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The Honor Society of Nursing Sigma Theta Tau International

# EXCELLENCE

*in Clinical Practice*

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## ■ A new form of *Excellence* A familiar focus on your career

Our work as nurses is a continual effort to improve. We aim to deliver better care. We strive to be better managers, teachers and mentors. We have a passion for the better idea.

Improvement is at the core of our work in creating *Excellence* as well, and with this issue, you're experiencing the next generation of this newsletter that is more informative, more interactive and more useful. In a word, better.

## Dialogue and Investigation

In moving to an entirely online environment, *Excellence* can become a starting point for conversations between the authors, or contributors, and you. There is now an online Members Forum that is devoted to *Excellence* where you can post questions and comments related to what you've just read here. Resources and information that helped to shape the articles will emerge from the background and be made available to you for instant exploration. All issues of *Excellence* published in the online format will be archived and searchable.

And for those of you who appreciate the ability to take *Excellence* anywhere and read it away from your desk, you will be able to print the entire newsletter in a format that's easy to carry and to read.

## We're online. We're in touch.

*Excellence* is now entirely and exclusively online, and we'll let you know when it's posted and ready for your eyes. Members who have shared their e-mail addresses with Sigma Theta Tau International will receive an e-mail with immediate links to the new issue.

Future issues will be announced from the society's Web site, and through e-mail to members. Which brings up a good question: ***Do we have your e-mail address?***

By registering an e-mail address with Sigma Theta Tau International, you'll be among the first to know when a new *Excellence* is available and what's waiting there for you to explore. It's important to note that this is not an invitation to flood your inbox. The Sigma Theta Tau International policy

## ■ Evaluating a culture of nurse leadership: Improving quality of care and reducing turnover in long term care facilities

A grassroots effort in Wisconsin nursing homes offers clear evidence on the value of advanced practice nursing and on placing nurses in leadership positions.

An investigation team found reduced staff turnover and a significant reduction in serious quality deficiencies on state inspections, all without additional cost. Read about the evaluation, which focused on implementation of the Wellspring quality improvement method--a staff development program that was developed by an alliance of 11 free-standing nursing homes to improve quality of care for residents through organizational change. ([More.](#))

## ■ Preparing critical care nurses: a partnership model of nursing education

Shortages of nurses and nurse educators require new models for preparing nurses for basic and continuing education.

Educators are being urged to establish productive partnerships that aim to recruit students to schools of nursing and graduates to clinical agencies; decrease orientation time; increase the ability of the



on spam is very clear and can be viewed [here](#). While you're there, click over to [Excellence](#) to enter your name and e-mail.

*Excellence* is changing to reflect the way nurses and nursing careers are changing. We're becoming more responsive, informed and connected. It's going to be an exciting transition, and we invite you to participate.

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If you have a response--positive or negative--to *Excellence* in its new form, please share it. Likewise, if you have an idea for a future article, or how we might improve *Excellence*, we invite you to tell us. The new *Excellence* is built on information and direct dialogue: [We welcome yours.](#)

educational programs at schools and staff development programs to serve the needs of learners; and recruit or retain nurses for practice. In specialty practice areas with dire shortages such as critical care, the third potential partner is the professional nursing organization.

Read about how a school of nursing, a large health care provider, and the professional nursing organization formed a partnership to develop critical care courses in an online community and how the model can be replicated. ([More.](#))

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### **■ Hospital/University partnership searches for solutions as it builds experience**

Senior student nurses at Houston Baptist University are getting a comprehensive introduction to a career in the OR, thanks to a partnership between the school and The Methodist Hospital. While the core of the three-month OR immersion is clinical practice, the curriculum also mandates that the students address, design, complete and report on a quality improvement project that advances the delivery of care in the OR.

Read about the program that grew out of the hospital's need for qualified perioperative nurses and the school's mission to give students every opportunity possible to sharpen their clinical and critical skills. ([More.](#))

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### **■ In the wake of September 11, nurses continue to turn to Sigma Theta Tau**

After September 11, 2001, a special section of Sigma Theta Tau's Web site called "[America in Grief: Nurses Respond to Tragedy](#)" was established. Now, over a year later, the Web site has become an electronic hub that offers resources for understanding and treating the effects of terrorism. Read about how the site has evolved in response to what nurses need to treat, manage and lead. ([More.](#))

### **■ [Planning for the 2003 Biennial Convention](#)**

### **■ [Opportunities for authors, reviewers and beta testers](#)**

## **Evaluating a culture of nurse leadership: Improving quality of care and reducing turnover in long-term care facilities**

A grassroots effort in Wisconsin nursing homes offers clear evidence on the value of advanced practice nursing and on placing nurses in leadership positions.

An investigation team found reduced staff turnover and a significant reduction in serious quality deficiencies on state inspections, all without additional cost. The evaluation focused on implementation of the Wellspring quality improvement method and was commissioned by the Institute for the Future of Aging Services and the American Association of Homes and Services for the Aging. The report's sponsor was The Commonwealth Fund.

The Wellspring model was developed by an alliance of 11 free-standing, not-for-profit nursing homes in Wisconsin to improve quality of care for residents through training efforts and organizational change that makes them more attractive as workplaces. The member facilities share staff training and form multidisciplinary staff teams that develop and implement interventions to improve care. At the model's center is a geriatric nurse practitioner, who served as the primary clinical resource and administrator of the model's implementation across the group of facilities.

"This study validates the role of the advanced practice nurse, especially in settings where that nurse is the lead clinician," according to [Susan Reinhard](#), RN, PhD, one of the study's principle investigators and co-director of the Rutgers Center for State Health Policy. "The model positions nurses as clinical resources and then empowers them to train and lead a multidisciplinary team of managers, nurses, CNAs and others."

Findings from the report, *Evaluation of the Wellspring Model for Improving Nursing Home Quality*, by Robyn I. Stone and colleagues at the Institute for the Future of Aging Services, were presented by Stone on August 15 at the annual meeting of the Pioneer Network, an organization whose mission is to improve the experience of aging.

The Wellspring model was developed in 1994 by facilities determined to retain their independence, as a unified response to the permanently altered marketplace of managed care. It has been sustained and refined ever since.

### **Key elements of the Wellspring method include:**

**The Wellspring alliance** - An alliance of nursing homes with top management committed to making quality-of-resident care a top priority.

**Geriatric nurse practitioner (GNP)** - Shared services of a geriatric nurse practitioner, who teaches staff at each nursing home how to apply nationally recognized clinical guidelines.

**Care Resource Teams** - Within each nursing home interdisciplinary teams that receive training in a specific area of care and are responsible for teaching other staff at their respective facilities.

**Staff sharing** - Involvement of all departments within the facility and networking among staff across facilities to share what works and what does not work on a practical level.

**Staff empowerment** - Empowerment of all nursing home staff to make decisions that affect the quality of resident care and the work environment.

**Review of performance data** - Continuous reviews by CEOs and all staff of performance data on resident outcomes and environmental factors relative to other nursing homes in the Wellspring alliance.

The success of the Wellspring approach derives from the use of clinical experts who train teams from the 11 nursing homes on best practices to achieve high-quality care. The approach offers front-line staff the flexibility to address residents' needs, regular monitoring of quality indicators, and involvement of top managers in comparing quality performance across nursing homes in the alliance.

In a striking example of how the front-line staff was able to improve the quality of care, the lack of window tinting on the west-facing side of one facility was identified as a factor in resident falls. It was a nursing aid who made the connection. As a member of the implementation team, she had been included in sessions where the data on falls had been presented. She observed that the higher number of falls in one area as taking place in the late afternoon, when sunlight was reflecting off the floor. Glare is a particularly difficult condition for people suffering from cataracts, and once the windows were tinted like those on the east-facing side of the building, the number of falls was reduced.

“That event is an example of how an environment of quality improvement can result in better care,” says Reinhard. “It’s not about policy; it’s about the organizational culture. And when you hear nursing aids speaking knowledgeably about prevalence rates and root-cause analyses like we did, you know that something remarkable is taking place.”

Wellspring improved quality of care Before implementing the project, one-third of Wellspring facilities had no deficiencies, according to federal inspections. By the end of the implementation period, the percentage of Wellspring facilities with no deficiencies had nearly doubled. In addition, all 11 facilities had reduced serious deficiencies to zero after implementing the Wellspring method.

“The positive Wellspring evaluation results are exciting because they are the first provider-based quality indicators subjected to this level of rigor,” said Robyn Stone, executive director of the Institute for the Future of Aging Services, and lead investigator on the report. “Now that the Wellspring model has been shown to be effective, we hope that more facilities will adopt it and replicate that success.”

Staff turnover stabilized Wellspring sites had lower rates of staff turnover and did better than non-Wellspring sites in slowing the increase in staff turnover, a major problem affecting quality of care and costs in nursing homes. Over the four-year period from 1995 to 1999 staff turnover rates increased 6% in Wellspring sites, compared with 13% in other nursing homes in the state. For RNs, the turnover rate actually decreased by 6% in the Wellspring sites, while increasing 7% in the comparison sites.

“The number one quality issue for nursing home residents is consistency of staff,” according to [Barbara Bowers](#), PhD, director of the Geriatric Nurse Practitioner Program at the University of Wisconsin-Madison, and

## Resources and Links

*Evaluation of the Wellspring Model for Improving Nursing Home Quality,*

by Robyn I. Stone, Susan C. Reinhard, Barbara Bowers, David Zimmerman, Charles D. Phillips, Catherine Hawes, Jean A. Fielding and Nora Jacobson.

Get a [free copy](#) of the report or call 1.888.777.2744 and order publication number 550.

[Institute for the Future of Aging Services](#)

[American Association of Homes and Services for the Aging](#)

[The Commonwealth Fund](#)

[Wellspring Innovative Solutions](#)



Begin

planning now for the 37th Biennial Convention  
November 1-5, 2003

It's not too early to start thinking about how you will participate in the 37th Biennial Convention in Toronto, Ontario, Canada, November 1-5, 2003. During these evening and day sessions important governance issues are addressed, and it is your opportunity to impact the future of the society.

Opportunities for recognition and celebration abound at convention. Each biennium, the society honors individuals and chapters through the prestigious Founders Awards, the Audrey



an investigator on the report. "Staff members tend to remain in positions longer within a culture that seeks and values their input and insights, no matter how far removed they are from management."

Wellspring is cost-effective and sustainable. Another significant finding of the evaluation was that the Wellspring facilities did not have higher total per resident expenditures than the non-Wellspring facilities. Expenditures on direct care of patients in Wellspring facilities were parallel with the comparison facilities. Reduced staff turnover and higher occupancy rates--both results of improved quality--may have a positive impact on costs.

### **Taking Wellspring into other care settings**

In other long-term care facilities, the report concludes that "...the adoption of Wellspring by other groups could significantly advance the delivery of long term care." As for how the elements of Wellspring might apply in care settings outside the walls of long-term care facilities, the investigators interviewed were equally as confident. First, Barbara Bowers: "One of the most important messages here is that even one advanced practice nurse – when given the responsibility and the authority to change how an organization delivers care – can improve outcomes."

Susan Reinhard adds, "Clinicians often spend too much time dealing with non-clinical issues. This evaluation indicates that when clinicians are given practice tools that allow them to focus first on resolving clinical challenges, the level of care will improve. I think that's going to be true in many other settings."



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Hepburn Award and international awards in the areas of research, technology, chapter programs, philanthropy and chapter support. Submission deadline for awards is **March 3, 2003**.

Calls for abstracts are coming this fall. We are accepting abstracts for Clinical, Scientific and Leadership Sessions as well as for the Creative and Expressive Arts in Nursing: The HeArt of Nursing. Submission deadline is **January 20, 2003**.

Sigma Theta Tau International and Nursing Spectrum are sponsoring the Evidence-Based Practice Contest: Innovations in Clinical Excellence, a program designed to recognize successful evidence-based projects. Five nurses will be recognized for their innovations. Submission deadline is **January 20, 2003**.

In addition to the educational sessions, luncheons and receptions that are planned, this year we will offer "Get to Know Toronto" time on Sunday, November 2. This will give you an afternoon to explore the culture, diversity and entertainment that Toronto has to offer.

Click [here](#) to learn more about our Call for Abstracts.



We value the diversity of experiences, perspectives and knowledge our members bring to their communities and the society.

## A partnership model of nursing education to prepare critical care nurses

Diane M. Billings, RN, EdD, FAAN, Indiana University School of Nursing  
Pamela Jeffries, RN, DNS, Indiana University School of Nursing  
Connie J. Rowles, RN, DSN, Indiana University School of Nursing  
Cynthia Stone, RNC, DrPH, Indiana University School of Nursing  
Linda Urden, RN, DNS, FAAN, Clarian Health Partners

Shortages of nurses and nurse educators require new models for preparing nurses for basic and continuing education. Educators are being urged to establish productive hospital-nursing school partnerships (The Advisory Board Company, 2001). Partnerships should seek to recruit students to schools of nursing and graduates to clinical agencies; decrease orientation time; increase the ability of the educational programs at schools and staff development programs to serve the needs of learners; and recruit or retain nurses for practice. In specialty practice areas with dire shortages such as critical care, the third potential partner is the professional nursing organization.

The purpose of this article is to describe how a school of nursing (Indiana University School of Nursing), a large health care agency (Clarian Health Partners) and the professional nursing organization (American Association of Critical Care Nurses) formed a partnership to develop critical care courses in an online community as a response to meeting the goals described above and how the model can be replicated.

### Leveraging the strengths of each partner

Along with a grant from the Department of Education, Fund for the Improvement of Post-Secondary Education, the resources of each partner are leveraged to develop the educational model for the online community. The clinical agency provides preceptors, clinical sites for practice and content experts to develop the courses. The school provides the Web course development expertise, the learning management system that establishes the online community, the preceptor model (previously developed with Clarian Health Partners), and the course design expertise and faculty, and awards academic credit or contact hours. AACN contributes practice standards and expert nurses; members of the local AACN chapter participate in course discussions to encourage professional role transition.

### Developing the content

Three critical care courses, one for adult, neonatal and pediatric, are being developed as Web-based courses. Threaded with the Principles of Best Practice in Education (Chickering & Gamson, 1987), the online course design for each course includes a didactic section, clinical practicum and a Virtual Center of Best Practices (VCBP). The core didactic component of the course includes the content required for professional practice. The content is designed and delivered in a modular format with associated skills and clinical practice applications. Using the hyperlearning model (Jeffries, 2000), each content module has four dimensions: General Principles, Management Process, Critical Thinking and Evaluation/Assessment.

### Applying the knowledge

The clinical practicum provides an opportunity for application

## Honor in Action: Opportunities for authors, reviewers and beta-testers

### Authors

Are you interested in writing for publication in a peer-reviewed electronic format? Do you have a diverse background in education and practice? Then you are invited to participate in the development of online case studies. Write a case study based on your own knowledge and experience, and share your expertise with the international nursing community.

### Reviewers

As a peer-reviewer, you are asked to use specific criteria to evaluate the case study and to provide recommendations to the author regarding its content. Qualified applicants should have at least five years of topic-related experience.

### Beta-testers

Beta-testers are nurses with varying education (from BSN to PhD) and from a variety of practice settings (from novice to expert) who actually complete the case study and evaluate it from a learner perspective. The role of the beta-tester is very important in assuring the design of the case study meets established standards and criteria.

Visit our [case studies online](#) and apply to be an [Author or Reviewer](#).

of knowledge, skills and professional values in an actual clinical setting. This component is designed to support the learner in a distance-learning environment and assure the attainment of the clinical competencies essential for a beginning critical care practitioner. The Preceptor Model (Stone & Rowles, 2002), in which the preceptor, learner and faculty form a relationship to facilitate the learner's acquisition of clinical competencies, guides 112 hours of clinical practicum. The preceptor serves as the clinical expert and assists the learner in developing clinical reasoning skills. Learners will report (using discussion boards and asynchronous online post-conferences) on their patient care experiences from the practicum and relate these experiences to module concepts.



Watch the web site for information on how to apply/submit nominations!

### **Connecting the learners**

The Virtual Center of Best Practices is the “learning hub” from which learners will have access to clinical protocols, national practice guidelines, research utilization, ask a nurse expert and other concepts of professional practice. The VCBP is populated with resources from partners and serves as a framework that can be customized for institution-specific needs. Within this component, the online community of professional practice will be emphasized with professional experts such as clinicians, nurse scientists and researchers invited in for asynchronous discussion forums to interact with the learners, discussing their research, practice and expertise, and emphasizing how these concepts apply and guide nursing practice today.

### **A flexible curriculum and the essential role of the preceptor**

The courses are integrated into the curriculum as BSN electives or courses for students in the RN–BSN program. The courses also award a professional certificate indicating attainment of established competency levels. The school of nursing will also convert contact hours into academic credit through established portfolio procedures for participants who wish to return for an academic degree.

The Preceptor Online Program is considered a key element to the critical care courses. A preceptor teaching model was previously developed with the clinical agency. One of the major concepts in the preceptor model was the triad formed by the student, preceptor and faculty. This concept required role changes for all of the participants. The online preceptor course was created to assist the preceptor in his or her required role changes as well as to facilitate management of the clinical component of the online critical care courses.

Preceptors for the course must first meet certain qualifications to participate in the course. Key qualifications are a baccalaureate degree in nursing, three years experience in nursing, computer literacy and a willingness to work with students. After the preceptors have been recruited and receive a recommendation from their manager, they must complete the preceptor online education program. The course provides them with information about their role in the course as well as teaching–learning concepts needed for learning to occur in a clinical setting. Contact hours are awarded after successful completion of the online course.

### **Integration with a clinical care setting**

There are several factors that will serve as facilitators for integration of the program into the clinical setting. It is essential that there is a clear understanding of the project purpose, outcomes and timeframes by all who will be involved in the project. The appointed liaison or project coordinator will need administrative, managerial and collegial support during all phases of the program. Necessary resources must be in place, including computer access, appropriate hardware and software to support program requirements, as well as IT, secretarial support and library access.

After the agency site coordinator and instructors, preceptors, and other resources have been identified, exact expectations for each role will need to be discussed and understood. Ongoing

communication with internal staff and among all project partners is necessary for smooth program implementation. The impact on primary agency role accountabilities will need to be examined, with consideration for reassignment or negotiation of expectations with the employer. Ongoing communication with affected clinical staff units/departments will be required. Staff educators will need to have a more in-depth description of the program and its impact on their current and future roles. Program adjustments may be needed depending on agency supports and work flows.

Benefits of this educational model are numerous. Orientation of new staff or those transitioning to a new specialty will be decreased and consistent in content, along with increased opportunities for life-long learning and career mobility for staff. This model is a method for recruitment of new staff and retention and career advancement for tenured staff. This educational model offers another teaching methodology that can be an adjunct to current educational programs, and educational resources—both human and material—can be used more efficiently. Finally, the model offers the most effective use of professional standards, academic expertise and agency resources, and as the model is used by other schools and agencies, there is the potential for enhanced relationships locally among the partners: clinical agency, school of nursing and the professional organization.

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## Hospital/University partnership searches for solutions as it builds experience

Senior student nurses at Houston Baptist University (HBU) are getting a comprehensive introduction to a career in the OR, thanks to a partnership between the school and The Methodist Hospital. While the core of the three-month OR immersion is clinical practice, the curriculum also mandates that the students address, design, complete and report on a quality improvement project that advances the delivery of care in the OR.

In other words, they have to deal with real-world problems that are the inevitable companions of every clinician's day.

"I think is a vital lesson for the student to experience all aspects of nursing, including quality improvement," says [Janet Gilmore](#). MSN, RN. "With an emphasis on quality, the students

### Into the OR:

#### An interview with a recent HBU graduate

Eight student nurses participated in the perioperative program developed by HBU and The Methodist Hospital. In an interview, recent graduate Shawna Johnson shared her experience with *Excellence*.

**EXCELLENCE:** Where was your education heading before the course? Was a surgical specialty something you were considering?

SHAWNA JOHNSON: Three



see first hand the processes that will influence positive change, how to measure it and display the data.”

The program, which was initiated in the summer of 2002, is the result of the hospital's need for qualified perioperative nurses and the school's mission to give students every opportunity possible to sharpen their clinical and critical skills. The curriculum was developed with close collaboration between Methodist and HBU and approved by the Board of Nurse Examiners. It has three goals.

### **First, get to the OR and stay there.**

The program extends over an entire summer and places a student in a single OR specializing in a specific treatment, pediatric cardiac surgery, for example. They are on the floor each day, gradually increasing their involvement under the watch of a preceptor and the entire OR nurse team.

### **Next, help make the OR work better.**

A quality improvement project brings the student into the logistical side of surgery and OR management. An improvement project is identified and clearly defined for the student. Then, they are included in the development and implementation of the solution. At the end of the program, they are responsible for evaluating the project in a written report.

In 2002, The Methodist Hospital addressed several quality improvement projects concerning scheduling in the operating rooms, and students were involved in finding better ways. Hospital wide, the operating rooms reported late “first case starts” and late “to-follows”. (A “first case start” is the first scheduled case in a designated room. A “to-follow” is a case that is scheduled in the same room following the first case.) Surgeons wanted to ensure that their surgical procedures started on time and that there was a quick turnover time between procedures.

In one particular instance, the Fondren Brown operating room (FBOR) addressed these issues by assigning a quality improvement committee who recorded and examined the numbers of late “first case starts” and late “to-follows.” What the committee actually revealed were computer errors. The numbers of “first cases” and “to-follow” cases were either not recorded correctly or not recorded at all. The focus of the quality improvement was not to place blame, but to improve the system of recording. A goal was set to reduce charting errors to 10% so a clearer picture of actual numbers could be analyzed and addressed. The student was involved in the analysis of the current processes and helped formulate motivation and reward strategies to encourage accurate charting.

### **Then, share knowledge with other nurse specialists.**

The final component in the program is participation in a professional nursing organization that serves specialists. It could be an AORN meeting, or an AACN conference. The point is, by getting an introduction to the specialty organization and to other practitioners, the student is gaining a larger sense of what the field has to offer.

### **The curriculum: A brief overview**

By extending the program over three months, working full-time, the student has a rich opportunity to observe and participate in the work. The didactic content is taught by perioperative

quarters before this externship was offered, I took my first Med-Surg class that introduced the operating room, PACU, AOD, and ICU. I scrubbed my first day in the OR and was fascinated from that moment on.

**EXCELLENCE:** Can you tell me something of your experiences? What were some of the more interesting aspects?

SJ: My experience was nothing less than amazing. I worked in the CV Fondren Brown OR – it's an incredible experience. In one procedure, I assisted the PA as he harvested the saphenous vein. I held the retractors, handed off instruments and trimmed sutures. I had studied the instruments for weeks prior to this, so I was ready.

**EXCELLENCE:** What about the people who you worked with? What was that dynamic?

SJ: Janet Gilmore and two OR educators trained us for several days before we stepped into the OR. It was pretty much a refresher course, because we had had extensive instruction in our first Med-Surg class. We covered aseptic technique, prepping, positioning, gowning and gloving, etc.

One of the OR educators talked with us every day and was always around to answer my questions. The OR staff was a wonderful group. They were well trained, experienced and pleased to share their knowledge. After my OR preceptor watched me perform a couple of times, and she felt confident in my skills, she allowed me to participate as a team member. After every clinical day, we had a conference to 'de-brief.'

educators, while the student's clinical experience is supervised by preceptors in the OR.

The first three weeks are devoted to hospital orientation and practical experience in the process area to learn instrumentation. The didactic content during this time relates to instrumentation, sterilization and OR attire.

During the next four weeks, the student is in a scrub role for half the time and a didactic setting for the other half, focused on basic aseptic technique. As a scrub nurse, the curriculum includes sponges & counts, room prep, positioning, skin prep, draping, documentation & wound classifications, specimens, sutures, pre & post-op care, consents, scrubbing gowning & gloving, emergency measures, and more.

The final six weeks are spent in a circulating role, with an introduction to the specifics of the specialty, including anatomy, instrumentation, specialty equipment and more.

### Creating a win/win/win

The partnership is creating advantages and opportunities for all involved. HBU is deepening the relationship with the hospital as it helps advance the student's education. The hospital is getting some help in the OR - including a quality improvement effort with the potential to pay significant dividends--and a group of trained OR nurses from which to recruit. The students receive credit toward their baccalaureate, as well as clinical and critical thinking skills to help them ease the transition into their clinical careers. They've even made an introduction to a professional organization--a key element in career advancement.

Janet Gilmore adds, "Students are brought into the experiences of group dynamics, shared governance and management. And because we are a magnet hospital, the students are able to see the infrastructure of nursing and what standards are required to obtain and maintain magnet status. It's a very rich experience."

**EXCELLENCE:** What about the required connection with a professional nursing organization? Was that helpful?

SJ: I joined AORN-Greater Houston last year (I am on the Legislative Committee this year), and I have sat in a few of their board meetings as a student representative. I'm looking forward to continuing my involvement as my career in the OR begins.

**EXCELLENCE:** Now, what's next? Will you stay in surgery? And where?

SJ: I had thought about working at The Methodist Hospital, and this experience cemented my decision to do so. I spoke with their recruiter the last day. One of my five-year plans includes a master's degree, and the hospital offers a great tuition reimbursement. I also wanted to look into a first assistant training program. I felt the whole experience was a great start to a perioperative career.

### Resources and Links

[Houston Baptist University \(HBU\)](#)

[The Methodist Hospital](#)

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## In the wake of September 11, nurses continue to turn to Sigma Theta Tau

In the days that followed the attacks on the World Trade Center and the Pentagon, Sigma Theta Tau initiated an effort to connect nurses with knowledge and resources on terrorism that could be incorporated into their practice and patient care.

A special section of the society's Web site called "[America in Grief: Nurses Respond to Tragedy](#)" was established, and the site attracted thousands of visitors. After the anthrax incidents that followed the attacks, information on bio terrorism was included on the site.

In subsequent months, when a reduction in interest and content contributions might have been expected, just the opposite has occurred. Today, as the nation and the world endures the by-products of terrorism--fear and uncertainty, nurses have an expanding set of resources on the Nurses Respond to Tragedy site.

What has been created is an electronic hub that has changed, and will continue to change, in response to what nurses need. Today there are numerous links to resources for understanding and treating the effects of terrorism. There is a comprehensive bibliography relating to disaster care and a panel of experts listed to help guide nurses in their care and management decisions. Mental health and grief resources are here, as well as resources for children and teens.

The information on Nurses Respond to Tragedy is helping nurse leaders develop disaster plans and care responses. It's also a forum that welcomes contributions and additional links. On the site there is an invitation for all visitors to

### PTSD Case Study

Shortly after the tragic events of 9/11, renowned expert on crisis intervention, Donna C. Aguilera, RN, PhD, FAAN, FIAEP, agreed to write a case study on Post-Traumatic Stress Disorder for Sigma Theta Tau International's online continuing education program. Click on [A Pre-Adolescent Boy with Post-Traumatic Stress Disorder](#) to view the case study, take the test and register for continuing education credit.

This course can help caregivers gain insight into this condition that was diagnosed with more frequency following the 9/11 attacks and can occur in the wake of any traumatic event.

### Coming soon:

#### **A free course in disaster preparedness from the society and the Red Cross**

The events of the past year have called attention to the need for nurses to be prepared to respond to disasters on a community level. In response to this need, the American Red Cross and Sigma Theta Tau International are collaborating to develop a two-part, online case study focusing on the nurse's role in disaster preparedness and management. Co-authors for the case study are Red Cross disaster experts Laurie Willshire, RN, MPH, senior associate for nursing development, and Susan B. Hassmiller, RN, PhD, FAAN, senior program officer for The Robert Wood Johnson Foundation.

Part one of the case study, to premier this

submit ideas and electronic resources for inclusion in the site.

The events of 9/11/2001 added a frightening set of possibilities to the already complex environment of nursing. With the continuing evolution of Nurses Respond to Tragedy, Sigma Theta Tau is working to help nurses remain prepared, informed and supported.

fall, will be offered at no cost to all nurses. Visit our [continuing education](#) web page for more information. If you would like to receive an e-mail notice when the case study is available, please [contact](#) us.