Educating Nursing Students as Change Agents: A Case Study

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Faculty Disclosure

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Faculty Name:	**Tanya R. Friese MSN, RN, CNL**
Conflicts of Interest:	**None**
Employer:	**Rush University College of Nursing Chicago, IL USA**
Sponsorship/Commercial Support:	**None**

Goals and Objectives

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- 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

Introduction

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- 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 ^{SM}(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

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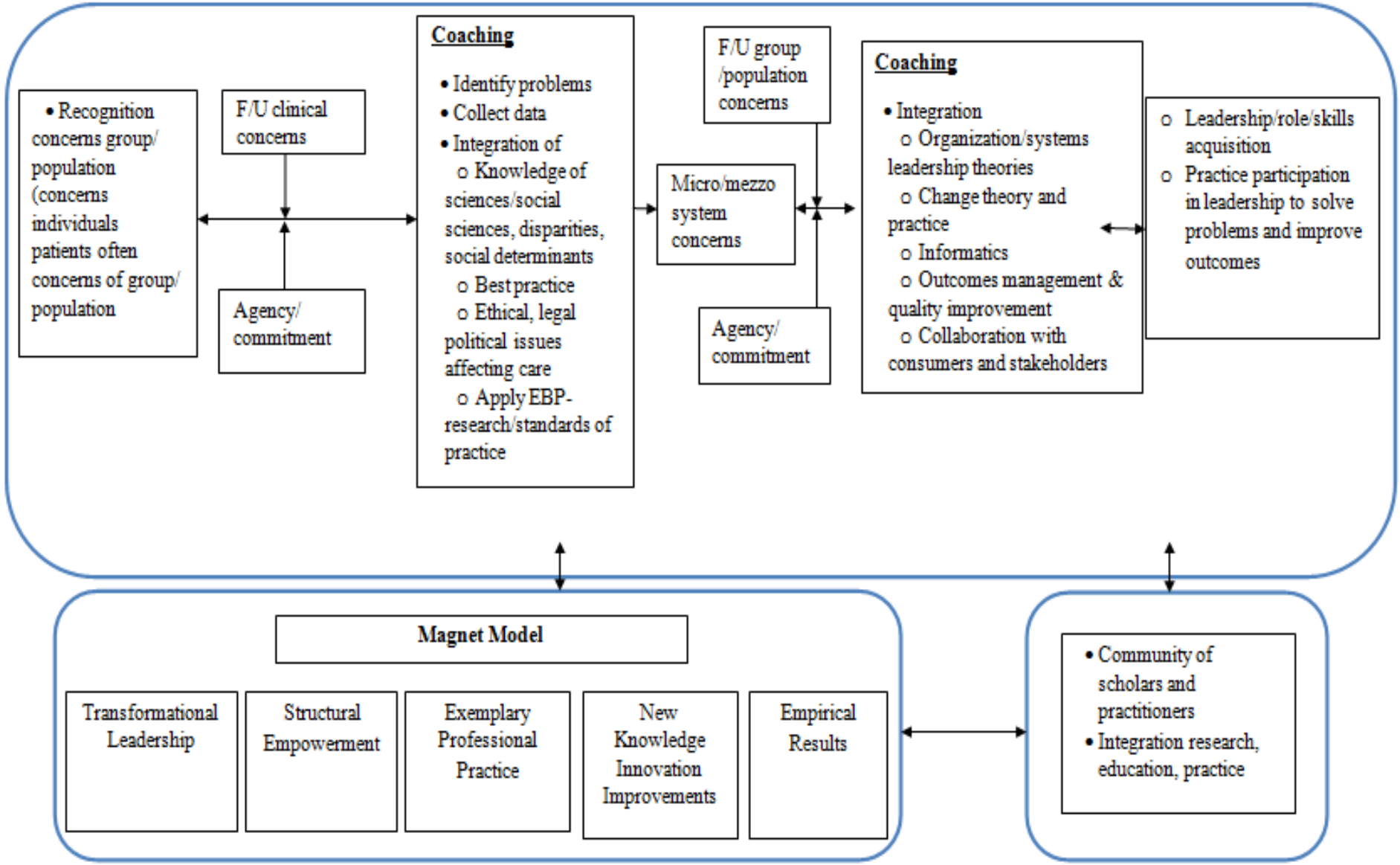

Model of Situated Learning in Leadership

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- 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

Model of Situated Learning in Leadership

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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

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- 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?

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- 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)

Care Plan Inception

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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

Care Plan- Needs assessment

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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)

Care Plan- GEM students “plugged in”

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- 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

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- [ ] **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

Training

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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

Training: Target- Professional Nursing Staff

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- 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

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- 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

Results

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Question	Pre	Post
Create and execute population-specific discharge planning to manage transitions of care for patients who have intellectual/developmental disabilities	50.6%	16.7%
Assist patients with intellectual/developmental disabilities who are not coping well with hospitalization	36.5%	10.0%
Direct a family member experiencing caregiver strain to appropriate (source of) referrals	51.4%	19.1%
Confident in my ability to coordinate care for patients who have intellectual/developmental disabilities	29.8%	7.9%
Communicate effectively with patients who have intellectual/developmental disabilities	25.6%	11.1%

Next Steps

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- 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

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- 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

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- 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?

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