

Building a Transformational Nurse Manager Workforce Through Interactive Competencies



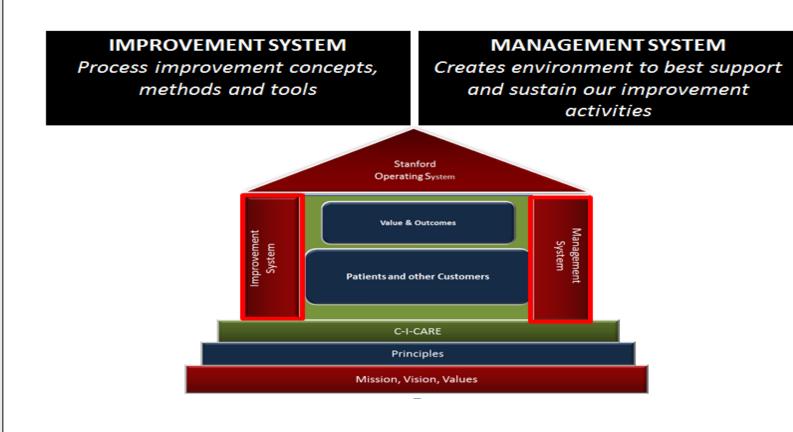
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Introduction

This project aims to improve the nurse manager's daily communication in staff interactions by validating an interactive simulation bundle communication competency and creating a daily communications toolkit that can provide critical data to prepare nurses for their day-today work. Currently, in this hospital, nurse manager development to improve participation in defined work practices is lacking. Nurse managers working in an acute care hospital were selected from a subset of inpatient nurse managers.

This project used a multi-pronged approach to improve the nurse manager's daily communication with staff through (1) core nurse leader curriculum, (2) validation of an effective communication competency, and (3) creation of a daily communication toolkit that would standardize and enhance the communication of critical data to nurses and reduce the existing gap regarding the provision of critical information as they prepare for their work day.



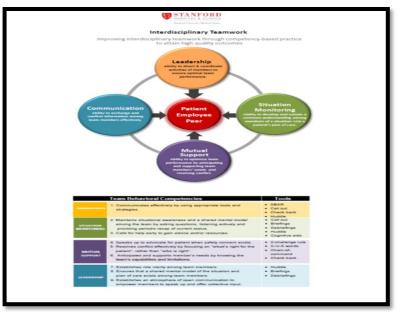
Alignment of AONE Nurse Manager Competencies with Healthcare **Operating System resulting in Professional Alignment**

SHC Strategic Imperatives	SHC Nursing Excellence Initiatives	ANA Scope and Standards of Nursing Administration	AONE Nurse Manager Competencies	Magnet Model Components	Role Based Practice	Caring Science Competencies	QSEN Competencies	SHC PCM/APCM Orientation Curriculum
Secone a Lander In Clinical Outcome & Patient Safety	Clinical Practice Goal I: Provide safe, reliable, excellent patient care landing to the command of foundation of evidence-based professional professional improvement, research, interdisciplinary collaboration and demonstrated technology.	Assessment Identifies Issues, Problems, or Trends Outcomes Identification Planning Evaluation Cvaluation Quality of Practice Research Collegality Collegality Chica	The Science - Managing the Business Performance Improvement Technology Technology Technology Technology Technology The Art - Leading the People Rahironthip Management Appropriate Clinical Practice Rahironthip Management And County The Leader in Yourself Leader in Yourself Accountability Personal Journey Discipline Reflective Practice Reference Behaviors/Tenants	Exemplary Professional Practice New Knowledge, Lanovations, and Improvements Transformational Leadership	Practitions Scientist Leader Transferor	CP1: Embrace CP3: Trust CP4: Nutruse CP4: Nutruse CP6: Deptin CP6: Deptin CP7: Balmoc CP8: C9-Create CP10: Open	Patient-Centered Care Teamwork & Collaboration Parcicle Cytality Improvement Safety Informatics	ARK Leadership Development Course Catalog: http://poralis.instorderdorderderderderderderderderderderderderder
Transform the SHC Experience	Professional Practice Environment Goal II: Create health; works environment that enhances the retention of health based on payers and tole expectations, models of care, ratef magazinent in their governance structures and retructures and relationships	Education Professional Practice Evaluation Advocacy Political Professional Advocacy Political Profession Education Ethics	The Science - Managing the Business Recourses - Human Breezer - Strategic Management - Strategic Management - The Art - Leading the Pople - Human Resources Leadership Skills - Relationship Management & Influencing Behavior - Shaed Decision Making - The Leader in Vourself - Personal and Professional Accountability - Career Planning - Discipline - Reflective Practice Reference Behaviors Tenants	All Magnet Components Structural Engineering Exemplary Professional Practice New Knowledge, Innovations, and Improvements Transformational Leadership	Practitioner Scientist Leader Transferor	CP1: Embrace CP2: Inspire CP3: Trust CP4: Nutrue CP6: Deepen CP7: Balance CP6: Co-Create CP9: Ministre CP10: Open	Patient-Centered Care Teamwork & Collaboration Pacing Based Practice Practice	A Professional Practice Environment: 1. Meet with key people as outlined in APCM orientation 2. Establish recurring meetings with Manager 2. Establish recurring meetings with Manager 3. Establish recurring meetings with Manager 4. Seamless APCM access, add to DL, Meetings set-up, 5. Job Descriptions 4. P. M. 4. Charge Nurses 4. Charge Nurses 4. Charge Nurses 5. Charge Nurses 6. Charge Nurse Specialist 6. Unit Educator 7. PINDP and APCM role 8. Role-based practice 7. PINDP and APCM role 8. Role-based practice 10. Nationally benchmarked data, monitor & sustain 6. Culture of patient affety 6. Gallup (Nursing) 6. Gallup (Nursing) 7. PIND ANG (Nursing) 8. Control of the Control of the Control of Sustain 9. Culture of patient affety 9. Gallup (Nursing) 10. PIND ANG (Nursing)

Problem Statement:

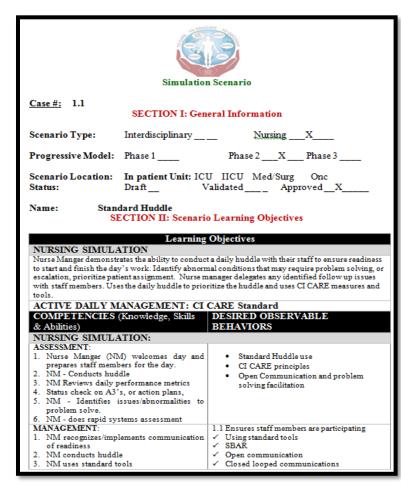
Nurse managers self-identified their challenges to prioritize, implement SOS initiatives, connect with staff, and discuss data-driven metrics with the health-care staff. They reported that they struggle to handle multiple priorities, communicate effectively with the staff, and implement standard tools to meet the increasing demands for excellence in the delivery of complex and coordinated care in managing the business of their microsystems.





Methods

Data were collected by multiple means: observation, nursing survey, pretest/posttest competency assessment, monitoring of standard communication practices as standard work, and the use of selected core communication competency tools. Data focused on nurse managers, leadership course participation, simulation bundle participation, and unit data metrics, including the development of a unit specific vision statement, huddle participation, and problem identifications.

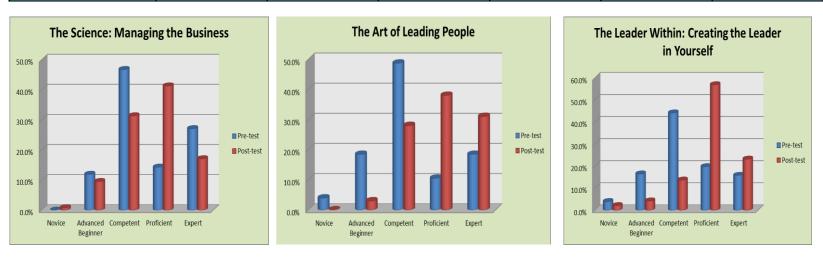


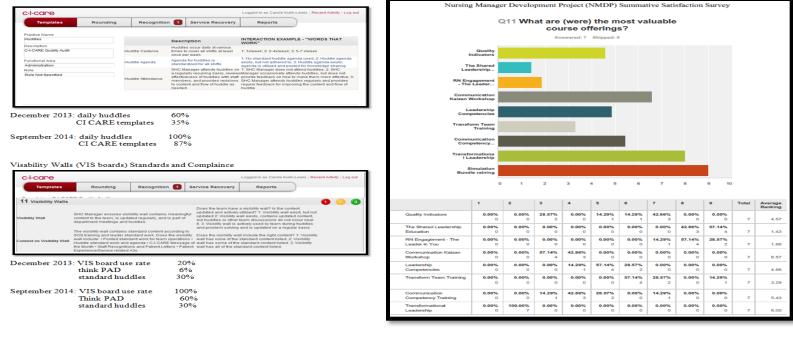
	Simulation Deb	riefing Checklist					
	Non (Technica	l) Competencies					
Nurse Manager			Comments				
	ork, Huddle, Think PAD,						
Assessment, Budget							
Uses CI CARE	144.1						
 □ Uses all elements oft □ Uses eye contact 	emplate to ol						
□ Facilitates communic	stion/noblem solving						
☐ Escalates	and problem sorving						
☐ Followup's							
☐ Thanks Staff							
Comments:		•					
	T	hnical) Competencies					
	RN Teamwork (Nontec	nnical) Competencies	Comments				
Communication	□ SBAR	□ SBAR	Somments.				
	☐ Call Out	□ Call Out					
	☐ Closed loop communication						
		communication					
Situational	☐ Shared Mental Model	☐ Shared Mental Model					
Monitoring/Awareness	(SMM)	(SMM)					
	☐ Calls for help early	□ Calls for help early					
	☐ Cognitive Aid Use	□ Cognitive Aid Use					
Mutual Support	2-Challenge Rule	☐ 2-Challenge Rule					
	C-U-S Words	C-U-S Words					
Leadership	☐ Chain of Command☐ Role Clarity	☐ Chain of Command☐ Role Clarity					
Leadership	Role Clarity Ensures SMM	Role Clarity Ensures SMM					
	Empowers to speak up	Empowers to speak up					
	☐ Huddles	☐ Huddles					
	☐ Briefings	☐ Briefings					
	□ Debriefings	□ Debriefings					
		Questions					
Introduction		min looking at what went well &	what we could improve				
	upon.						
	*Your individual performance will not be evaluated. Rather, we'll focus on evaluatir teamwork.						
Gather Phase	Tell me about your experience? How didthings go from your perspective?						
Analysis Phase	I noticed that Help me understand your thoughts about that?						
Summary	What are 1-2 things that you will take from this training and apply in real clinical						
	practice?	practice?					
Conclusion		ned at improving patient safety a					
		better teamwork and communic	ation to make your patier				
	safer.	our excitement about this training	hut cafeain from charine				
		our excitement about this training eagues so they can experience it i					
	acians of case with your con	caga as so mey can experience it	n Juniti.				

Results

Each unit consistently held 100% manager-led daily huddles that included all designated metrics for the unit. Incremental overtime was reduced by project evaluations, validating that the participants found the project valuable.

Nurse Manager Skills Inventory										
	The Science: N	0 0	The Art of Lea	ading People	The Leader Within: Creating the Leader in Yourself					
	Pre-test	Post-test	Pre-test	Post-test	Pre-test	Post-test				
Novice	0.0%	0.8%	3.9%	0.0%	3.9%	2.1%				
Advanced Beginner	11.9%	9.5%	18.4%	3.0%	16.4%	4.2%				
Competent	46.7%	31.3%	48.7%	28.0%	44.1%	13.7%				
Proficient	14.3%	41.3%	10.5%	38.0%	19.7%	56.8%				
Expert	27.1%	17.1%	18.4%	31.0%	15.8%	23.2%				
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				





Electronic Standard Communications Tool Box



Conclusion

Results suggest that nurse managers in in situ simulations, coupled with reflection and standard communication tools, can communicate more effectively. Improved self-reported nurse manager competency embedded daily standard work practices and these nurse managers were influential role models for staff creating an environment to best support learning and improvement activities. Improved staff satisfaction was demonstrated through nursing satisfaction survey.

- This innovative training project for nurse managers demonstrates the organization's commitment to aligning the SOS with professional and leadership development.
- The three targeted interventions were aimed at communication through an innovative strategy, whereby aligning the nurse managers' professional competencies with the enterprise's philosophy and goal of clinical
- There is adequate evidence to support these managers' in situ simulations.
- The project's value-added is the cost of succession planning and development of a work force that aligned with the organization's vision and retention, as well as a culture that delivers coordinated care with the goal of zero defects

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