Building Partnerships in Education and Practice
The Nursing Initiative

• **Goals**
  • To rapidly increase the number of skilled nurses
  • To increase nursing faculty
  • To design a nursing education system to meet future demands

• **Objectives**
  • Expand education and practice partnerships
  • Build regional and statewide models
  • Address quality issues
Nursing Initiative Background

- Inception 2005
- Established Statewide Advisory Committee
  - Co-chaired by BHE and Massachusetts Hospital Association
  - Membership represents stakeholders across education and healthcare
  - Sets broad direction for Initiative
- Secured the funding
  - $1 million allocation - 2008
- Utilized evidence based planning
  - Draw upon existing data and emerging best practices
  - Commissioned Partnership Survey
  - [www.mass.edu/nursing](http://www.mass.edu/nursing)
Partnership Survey Key Findings
Resources Needed to Insure Quality, Educated Nursing Workforce

• **Clinical and educational excellence of nursing faculty**
  - Strong, current clinical and teaching skills
  - Awareness of service demands on nurses
  - Joint appointments beneficial to both schools of nursing and health care facility

• **Preparedness of students**
  - Improved critical thinking, knowledge and skills
  - Programs to assist in transition into work/clinical settings (mentor/intern programs)
  - Increased accessibility to BSN programs
  - Strengthening retention programs, including availability of career coaches
Partnership Survey Key Findings
Resources Needed to Insure Quality, Educated Nursing Workforce

- **New approaches to nursing education**
  - Curriculum that is aligned with today’s demanding nursing practice
  - A more unified, seamless and coordinated curriculum across all nursing programs
  - Accelerated nursing pathways at all levels
  - Better coordination of clinical placements to decrease competition
  - Increased use of simulation
HIGHER EDUCATION AND THE NURSING SHORTAGE
Expanding the Nursing Education Pipeline
Expanding the Pipeline

Competitive Grant Program

- **Retain and mentor**
  - Variety of support services

- **Welcome Back Center**
  - Internationally trained nurses achieving Massachusetts licensure

- **Increase numbers of faculty**
  - Partner with MHREA and J&J funding

- **Increase use simulation**
  - Campus and hospital sites

- **Regional coordination of clinical placements**
  - Partner with MCN
    - 38% increase in placement opportunities
      - [www.mcnplacement.org](http://www.mcnplacement.org)
Creativity and Connections

BUILDING THE FRAMEWORK FOR THE FUTURE OF NURSING EDUCATION AND PRACTICE

March 2006
Creativity and Connections
Meeting Outcomes

Agreement on Priorities

• Creating a seamless progression through all levels of nursing education
• Developing sufficient consensus on competencies to serve as framework for educational curriculum
• Developing a statewide nurse internship/preceptor program
• Establishing a formal coalition to foster ongoing partnership between nursing education and practice
Creativity and Connection: Building a Framework for the Future of Nursing Education and Practice

Where We Began:

- Competency Development Group
- Transition into Practice MONE Academic Practice Integration Committee

Curriculum for the Future
# Competency Group Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice Bonner</td>
<td>MECF</td>
</tr>
<tr>
<td>Karen Cervizzi Manning</td>
<td>MCN/faculty</td>
</tr>
<tr>
<td>Susan Conrad</td>
<td>MACN</td>
</tr>
<tr>
<td>Pat Creelman</td>
<td>CC Director</td>
</tr>
<tr>
<td>Sharon Gale</td>
<td>MONE</td>
</tr>
<tr>
<td>Judith Gill</td>
<td>MCN</td>
</tr>
<tr>
<td>Gayle Gravlin</td>
<td>MONE</td>
</tr>
<tr>
<td>Karen Greene*</td>
<td>Home Care</td>
</tr>
<tr>
<td>Antoinette Hays</td>
<td>MACN</td>
</tr>
<tr>
<td>Nancy Hoffart</td>
<td>MACN</td>
</tr>
<tr>
<td>Lily Hsu*</td>
<td>CC Dean</td>
</tr>
<tr>
<td>Maryjoan Ladden</td>
<td>RWJ Nurse Fellow</td>
</tr>
<tr>
<td>Elizabeth Kudzma</td>
<td>CCNE/Faculty</td>
</tr>
<tr>
<td>David McCauley</td>
<td>BHE</td>
</tr>
<tr>
<td>Judy Manchester</td>
<td>MECF</td>
</tr>
<tr>
<td>Karen Melillo</td>
<td>MACN</td>
</tr>
<tr>
<td>Margaret Motyka</td>
<td>MARILN</td>
</tr>
<tr>
<td>Karen Moore*</td>
<td>ONE</td>
</tr>
<tr>
<td>Debbie Orre</td>
<td>CC Dean</td>
</tr>
<tr>
<td>Judie Pelletier</td>
<td>BORN</td>
</tr>
<tr>
<td>Marybeth Pepin</td>
<td>LPN Director</td>
</tr>
<tr>
<td>Janet Rico</td>
<td>BORN/Faculty</td>
</tr>
<tr>
<td>Kathleen Scoble</td>
<td>MACN</td>
</tr>
<tr>
<td>Janet Secatore</td>
<td>MONE</td>
</tr>
<tr>
<td>Paulette Seymour</td>
<td>MONE</td>
</tr>
<tr>
<td>Maureen Sroczynski</td>
<td>BHE</td>
</tr>
<tr>
<td>Mary Tarbell</td>
<td>MARILN</td>
</tr>
</tbody>
</table>
Phase One Questions

1. What are the models that are out there for competencies? Group reviewed and compared:
   - Oregon
   - Colorado
   - Ohio
   - NLN
   - CCNE
   - ACGME (Accrediting Council for Graduate Medical Education) Outcomes Project
   - Institute of Medicine (IOM)
     Health Professions Education: A Bridge to Quality
   - Quality and Safety in Nursing Education (QSEN)
     University of North Carolina
2. What competencies are currently being used in Massachusetts? **Group discussed:**

- BSN programs
- ADN programs
- Practice settings
- Professional nursing organizations
- Licensure exam

3. What do we need to develop a common framework for the future in Massachusetts? **Group reviewed:**

- Patient demographics
- Patient safety needs
- AONE - Guiding Principles for Future Patient Care Delivery
Phase Two Questions

1. How do we build the competencies into a curriculum?
   1. Develop set of competencies
   2. Seek consensus
   3. Gap Analysis and Pilot models

2. How do we link to a transition into practice model?
   • Link with MONE
   • Work of Academic/Practice Integration Committee

3. How do we continue to fund the work?
   • J & J grant - $50,000
Assumptions for the Massachusetts Model

- There is a decreasing supply and increasing demands on nursing profession in both education and practice settings.
- Education and Practice partnerships are key to developing an effective model.
- Nursing education and practice setting should facilitate individuals to move to more effectively move through the educational system.
- There is a need to develop a more effective educational system to have the nursing workforce better prepared to care for current and future populations.
- There is a differentiation in competencies among practicing nurses at various levels.
Assumptions for the Massachusetts Model

• Practice environments that support and enhance professional competence are essential.
• Nurses work synergistically with other professionals to provide patient centered care.
• Competence is developed over a continuum and can be measured.
• An integrated practice/education competency model will positively impact patient safety and improve patient care.
• The nurse of the future will be proficient at a core set of competencies.
Model Framework

• The Institute of Medicine's *Health Professions Education: A Bridge to Quality* makes the case that reform of health professions education is critical to enhancing the quality of health in the US.

• The vision and competencies identified within this report serve as a foundation for the Massachusetts model.
Model Framework

• IOM vision:

   *All health professionals should be educated to deliver patient centered care as members of an interdisciplinary team*, emphasizing evidence-based practice, quality improvement approaches and informatics.
Institute of Medicine
Health Professions Education: A Bridge to Quality
Nursing Members

- Mary Wakefield (Co-Chair)  University of North Dakota
- Marilyn Chow  CNO Kaiser Permante
- John Crossley  VP MD Anderson Cancer Center
- Polly Johnson  Exec. Director North Carolina BORN
- Judy Goforth Parker  Professor East Central University
- Joan Shaver Dean  University of Illinois at Chicago

Reviewers
Geraldine Bednash  AACN
Linda Burns Bolton  CNO Cedars Sinai Medical Center
IOM Core Competencies
for all Clinicians

- Provide Patient centered care
- Work in interdisciplinary teams
- Employ evidence-based practice
- Apply Quality Improvement
- Utilize informatics
Where we are: Model Framework

Professional Competence (IOM)

Core Competencies Healthcare Professionals (IOM)

Nursing Core Competencies (NOF)

Statewide Consensus Curriculum Implementation: Regional Models
Creativity and Connection: Building a Framework for the Future of Nursing Education and Practice

Where We Are:

- BHE Competency Development Group
- MONE Academic Practice Integration Committee Transition into Practice

Nursing Core Competencies

Curriculum for the Future
Eleven Core Nursing Competencies
A Work in Progress

- Nursing Knowledge
- Communication
- Quality improvement
- Safety
- Evidence-based practice
- Patient centered care
- Leadership
- Teamwork and Collaboration
- Professionalism
- Informatics
- Systems Based Practice
## Core Competency Comparisons

<table>
<thead>
<tr>
<th>IOM</th>
<th>ACGME</th>
<th>QSEN</th>
<th>NOF</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Apply Quality Improvement</strong></td>
<td>Practice based Learning &amp; Improvement Systems Based Practice</td>
<td>Quality Improvement Safety</td>
<td>Quality Improvement Safety Systems based practice</td>
</tr>
<tr>
<td><strong>Provide Patient-Centered Care</strong></td>
<td>Patient Care Interpersonal&amp; Communication Skills</td>
<td>Patient Centered Care</td>
<td>Patient Centered Care Communication Leadership</td>
</tr>
<tr>
<td><strong>Work in Interdisciplinary Teams</strong></td>
<td>Professionalism</td>
<td>Teamwork and Collaboration</td>
<td>Teamwork and Collaboration Professionalism</td>
</tr>
<tr>
<td><strong>Employ Evidenced-based Practice</strong></td>
<td>Medical Knowledge</td>
<td>Evidenced based practice</td>
<td>Evidence based practice Nursing Knowledge</td>
</tr>
<tr>
<td><strong>Utilize Informatics</strong></td>
<td>Informatics</td>
<td>Informatics</td>
<td>Informatics</td>
</tr>
</tbody>
</table>
The Work Process

Oregon Model
NLNAC
CCNE
Essentials of Baccalaureate Education
BORN
NCLEX
Practice standards
IOM
QSEN

Refined Competencies and Models for Curriculum

NOF Competencies
Draft Document

Faculty Feedback
Summit
Ongoing Feedback
GAP Analysis
Curriculum Planning
Pilot Models Curriculum Approaches
## Feedback/Input Sessions To Date

<table>
<thead>
<tr>
<th>Academic</th>
<th>Practice</th>
<th>Joint Meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mass Bay CC</td>
<td>Jordan Hosp</td>
<td>Academic Practice Committee</td>
</tr>
<tr>
<td>Regis</td>
<td>Quincy Med.</td>
<td>MONE Quarterly Quarterly</td>
</tr>
<tr>
<td>Salem State</td>
<td>Center</td>
<td>Central Educators</td>
</tr>
<tr>
<td>MGH Institute HP</td>
<td>Sturdy Memorial Hospital</td>
<td>Western Educators</td>
</tr>
<tr>
<td>UMass Lowell</td>
<td>Caritas Norwood (system)</td>
<td>Boston Educators and Practice Leaders (INHL)</td>
</tr>
<tr>
<td>Curry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MARILN/PN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Simmons (pending)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UMass Dartmouth (pending)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Nurse of the Future
Core Nursing Competencies

• These competencies are the expectations for all professional nurses of the future.

• The Knowledge, Attitude and Skills (KAS) grids are the minimal expectations for initial nursing practice following completion of a pre-licensure professional nursing educational program.
### Quality Improvement

The Nurse of the Future will use data to monitor outcomes and care processes, and use improvement methods to design and test changes to continuously improve the quality and safety of healthcare.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Attitudes/behaviors</th>
<th>Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describes the nursing context for improving care</td>
<td>Recognizes that quality improvement is an important part of being a nurse.</td>
<td>Actively seeks information about quality improvement from relevant institutional, regulatory and local/national sources.</td>
</tr>
<tr>
<td>Understands that the nurse and care delivered is part of a broader health care system.</td>
<td>Recognizes that interdependent relationships and a professional work process are important to quality improvement.</td>
<td>Participates in the use of quality improvement tools (such as flow charts, cause &amp; effect diagrams) to make processes of care interdependent and explicit</td>
</tr>
<tr>
<td>Explains the importance of variation and measurement in providing quality nursing care.</td>
<td>Appreciates how unwanted variation affects care and how standardization can support quality patient care.</td>
<td>Participates in the use of quality measures (such as control and run charts) to assess performance and identify gaps between local and best practices.</td>
</tr>
<tr>
<td>Describes approaches for changing processes of care in which the learner is involved.</td>
<td>Recognizes the value of what individuals and teams can do to improve care.</td>
<td>Participates in the use of measures to evaluate the effect of changes in the delivery of care.</td>
</tr>
</tbody>
</table>
Reflection Questions

• What did I learn?

• What questions do I still have?

• This is what suggest?
Competency Definitions

• Nursing Knowledge

The Nurse of the Future will recognize the *science and practice* of nursing as the profession’s two major dimensions.

The *science* of nursing is a discrete body of knowledge that incorporates:

– Knowledge of relationships among nurses, patients and their environments within the context of health
– Nursing concepts and theories
– Concepts and theories derived from the basic sciences, humanities and other disciplines

The *practice* of nursing utilizes scientific inquiry evidenced in the nursing process.
Competency Definitions

• **Patient-Centered Care**

The Nurse of the Future will provide individualized care that recognizes the patient’s preferences, culture, values and needs and respects the patient or designee as a full partner in providing compassionate, coordinated, appropriate, safe and effective care.
Competency Definitions

• **Professionalism**

The Nurse of the Future will demonstrate accountability for practicing within established moral, legal, ethical, regulatory and humanistic principles.
Competency Definitions

- **Leadership**

  The Nurse of the Future will influence the behavior of individuals or groups in a way that will facilitate the establishment and achievement of shared goals.
• **Systems Based practice**
  
The Nurse of the Future will demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal quality and value.
Competency Definitions

• Informatics
The Nurse of the Future will use information and technology to communicate, manage knowledge and data, mitigate error and support decision making.
Competency Definitions

• Communication
The Nurse of the Future will interact effectively with patients, families and colleagues, fostering mutual respect and shared decision-making, to enhance patient satisfaction and health outcomes.
• **Teamwork and Collaboration**

The Nurse of the Future will function effectively within nursing and interdisciplinary teams, fostering open communication, mutual respect, shared decision-making, team learning and development. (QSEN)
Competency Definitions

• **Safety**

The Nurse of the Future will minimize risk of harm to patients and providers through both individual performance and system effectiveness.
Competency Definitions

- Quality Improvement
  The Nurse of the Future will use data to monitor outcomes and care processes, and use improvement methods to design and test changes to continuously improve the quality and safety of healthcare. (QSEN)
• **Evidence-based practice (EBP)**

The Nurse of the Future will identify, evaluate and use the best current evidence coupled with clinical expertise and consideration of the patients’ preferences, experience and values to make practice decisions.
Innovation Process
Small Tests of Change
PDSA

- Plan
  - What do you want to change
  - Who will do it
  - When, Where and How
  - Use data---Make a prediction

- Do
  - Carry out the test as designed
  - Record what happens

- Study
  - What did you learn
  - What did the results show

- Act
  - What will you do now
  - Adopt, Adapt or Abandon

RWJ
Institute for Healthcare Improvement (IHI)
Gaining Consensus

Consensus Components

- Shared understanding of the rationale for a decision or idea
- High level of commitment to the chosen course of action

Michael A Roberto
Harvard Business School
Gap Analysis

Definition

Technique for determining the steps to be taken in moving from a current state to a desired future state.

It begins with (1) listing of characteristic factors (such as attributes, competencies, performance levels) of the present situation ("what is"), (2) cross-lists factors required to achieve the future objectives ("what could be"), and then (3) highlights the 'gaps' that exist and need to be 'filled.' Also called need-gap analysis, needs analysis, and needs assessment.

Source
Business Dictionary Online
Continuing Nursing Initiative Work

- **Seeking continuing input into draft document**
  - Online input BHE Website
    - Open through Feb 1, 2008
    - [www.mass.edu/nursing](http://www.mass.edu/nursing)
  - Campus, regional and practice site meetings
  - Grant Process

- **Competency Committee continuing work**
  - Review International (Bologna Accord) competencies, COPA model
  - Continue feedback meetings
  - Review, assess and respond to all feedback
  - Work with consultant to develop Gap Analysis process and evaluate feedback from results
  - Review and evaluate all feedback from Pilot Models
# Feedback Process

<table>
<thead>
<tr>
<th>Feedback</th>
<th>Committee discussion and review</th>
<th>Outcome</th>
</tr>
</thead>
</table>


Continuing Nursing Initiative Work

The Grant Process - Three Phases

- **Phase One: Gap Analysis**
  - $7,500-$10,000 per site
  - RFP posted 11/23/07
  - Responses due 1/04/08
  - Awards 1/30/08
  - Grant completion 6/30/08

- **Phase Two: Gap Analysis/Planning for New Approaches to Curriculum**
  - Up to $50,000 per site
  - RFP posted 11/23/07
  - Responses due 1/11/08
  - Awards 2/6/08
  - Grant completion 6/30/08
  - Necessary for Phase 3
Phase Three: Implementation of Pilot Models

- In collaboration with MHREA (J&J funding)
- $25,000 per institution up to $50,000 per collaborative
- RFP posted 11/23/07
- Responses due 1/11/08
- Awards 2/6/08
- Grant completion 6/30/09

- Simulation Grants also available
  - RFP similar time frames

- Academic/Practice Partnerships are key component
Reflection Questions

• What did I learn?

• What questions do I still have?

• This is what suggest?
What are Your General Comments?

- Process
- Model
- Other

- Further feedback/input after lunch
- Committee members available for dialogue at lunch
Creativity and Connections

Thank you for your input and involvement.