Developing Leadership Competencies in DNP Practice Residencies

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Disclosures

- Christina Nordick, DNP, FNP-BC is employed at the University of St. Francis, Joliet, Illinois and serves as the DNP clinical coordinator and instructor.

- The author/presenter reports no financial sponsorship or commercial support or other conflicts of interests.
Learning Objectives & Disclosures

- **Learning Objectives**
  - Identify the primary leadership competencies of DNP students and graduates.
  - Describe the leadership competencies of DNP student leadership development.
  - Compare and contrast evidence-based supports for activities and characteristics of leadership using the Oxford Center for Evidence Based Medicine and/or GRADE criteria.
  - Understand the components of evaluation for leadership development and competencies in the DNP student.
  - Employ reflective learning and critical appraisal in a minimum of one leadership competency.
“Back in the day….”

- DNP Practicums were patient-focused, evidence-based, with narratives explicating the growth and development of the clinician.

- DNP practicums and residencies now are more inclusive to reflect:
  - Expanded advanced practice nursing roles
  - Development of administration and business roles
  - Advancements in informatics, technology, and quality
  - Development or implementation of practice guidelines within clinical settings
  - Team, departmental, practice, and policy leadership
CUSN Narratives

- Great for advanced practice nursing, integrating evidenced based research, and identifying specific clinical guidelines into practice
- Subtitle of the CUSN text: Demonstrating and Evaluating Competency in Comprehensive Care
  - Connected CUSN, AACN and NONPF
  - Established Domains with specific measurable Competencies and Performance Objectives

(Smolowitz, Honig, & Renich, 2010)
CUSN Narratives

- Students created a Narrative in which a patient encounter(s) was arranged into categories of Domains, Competencies, and Objectives.

- Students then used inquisitive theory to identify existing research which supports the data collection, practitioner action or recommendation.
  - Example: Clinician decision to not use antibiotics in viral URI.
  - Student researches the literature and discovers supportive evidence to substantiate that practice.

- Critical Appraisals and Self Reflection integrated throughout narrative.
Grading Evidence

- Research or “Evidence” of a particular action, inaction or decision is then evaluated for quality, strength, generalizability & applicability
- GRADE - Grades of Recommendation Assessment, Development and Evaluation
  - **High** - very confident that the effect of the study reflects the actual event
  - **Moderate** - quite confident that the effect in the study is close to the true event although there is possibility that it could be caused by something substantially different
  - **Low** - the true event may differ substantially from the estimate
  - **Very low** - the true event is likely to be substantially different from the estimated effect
Approach and implications to rating the quality of evidence and strength of recommendations using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) methodology.

(Unrestricted use of the figure granted by the US GRADE Network)
<table>
<thead>
<tr>
<th>Level</th>
<th>Type of evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Systematic review with homogeneity of randomized control trials</td>
</tr>
<tr>
<td>1b</td>
<td>Individual randomized control trial with a narrow confidence interval</td>
</tr>
<tr>
<td>1c</td>
<td>All or none related outcome</td>
</tr>
<tr>
<td>2a</td>
<td>Systematic review with homogeneity of cohort studies</td>
</tr>
<tr>
<td>2b</td>
<td>Individual cohort study (including low-quality randomized control trials, e.g., &lt;80% follow-up)</td>
</tr>
<tr>
<td>2c</td>
<td>“Outcomes” Research; Ecological studies</td>
</tr>
<tr>
<td>3a</td>
<td>Systematic review with homogeneity of case–control studies</td>
</tr>
<tr>
<td>3b</td>
<td>Individual case–control study</td>
</tr>
<tr>
<td>4</td>
<td>Case-series (and poor-quality cohort and case–control studies)</td>
</tr>
<tr>
<td>5</td>
<td>Expert opinion without explicit critical appraisal, or based on physiology, bench research or “first principles”</td>
</tr>
</tbody>
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**Grades of recommendation**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
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<tbody>
<tr>
<td>A</td>
<td>Consistent level 1 studies</td>
</tr>
<tr>
<td>B</td>
<td>Consistent level 2 or 3 studies or extrapolations from level 1 studies</td>
</tr>
<tr>
<td>C</td>
<td>Level 4 studies or extrapolations from level 2 or 3 studies</td>
</tr>
<tr>
<td>D</td>
<td>Level 5 evidence or troublingly inconsistent or inconclusive studies of any level</td>
</tr>
</tbody>
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Leadership

- Defined
- Philosophies
- Need
- Common Characteristics
- Competencies
Leadership Competencies

- **Leadership**
  - Defined as the abilities and characteristics of a leader which, if developed and matured, improves the effectiveness and influence of the leader within his or her area(s) of influence.

- **Competency (McClelland, 1973)**
  - Defined as a broad compilation of knowledge, skills, abilities and characteristics.
  - Includes values, thinking and problem solving, diversity, respect, interpersonal communication and management.
Leadership Competencies
(Dye and Garmin, 2015)

- **Four Cornerstones** (Dye and Garmin, 2015).
  - Well Cultivated Self-Awareness – know yourself
  - Compelling Vision – creation of effective plans
  - A Real Way with People – making things happen through interpersonal relations
  - Masterful Execution – effectiveness and performance
Foundation of Leadership Competency – Self Concept

- “Self concept is your own understanding of and comfort level about yourself.”
- “If you are content and happy with who you are and what you have accomplished, you are comfortable with others as well and are fully accepting of their achievements and contributions, regardless of whether those contributions may be deemed to be of higher value than yours.”

(Dye and Garmin, 2015, p. xxxii).

- Critical and most important foundation for the competencies of leadership.
Well Cultivated Self-Awareness

Masterful Execution

Compelling Vision

A Real way with People

Self-Concept
Why a Leadership Narrative and a Leadership Residency Experience?

- Narratives reinforce & validate the essential concepts that one’s DNP actions should be based on evidence rather than intuition, personal preference, or merely experiential precedence.
- AACN (2015) mandates that practice and leadership experiences for DNP students incorporate all eight of the DNP Essentials within the educational program.
- These advanced leadership experiences are necessary to support the DNP Essentials and emphasis on doctorally-prepared nurses in gaining the knowledge and skills to become change agents for the future of health care, whether individual, family, community, population, or global.
The DNP student leader, in his or her practice residency, identifies actions, projects, or practice guidelines in which translational science can be investigated, developed, and applied.

Development of SMART goals in the practice/leadership environment

Identification of an action list to achieve those goals

- In collaboration with preceptor, organization, and faculty
- A trajectory of implementation based on current evidence-based guidelines or literature
Examples of DNP Practice Residencies in Leadership

- Leading a multidisciplinary information technology team in solution development regarding patient safety concerns in a major hospital network
- Participating as a team member in evaluation of access to care deficits within a large governmental health institution
- Strategically organizing management and volunteers of a mobile health clinic within an inner city vulnerable community
- Introducing, influencing, and accomplishing the integration of current evidence based cervical cancer screenings in a not-for-profit women’s outpatient health clinic
Blueprint of DNP Leadership Narrative

<table>
<thead>
<tr>
<th>Narrative Heading</th>
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</tr>
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<tbody>
<tr>
<td>Introductory Statement</td>
<td>Includes the type of DNP student leadership, the setting, length of time or number of encounters, and an assertion of the DNP student’s ability to meet specific and identified leadership competencies.</td>
</tr>
<tr>
<td>Environment/ Role</td>
<td>A detailed description of the setting, geography, organization, team, culture, economics, characters and stakeholders.</td>
</tr>
<tr>
<td>Leadership Goals and Objectives</td>
<td>Identifiable goals and specific objectives for the encounter(s) explicated. Evidence based research supporting the objectives identified.</td>
</tr>
<tr>
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| Identification and depiction of methods/skills/abilities used to obtain leadership objectives | - Overt or unconscious (at the time) leadership processes identified.  
- Barriers or benefits of chosen processes identified.  
- Evaluation of processes based on the Leadership Competencies.  
- Critical appraisal of chosen (or given) methods.  
- Identification of ethical dilemmas encountered and method(s) used to navigate and supported through evidence based research.  
- Evidence based research presented which supports the method/skill/ability used or not employed. |
### Blueprint of DNP Leadership Narrative

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<td>Critical appraisal and leveling of aforementioned evidence using the Levels of Evidence from the Oxford Center for Evidence Based Medicine (OCEBM, 2009) and the Grading of Recommendations Assessment Development and Evaluation (GRADE) system (Goldet &amp; Howick, 2013).</td>
<td>Leveling of aforementioned evidence using the Levels of Evidence for OCEBM and the GRADE system.</td>
</tr>
</tbody>
</table>
This component *(metacognition)* of the Leadership Narrative is the most critical and provides an excellent method for personal leadership growth.
# Blueprint of DNP Leadership Narrative

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<tr>
<td>Hindsight evaluation</td>
<td>Overall self-evaluation of objective achievement within the framework of exceptional leadership. Substantiate retrospective evaluation with evidenced based research.</td>
</tr>
<tr>
<td>Case summation</td>
<td>Summarize and defend the achieved (or developing) leadership competencies which the leadership narrative depicted.</td>
</tr>
</tbody>
</table>
Examples

- Informatics
  - Using Emotional Intelligence
  - Reflection
- Clinical Setting – Oncology / Fertility Planning
  - Using Emotional Intelligence
  - Reflection
Metacognition Exercise

- Think of a time in which you encountered a leadership “issue” – whether you were the recipient of ineffective leader – or whether you were the leader
- Consider the 16 leadership competencies and identify the major competency needed to be developed
- Reflect on what happened (or is happening) and consider your current (or previous) actions
  - Are they evidenced based?
  - Are they driven by emotion or reaction?
  - Do your thoughts, actions and emotions, “improve the effectiveness and influence within your area of influence”?
  - What could you or would you do differently, based on research and the competencies of a truly effective leader?
Reflective Questions
Emotional Intelligence

- To what extent are you aware of your emotions? To what extent do you understand rationally why you react the way you do?
- Do you see the link between your emotions and feelings and your behavior?
- To what extent can you manage your emotions? Can you control anger? Can you focus frustrations?
- To what extent would you describe yourself as open, approachable and sincere?
- How would other describe you. (Ask them!)

(Dye and Garmin, 2015, pp. 249-250)
Summary

- The DNP practice residency with the corresponding leadership narrative for the doctorally-prepared nursing leader is an educational experiential method in which DNP students may develop the critical leadership characteristics and skills needed for the challenges faced by healthcare in the 21st century.

- By identifying the key competencies of effective leadership and exploring the application of those characteristics in a safe, structured, and monitored real-world environment, students are able to experience practically the role of nursing leader. Through research and integration of evidence-based leadership literature and research, DNP student leaders develop the skills to formulate excellent decisions, implement collaborative strategies between intra and interpersonal professionals, and identify gaps in leadership knowledge.
References


Questions?