

Preparing Master's Graduates for Future Practice in Today's Healthcare Environment

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The Charge:

Join a “seasoned” nurse leader to discuss how best to make our students ready for practice, including preparing for a leadership role, demonstrating high level skills when communicating, promoting evidenced-based practice, designing and implementing a quality improvement project, and partnering with other disciplines.

Content Outline

- Introduction/Overview: To provide context, background, and assumptions
 - Student preparation: *Master's Essentials*
 - Root Cause Phenomena: Reality/chaos (?)
 - Non-tangibles
 - Personal context
- Framework (model)
 - Drivers
 - Outcomes
 - The work: Academic & professional development
- Strategies & Tactics
 - Product (It)
 - Processes (How)
 - Structures
 - Productivity, accountability, and metrics

Content Outline (con't)

- Substantive outcomes
 - Leadership development
 - Communication & collaboration
 - QI/Safety
 - Advocacy/Policy
 - EBP
 - Interprofessional challenges
- Summary
- Q & A

Context

- **Student Preparation (MSN Essentials):**
The task at hand...
 - Developmental Integration
 - Leadership
 - Quality Improvement & Safety
 - Evidence-Based Practice
 - Informatics & Technology
 - Health Policy & Advocacy
 - Interprofessional Collaboration
 - Clinical Prevention & Population Health
 - Advanced Practice

Context

- **Root Cause Phenomena: Reality...**
 - Complexity
 - “Change is...” (Stephen Hawking)
 - “Pain drives change...” (Joe Perfetti, Wharton)
 - Practice drives academics
 - “It's all about outcomes...” (Karlene Kerfoot)
 - The “fallacy” of patient centricity
 - Structure – Process – Outcomes (Avedis Donabedian)
 - Nursing is a cost center versus a revenue center
 - Voice/Agency/Demeanor

Context

- **Root Cause Phenomena: Reality...**
 - Does the EHR really provide the data/evidence to support the advancement and contributions of nursing practice versus provide data to ensure revenue streams (billing) and demonstrate regulatory compliance?
- **Academic transference:**
 - The "craft" related to teaching, learning, testing, measuring, and evaluating (Marilyn Oermann & Dorothy Reilly)
 - Functional expertise
 - The science associated with transformational educational practices (Patricia Benner)
- **Communication and Negotiation** (Phyllis Kritek)
 - "Getting to Yes" (Roger Fisher)

Context

- **Non-tangibles: Things I think about...**
 - Intellectual & academic rigor (seeking balance)
 - "Is it a race?" "Is it all about volume and marketing?"
 - Commitment to the development of clinical wisdom, judgment, and reasoning
 - Acknowledgement of normal developmental requirements in the clinical world
 - Professional values ("soul")
 - Discerning applicants' interests in the "work" versus the "job"
 - Regard for our history and legacy
 - The "Code Green" phenomenon (Dana Beth Weinberg)
 - Nurses/women who have changed the world for the better

Personal Context

- **Chris Pacini: The patient (an exemplar)**



Personal Context: Analysis of Several Experiences

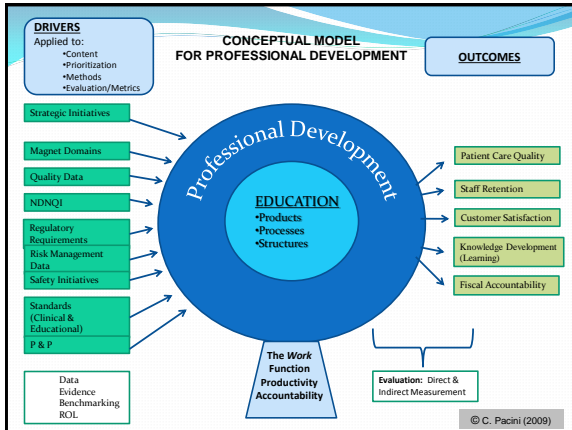
- Pain assessment/assumptions
- Nursing care focused on the computer
- Task completion; clearly there was a LOS metric in the ER
- Checklist mentality/experience
- Reasonably pleasant/polite
- Patient is a nurse versus patient is a patient

Personal Context: My Feelings

- Limited faith/confidence regarding nursing care by the nurse. Received outstanding nursing care from the ER physician.
- Never experienced nursing clinical leadership or oversight
- 3 days in ICU = 6 different nurses (Continuity?)
- Acted as a nurse R/T monitoring IV medications (risk)

So What? Translation

- So, how do we, who are engaged in the business of preparing master's prepared nurses, revolutionize our academic practices to meet the "profession's continuing call for imagination, transformative thinking, and evolutionary change in graduate education"? (AACN, *Master's Essentials*, 2011)
- So, how do we better prepare "practice ready," **entry-level** MSN graduates?
- So, how do we partner with our clinical sites/colleagues to assure that competencies are being met? And, how do we assure that our clinical partners are fully engaging and realizing the contributions of our graduates?



Drivers

- **Complexity**
 - **NDNQI**
 - NHPPD
 - Falls and Falls with Injury
 - Pediatric Pain Assessment
 - Pediatric Peripheral IV Infiltration Rate
 - Pressure Ulcer Prevalence
 - Psychiatric Physical/Sexual Assault Rate
 - Restraint prevalence
 - RN Education/Certification
 - RN Satisfaction
 - Skill Mix
 - Voluntary Nurse Turnover
 - Nurse Vacancy Rate
 - Nosocomial Infections
 - UTI
 - CABSII
 - VAP

Drivers

- **Complexity**
 - CMS
 - **7 Sets of Core Measures:**
 - **ACOs, PCMHs & Primary Care**
 - Cardiology
 - Gastroenterology
 - HIV & Hepatitis C
 - Medical Oncology
 - OB/GYN
 - Orthopedics
 - **ACOs, etc.**
 - Hypertension Control
 - Beta Blockers post MI
 - ASA w/ Ischemic Vascular Disease
 - Comprehensive Diabetes Care
 - Medication Reconciliation
 - Screening:
 - Cervical, Breast, & Colorectal Ca
 - Tobacco Use
 - BMI
 - Depression

Drivers

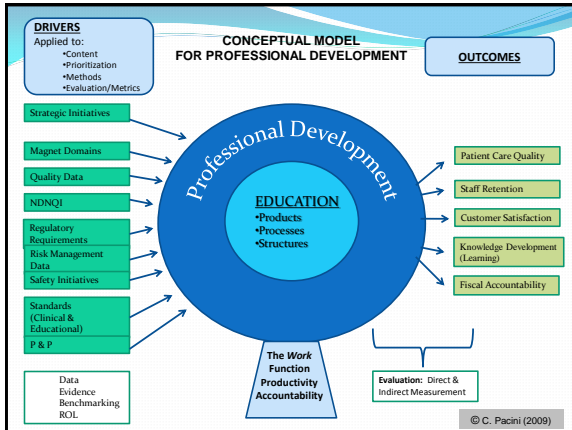
- **Complexity**
 - **HRSA – Clinical Quality Measures**
 - Screening:
 - Breast, Cervical, & Colorectal Ca
 - HIV for Pregnant Women
 - Hypertension
 - Diabetes Control (HbA1c)
 - Prenatal Care Access – 1st Trimester

Drivers

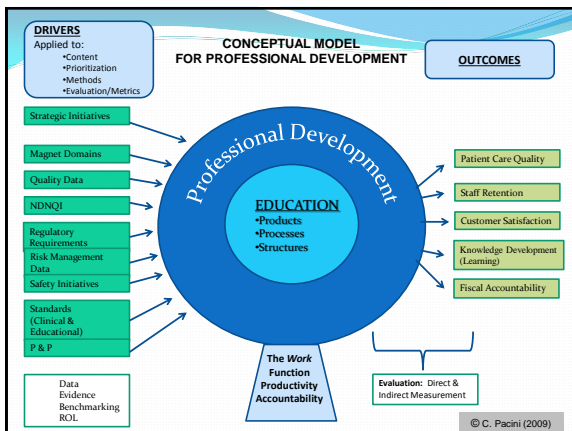
- **Complexity**
 - **AHRQ**
 - Prevention Quality indicators
 - Inpatient Quality Indicators
 - Patient Safety Indicators
 - Pediatric Quality Indicators

Drivers

- **Complexity**
 - Organizational Strategic Initiatives
 - Magnet® Criteria (Forces of Magnetism)
 - Organizational Quality/Outcomes Data
 - Regulatory Requirements/Standards
 - Risk management Data
 - Organizational Standards/P&P
 - Safety Initiatives



- ## Outcomes
- Patient Care Quality
 - Staff Retention
 - Customer Satisfaction
 - Fiscal Accountability/Responsibility (grasp)
 - Knowledge Development/Learning



- ## The Work
- Professional/Staff & Academic Development:
The Function
 - Products
 - Processes
 - Structures
 - Productivity
 - Accountability
 - Metrics

- ## Strategies & Tactics
- **Student Preparation (MSN Essentials):**
The task at hand...
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- ## Product (It)
- **Curriculum** development requires expertise and dedicated attention to:
 - Clear statements of **expected student outcomes** (unique and particular to each track).
 - Be real
 - Use the *Essentials*, science, the larger organizational mission, and the community of interest to tailor specific outcomes congruent with the role(s) for which the program is developing its graduates.
 - Incorporate and make evident (in courses and syllabi) the fact that the program is crafted/ designed in keeping with key professional standards.

Product (It)

- **Curriculum** development requires expertise and dedicated attention to:
 - Logical organization and structure (related to the expected **outcomes**). It is essential to differentiate the advanced skills, knowledge, and competencies that will be incorporated within the MSN curriculum to manifest the lived reality of nursing leadership in the real world. Content is central and methods need to stretch the intellect and imagination of students enrolled in the program.
 - Exemplar: Policy (Lisa)
 - Exemplar: Clinical placements (the convenience model)

Processes (How)

- **Pedagogy: The Craft and Art of Instruction** (P. Benner)
 - Move away from decontextualized knowledge (e.g., taxonomies/rules) to an emphasis on teaching for a sense of salience, situated cognition, and action in particular situations.
 - Cases – what's important and what's not so important
 - Movement away from algorithms to solve problems
 - "Failure to rescue" is a phenomenon in graduate education as well
 - Reliance on expert practitioners as partners in classroom instruction
 - Ownership of **planned** clinical learning

Processes (How)

- **Pedagogy: The Craft and Art of Instruction** (P. Benner)
 - Shift from a sharp separation of clinical and classroom teaching to a more integrated approach.
 - The "delusion" of thinking that clinical grasp occurs in the classroom
 - Simulation opportunities
 - Skill/practice labs that are driven by cases (situational learning) rather than tasks/gizmos
 - Frame learning within **context** (integration of science and previous practice)
 - **Disclaimer:** I worry that rapid movement of learners into graduate programs precludes sufficient clinical development as a baccalaureate nurse around constructs related to clinical reasoning, intuitive knowing, engagement, grasp of fine distinctions, attunement, embodied know-how, response-based practice, ethical comportment/moral agency, seeing the big picture, etc. This development takes time. And, in terms of "how," I think that programs need to consider this.

Processes (How)

- **Planned Clinical Experiences** (CCNE, *Standards for Accreditation*)
 - The program and the faculty must own this
 - This is the heart and soul of where learning occurs
 - Supervision and evaluation are essential
- **Evaluation:**
 - Do you want this individual taking care of your mother?
 - Is the individual safe? (Sherry DeSantis)

Structures

- **If there is no viable/visible/tangible infrastructure to support the students, faculty, or program – then there is no value (\$\$).**
 - Competent leadership
 - Faculty commitment/foci/assignments/workload
 - Solid curriculum
 - Governance model/decision-making/infrastructure
 - Clear understanding of authority/accountability/responsibility
 - Collaboration with other organizational entities (e.g., admissions, registrar, etc.)
 - Outcomes analysis: Data drives decision-making

Productivity, Accountability & Metrics

- **What is the systematic process to determine program effectiveness?**
 - Is it real?
 - Is it utilized on an ongoing basis?
 - What's the plan? What are the key metrics? What do you care about?
 - Does the faculty review data on a regular basis and actually craft revisions/changes driven by those data?
 - How do you look at the data to discern program effectiveness?
 - How do you know that the faculty are where they need to be to advance the larger plan? Do you have the right folks in place?
 - How is student input integrated into process improvement?
 - Systematic Evaluation Plan – A notebook on the shelf or a **real** tool?

Leadership Development

- **Disclaimer:** I'm not sure that we can "educate" a **leader**.
- **What can we do?**
 - Craft assignment and classroom opportunities to engage in the work of **personal reflection** related to leadership characteristics:
 - Confidence
 - Proactive orientation
 - Reliability
 - Trustworthiness
 - Sense of purpose
 - Optimism
 - Self-discipline
 - Resilience
 - Persistence

Leadership Development

- Challenge students and solicit clinical opportunities for learning experiences that stretch "the agenda"
- Assign leadership requirements in the classroom
- Coach those who are at both extremes (and those in the middle)
- Look for opportunities to apply leadership skills within the program (other than the MSN program)
- Collaborate with CoI colleagues to craft leadership opportunities beyond the scope of any given course

Leadership Development

- "Savvy" (Socio-Political)
 - Business planning (Carolyn Buppert and/or the SBA)
 - **Executive Summary*****
 - Statistical/mathematical modeling
 - Cost-revenue grasp
 - Cost-benefit analysis
 - Competing interests/drivers
 - Data analysis/interpretation

Communication & Collaboration

- Conflicts in a multifocal workplace
- Conflict avoidance
- Interest-based negotiation
 - Exemplar ("eggs" case study - Wharton)
- Emotional Intelligence/Competence
- Artificial/protected clinical experiences
- Utilize historical/legacy experiences or realities
- Presence/engagement
 - Power points?
 - Computers?

QI/Safety

- RCA/FMEA errors analysis & methods
- Data interpretation
- So what?
 - Project focus/assignments

Advocacy/Policy

- Exemplars of "breakdown"
 - Flint water crisis
 - Immunization non-compliance
 - Availability of fresh produce in urban areas
 - Marathon oil refinery change in acceptable levels of toxic emissions
 - Reimbursement inequality
- Governmental complexity
 - e.g., Agencies - "Track a drop of blood"
 - Outdated regulatory requirements/mandates (e.g., NCLEX expectations)

Evidence-Based Practice

- Several models in the literature
 - ACE Star
 - Iowa
 - Stetler
 - Rosswurm & Larrabee
 - Dobbins, et al.
 - PARiHS (Promoting Action in Research Implementation in Health Services)
- Conscientious, explicit & judicious use of current/best evidence in making decisions about the care of **individual** patients.
- Do the right thing!

Interprofessional Challenges

- UDM exemplar (FNP/PA/CRNA)
 - HLH Model
 - Pathophysiology
 - Pharmacology
 - Policy
 - Health Promotion
 - Oops!
 - What is your hypothesis about why this might have not worked?

Interprofessional Challenges

- So, what are options/opportunities?
 - Disclaimer: We are not in an AHC world
- So, what do we do?
 - Leverage faculty practice opportunities
 - MHC (Nurse Managed Center)
 - Clinical/operational/practice problems
 - Group projects
 - Proposals
 - Collaborate with the "unexpected":
 - Clinical psych, Engineering (STEM), VA, Women's studies, etc.
 - Think more broadly

Summary

- Practice intellect versus theory intellect
- Curricular integrity
- Educational craft/expertise & coaching
- Partnerships
- Recruitment and selection

Q & A