Educating Nursing Students as Change Agents: A Case Study

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<tr>
<td>Conflicts of Interest:</td>
<td>None</td>
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<tr>
<td>Employer:</td>
<td>Rush University College of Nursing Chicago, IL USA</td>
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<td>Sponsorship/Commercial Support:</td>
<td>None</td>
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Goals and Objectives

Session Goal:
- Relate strategies for leadership development with clinical partners for pre licensure nursing students

Session Objectives:
- Describe Model of Situated Learning in Leadership
- Discuss application of model to case study
Institute of Medicine issues *To Err is Human* (2000) - serious safety & quality problems in health care

American Association of Colleges of Nursing (2007) develops Clinical Nurse Leader℠ (CNL) in response “The CNL is a leader in the healthcare delivery system in all settings...(and) assumes accountability for patient-care outcomes.” (p. 4)

CNL graduates improve patient care outcomes (Ott, et. al, 2009; Stanley, 2008)
Model of Situated Learning in Leadership

**Coaching**
- Identify problems
- Collect data
- Integration of:
  - Knowledge of sciences/social sciences, disparities, social determinants
  - Best practice
  - Ethical, legal political issues affecting care
- Apply EBP, research, standards of practice

**F/U group/population concerns**
- Micro/mezzo system concerns
- Agency/commitment

**Coaching**
- Integration
  - Organization/systems leadership theories
  - Change theory and practice
  - Informatics
  - Outcomes management & quality improvement
  - Collaboration with consumers and stakeholders

- Leadership/role/skills acquisition
- Practice participation in leadership to solve problems and improve outcomes

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**Magnet Model**

- Transformational Leadership
- Structural Empowerment
- Exemplary Professional Practice
- New Knowledge Innovation Improvements
- Empirical Results

- Community of scholars and practitioners
- Integration research, education, practice
• AACN requires 360 hours in last term for CNL development

• Innovative model to meets CNL objectives

• Leadership development facilitated unique distribution of residency hours between direct care hours and indirect hours
Leadership experiences partner students with clinical agencies

Preparation includes:

- Application process
- Student/site match
- Projects based on clinical site/community needs
Case Study: Individuals with IDD

- 71% aged ≥ 40 had at least two chronic conditions

- 1.89 times more likely to report unmet health needs

- Greater risk for hospitalization

- Difficulties with care:
  
  A majority of Deans of medical & dental schools said their graduates not prepared to provide competent care (Holder, Hood, & Corbin, 2006)
In the United States?

- *Closing the Gap – need for evidence based standards of care* (U.S. Public Health Service, 2001)

- IOM’s *Future of Disability in America (2007)* - immediate action is crucial for people with disabilities to avoid harm

- JCOHA’s *Roadmap for Hospitals (2010)* – communication, cultural competence, patient and family-centered care
And at Rush?

- Adults with Intellectual and Developmental Disabilities Committee (AIDDC) (Ailey & Hart, 2010)
- Pre-hospitalization tours
- On-line coursework with continuing education credit
- Special Needs Buddies
- Nursing standards of patient care in EPIC (electronic medical record)
Survey of Rush staff:

- Sensory issues, cooperation
- Preventing patients from becoming upset
- Assessing pain levels
- Preparing for discharge

Survey of community-based RN’s:

- Communication
- Environment
- Caregiver role strain
- Assessment of behaviors
Institutional Review Board (IRB) chart review

Increased mean length of stay

- More than 55% admitted through the ED
- Higher percentage in the ICU
- Common reasons for admissions - psychosis and seizure disorder, pneumonia/respiratory, GI disturbance, septicemia

(Ailey, Johnson, Fogg, & Friese, 2014)
AIDDC and GEM students created a care plan for individuals with IDD

- Sections based employee survey & RNs working with population

- To our knowledge, first care plan created focused on unique needs of the IDD population
Care Plan

THOUGHT PROCESS ALTERATION

The patient's communication methods and skills will be maximized to facilitate effective communication.

Assess receptive communication abilities (e.g., attention span, ability to listen, visual/hearing impairment).

Assess expressive communication abilities (accurate yes/no response, describes pain, expresses needs [hunger, need for washroom] expresses simple concepts).

Utilize alternative communication methods (e.g., verbal, communication boards, pictures, sign language, gestures, facial expressions).

Collaborate with appropriate caregivers (such as family, agency staff) to determine patient communication patterns, reactions to environment, behaviors, and care plans.

Involve caregiver for interpretation of communication as needed.

Promote client-centered communication by speaking directly to the client and refer to the caregiver as needed.

Be aware of indicators of communicative intent (e.g., alternating eye gaze, clear waiting for response, seeking of proximity, systemic variation or persistence of behavior).

Tailor verbal communication to client's abilities (e.g., use short sentences, one to two ideas, step by step explanations).

Maintain appropriate level in relation to client (e.g., sit next to, kneel, or crouch with client).

Behaviors that interfere with patient care will be reduced.

Assess for a history of interfering behaviors, especially aggressive or challenging behaviors.

Analyze client's behavior pattern by monitoring for specific antecedents, behaviors, and consequences (e.g., stimuli triggers for inappropriate behavior-noise, tactile stimulation, bright light, etc.).

 Advocate for appropriate medication to treat/manage challenging behaviors.

Collaborate with appropriate caregivers to determine patient communication, reactions to environment, behaviors, and care plans.

Collaborate with caregiver to implement previously developed behavior plan.

Reinforce expectations through consistent responses to challenging behaviors.

Be aware that behaviors may be communicating unmet needs.

Promote trust by providing consistent caregiver and meeting needs.

Monitor client's speech pattern for changes in pitch, stress patterns, and intonations.

Reduce environmental stressors and triggers of challenging behaviors.

Provide a daily routine as consistent as possible with home routine.

Be aware that routines may be important to patient and disruption of routine may trigger behaviors.
LEAP Online (Linking Education and Performance) module educates nursing staff on care plan

Goals

- Understanding the needs of individuals with IDD

- Communication with patients with IDD and their families/caregivers

- Quality of care and prevention hospital adverse events
40% of IDD patient admissions (non-psychiatric) on 4 units:
- Neuroscience, Neuro ICU, Pediatrics, Peds ICU

Online training module for nurses qualifies for continuing education (CE) credit
Pre-/Post-survey

- 74 of 244 RN’s completed pre survey before care plan released

- Targeted in-service education by GEM students on units

- To date more than 300 individuals have been trained
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<th>Question</th>
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<th>Post</th>
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<td>Create and execute population-specific discharge planning to manage transitions of care for patients who have intellectual/developmental disabilities</td>
<td>50.6%</td>
<td>16.7%</td>
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<tr>
<td>Assist patients with intellectual/developmental disabilities who are not coping well with hospitalization</td>
<td>36.5%</td>
<td>10.0%</td>
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<td>Direct a family member experiencing caregiver strain to appropriate (source of) referrals</td>
<td>51.4%</td>
<td>19.1%</td>
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<td>Confident in my ability to coordinate care for patients who have intellectual/developmental disabilities</td>
<td>29.8%</td>
<td>7.9%</td>
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<td>Communicate effectively with patients who have intellectual/developmental disabilities</td>
<td>25.6%</td>
<td>11.1%</td>
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Next Steps

- Disseminate through medical center
- Expand use of care plan to other healthcare organizations and in policy change
- Create a marketable version of the LEAP module
- Continue to improve the health and treatment of individuals with IDD in hospitals
Model Success

- Integrated into plan of study
- Leadership “coaches” include Doctor of Nursing Practice candidates
- Projects tie to RUMC quality indicators/initiatives
- Students mentored to submit projects for presentation/publication
Implications for Other Colleges of Nursing

- Model is a means to integrate teaching leadership with situated learning, taking advantage of a community of scholars and practitioners.
- Case study highlights how student facilitation of change improves the safety and quality of health care.
- International issues in healthcare may be responsive to working with students this way.
Thank you and Questions?


References


