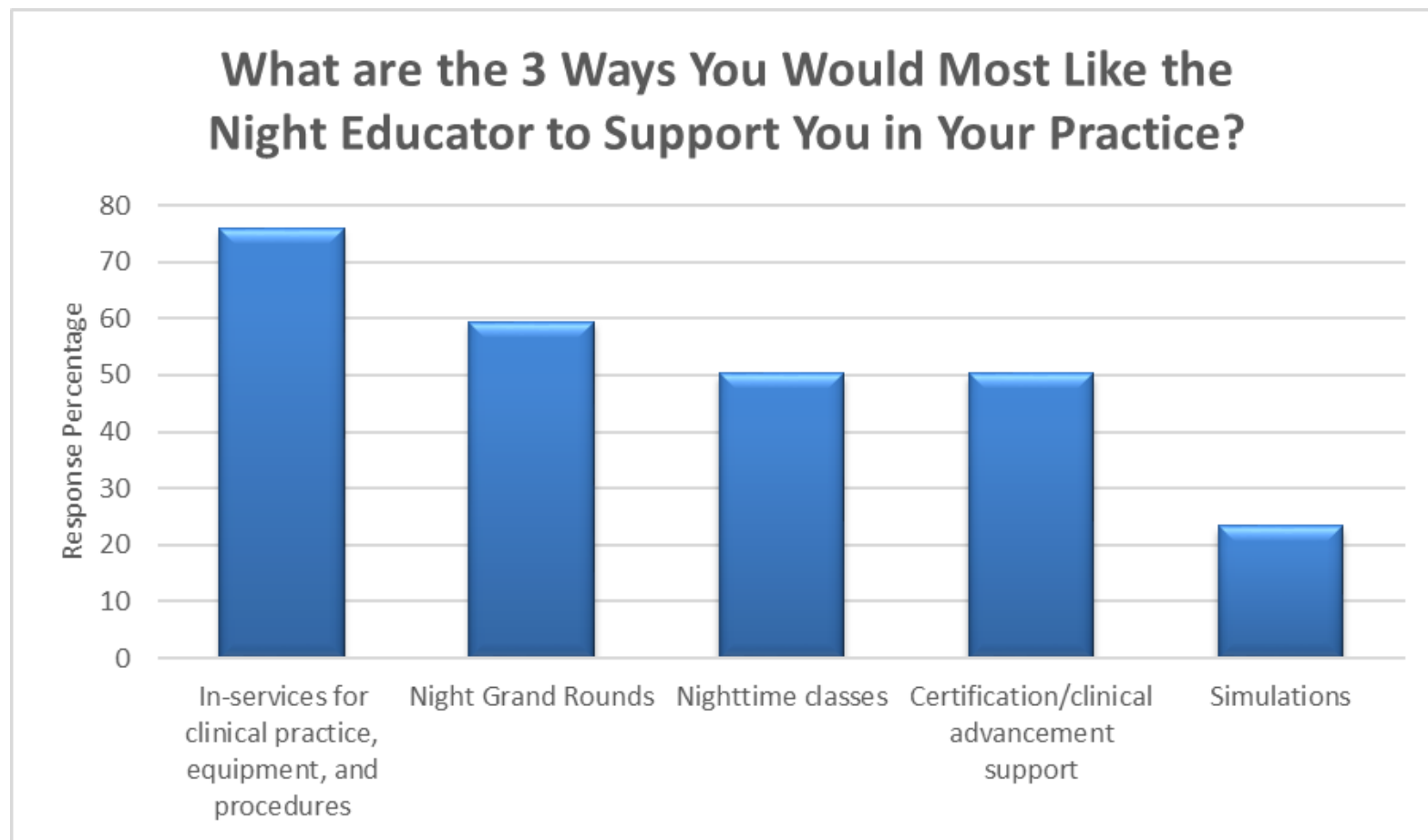
# Clinical Nurse Survey

## *What Can Your Nighttime Educator Do For You?*



# Clinical Nurse Survey

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# Clinical Nurse Survey

## *What Can Your Nighttime Educator Do For You?*

### ◆ Free text response themes:

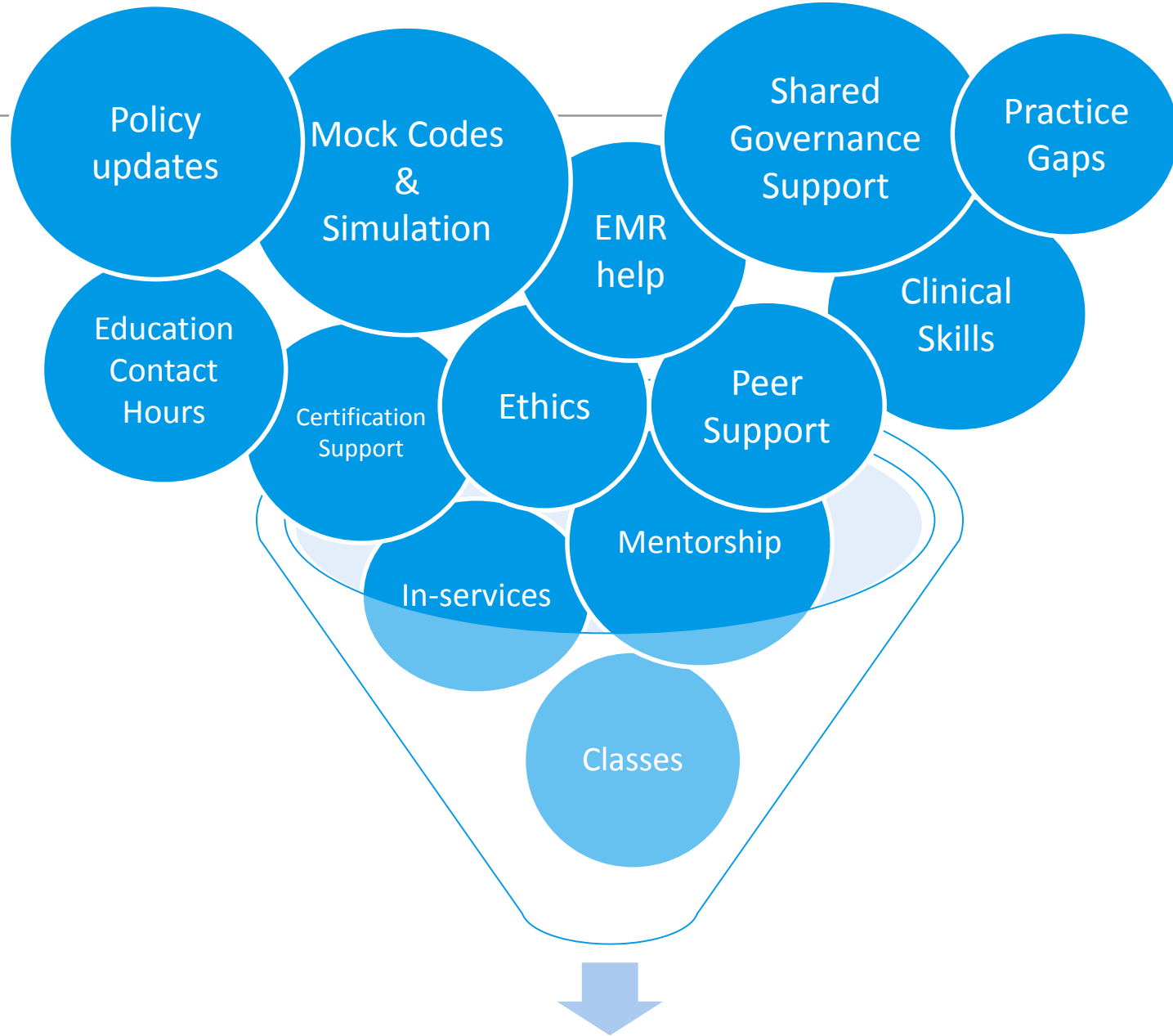
- In-services
- Additional opportunities for continuing nursing education (CNE) credit
- Clinical skills
- Mock codes & simulations
- Support for clinical advancement and certification
- Nighttime course offerings

# One CNES, So Many Units...

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## ◆ 15 clinical units:

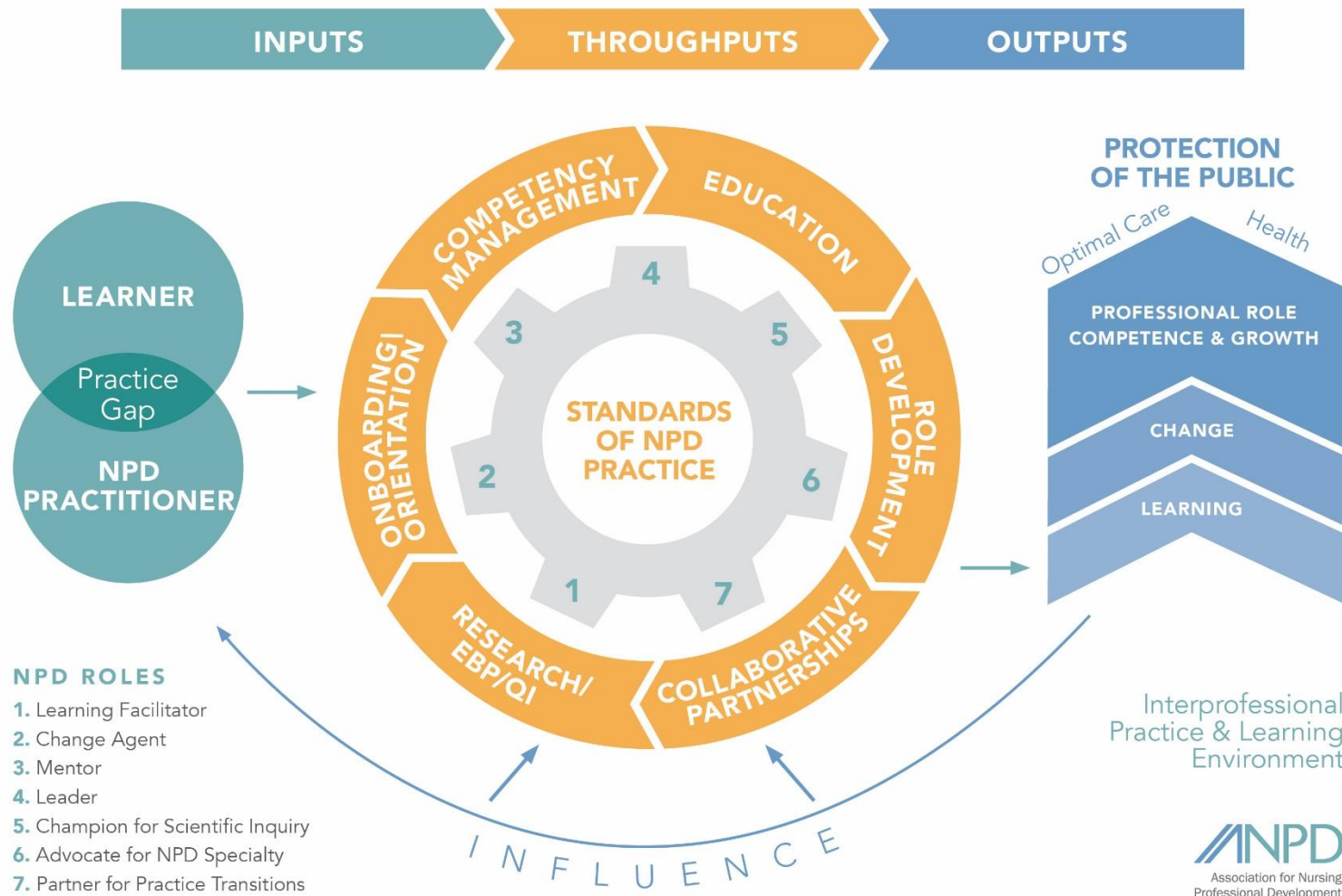
- Medical-Surgical (3)
- Oncology
- Critical Care (4)
- Orthopedic
- Women's Health (3)
- Inpatient Psychiatry (2)
- Emergency Department



**Organize Under NPD Model Throughputs**

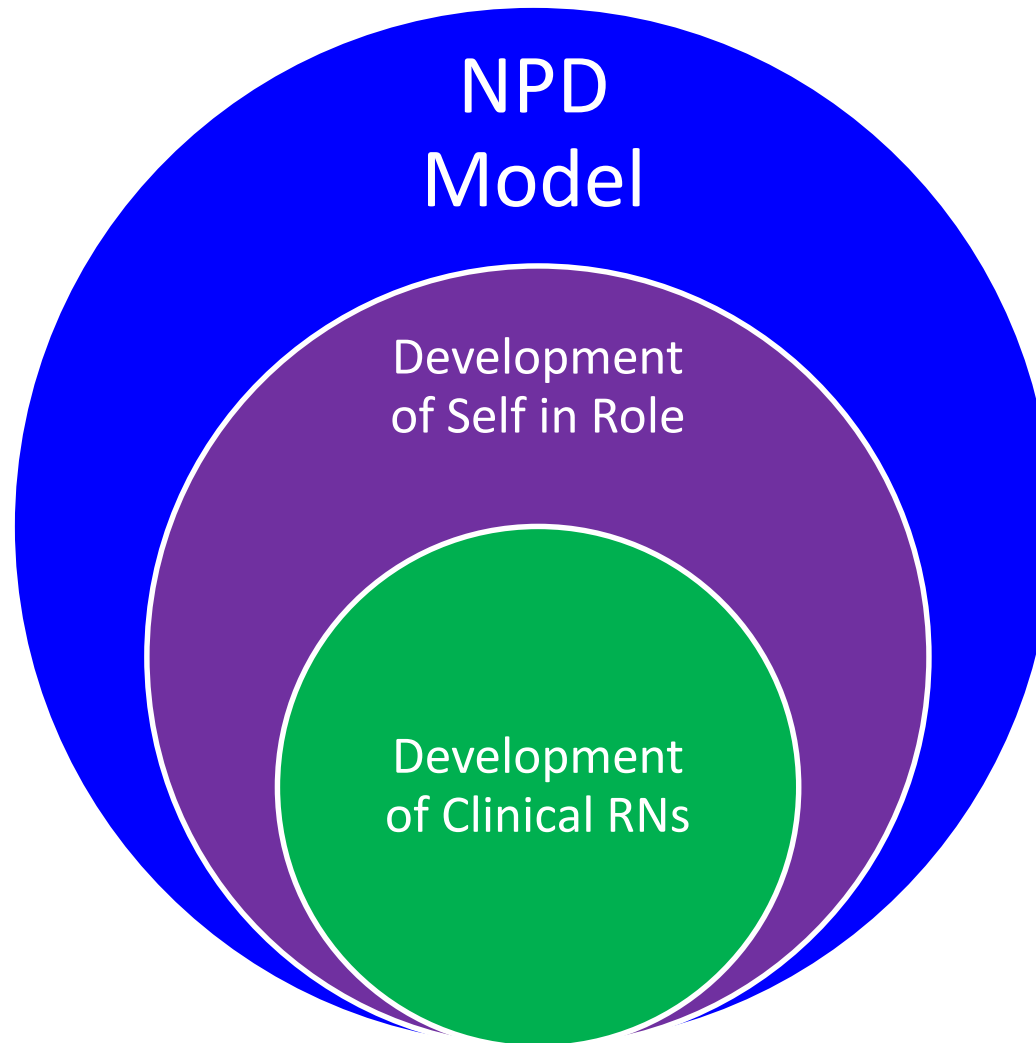
# Nursing Professional Development (NPD)

PRACTICE MODEL





# Framework to Organize Work



# Examples of Work Organized by NPD Throughputs

## Education

- ◆ New product education
- ◆ Monthly Nighttime Grand Rounds
- ◆ In-services
- ◆ Classes:
  - BLS & NRP
  - Phlebotomy
  - TJC Perinatal Certification
  - PennChart Documentation
  - Team Stepps Class
- ◆ Continuing education credit for many offerings

## Role Development

- ◆ Certification support
- ◆ Mentorship program
- ◆ Assist staff in pursuit of BSN & MSN degrees
- ◆ Clinical advancement promotion and support
- ◆ Preceptor development

# Examples of Work Organized by NPD Throughputs

## Collaborative Partnerships

- ◆ Shared governance support
  - Night Council
- ◆ Live nurse-to-nurse report between units using video conferencing technology
- ◆ Team Steps Program
- ◆ Pasteurized Donor Human Milk Program Implementation
- ◆ Use of electronic applications to enhance wound care documentation
- ◆ Code Amber Drills

## Research/EBP/QI

- ◆ Nighttime blood glucose management & insulin administration
- ◆ Policy creation- Diabetes Management
- ◆ C-Spine Precautions to reduce injury after patient fall
- ◆ Restful Night Initiative to improve patient satisfaction scores
- ◆ Low fidelity, high frequency emergency management simulations focusing on unit-specific needs

# Examples of Work Organized by NPD Throughputs

## Onboarding/Orientation


- ◆ New hire support at night:
  - Standardized check-ins with orientee & preceptor
  - Focused skill-building with new nurses based on need
  - Support for action plans
- ◆ Night class offerings for new hires
- ◆ Lunch & Learn presentations for Nurse Residents

## Competency Management

- ◆ Competency validation for ongoing competency program across all clinical areas
- ◆ Night simulations
- ◆ Informatics (new EMR)

# Snapshot of the New Nighttime Experience

Pennsylvania Hospital  
Penn Medicine



## Moonlight Munch & Learn

Healthy Habits For Night Shift Staff:  
Mitigating the Effects of Working Overnight

Thursday, January 25, 2018  
10:30 PM – 11:30 PM  
And a repeat session from  
12:30 AM-1:30 AM  
Zubrow Auditorium

## C-Spine Precautions

When do I need to worry about c-spine precautions?

- Unwitnessed fall for a patient/staff/family member and:
  - they cannot tell you what happened and/or
  - they are found lying face-down and/or
  - there is a loss of consciousness or change in mental status



What do I do if my patient meets the above criteria?

- Call an RRT x5050
- Tell the team that c-spine precautions should be implemented
- Give a clear report about the event (what is known and unknown) and the patient's baseline status (if known)
- Assist the team by accessing the spine board, and HoverMat/Hoverjack

What do I do while waiting for RRT team to arrive?

- Talk to your patient and assure them that help is coming
- Explain that they need to remain still for the time being
- Perform initial assessment without moving the patient

Is there a situation where I should move my patient?

- Yes! If you need to initiate chest compressions while waiting for the RRT team to arrive, you should do so, even if you need to log-roll or move your patient to do so

When in doubt, leave your patient as you found them and wait for the RRT team to assess the need for c-spine precautions!

*\*For more information review the PAH Nursing Fall Prevention Policy (ES-1)\**

## RN, RNC-NIC

receiving nursing education by the accredited approver by the commission on accreditation.

is attending this program in its program. There is no conflict of no commercial support for this

## TBC Quick Reference

### Imaging

- Chest x-ray to confirm esophageal tube placement
  - ext. 3201, pager 0254
- Head Ultrasound
- Bedside EEG (number can be found on ICN homepage, changes depending on who's on call)

LENGTH (cm)	PROBE LENGTH (cm)
35	12.1
36	12.3
37	12.5
38	12.7
39	12.9
40	13.1
41	13.3
42	13.5
43	13.7
44	13.9
45	14.1
46	14.3
47	14.5
48	14.7
49	14.9
50	15.1
51	15.3
52	15.5
53	15.7
54	15.9
55	16.1
56	16.3
57	16.5
58	16.7
59	16.9
60	17.1
61	17.3
62	17.5
63	17.7
64	17.9
65	18.1
66	18.3
67	18.5
68	18.7
69	18.9
70	19.1

### Where to find the EEG tech on call number



Esophageal probe mea chart based on baby's I

- If out of blue top tubes: SPD ext.3216, Laws
- If all cooling machines are in use, can use Ga Hypothermia Machine from SPD ext.3216



## Inpatient Diabetes Management

How can we best care for our diabetic patients?

Sara Cohen MSN, RN, RNC-NIC  
Barbara Morrison MSN, RN, CDE, CPN

## Chest Tubes and Pleur-Evacs



In-services coming soon to an ICN near you!

- \*Chest tube care\*
- \*Pleur-Evac set up\*
- \*Pleur-Evac monitoring\*
- \*Documentation\*

Day Shift:  
8/16 5pm, 6pm  
8/30 5pm, 6pm

Night Shift:  
8/14  
11pm, 1am  
8/31  
11pm, 1am

## NRP INITIAL STEPS REVIEW

Offered by: Raluca Anca & Sara Cohen

Day-time sessions

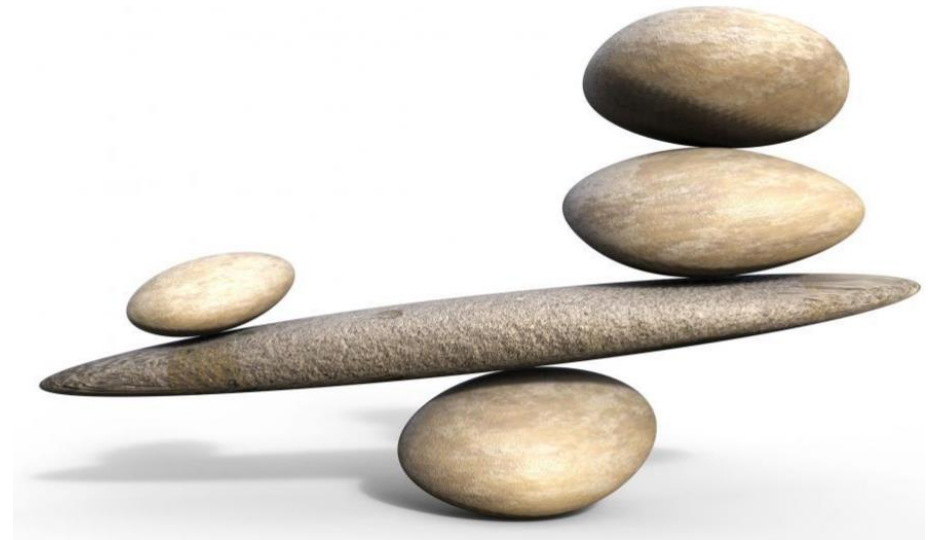
Date	Time	Location
Mon 6/18	9am-10am	L&D
Wed 6/20	9am-10am	L&D
Thu 6/21	7:30am-8:30am	L&D
Tue 7/3	9am-10am	L&D
Thu 7/5	7:30am-8:30am	L&D
Fri 7/6	7:30am-8:30am	L&D

Night-time sessions

Date	Time	Location
Tue 6/19	11pm-12am	L&D
Wed 6/20	11pm-12am	L&D
Fri 6/22	11pm-12am	L&D
Mon 7/9	11pm-12am	L&D
Tue 7/10	11pm-12am	L&D
Thu 7/12	11pm-12am	L&D

# Challenges

- ♦ Daytime meetings important for connection to initiatives and team, however, pull me away from physical presence at night
- ♦ Lack of point people in leadership in real time
  - More challenging to build relationships with daytime leaders & gain buy-in for night shift priorities
- ♦ Takes more time to move projects forward – lag time in response/action between day & night teams
- ♦ So many units, so many needs, so little time...



# Personal Development at 1 Year





# References

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- Harper, M.G. & Maloney, P. (Ed.). (2016). *Nursing professional development: Standards of practice, 3rd Edition*. Chicago, IL: Association of Nursing Professional Development.
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- Weaver, S.H., Lindgren, T.G., Cadmus, E., Flynn, L., Thomas-Hawkins, C. (2017). Report from the night shift: How administrative supervisors achieve nurse patient safety. *Nursing Administration Quarterly*, 41(4):328-336.





***Thank you for your time and attention!***

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