



Building a Community of Practice: A Nurses Supporting Nurses Program

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Conception

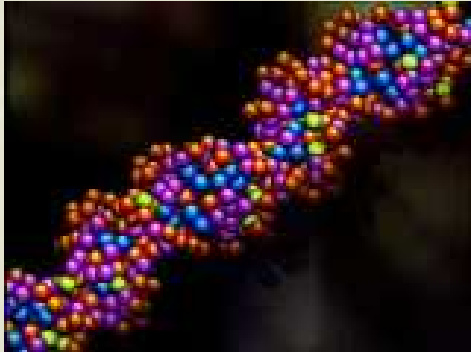
- Ontario Nursing Strategy (2005)
 - New Graduate Initiative
 - Late Career Initiative
 - Mentoring/Preceptorship Initiative
- CHEO Pediatric Nursing Core Competency (Oct 2005)



The Dream

1. Support new nursing graduates in the acquisition of the requisite knowledge, skills, & attitudes needed to care for pediatric patients and their families at CHEO.
 - Implementation of a new graduate transitional period
 - Build upon & follow hospital & unit-based orientation
 - Connect & consolidate CE programs with pediatric core competencies
 - Integrate cross-unit with specific subspecialty initiatives
2. Enable those nurses nearing retirement (> 55 years of age) to share their clinical expertise with novice colleagues and enhance their own professional development.
3. Build educational capacitance by fanning out the effects of teaching, coaching, & mentoring activities.

Genetic Material (the DNA)



- Review of formal evaluations completed by CHEO staff on hospital orientation
- Review of white paper "The State of Nursing Retention & Recruitment at CHEO, 2001"
- University of Ottawa, BScN program
- CHEO Unit-based Quality of Work Life Committee
- CHEO Nursing Practice Committees
- CHEO Nursing Development & Research Team
- CHEO Core Pediatric Core Competency Document
- Informal interviews with random sample of new grads at CHEO
- Ontario Nursing Strategy Requirements
- Union Consultation

Components

Vision

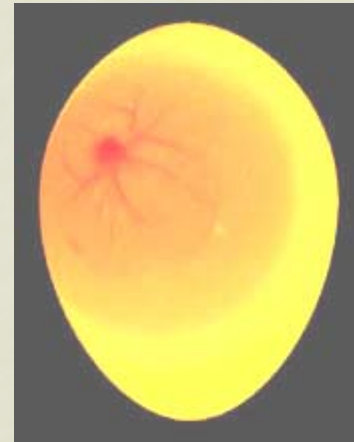
- Didactic Sessions
 - 12 NSNP days
 - 12 unit-based days
- Precepted clinical practice on 3 units in 16-weeks
 - Home unit (6 wks)
 - Elective Unit #1 (4 wks)
 - Elective Unit #2 (4 wks)
 - Elective Unit #3 (4 wks)
 - Home Unit (6 wks)

Reality

- Didactic Sessions
 - 11 NSNP days
 - 4 unit-based days
- Precepted clinical practice on 3 units in 16-weeks
 - Home unit (6 wks)
 - Elective Unit #1 (3 wks)
 - Elective Unit #2 (3 wks)
 - Home Unit (4 wks)

Embryonic Period

- Job postings
 - Fellows
 - Facilitators
 - NSNP Coordinator
- Interviewing/Hiring
- Payroll Accounts
- Development
 - Curriculum
 - Evaluation Tools
 - Education Sessions



- Communications
 - Preceptors
 - NE & APNs
 - Operations Directors & Clinical Managers

NSNP Roles & Responsibilities

NSNP Fellow

- Identify learning needs, strengths, & personal objectives to direct learning experiences.
- Use learning resources & activities throughout programme to further develop acquisition of CHEO pediatric nursing core competencies.
- Evaluate performance throughout program utilizing contract learning & anecdotal notes with preceptor/NE/APN input & review.

NSNP Roles & Responsibilities

NSNP Coordinator

- Support NSP team members in the integration of core competencies into unit-based education.
- Support team members in coaching preceptors.
- Coordinate clinical placements and learning sessions.
- Act as consultant to unit-based preceptors.
- Work with Facilitators in identification of personal learning needs, leveling of teaching content and selection of suitable presentation strategies & teaching tools.
- Provide ongoing individual feedback to Facilitators to promote their learning.
- Participate as team member in development, presentation & evaluation of classroom sessions.

NSNP Roles & Responsibilities

NEs/APNs

- Coach unit-based preceptors in implementation of teaching/learning strategies, such as core competency evaluation tools & learning contracts.
- Participate in development, presentation, & evaluation of classroom sessions.
- Work closely with Fellows in identification of personal learning needs & selection of suitable learning opportunities.

NSNP Roles & Responsibilities

NSNP Facilitators

- Develop course content.
- Present course content at weekly classroom sessions.
- Participate in evaluation of classroom sessions.
- Support colleagues in their presentations.

NSNP Roles & Responsibilities

NSNP Preceptors

- Identify learning opportunities appropriate to Fellow's learning plans.
- Negotiate learning opportunities to meet learning plan.
- Assess Fellow's level of experience, confidence, personal background, professional interests, concerns, learning strengths & learning style to identify learning plan for development.
- Review & update nursing competency checklist & learning plans.
- Negotiate daily clinical assignments based on unit staffing needs & Fellow's learning needs.
- Meet with NSNP Coordinator, NE/APN, & Fellow to give feedback on progress.

NSNP Roles & Responsibilities

Director, Nursing Research & Knowledge Transfer Consultant

- Work with NSNP Coordinator in supporting NE/APNs in integration of core competencies into unit-based education.
- Support NEs/APNs in coaching of unit-based preceptors.
- Provide ongoing individual feedback to NE/APNs & NSNP Coordinator to promote their learning.
- Participate in development, presentation, & evaluation of classroom sessions.

Cross-Unit Learning Activities

- Breastfeeding Support
- Crisis Readiness
- Nursing Care of the Acutely Ill Child
- Ethical Issues in Pediatric Care
- Family Centered Care
- Bedside Monitoring of Cardiopulmonary Function
- Promoting Comfort
- Pediatric Assessment
- Pediatric Environment
- Promoting Patient Safety
- Reflective Practice



The Birth

- 13 Fellows: ED (2), Peds (5), Surgery (2), Mental Health (1), Hem/Onc (2), NICU (1)
 - 3 Facilitators (then 2)
 - 25 Preceptors: ED, Peds, Surgery, DCS, NICU, PICU, Mental Health, MDU
 - NSNP Coordinator
 - 8 NEs & APNs
 - Director Nursing Research
 - 15 Guest Speakers
- TOTAL: 66 individuals



It takes an entire community of practice to raise its young.

The Birth

Hours worked

- 552-650 (Median 609, Mean 602.5)

Number of shifts worked

- 110-153 (Median 129, Mean 128.5)

Changes to schedule to meet staffing needs (not supernumerary)

- Approximately 20 shifts



NSNP Team Nurturing

Facilitators

- OD&L Course
 - Presentations
- 1:1 Weekly Coaching
- Preceptor Workshop



Preceptors

- Preceptor Workshop
 - Core Competencies
 - Generational Mix

NEs & APNs

- Competency-Based Workshop
- 1:1 Coaching
- Unit-based Course Competency Development

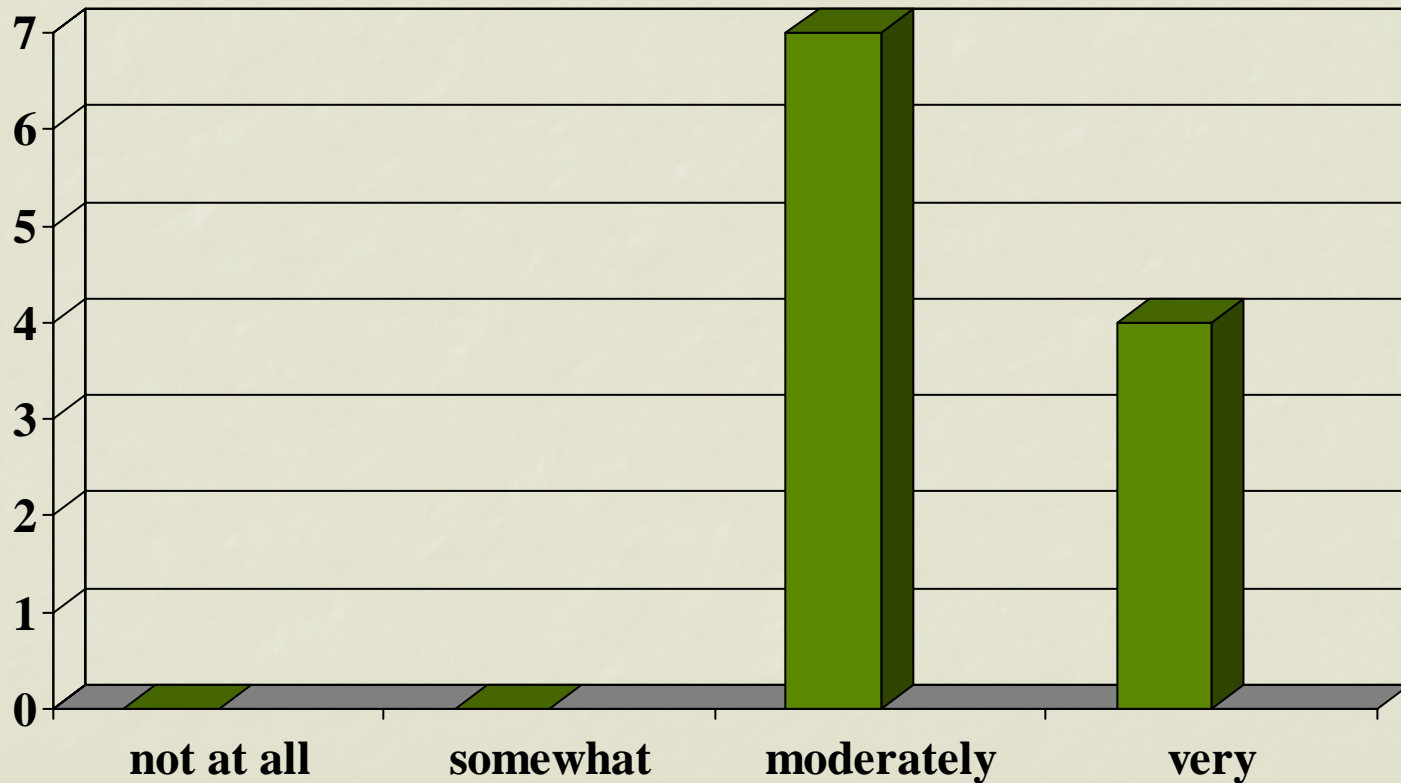
Evaluation Methods

1. Online survey to Fellows, Facilitators, NEs, APNs, Operations Directors, Clinical Managers, Clinical Leaders.
2. Pre/during/post self appraisals of Fellows' acquisition of the Core Competencies.
3. Daily evaluation tools for didactic presentations.
4. Keep/toss activity by Fellows.
5. HR data review to examine total hours worked, overtime hours, non supernumerary hours.

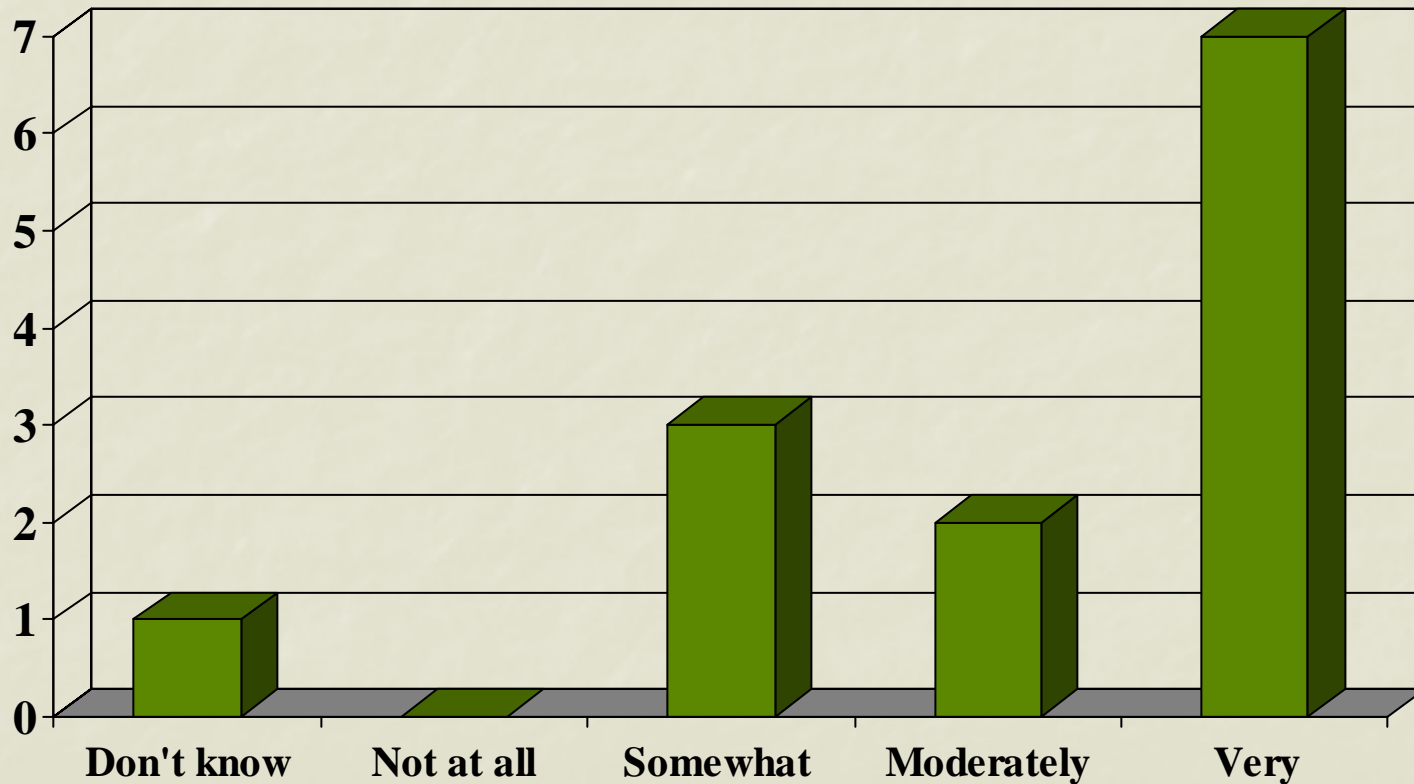
The Dream

- Fellows will demonstrate acquisition of CHEO pediatric core competencies
 - Measured by pre/during/post self appraisals of Fellows' acquisition of the Pediatric Core Competencies
 - Measured by online survey
- Fellows, preceptors, nursing staff, & managers will report that Fellows have demonstrated ↑ skill development
 - Measured by online survey

Fellows: To what degree has the NSNP had an influence on your acquisition of the CHEO Pediatric Core Competencies? (n=11)



OD/CL/CM: How effective was the NSNP in enhancing the NSNP Fellows' acquisition of the CHEO Pediatric Core Competencies? (n=13)

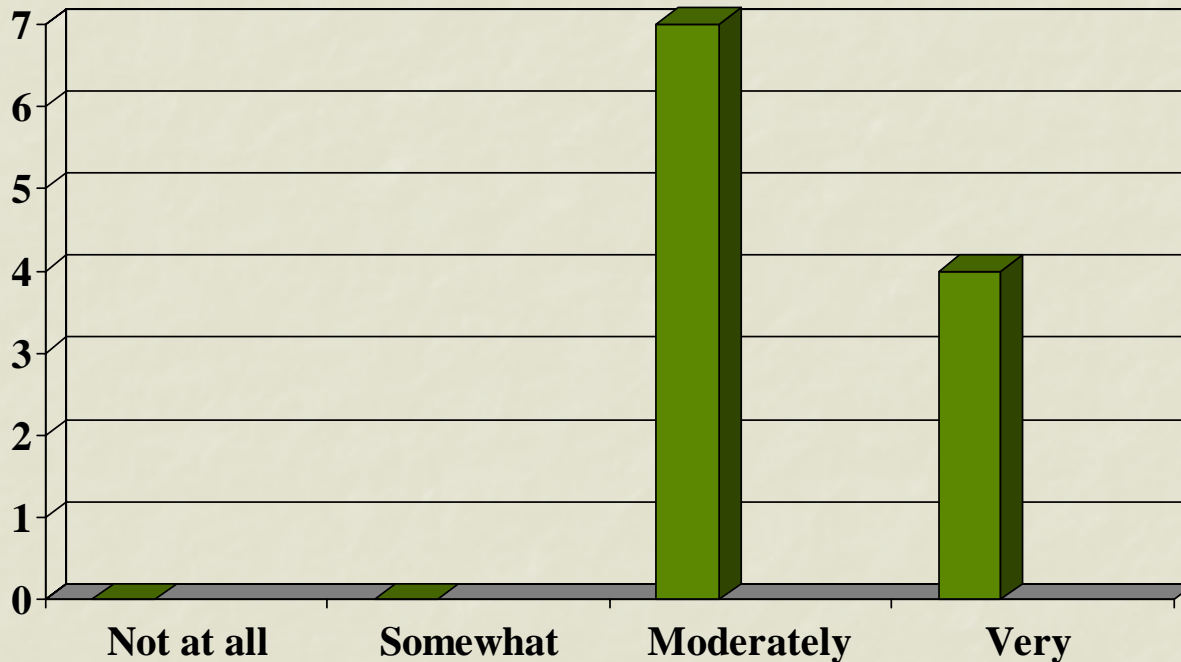


The Dream

- Fellows will express ↑ confidence when mobilized/floated to units other than home base
 - Measured by self-report tool(s) at end of program & 6 month follow-up

"I was scared to death to go on ...unit. Absolutely terrified. Immediately I fell in love with the floor and the patients. The patients and families had so much to teach me."

Fellows: To what degree do you feel prepared to work in a variety of inpatient settings at CHEO as a result of the opportunity to practice in three clinical settings?

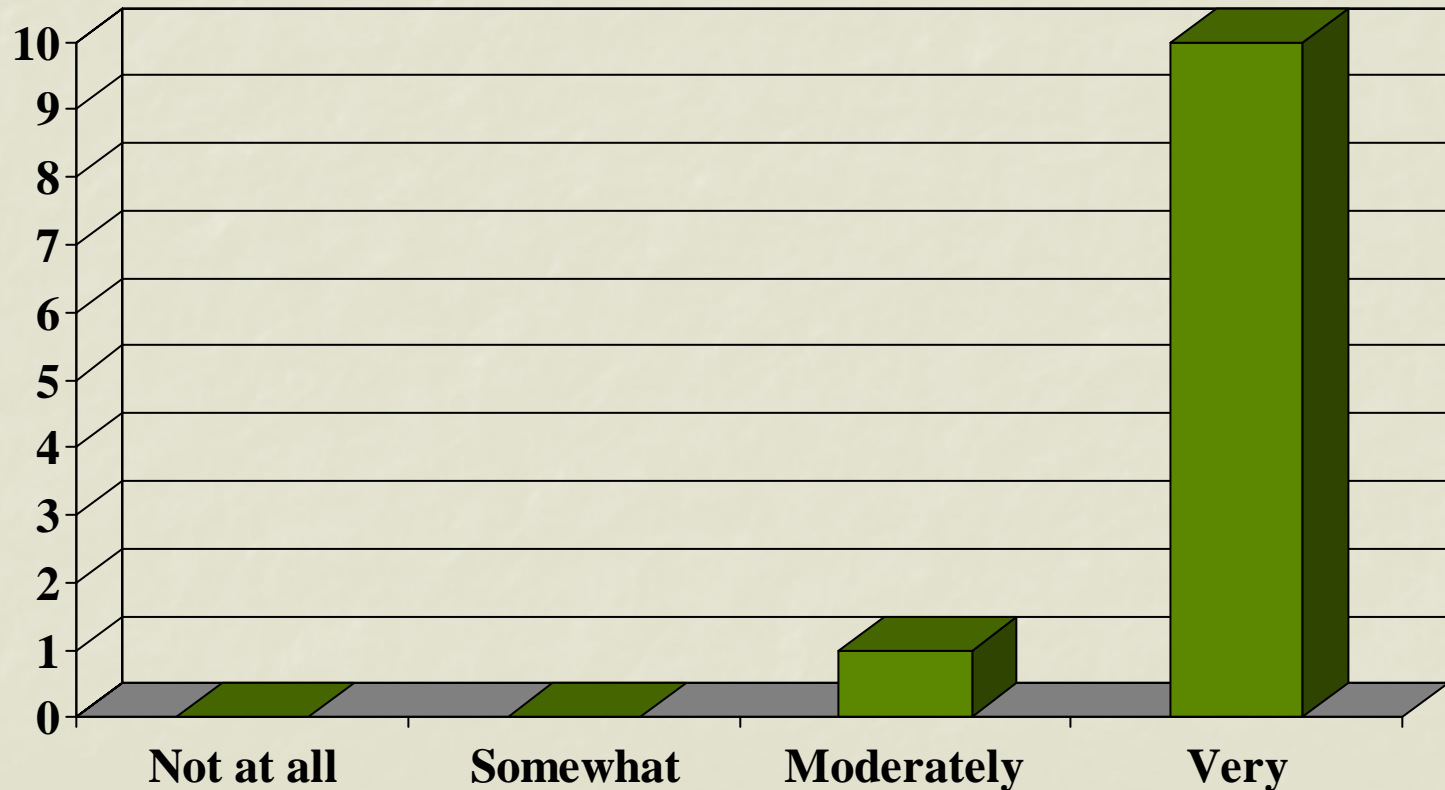


"The ability to experience other units and patient populations has helped me in continually providing better care to my patients."

The Dream

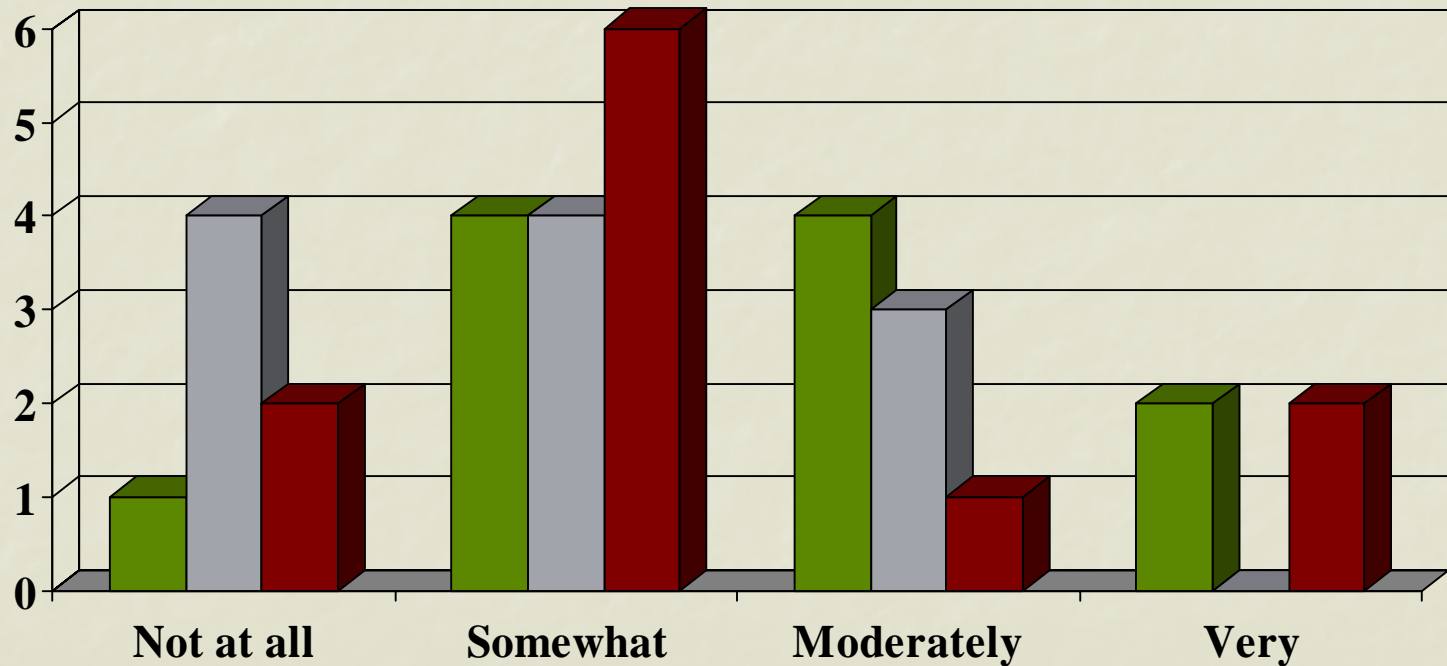
- Demonstrated shared accountability to building a community of practice that supports nurses' development & learning.
 - Measured by online survey sent to Fellows, Facilitators, NEs, APNs, Operations Directors, Clinical Managers, Clinical Leaders.
 - Measured by intern & preceptor focus groups at end of program (deferred).
 - Measured by degree of participation in program implementation.

Fellows: To what degree did being an NSNP Fellow help you to identify your learning needs, strengths, and personal objectives? (n=11)

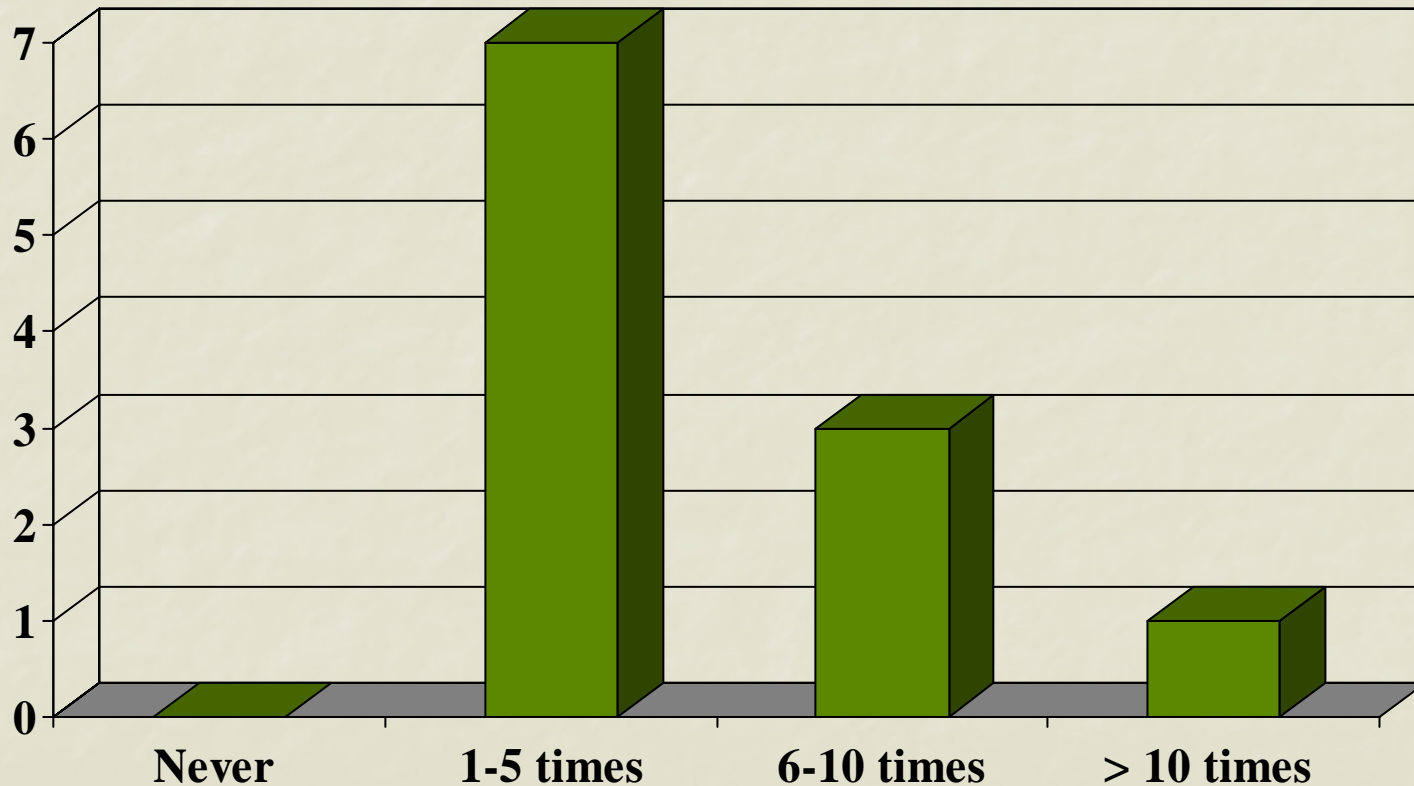


Fellows: How challenging did you find these aspects of working as a NSNP Fellow? (n=11)

■ Arranging Rotation ■ Getting Feedback from Preceptor ■ Working with unit staff



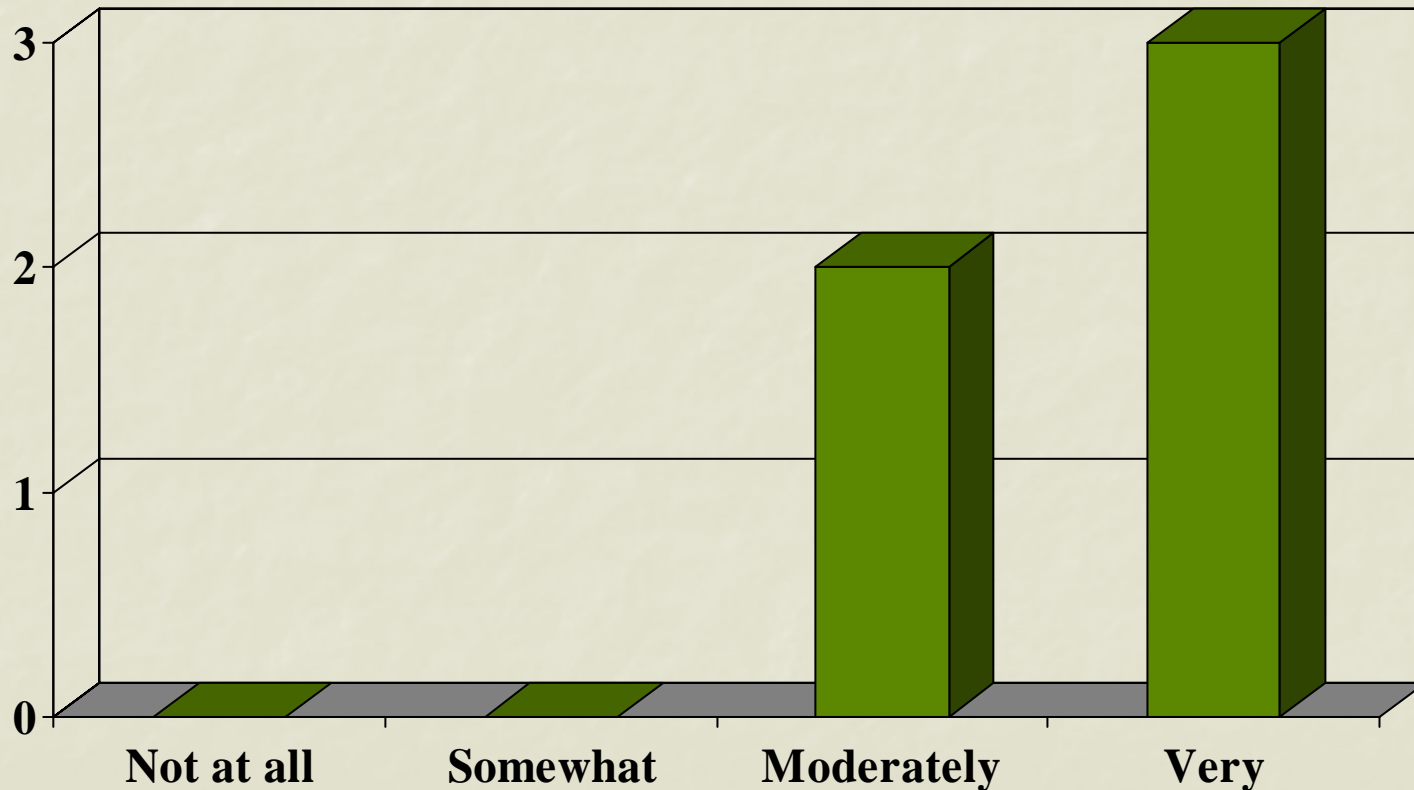
Fellows: How many times did you get pulled from the NSNP in relation to unit staffing needs? (n=11)



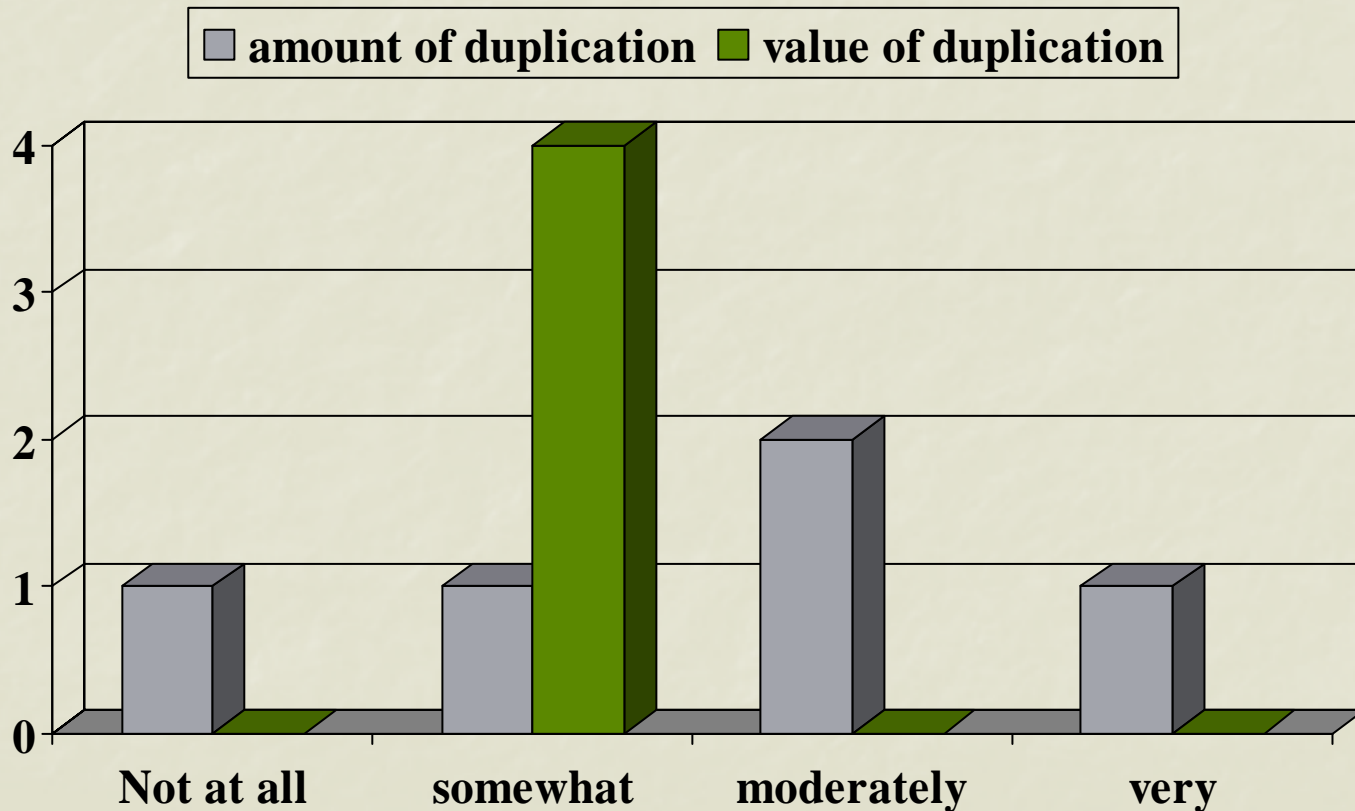
The Dream

- Program participants (Fellows, NE/APNs Managers) will report that NSNP meets learning expectations in an efficient and cost-effective manner.

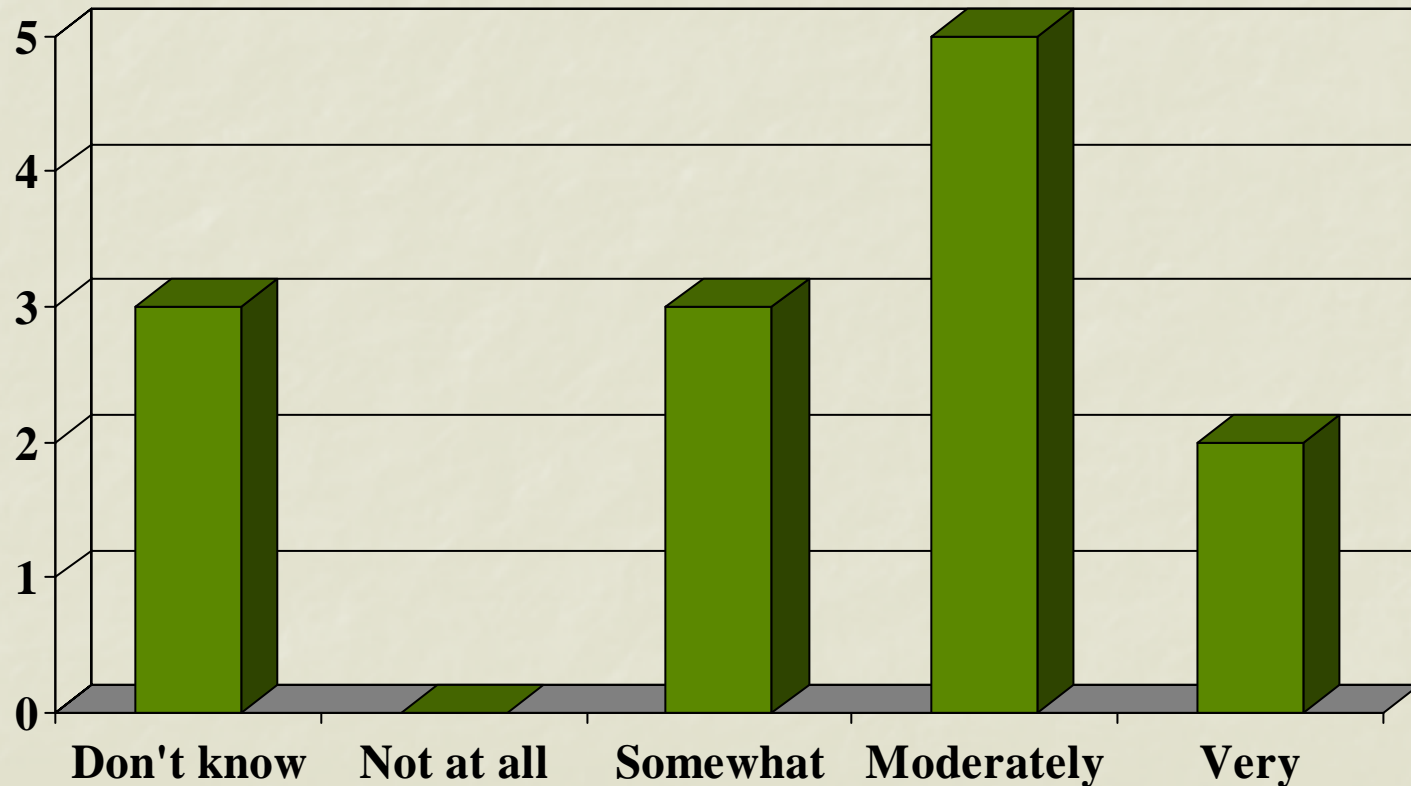
NE/APN: How valuable were the NSNP classroom days to the learning needs of new graduate RNs on your unit?
(n=6, 1 skipped question)



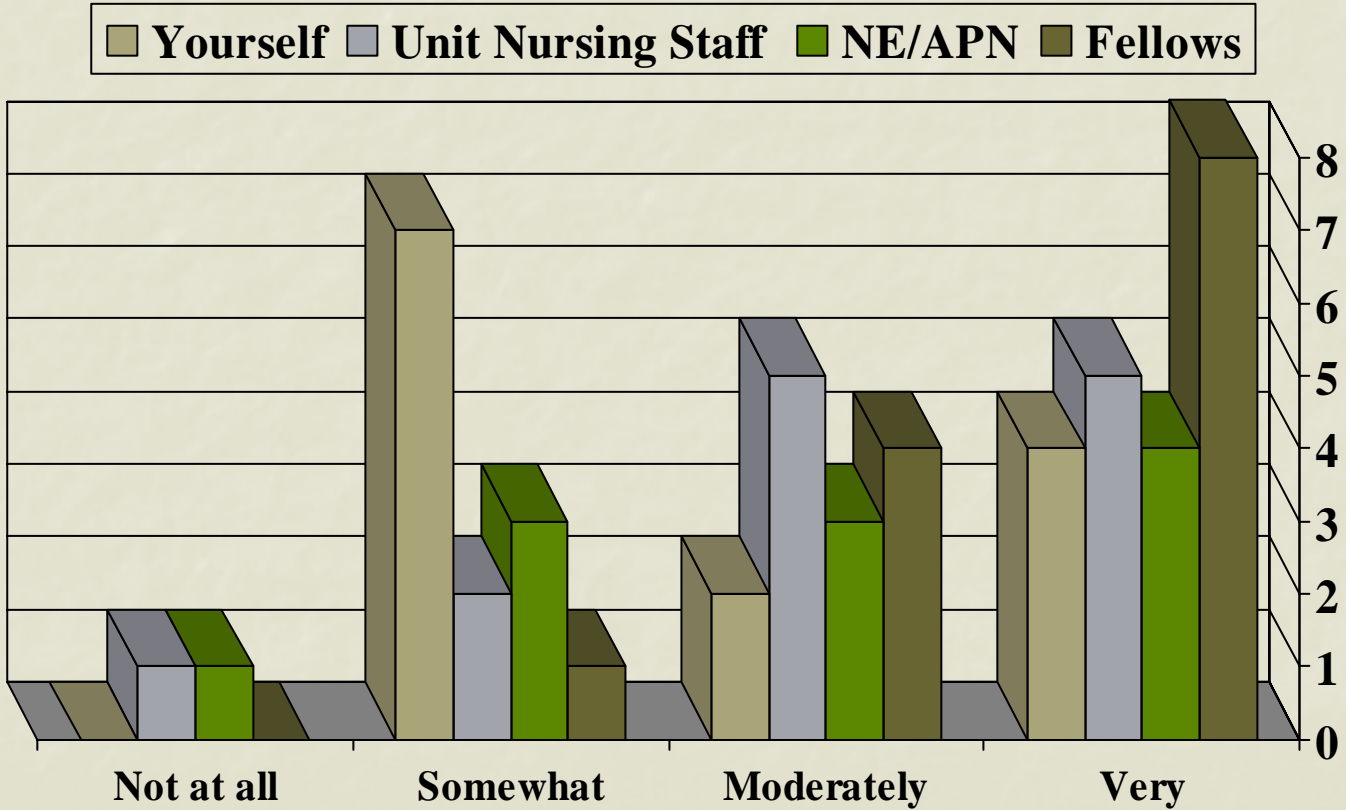
NE/APN: How much duplication do you feel there was between your unit orientation and that of the NSNP and how useful was this duplication? (n=6)



OD/CL/CM: How effective was the NSNP in meeting the needs of further developing the knowledge and skills of your units' preceptors and nursing staff?
(n=13)



OD/CL/CM: How satisfied are you that the NSNP has been of value to unit nursing staff, NE/APN, and NSNP Fellows? (n=13)



OD/CL/CM: What challenges did the NSNP present to you and your staff? (n=13)

- Staffing shortages necessitated having Fellows in independent clinical practice 90%
- Staffing shortages necessitated fellows missing classroom sessions 40%
- Incomplete information given to preceptor, Fellow, NE/APN 40%

Recommendations

Fellows	NEs & APNs	OD/CL/CMs
<ul style="list-style-type: none"> ■ Start the NSNP upon hire (90%) 	<ul style="list-style-type: none"> ■ Start program at date of hire (83%) 	<ul style="list-style-type: none"> ■ Start program at date of hire (50%)
<ul style="list-style-type: none"> ■ Run for 16 weeks (73%) 	<ul style="list-style-type: none"> ■ Run for 16 weeks (50%) 	<ul style="list-style-type: none"> ■ Run for 16 weeks (25%)
<ul style="list-style-type: none"> ■ Have clinical practice on 3 units (82%) 	<ul style="list-style-type: none"> ■ Run for 12 weeks (50%) 	<ul style="list-style-type: none"> ■ Run for 12 weeks (67%)
<ul style="list-style-type: none"> ■ Have classes 1x/week (55%) 	<ul style="list-style-type: none"> ■ Have 20% didactic, 80% clinical practice (67%) 	<ul style="list-style-type: none"> ■ Manage program through CNE (50%)
<ul style="list-style-type: none"> ■ Have classes biweekly (36%) 	<p style="text-align: center;">NLN March 2007</p>	<ul style="list-style-type: none"> ■ Manage program at unit level (25%)

The Dream

- Fellows, preceptors, nursing staff & managers will report that program had positive effect on recruitment & retention of new grads to CHEO
 - Measured by CHEO's annual census survey

"The NSNP is one of the reasons why I got the Float Team position, and felt comfortable taking that position, because I had been on other floors with the NSNP and had learned many of the competencies."

Our Reflections

- Brought to light gaps in current educational resources at CHEO
- Showed the learning needs of our own staff in terms of educational philosophy, competency development and course development on the units
- Strengths/challenges of NE/APNs in curriculum development, teaching, content expertise
- Different perspectives of pedagogical philosophies
- Leap of faith required to go without a developed program
- Program development & implementation required lots of flexibility, adaptability, and working quickly without time for consultation.

Our Reflections

- Ability/comfort to think outside the box was not consistent with all NSNP team members.
- Fellows knew how to write learning plans, but they quickly fell by the wayside if no one paid attention.
- Some preceptors accessed Coordinator directly for trouble shooting as APNs/NEs less involved in follow-through & use of the learning contracts & competencies.

Our Reflections

- Perceived duplication with unit-based orientations.
- Need for a central coordinator (time commitment; flexibility, presencing, adaptability, think outside the box, risk taker).
- Significant commitment on the part of the CMs to enable & protect the Fellows' learning.
- Variability in 'value' of the program as demonstrated by degree of canceling programming days and pulling Fellows for clinical practice.
- Fellows invested in NSNP as demonstrated by their need for closure.



Future Growth & Development: Questions Arising

- Should it be run again or be embedded in our standard of practice (\$\$ dependent)?
- Should there be a dedicated coordinator?
- Should it be corporate or unit-based driven?
- How many participants should be on the course?
- How frequently should it run?
- How many weeks should it be?
- When should it start & how do we coordinate it with MoHLTC ?
- Should the NSNP be supernumerary?

Future Growth & Development: Questions Arising



One child's depiction of
chicken laying an egg.

- How do we create a shared pedagogical philosophy?
- What should that philosophy be?
- How do we help all nursing staff understand the learning needs of their young?
- How do we create a community of practice in which all enthusiastically share responsibility in the development of others?

Testimonials

"I think the NSNP program is really beneficial for new grads. Not only does it increase your confidence, skills, and knowledge on your own unit, it makes floating to other units not so terrifying. The NSNP allows you to see how other units work and it makes you appreciate CHEO as a whole."



"Learning transforms our identities: it transforms our ability to participate in the world by changing all at once who we are, our practices and our communities."

Wenger, 1998. P. 227