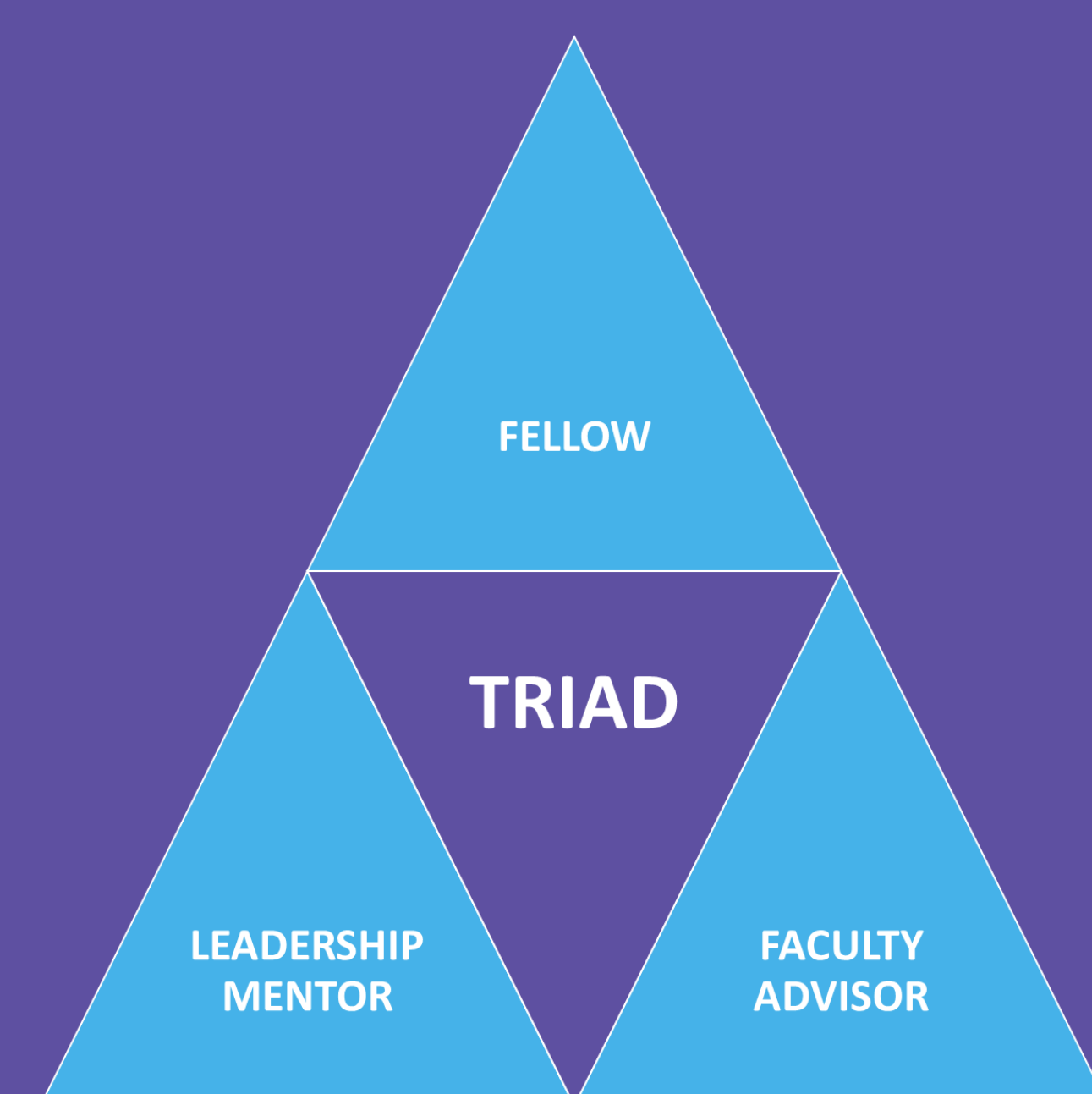


The Nurse Leadership Academy Experience: Taking Nursing Leadership to the Next Level!

Karen Beranek BSN, RN, Manager, International Leadership Institute, Sigma Theta Tau International Honor Society of Nursing (Sigma) Maternal-Child Health Nurse Leadership Academy

BACKGROUND

- Sigma provides four international nurse leadership academies.
- Since 2004, over 500 participants, through 20 cohorts, have received leadership training led by Faculty Advisors who are highly recognized leaders.
- The first academy, Maternal-Child Health Nurse Leadership Academy (MCHNLA), began in 2004.
- This discussion focuses on the objectives, design, and benefits derived from the MCHNLA.
- The leadership model framework for all academies is based on the research of Jim Kouzes and Barry Posner, as described in *The Leadership Challenge*.[®]



ACADEMY MENTORING MODEL

KEY COMPONENTS

- The distinguishing component of the academy experience is the mentoring structure.
- Fellow participant has an experienced Leadership Mentor and a Faculty Advisor.
- Fellow is responsible for defining an interdisciplinary project within their organization.
- This project provides the vehicle for Fellow to apply leadership skills taught in the academy, as well as improve individual leadership opportunities described in their personalized leadership development plan.
- During 18-month program, each triad attends two workshops and facilitates two site visits.
- Program culminates with Fellow presenting the measurable benefits of project at Sigma's biennial convention.

POPULATION STUDIED

MCHNLA North America
285 Participants Since 2004
35 States / 1 Province
Healthcare Professional Beneficiaries: 2012-2017
6,166 Healthcare Professionals
49,605 Population Directly Served

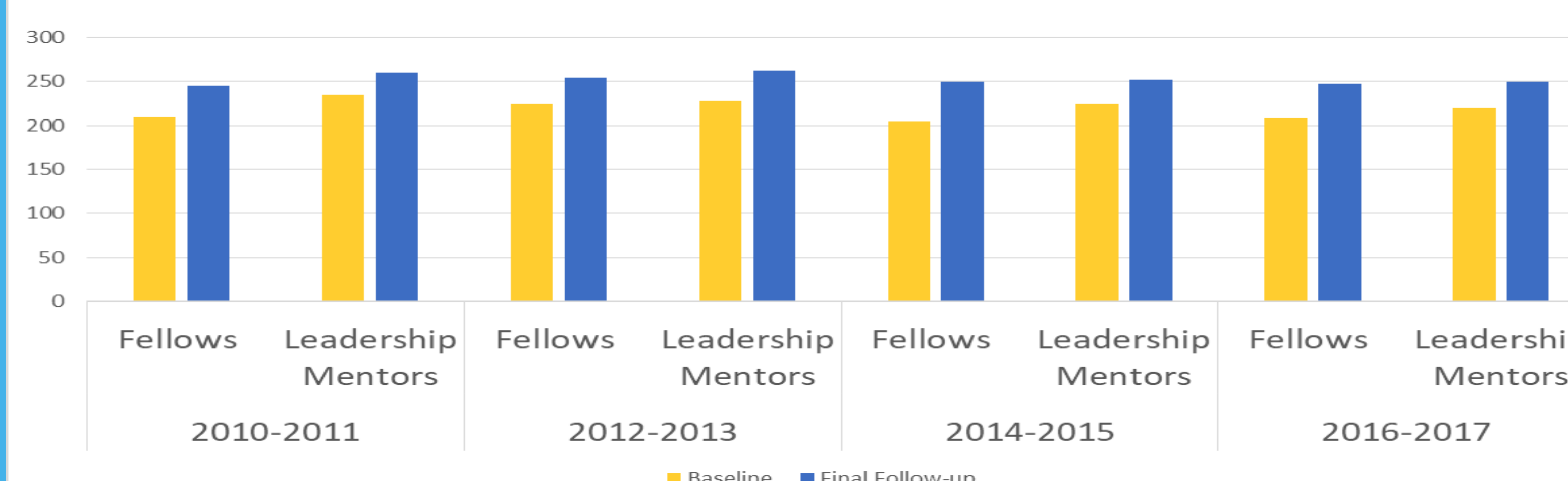
EVALUATION METHODS

Evaluation Instruments & Time Administered			
Instruments	Baseline Workshop 1	After Workshop 2	End of Program
Leadership Practices Inventory (LPI)	X	X	X
Project Beneficiary Form			X
Project Poster			X

EVALUATION RESULTS

- When comparing baseline to end of program testing, both Fellows and Leadership Mentors demonstrated statistically significant improvements in leadership knowledge and skills.
- For the approximately 100 graduated Fellows, 90% of their projects were sustained at their institution due to policy and patient care improvements.

LPI Baseline to Final Follow-Up: 2010-2017



Disclosure: The views expressed in this poster are those of the author and do not necessarily reflect the official policy or position of the Honor Society of Nursing, Sigma Theta Tau International or its subsidiaries.

DISCUSSION

- The Kouzes and Posner model proposes that leadership is a measurable, learnable, and teachable set of behaviors; results demonstrate that the Fellows improve.
- Unexpected finding that the mentors improve in their leadership abilities as well.
- Ripple effect that the projects impact other healthcare professionals and recipients of care.

FUTURE WORK

- Adding other models of leadership academies to expand the number of nurses involved.
- Longer follow-up periods as the graduated Fellows share how their projects are revised and spread into other healthcare settings.

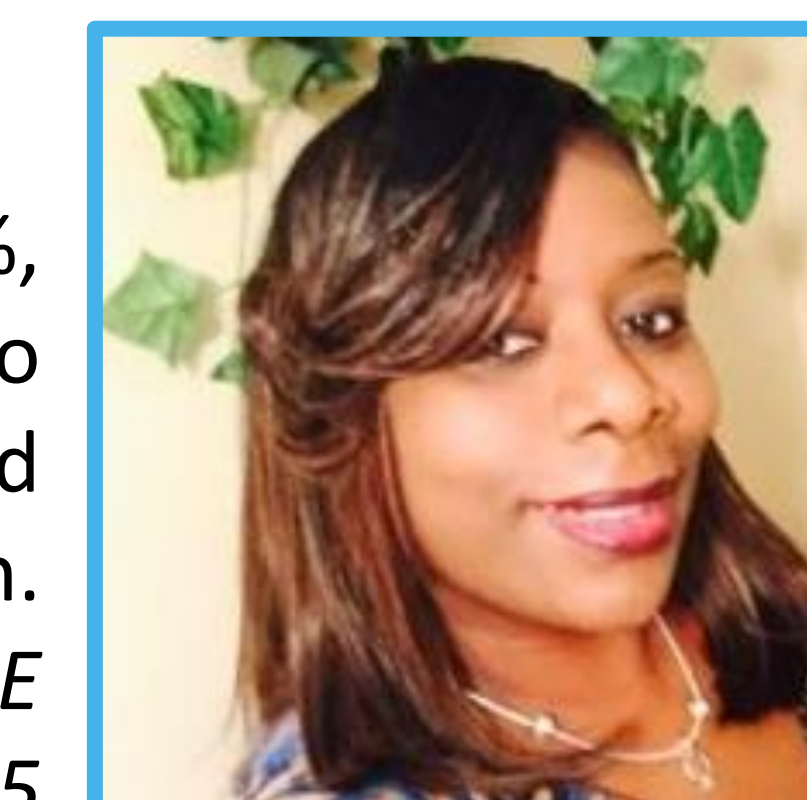
PROJECT OUTCOMES



Appropriate education to patients who screened positive for Post-Partum Depression (PPD) risk factors began at 59% prior to training and rose to 93% after 3 quarters of training.
*Lynda M. Nolan, RNC-OB, CCM
 Fellow 2016 – 2017*

Increased bedside transitioning of newborns by 70%, thereby decreasing couplet separation, increasing skin to skin initiation rates, breastfeeding exclusivity and patient satisfaction.

*Sonya Clayton, MSN, RN, IBCLC, CCE
 Fellow 2014 - 2015*



POST-PROGRAM BENEFITS

- Graduates cite many examples of how this experience translated to increased leadership effectiveness, positive organizational changes, career advancements, and improved patient care.
- 100% of Fellows and Leadership Mentors reported mentoring others outside the program.

FUNDING

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