

44THBIENNIAL CONVENTION

28 OCTOBER — 1 NOVEMBER | INDIANAPOLIS, INDIANA, USA

Experienced Nurse Faculty Leadership Academy

Carol L. Huston
DPA, MSN, RN, FAAN
Lead Faculty

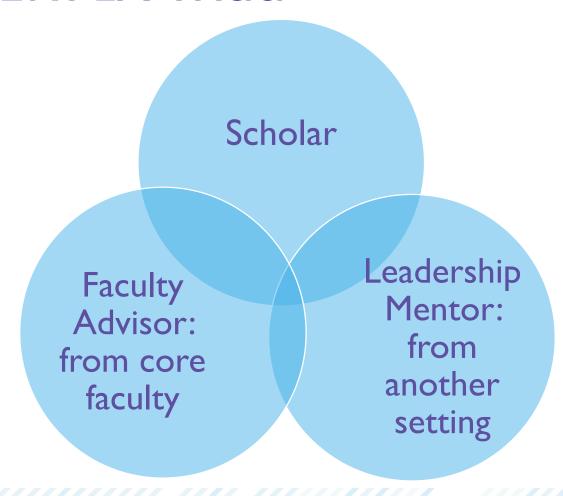


Experienced Nurse Faculty Leadership Academy (ENFLA)

- Mentored leadership development experience for aspiring leaders in nursing education who have 7 or more years of experience
- 12 month program
- Second cohort concludes in October 2017
 - 7 scholar and mentor pairs
 - 5 expert faculty members



Role of the ENFLA Triad



ENFLA Purpose

- Further academic career development and success.
- Promote personal and professional leadership development.
- Develop and begin to implement a personal leadership progression plan.

- Expand the influence of the Leadership Scholar within his or her sponsoring academic institution, the community, and the profession in the context of teaching, scholarship, or service.
- Advance nursing education through leadership development projects implemented by Leadership Scholars during the program.
- Promote experienced nurse faculty retention in academe.

A Special Thank You to our Faculty!

Carol L. Huston, DPA, MSN, RN, FAAN- Lead Faculty

Karen L. Carlson, PhD, RN

Donna M. Nickitas, PhD, RN, NEA-BC, CNE

Alyce Schultz, PhD, RN, FAAN

Suzanne Prevost, PhD, RN, COI



A Special Thank You to our Mentors!

Karen Ann Grigsby, PhD, RN

Judith A Halstead, PhD, RN, FAAN, ANEF

Joan Such Lockhart, PhD, RN, CORLN, AOCN, CNE, ANEF, FAAN

Martha Tanicala, EdD, MSN, RN

Ellen B. Buckner, PhD, RN, CNE, AE-C

Marilyn H. Oermann, PhD, RN, ANEF, FAAN

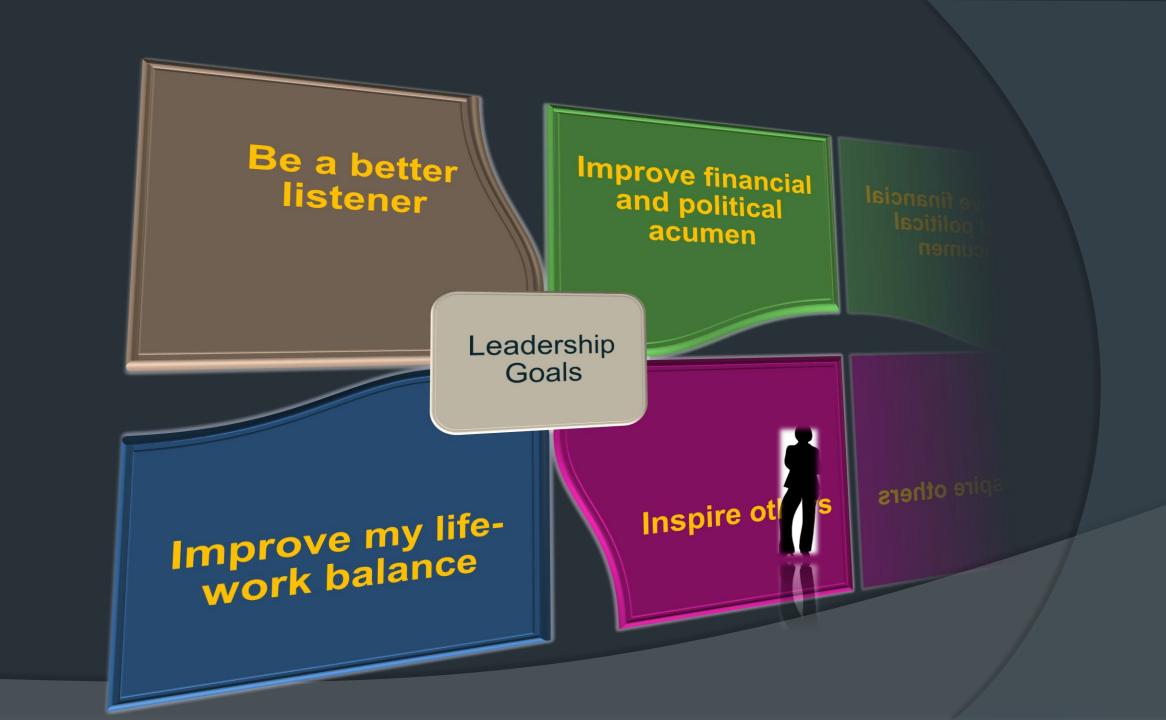
Theresa M. Valiga, EdD, RN, CNE, ANEF, FAAN

Carolyn Hart, Ph.D., RN, CNE

MY LEADERSHIP JOURNEY

Vision Statement

"My vision is to serve my institution, by inspiring faculty and students to become more than they thought they could be. I will be an honest and impactful leader by creating and leading a team where everyone is playing to their strengths to the ultimate benefit of the institution, students, and faculty."



Leading Change



Anticipate

Identify the need for change



Victims, Critics, Bystanders and Advocates



Think Institutionally

The Future



My ENFLA Leadership Journey

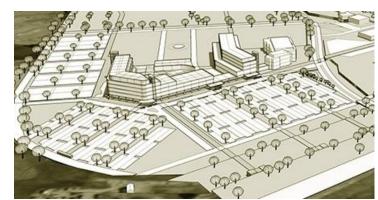
Desirée Hensel, PhD, RN, PNCS-BC, CNE

With special thanks to

Judith A. Halstead, PhD, RN, ANEF, FAAN, ENFLA Leadership Mentor; Karen L. Carlson, PhD, RN, ENFLA Faculty Advisor

Goal 1: Create a dual graduate degree program with Public Health

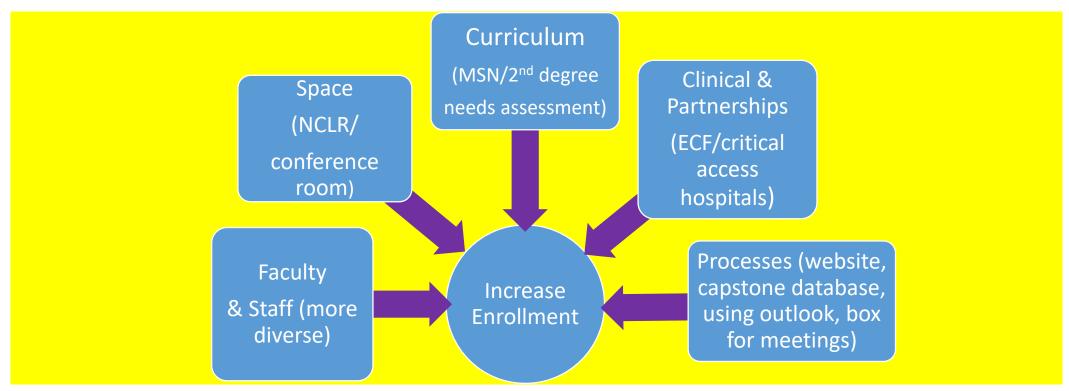
- Indiana University Strategic Plan
 - Improve the health of the communities served
 - Create of a regional academic health center
 - Become a center of excellence in rural health



IUSON Alignment

- Need to increase the expertise of nurses in the local workforce.
- Address lack of MSN programs in geographic area
- Address lack of MSN programs in Community Health in state
- Needs assessment did not support public health direction
 - FNP and Nursing Education most desired tracks

Goal 2: Gain the skills necessary to implement and manage change in a multidisciplinary environment.



Facilitated rapid change

Learned lessons on communication & team assembly

Goal 3: Create a 10 year career plan



Moving Forward

School of Nursing
Bloomington Campus

Interim Associate Dean and Associate Professor



Practicing to the fullest extent of my education and training for me means assuming a leadership role in Nursing Education





Julie Page, EdD, MSN, RN

Experienced Nurse Faculty Leadership Scholar

Leadership Goals

- Support a sustainable team to develop and implement curriculum change in the baccalaureate program.
 - Build my own team-building skills.
 - Build trust among the curriculum task force and the Baccalaureate Executive Committee (BEC).
- Be an effective change agent in promoting and implementing curriculum change.
 - Learn more about leading change.
 - Focus on inclusion and empowerment of faculty.

Accomplishing my Goals

- Lean team training
- Coach Approach training
- Overcoming my introversion to share more of myself.
- Modeling honesty and gratitude
- Leading Change, John Kotter
- Online modules focus on application and rationale

Lessons Learned

- "Adaptive work is required when our deeply held beliefs are challenged, when the values that made us successful become less relevant, and when legitimate yet competing perspectives emerge". (Heifetz & Laurie, 2001)
- We need to learn new ways of operating!
- This a time and energy consuming process.
- Heifetz, R. and Laurie, D. L. (2001). The Work of Leadership.
 Harvard Business Review.
- https://hbr.org/2001/12/the-work--of-leadership.

What's Next?

- Quality improvement: Revising modules based on the feedback.
- Inclusion: Making modules available to more faculty.
- Team-building: with the curriculum task force and the BEC.
- Dissemination: poster, presentation, planned publication with mentors.
- Change agency: Speaking up to explain the urgency of change and the benefits to students, faculty, and school

A Global Healthcare Exchange: Building Relationships to Advance Nursing Excellence in Education & Practice

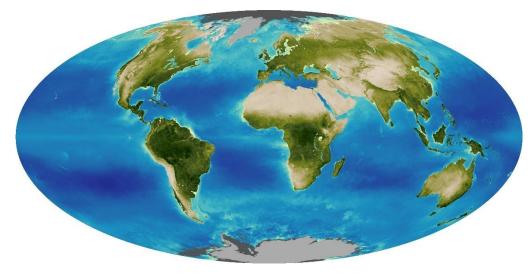
CAROLINE M. PELTZ, PHD, RN, MSHSA, CNE ENFLA SCHOLAR MARTHA L. TANICALA, EDD, MSN ENFLA LEADERSHIP MENTOR ALYCE A. SCHULTZ, PHD, RN, FAAN ENFLA FACULTY ADVISOR

LEADERSHIP GOALS

- ▶ 1. Demonstrate that I act on what I value and have the best interest of others at heart. Individuals will follow based on my character.
- ▶ 2. To be recognized as being knowledgeable in my environment, as one who is not afraid to seek answers and ask questions.
- ➤ 3. Improve my ability to embrace the strengths of others to attain goals and demonstrate that I am capable and credible in working toward a common goal.

HOW I ACCOMPLISHED THEM





LESSONS LEARNED



WHAT'S NEXT? WHERE DO I GO FROM HERE?





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Honor Society of Nursing



Pamela Slaven-Lee, DNP, FNP-C, CHSE, ENFLA Scholar

LEADERSHIP TRANSITION AND DEVELOPMENT

LEADERSHIP PHILOSOPHY

Pamela W. Slaven-Lee, DNP, FNP-C, CHSE

My leadership philosophy is built on eight interrelated themes.

- 1. First do no harm. Conversation is a core leadership process. Everything a leader says or does is communication and has impact. It implies a responsibility to 1) first do no harm; and 2), enable and promote engagement in the organizational mission. Leaders who always communicate with this awareness and intention avoid taking on the victim or villain, winner or loser, good or bad guy persona.
- 2. Call to service leadership. Nonjudgmental collaboration, authentic accountability, community building, team cohesion, shared governance, and dedication to the professional development of my colleagues, are the guiding principals of my leadership style. Servant leaders also exhibit intuition, ethical bearing, and insight that enables proactive problem solving and sustainable leadership.
- 3. Decision-making and accountability. While I believe in and practice inclusion and collaborative governance I do not shrink from difficult decisions or worry incessantly after difficult decisions are executed. A leader has to be prepared to gather input from a wide variety of sources, however, must also be willing to make difficult decisions and stand behind those decisions. Lines of authority and delegation must be clear and the integrity of the reporting structure must be maintained. A true leader always supports his or her colleagues when acting within their authority. It is imperative to give credit to others publicly and address individual performance issues privately.
- 4. Extreme ownership. A strong leader is skilled in sharing information. A leader should thoroughly communicate and confirm that communication was received and understood. I believe it is a priority of a leader to define problems and take ownership of them, rather than blaming team members for mistakes and shortcomings. The leader should take on the most challenging job, believing that the leadership privilege comes at the expense of self-interest.
- 5. Unwavering dedication to excellence. A dedication to organizational excellence at multiple levels and categories including administration, faculty staff, operations, planning, quality assurance, and student services and outcomes is a critical core organizational value.
- 6. Respect. Recognizing the range of perspectives and talents among students, faculty, staff, and the broader community, a successful leader promotes positive, productive, and professional interactions, and encourages individuals to voice differing viewpoints in a manner assumes the best intention.
- 7. Diversity and cultural competence. A robust community derives its strength from the individuals within it, including their cultural, personal, and professional backgrounds and unique perspectives. The commonalities and differences among community members contribute to shape, define, and contribute to the community identity. It is our responsibility as educators to foster the growth of educational communities where faculty and students can "make authentic connections, where learning is a collective venture, where students grow in identity and integrity" (p. 267).
- 8. Resource allocation as a reflection of values. "The leaders of great organizations do not see people as a commodity to be managed to help grow revenue. They see the revenue as the commodity to be managed to help grow their people." ~Sinek A vibrant academic community that fosters innovative practice, research, scholarship, service, and teaching built on a well-resourced infrastructure in a culture where leaders have prioritized the development and well-being of those they lead.

Saunders, S. (2003), In search of Ernest Boyer's legacy (review), Journal of College Student Development, 44, 2, 267-269.



Innovation is disruptive

"Followers want comfort, stability, and solutions from their leaders. But that's babysitting. Real leaders ask hard questions and knock people out of their comfort zones. Then manage the resulting distress."

Heifetz & Laurie, 2001



What do I want to be better because of my efforts?



Urgency and Vision



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Lessons Learned

Technology is critical for risk management

Customer service imperative due to nature of

satisfaction - asking earlier for more informati

placement and student anxiety; need additional resources and clarification of roles

Appears to be an inverse relationship between fully executed placements and student/faculty

Tracking, efficiency, and ultimatel

student experience

Data not available

Pamela Slaven-Lee, DNP, FNP-C, CHSE, ENFLA Scholar

APPLICATION

Implemented January 2016

Each phase:

- 1. Short term goals
- 2. Long term goals
- 3. Obstacles
- 4. Strategies to overcome obstacles
- 5. Lessons learned

Long term goals - 95% of all NP students placed by day 1 of class (all placements necessary to meet coursel requirements; 140/147 students) - Friday before clinical at least one rotation - had 89% of FNP students (105/118 students) - had 96.5% of AGPCNP (28/29 students) - Vendor selection process - Clear delineation between staff and faculty roles - Policies - Link site evaluation data

• At least one placement secured for 95% of all NP by the first week of class • Disable Access data base

- Clean all available data
- Develop a method to link RDFs with available, appropriate sites

Barriers and Strategies to Overcome Them

- Time constraints
- Lack of resources to support and sustain
 prowth
- · Inconsistent student messaging
- Faculty inexperience with academe and/ or new placement procedures
- More frequent communication
- · Culture shift
- Competing priorities

Phase 3 Lessons Learned

- 1. Data not available
- 2. Technology is critical for risk management
- 3. Customer service is imperative due to nature of placement and student anxiety; need additional resources and clarification of roles
- 4. Inverse relationship between fully executed placements and student/faculty satisfaction



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Pamela Slaven-Lee, DNP, FNP-C, CHSE, ENFLA Scholar

EMERGING LEADERS AND SCIENCE OF LEADERSHIP SUCCESS

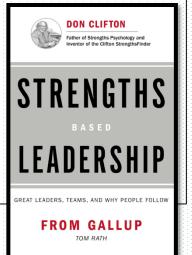
New Clinical Placement Manager

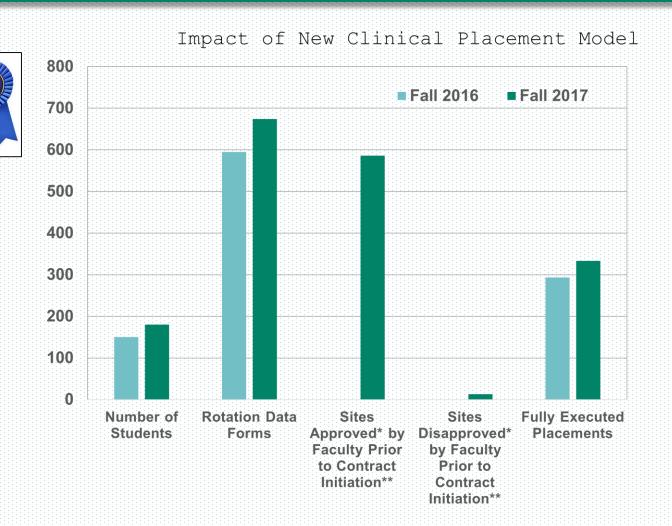
Turnover in Faculty and Staff
Performance Plans
Promotions
New hiring lines
Value of the Team
Recognized



- 1. Learner
- 2. Responsibility
- 3. Context
- 4. Restorative
- 5. Intellection

From Gallup Authors Rath & Conchie 2009







Transition to a Student-Driven, Competency-Based, Clinical Placement Model for Advanced Practice Registered Nurse Education

Sigma Theta Tau International Honor Society of Nursing®

Pamela Slaven-Lee, DNP, FNP-C, CHSE, ENFLA Scholar

Marilyn Oermann, PhD, RN, ANEF, FAAN, ENFLA Leadership Mentor; Donna Nickitas, PhD, RN, NEA-BC, CNE, FAAN, ENFLA Faculty Advisor

BACKGROUND

- Advanced practice registered nursing (APRN) progran placements me institutional red
- Student, clinica risk is minimize responsibilities parties involved placement proc

PU

- Design a clinica Patsy Devo, RN, MSN will allow facult Clinical Placement Manager challenges associated with the rapid national expansion, regulatory requirements, and educational standards of distance education APRN programs
- Empower students to select clinical sites based on potential to meet clinical objectives
- Develop efficient clinical site and preceptor vetting

INTERNAL CHALLENGES

High enrollments Rapid grown If student Nation tend a ist con Increa Nonco **Prolife** Stude Stude **EXTE** Tamara Helvetius Clinical Placement Specialist

When the best leader's work is done, the people say "we did it ourselves."

-Lao Tzu

- Limited preceptor incentives

A NEW MODEL onsultation

cal Faculty ha clinio and A tencie al Place Faculty Prior to

completes ic Rotation rm for each placement

ical site,

ical Placement Support

If approved, placement process initiated by Clinical Placement Team

ACKNOWLEDGEMENT

My sincere appreciation is extended to Patsy Deyo, RN, MSN, Clinical Placement & Academic Affairs Manager **GW Nursing**

tch not it stud eared" clinica

Colleen Kennedy Clinical Placement Specialist

Disapproved* by Placements

preceptor data reviewed by Program Directors

REFERENCES

Available on handout

REFERENCES

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Special Session 2017

Preparing Faculty to Advance the Science of Nursing Education

Susan Welch, EdD, RN, CNE Alumnus CCRN

Leadership short-term goals for the Academy:

- 1. Develop as a Pedagogical Scholar, within the sponsoring institution, who can mentor faculty colleagues regarding efforts to build the science of nursing education.
- 2. Prepare a plan to help faculty at the sponsoring institution enhance their commitment and ability to advance the science of nursing education in collaboration with faculty colleagues at the School of Nursing.
- 3. Collaborate with faculty and administrators to design a comprehensive, carefully considered, evidence-based plan that will support THS SON faculty growth as pedagogical scholars and leaders in nursing education.

How I accomplished them...

Implementation Guidelines (Kotter, 1995)

- Establish a sense of urgency
- Form a powerful coalition
- Create a vision
- Communicate the vision
- Empower others to act on the vision
- Plan for and create short-term wins
- Consolidate
 improvements/producing still
 more change

What's next? Where do I go from here?

- **1.Publish research-based, education-focused article** in a peer-reviewed journal per year
- 2. Present pedagogical research initiatives at a national conference per year
- 3. Receive a grant to support pedagogical research in nursing education
- 4. Serve as a nursing education grant reviewer for the NLN



Lesson 1:

When the waters are rising and somebody throws you a life preserver, you take it!





Lesson 2:

"When you go out of your comfort zone and it works, there's nothing more satisfying."

--Kristin Wiig

Lesson 3:

"True leaders don't create followers...they create more leaders."

-J. Sakiya Sandifer



Lesson 4:



Thank you!

2018-2019 Cohort

Applications Open: April 2018

http://www.nursingsociety.org/learn-grow/leadershipnew/center-for-excellence-in-nursingeducation/experienced-nurse-faculty-leadershipacademy

Contact the Center for Excellence in Nursing Education at cene@stti.org

