

ANPD 2016 Poster Winners

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2.0 ANCC
Contact
Hours

The poster session at the 2016 Association for Nursing Professional Development (ANPD) convention in Pittsburgh, PA, featured examples of innovative nursing professional development (NPD) practices. There is much to learn from our colleagues via professional poster displays. In this special feature, four winning posters and their corresponding abstracts are highlighted, including the recipient of the new Participants' Choice Award. We acknowledge all who participated in this year's poster session and congratulate these winners.

First Place: Gina Kirk, MSN, RN-BC, Nurse Manager, Bryn Mawr Hospital, Bryn Mawr, PA, and Jennifer Cummins Muner, MSN, RN-BC, CEN, Lead Clinical Nurse Educator and Clinical Nurse Educator Emergency Department, Riddle Hospital, Media, PA

"Tackling Tiers to Ensure Successful New Graduate Nurse Role Transition"

Clinical orientation for new graduate nurses in an acute care hospital is a critical time. Anecdotal feedback from key stakeholders indicated that new graduate nurses may not be fully prepared to transition into the role of the professional nurse. There was no formal process to guide the preceptor in determining priority areas of focus, or when and how to proceed through orientation. Upon reviewing the literature, there is a small sample of articles related to improving retention rates through a tiered orientation approach; however, no literature was found to support that a tiered orientation program can facilitate the new graduate nurses' competence attainment, job satisfaction, or development of clinical judgment. A tiered orientation approach to clinical orientation was proposed, and this quality improvement project was approved by the organization's institutional review board. A pilot was implemented to compare the existing clinical orientation process to a tiered orientation program. The tiered program included four specific competencies that the new nurse would need to fully complete prior to moving to the next tier. The goal of the tiered orientation was not to increase the length of orientation but to allow for flexibility to move through orientation at an individual pace, a consistent approach on how to advance through orientation and to help foster clinical judgment. The Lasater Clinical Judgment Rubric was used with permission to evaluate orientees' clinical judgment. A program

evaluation was used to evaluate preceptor and new nurse satisfaction with the tiered clinical orientation. The findings included that a tiered orientation versus our traditional approach resulted in clinical judgment being fostered earlier in the orientation process; a more structured guide for orientation, allowing nurses to progress at their own individual pace; and nurse residents focusing on basic nursing competencies before advancing, allowing for more confidence in patient care management (Figure 1).

Second Place: Beth M. Kilmoyer, DNP, MS, RN-BC, Nursing Informatics Manager, and Monica A. Nelson, MSN, RN-BC, Professional Development Specialist at Mercy Medical Center, Baltimore, MD

"Exemplifying the Value of NPD Through Demonstrated Outcomes"

In today's changing healthcare environment, all products and services must provide value, including the NPD department. The department must align with strategic initiatives of the organization, nursing division, and clinical unit while keeping current with the external influences on nursing practice.

In an urban community hospital, the nursing strategic plan is based on its professional practice model, which is the foundation for all nursing practices and services within the organization. This poster features the process used by the NPD department to enhance this alignment. Completing a cross-walk and assigning tactics of the strategic plan to members of the NPD team resulted in alignment of departmental services and met the needs of the nursing division. Individual members of the NPD department were assigned tactics based on their interests, talents, and expertise. In the NPD department, a systematic and evaluative method was created, demonstrating return on investment through the meeting of strategic goals.

A Dashboard of Success was created to prioritize and evaluate strategic goals. Changes to educational initiatives showed an improvement in clinical staff satisfaction. In addition, programs were created demonstrating improvements in the healthcare experience for patients and families. The NPD department is constantly seeking new and innovative methods to inspire a positive change, influence organizational culture, and demonstrate value to the organization (Figure 2).



Tackling Tiers To Ensure Successful New Graduate Nurse Role Transition

Gina Kirk MSN, RN-BC and Jennifer Muner MSN, RN-BC, CEN
Main Line Health System, Bryn Mawr, PA.



Purpose

- Compare the difference between current clinical orientation for nurse residents versus utilizing a tiered approach to assess clinical judgment and prescriber/educator satisfaction with clinical orientation.

Background

- Clinical orientation for a new graduate nurse in an acute care hospital is a critical time.
- Traditionally, nurse residents are assigned a preceptor and given a specific amount of weeks to orient on their clinical unit utilizing a lengthy orientation checklist.
- Anecdotal feedback from key stakeholders revealed that new graduate nurses may not be fully prepared to transition into the role of the professional nurse.
- The program was developed to address the needs of the prescriber on areas of focus or on when/how to proceed through orientation.
- Upon reviewing the literature, there is a small sample of articles that speak to the importance of clinical judgment and clinical orientation. The current literature exists to support that a tiered orientation program can help with new graduate nurse competence, job satisfaction and clinical judgment.

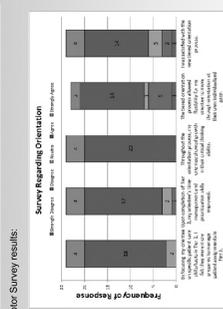
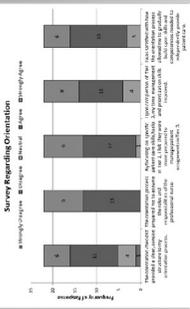
Methods

- A tiered orientation approach to clinical orientation was developed and approved by the Institutional Review Board.
- A pilot was implemented to compare current clinical orientation processes versus a tiered orientation program on a medical/surgical and telemetry unit at each of the four hospitals in our health system.
- The program includes four tiers of specific competencies that the new nurse needed to fully complete prior to moving to the next tier.
 - Tier 1: Required Classroom Orientation
 - Tier 2: Basic Nursing Competencies
 - Tier 3: Specialty Specific Competencies
 - Tier 4: Advanced Specialty Competencies
- The goal of the tiered orientation was not to increase the length of orientation, but to allow for flexibility to move through orientation at an individual pace; foster clinical judgment; approach on advancement through orientation; and to foster clinical judgment.
- The Lasater Clinical Judgment Rubric (LCJR) was used with permission of the author to evaluate clinical judgment. This tool was used on both pilot and non pilot units. The LCJR is a validated tool that has been used in other research based model of clinical judgment as a conceptual framework. Turner's model describes four aspects of clinical judgment: noticing, interpreting, responding and reflecting. Residents are scored in each aspect as either beginning, developing, accomplished or competent.
- A prescriber/educator survey was used to evaluate prescriber/educator and new nurse satisfaction with the tiered clinical orientation.

Results

Quantitative:
Online Survey results:
Orientation results:
Compare two week increments.

The time points reflected in the graphs below show progression through orientation as measured in approximate two week increments.



Conclusion

- Tiered orientation allowed clinical judgment to be fostered earlier in the orientation process versus our traditional approach.
- Tiered orientation allowed for a more structured guide to orientation allowing prescriber/educator satisfaction with clinical orientation.
- Nurse Residents were able to focus on basic nursing competencies before advancing allowing for more confidence in patient care management.

Discussion

- Additional education to preceptors was identified as a need both in the pilot and non pilot units. Specifically on utilizing the tiered checklist, and communicating tiered orientation to the prescriber/educator.
- While the LCJR was used as an evaluation method of clinical judgment, it was found to be time consuming to complete.
- Development of a hand off tool for preceptors to communicate progress from preceptor to preceptor.

Nursing Implications

- This quality improvement project was conducted over a four month time frame with 27 nurse residents.
- Further research should be conducted with more nurse residents over a longer time frame.
- Tiered orientation can also be utilized with experienced nurses during orientation.

References

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• Miraglia, R., & Asseini, M. (2015). The Lasater Clinical Judgment Rubric as a Framework to Enhance Clinical Judgment in Novice and Experienced Nurses. *Journal of Nurses in Professional Development, 31*(5), 294-297.

• O'Connell, A., & Gots, A. (2015). Improving Orientation.

• Wayman, L. (2009). Tiered Orientation: Easing the Transition From Being A Novice to a Competent Nurse. *Journal for Nurses in Staff Development, 30*(4), 314.

Acknowledgments

Special thanks to Tamara Klear, PhD, RN, CNS, CNRN, Nursing Research and Quality Improvement, for her support and guidance throughout this pilot and to the Nursing Leadership on the pilot units who fully supported this change to our orientation process.

We would also like to acknowledge and thank the Clinical Nurse Educators who assisted with the design and creation of the pilot program.

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FIGURE 1 Tackling Tiers to Ensure Successful New Graduate Nurse Role Transition.

Exemplifying the Value of Nursing Professional Development through Demonstrated Outcomes

Beth Kilmoyer DNP, RN-BC & Monica Nelson MSN, RN-BC
Mercy Medical Center, Baltimore, MD



Abstract	Strategies & Tactics	Recommendations
<p>In today's cost conscience healthcare environment, resources, such as personnel, need to provide meaningful value. The NPD department must align themselves with the strategic initiatives of the organization in order to provide tangible outcomes of their work. The Center for Clinical Excellence (CCE) at Mercy consists of clinical educators, education generalists, wound ostomy nurses and nurse informaticists. As with many NPD's, the CCE team is often behind the scenes and wasn't necessarily getting all of the recognition they deserved. Specific strategies were successful in elevating their contributions</p>	<p>Strategy</p> <ul style="list-style-type: none"> Accomplishments Dashboard Organizational & national initiatives Showcase projects & disseminate results <p>Tactics</p> <ul style="list-style-type: none"> Annual retreat- plan and quantify outcomes Integration into strategic plan priorities Magnet readiness education Informatics- Mobilab, CPOE, ICU documentation projects Professional development workshops EBP/Research- annual symposium, project leads and disseminate results Nurse residency program National board/committee members On meeting agendas to discuss initiatives ANPD recognition week 	<ul style="list-style-type: none"> Align goals with organizational initiatives Involvement in the strategic planning process Be highly visible within the organization Quantify outcomes from the previous year Conduct an annual retreat to plan for the next year
<p>Objectives</p> <p>The Center for Clinical Excellence is often doing behind the scene work and needed a way to showcase their value to the organization. Three key strategies were put in place in an effort to increase awareness of the outcomes of the CCE department</p> <ol style="list-style-type: none"> Develop a dashboard quantifying accomplishments according to the strategic plan Become involved in organizational and national level initiatives Seize opportunities to showcase projects and disseminate results 	<p>2015-2016 Outcomes</p> <p> Dashboard 1: Annual competency evaluation for entire PSC division (n=980 people). Informatics: Over 95 Vignette classes Taught. Over 52 Nursing Grand Rounds. </p> <p> Dashboard 2: Over 90 CPR, NRP and ACLS Classes, credentialing over 900 employees. CPR: 632 employees. ACLS: 144 employees. NRP: 130 employees. </p> <p> Dashboard 3: Meditech- documentation, billing, orders, admission, assessment revisions, status board for NST. TCU CareFusion Rollout. Mobilab Rollout Housewide. ICU Documentation. </p> <p> Dashboard 4: EBP Projects Active: 21. EBP Projects Completed: 4. Research Studies Active: 11. Research Studies Completed: 4. Primary & Co-Research Investigations: 27. Over 10 attendees from across the Baltimore Maryland area at annual EBP & Research Symposium. 3 Podium Presentations. 32 Poster Presentations. </p> <p> Dashboard 5: Mercy Medical Center. Total of 98 stories with attachments. </p>	<p>Conclusion</p> <p>Since implementing these three strategies, CCE members are now visible and frequently asked to work on both divisional and organizational projects. There is a stronger sense of teamwork and collaboration with each other and the leadership team. The ability to self-promote accomplishments and outcomes has demonstrated the value of the CCE team.</p> <p>References</p> <p>Albert, D. & Prignac, D. (2014). Building a team through a strategic planning process. <i>Nursing Administration Quarterly</i>, 38(3), 238-247</p> <p>Bruce, S. (Ed). (2013). <i>Core curriculum for nursing professional development</i>. Chicago, IL: Association for Nursing Professional Development.</p> <p>Brull, S. (2016). Center for Clinical Excellence FY2016 accomplishments [PowerPoint slides].</p>

FIGURE 2 Exemplifying the Value of NPD Through Demonstrated Outcomes.

Third Place: Lisa M. Langdale, MSN, RN-BC, Director, Clinical Excellence Education, Medical University of South Carolina, Charleston, SC

“Make the Leap: From the Nursing Professional Development Scope and Standards of Practice to a Position Description”

NPD leadership is accountable to ensure that position descriptions of NPD staff accurately reflect the comprehensive role of the NPD specialist as outlined in the 2010 Nursing Staff Development and American Nurses Association's *Nursing Professional Development: Scope and Standards of Practice*. A position description written from a task-oriented perspective does not reflect the depth of knowledge, expertise, and skill required for the NPD specialist in today's dynamic healthcare environment. NPD leadership must accurately articulate the extensive scope of responsibilities that encompass the NPD specialist role in addition to the traditional “educator” scope. In addition, it is the responsibility of NPD leadership to set an expectation for the minimum education and certification requirements for an NPD specialist

role. These minimum requirements should be reflected in the position description as a starting point for recruitment. This poster featured the NPD specialist position description as a tool for NPD leadership to design succession planning within the organization. The position description outlined the full scope of the role, and specific knowledge and skill sets required of a NPD specialist. It provides the framework for nursing staff to plan to progress into a NPD specialist role (Figure 3).

Participants' Choice: Sarah Woolwine, MSN, RN-BC, PCCN, Nurse Educator, KentuckyOne Health-Jewish Hospital, Louisville, KY

“But No One Ever Told Me That! Using Gamification to Promote Learning, Retention, and Inquiry”

NPD practitioners facilitate nurses' learning of essential knowledge and skills with the goal of safe and effective care for patients. A challenge NPD practitioners face is how to make educational content memorable and meaningful. Gamification is one method to do so. Gamification



Make the Leap: From the Nursing Professional Development Scope and Standards of Practice to a Position Description

Lisa M. Langdale, MSN, RN-BC
MUSC Health Charleston, South Carolina

ABSTRACT

Nursing Professional Development (NPD) leadership must ensure that the position description (PD) of their staff accurately reflect the comprehensive role of the NPD Specialist as outlined in the Nursing Professional Development Scope and Standards of Practice. NPD leadership must be able to accurately articulate the extensive scope of responsibilities that encompass the NPD Specialist role in addition to the traditional "educator" role.

A PD written from a task oriented perspective does not reflect the depth of knowledge, expertise, and skill set that is required for the NPD Specialist in today's dynamic healthcare environment. It is the responsibility of the NPD leader to set an expectation for the minimum education and certification requirements for an NPD Specialist role. These minimum requirements should be reflected in the PD as a starting point for recruitment of talent and succession planning within an organization.

BACKGROUND

In 2013, MUSC Health changed the organization's NPD model from a blended (centralized and decentralized) model to a fully centralized structure. The decentralized Unit Educator role was changed to a NPD Specialist role. The candidate pool for the NPD Specialist role was limited to current Unit Educators. Unit Educator staff were split 60/40 between BSN and Masters preparation (Figure 1).

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PROCESS

The NPD Specialist PD reflects changes to the minimum job requirements to align with the NPD Scope and Standards.

Unit Educator

➢ BSN, Masters degree preferred

NPD Specialist

➢ BSN, Masters degree in nursing or related field completed or in progress

➢ NPD certification when eligible

Figures 1 and 2, provide examples of the difference in job responsibilities between the Unit Educator and NPD Specialist and are summarized in Table 1.

Figure 1. Unit Educator

Unit Educator	NPD Specialist
<ul style="list-style-type: none"> 1. Deliver and coordinate "canine" education opportunities 2. Mentor and role model 3. Develop curricula and access to educational opportunities 4. Develop expertise as an educator using learning theory, technology and evidence 5. Empower leadership 6. Empower the bedside nurse to be the expert voice 7. Measure quality not quantity of what is learned 	<ul style="list-style-type: none"> 1. Directing and autonomous 2. Educate on concepts, evidence and critical thinking 3. Mentor and role model 4. Develop curricula and access to educational opportunities 5. Develop expertise as an educator using learning theory, technology and evidence 6. Empower leadership 7. Empower the bedside nurse to be the expert voice 8. Measure quality not quantity of what is learned

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Table 1.

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The MUSC Health Clinical Excellence Education Department



Figure 3. Education Preparation

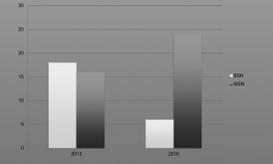
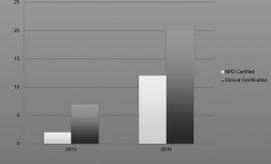


Figure 4. NPDF Certifications



CHALLENGES

Several challenges have been identified with the transition to a NPD Specialist role:

- Acceptance of the new role by the current NPD Specialist staff, clinical nurse manager partners, physicians and nurse leaders
- Ability to manage the "push/pull" dynamics between unit needs and consultative requests at a service line or organizational level
- Vacancies in certain clinical areas, especially adult and pediatric critical care and perioperative areas, were challenging to match desired education background with clinical expertise

SUMMARY

Since implementation of the role in January 2014, transition into the NPD Specialist role occurred through attrition, education, and certification support. The number of BSN prepared staff has decreased by 66% (Figure 3.). NPD and clinical specialty certifications have also increased among the NPD Specialists (Figure 4.). NPD staff not eligible for NPD certification are encouraged to obtain a clinical specialty certification.

REFERENCES

- Bradley, D. (2013). Integrating the NPD Scope and Standards into Practice. *Journal for Nurses in Professional Development*, May/June, 160-162.
- DiLeonardi, B.C. (2014). *Getting Started in Nursing Professional Development: The Staff Education Process*. Chicago, IL: Association for Nursing Professional Development
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FIGURE 3 Make the Leap: From the Nursing Professional Development Scope and Standards of Practice to a Position Description.

What is Gamification?

Using game based mechanics, aesthetics, and game thinking to engage people, motivate action, promote learning, and solve problems (Kapp, 2012, p. 10)

Applying game elements to non-game situations

But No One Ever Told Me That!

Using Gamification to Promote Learning, Retention, and Inquiry

Sarah Woolwine
MSN, RN-BC, PCCN

KentuckyOne Health[®]

Elements of Gamification

- Storytelling: Adds relevance meaning and context
- Goals: Provides a clear outcome Purpose and Focus
- Rules: Explains how to play Reviewed at the start
- Competition: Provides challenge context Defeat something or someone
- Time: Can be used as a motivator and or a resource: Stimulates work environment
- Rewards: Can be used as a motivator and or a resource: Stimulates work environment
- Feedback: Should be frequent, constructive, and provide information about progress
- Levels: Can be either game, playing, or player levels
- Aesthetics: Provides visual elements that are engaging

Implementation

Gamification has been implemented in both nursing orientation and the nurse residency program at Jewish Hospital. Both use the elements of gamification differently. Nursing orientation is designed around the story of the patient Opal Com.

The orientees are divided up into teams that compete against one another throughout the day. The ultimate goal of the day is to respond to the challenges correctly in order to earn points and make it to the top of the leaderboard and/or earn the most points.

Many of the challenges are timed in order to enhance the sense of competition. Orientees are offered immediate feedback to their responses and are also provided feedback via the leaderboard. The team who earns the most points earns KentuckyOne Health goodie bags. Orientation includes rules, such as orientees are not to shout out answers and to write down their answers in their workbook.

Aesthetics are used through the creation of a colorful leaderboard and workbook, a game piece to represent each team, and PowerPoint slides that use realistic patient/nurse characters and hospital room background.

Research Study

Hypothesis: Orientees who attend a gamified version of nursing orientation versus the non-gamified version will have increased motivation, attention, confidence, and satisfaction.

Methods: Research subjects are RNs who attend Jewish Hospital Nursing Orientation.

Gamification was implemented on March 1st, 2016. Data is being collected on RNs who attended orientation 6 months pre and post gamification.

Data Collection: Subjects are administered the Course Interest Survey and Orientation Knowledge Quiz after attending nursing orientation via the Learning Management System. The course interest survey measures orientee motivation in regards to the nursing orientation class. The knowledge quiz asks general questions related to the content covered in orientation. Data will be collected through September 2016.

Results: Pending completion of study in September 2016.

Reference
Kapp, K. (2012). *The gamification of learning and instruction: Game-based methods and strategies for training and education*. Alexandria, VA: ASTD.

FIGURE 4 But No One Ever Told Me That! Using Gamification to Promote Learning, Retention, and Inquiry.

is not a new concept and is not appropriate for every learning situation. It is not simply adding a game to the learning experience: It is the *effective* use of game elements. This poster featured examples of game elements including rules, storytelling, feedback, aesthetics, competition, levels, and rewards (Kapp, 2012). When these elements are applied in a learning situation, the learning experience can be enhanced and students are more likely to retain and use the information. This poster provided examples of

how gamification techniques have been implemented in NPD practice (Figure 4).

References

- Kapp, K. (2012). *The gamification of learning and instruction: Game-based methods and strategies for training and education*. Alexandria, VA: ASTD.
- National Nursing Staff Development Organization & American Nurses Association. (2010). *Nursing professional development: Scope and standards of practice*. Silver Spring, MD: Nursesbooks.org.

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