President’s Message

Last month, the Institute of Medicine (IOM) published a report based on an initiative co-sponsored by the Robert Wood Johnson Foundation, *The Future of Nursing: Leading Change, Advancing Health*. This report identified potential barriers which can prevent nurses from responding effectively to rapidly changing healthcare settings in an ever evolving healthcare system. The aim of this initiative is to provide recommendations for actions that nursing can take to affect change and positively impact patient outcomes. Based on this consensus report, the committee centered its recommendations on four key messages.

Each of the key messages has implications for every nursing specialty; however, I believe that Nursing Professional Development (NPD) specialists must play central roles in facilitating/implementing the recommendations from the IOM. I have highlighted one consideration in each of the areas that NPD can directly support and influence.

The first message “Nurses should practice to the full extent of their education and training” reflects a key area NPD specialists have long recognized—the necessity of bridging the gap from academia to practice. NPD specialists play a vital role in this process. Transition to practice residency programs has gained momentum in healthcare institutions, but much work is still needed. Support for these programs needs to be extended to all specialty areas (IOM, 2010).

The second message “Nurses should achieve higher levels of education and training through an improved education system that promotes academic progression” addresses the need for advanced competencies, as well as education. In accordance with NPD Scope and Standards of Practice, the NPD specialist supports and encourages life-long learning. Competency assessments should include advanced competencies (e.g., leadership, health policy, system improvement, evidence-based practice, teamwork, collaboration, information management, and care coordination) (IOM, 2010). Now more than ever, we need to individually, collectively, and corporately support nurses in the advancement of their academic preparation.

The third message “Nurses should be full partners with physicians and other health care professionals in redesigning healthcare in the United States” emphasizes the need for leadership development. NPD specialists play key roles in this process by facilitating academic preparation, clinical expertise, and managerial skills. We need to promote and foster a climate that encourages and values leadership at all levels. Nurses must recognize that we need to be involved in healthcare decision making processes. It is imperative that nurses have a “voice at the table” as a member of advisory councils. Opportunities are available locally, regionally, and nationally. Involvement in professional organizations provides a venue for involvement. For example, NNSDO has a member representative at the IOM meetings and also at the National Quality Forum, but it all begins with the professional.

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**President’s Message** (continued from page 1)

development specialist.

The fourth message “Effective workforce planning and policy making requires better data collection and an improved infrastructure” is consistent with the NPD Scope and Standards of Practice. It is vital that we all participate fully in data collection efforts. Nursing has come to realize that in order to effectively make evidence-based decisions, outcome data is essential. NNSDO is embarking on an initiative to collect data for NPD that can provide the basis for outcomes research to answer questions that we have asked for many years. We will need your support in this project in order to advance our specialty, to lead change, and ultimately to advance healthcare.

I encourage you all to read the IOM brief and the consensus report. This is an exciting time for NPD specialists. Transforming healthcare begins at the grassroots level, where we as NPD specialists can have profound impact!

See the full report at www.iom.edu/nursing

*Sandra*

Sandra Bruce, MSN, RN-BC
President, NNSDO
National Nursing Staff Development Organization (NNSDO)

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Prehiring Preceptors: The Need, the Challenges, and an Answer

Eileen S. Robinson, MSN, RN
Director Nursing Continuing Education, Elsevier/MC Strategies

I think we would all agree that preceptors

• are one of the critical facets in a successful OnBoarding program for new RNs as well as experienced RNs transitioning to a new specialty area or a new healthcare organization.

• must be clinically competent; and demonstrate advanced knowledge of pathophysiology, treatment modalities, nursing interventions, and use of equipment associated with caring for the patient population served on a particular unit.

• need to develop knowledge and skill about how to effectively teach, set goals, promote critical thinking, provide constructive feedback, evaluate performance for competency, and more.

But evidence indicates we may not be effectively and efficiently implementing preceptor preparation programs that foster the development of preceptor knowledge and skill described above. In an online survey about preceptor preparation conducted by Elsevier/MC Strategies in Fall 2009, we found that there is wide variation in how preceptors are prepared for their complex role. The greatest variations were seen with program length and frequency. Courses could be as short as 2 hours or as long as 20 hours (all delivered in classroom) and offered as few times as once a year or as frequent as 3 or more times. I think it’s safe to assume that the scope and depth of content would vary significantly between a 2 hour program and a 20 hour one. And if the program was offered just once or twice a year, one is left to wonder were staff nurses precepting without the benefit of preparation.

Admittedly preparing preceptors can be costly and ineffective, but it doesn’t have to be. How we currently prepare preceptors is something we need to reexamine especially in light of changes in the healthcare system, and now is the time to plan a strategy for effective and efficient preceptor preparation.

• It is estimated that from 2006 to 2016, the healthcare system will require more than 1 million new nurses to meet the growing demand for RNs, and to replace those retiring.

• More organizations are utilizing Nurse Residency Programs to transition new RN graduates into practice, and these programs require qualified preceptors. The Nurses Residency Program developed by University Health System Consortium and American Association of Colleges of Nursing (UHC/AACN) reported that as of 2009, the program was being used in 55 sites in 26 states.

The quality of orientation and especially the preceptor/orientee relationship have been shown to impact the progression of independence and competency for the new RN as well as retention of the new employee.

• A study by the National Council of State Boards of Nursing (NCSBN) indicates that during the first three months of practice, new RNs who had a primary preceptor practiced at higher competency levels as compared with those without the guidance of preceptors who practiced at less competent levels during the first three to six months of practice.

• Turnover rate for new RNs in the first year of practice can be as high as 50%, and the cost to replace the lost RN can average about $65,000 for each RN.

Nurse educators face a number of challenges to the professional development of qualified preceptors –time, cost, and space being the major ones. But using a blended learning approach offers the nurse educator and the potential preceptor creative, flexible, and cost effective means for meeting the challenge. Here is a blended learning approach readily available to you.

Mosby’s Preceptor Course, a blended learning experience, was developed collaboratively by the National Nursing Staff Development Organization (NNSDO) and Elsevier/MC Strategies. The foundational concepts for the preceptor role are presented in the 15 online lessons: role, teaching/learning, communication, competency, critical thinking, precepting in action, and supporting the preceptee. Each lesson is complemented with at least one offline preceptor activity that directly relates to the concept in the online lesson. Both these components are completed independently by the preceptor learner; the associated discussion activity is time to share and discuss the concept with the educator or in a facilitated group of preceptors. The variety of teaching/learning strategies used in the course reflects current best practices for adult learners especially self-paced learning, self-reflection, and discussion. The latter two methods are known to increase learning and

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Preparing Preceptors: The Need, the Challenges, and an Answer
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retention.

During the past year, I had the pleasure of working with nurse educators from organizations across the U.S. to assess and plan their preceptor programs using the Mosby’s Preceptor Course that was available to them. Each organization had unique circumstances and needs including no existing preceptor program in the organization to a well established live program that the educators wanted to revise. Here is a sample of how organizations adapted Mosby’s Preceptor Course for their organizations.

Creating Five Classes
The nurse educators described the need in their organization and what components of an existing live course they wanted to maintain. With my knowledge of the Mosby’s Preceptor Course, I was able to demonstrate a number of options for the nurse educators such as how to plan, organize and deliver the preceptor program incorporating Mosby’s Preceptor Course lessons while keeping the organization’s existing program components. Together we weighed pros and cons of each option and identified the one that met their need. The program is now in progress.

Meeting the needs of experienced preceptors
Collaborating with the coordinator of the preceptor program, we developed a self assessment tool using the Mosby’s Preceptor Course lesson objectives and content outline as the basis. Experienced preceptors completed the self assessment, and the nurse educator reviewed it with the preceptor. Together they developed an individualized plan of select lessons and activities to complete based on the preceptor’s learning needs. The plan always included successfully completing the post tests for all 15 lessons to provide evidence of the self-assessment accuracy. The preceptors highly rated the approach following completion of their plans.

Preparing for a system-wide adoption
A nationwide healthcare system was standardizing preceptor preparation across 35 hospitals. Regionally organized, these hospitals had shared and individualized preceptor programs including live programs. According to the program coordinator, using a blended learning approach to teaching and learning was a new concept for a large number of the organization’s educators. With that in mind before implementing the Mosby’s Preceptor Program, we held a webinar for the educators about blended learning using examples of blended learning approaches included in the Mosby’s Preceptor Course. The nurse educators highly rated the webinar and were better prepared with questions when we implemented the Mosby’s Preceptor Course.

REFERENCES


For more information about Mosby’s Preceptor Course, visit https://www.nnsdo.org/mosbys-preceptor-program.html
JNSD Online Topical Collections: One-Stop Searching!

The Journal for Nurses in Staff Development (JNSD) website is a wonderful resource available to all NNSDO members, either via the web at jnsdonline.com or through the JNSD Online link on the Members Only section of the NNSDO website, nnsdo.org. After a quick sign-in, members and subscribers have access to the website’s many functions, including basic and advanced searching, sorting, saving, and sharing capabilities. Users may also keep track of the “most read” and “most e-mailed” articles and have instant access to electronic versions (many in PDF format) of tables of contents, articles, images, and more from the journal’s archives.

A relatively new website feature is found in the Topical Collections link under the Collections tab. Topical Collections provide users with a one-click way to view all relevant articles on a particular “hot topic.” Within each topic, there is a brief description and a link directly to a PDF of each article. Users can select one, a few, or the whole collection of articles to save or share.

The Journal’s Editor-in-Chief, Belinda Puetz, PhD, RN, created the first collection, the Helen Tobin Writer’s Award-winning articles. An outstanding article is selected from JNSD each year and represents the best in staff development writing. This excellent collection is both informative and inspiring. Have a look and get motivated to write one of your own!

Recently, I created four other collections we thought would be interesting and useful for busy staff development educators. The initial collection features editorials from JNSD’s first and only editor. I selected over 30 pieces from 25 years’ worth of Dr. Puetz’s JNSD editorials. The collection includes carefully chosen essays, reflections, questions, and calls-to-action from one of the pioneers of nursing staff development.

The other three collections highlight articles regarding simulation, generational differences, and service/academic partnerships and collaborations. These topics were chosen because of their currency, specificity, relevancy, and impact on staff development. Creating the collections was a great opportunity to see how far we have come as a specialty and the profound effect staff development has on nursing practice and continuing education. Please visit the Topical Collections and let us know your thoughts and suggestions for future collections!

Susan L. Bindon, MS, RN-BC
JNSD Editorial Board Member
Website Collections Editor

2010-2011 NNSDO Certification Preparation Courses

NNSDO Nursing Professional Development Certification Preparation Course. Nov. 15 & Nov. 16, 2010, Morgantown, WV, sponsored by West Virginia University Hospitals. For more information, contact Jennifer Mackovjak at mackovjakje@wvuh.com

NNSDO Nursing Professional Development Certification Preparation Course. Nov. 18 & Nov. 19, 2010, Covina, CA, sponsored by the NNSDO Citrus Valley Health Partners Affiliate. For more information, contact JoAnn Han at JHan@mail.cvhp.org

NNSDO Nursing Professional Development Certification Preparation Course. Dec. 2 & Dec. 3, 2010, Kansas City, MO, sponsored by the NNSDO Heart of America Affiliate. For more information, contact Michele Noble at michele.noble@olathehealth.org

NNSDO Nursing Professional Development Certification Preparation Course. Jan. 14 & Jan. 15, 2011, New London, CT, sponsored by the Lawrence Memorial Hospital. For more information, contact Korrine Roth at kroth@lmhosp.org

NNSDO Nursing Professional Development Certification Preparation Course. Jan. 27 & Jan. 28, 2011, Fayetteville, NC, sponsored by the Southern Regional Area Health Education Center. For more information, contact Sherri Eubanks at Sherri.Eubanks@sr-ahec.org
NNSDO announces the 2011 Member-Get-A-Member Campaign. The NNSDO Board has challenged each member to recruit at least one new member between September 1, 2010 and May 15, 2011.

Members provide NNSDO its best advertising, and NNSDO would like to reward those members who get the word out about the professional nursing association for Nursing Professional Development Specialists.

For each new member you recruit, you receive a coupon for $25.00 off your NNSDO convention registration. Coupons can also be used for $25.00 off your annual membership dues or for products available through NNSDO. There are no limits to how many coupons you can use, so you could earn enough coupons to renew your NNSDO membership, purchase one of any publications we offer, or even to pay your registration to the 2011 NNSDO Convention, July 7-10, 2011, in Sheraton Chicago Hotel & Towers in Chicago, IL.

Participating is as easy as

1. Call the National Office for a supply of NNSDO membership brochures.
2. Write “Referred by” and your name on the application form of each brochure.
3. Pass the brochures on to colleagues in staff development.

New members may also list your name in the “referred by” section of the website if they choose to join online.

The campaign will run from September 1, 2010 – May 15, 2011.

Top recruiters will be recognized in TrendLines.

For more information or to request your brochures, contact the NNSDO National Office. Contact information is listed below:

NNSDO National Office
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www.NNSDO.org • nnsdo@dancyamc.com
The Science of Infection Prevention

Wendy Kaler, CLS, MPH, CIC and Shabnam Hashemi CLS, RN, CIC
www.infectioncontrolexperts.com

This is the first in an ongoing series of articles whereby we hope to call attention to nursing staff development professionals of the vital need for updating infection prevention curriculums. There is a mounting national focus on infection prevention by healthcare payers and regulators. We are two clinical microbiologists with more than 25 years of hospital-based infection control experience. We have come to realize many nurses were not provided, in school or through staff development, the scientific explanations they need to improve patient infectious outcomes. Nurses usually educate nurses. We are hoping that our microbiologist perspective will provide you with valuable insights.

COLONIZATION VERSUS INFECTION:
Why does it matter and how do you tell?

Many areas of the human body have a normal mixture of bacteria that live in that region. It is helpful to know the names of the bacteria that are normally present in that site and the name of the other bacteria that might migrate to that site from other body sites. If bacteria are present then the patient is said to be “colonized.” When there are clinical signs and symptoms present at a site then there is suspicion of “infection.” In order to reduce the risk of antibiotic resistance it is very important to restrict antibiotic treatment to true infections or to colonized patients at high-risk to become infected.

Body Sites that are Normally sterile: urine, blood, spinal fluid, pleural fluid, joint fluids

Normal Colonizing organisms
- Intestine: E.coli, enterococcus, Proteus, Enterobacter, Klebsiella, Bacteroides
- Mouth/Upper Respiratory Tract: Streptococcus, Neisseria sp.
- Skin: Staph epidermidis, Staph aureus, Propionobacterium
- Reproductive System: Staph, Strep, E. coli, Candida

Organisms that are not normal flora but may be “colonizers”
- MRSA, ESBL, VRE

JUST BECAUSE THE CULTURE GROWS BACTERIA DOES NOT MEAN THAT THE PATIENT HAS AN INFECTION THAT NEEDS ANTIBIOTIC THERAPY

So, how do you tell by reading the microbiology culture results if the patient has an infection or is just colonized with the bacteria? You look for some signs or symptoms to correlate with the culture result.

Gram Stain
- Look on Gram Stain result for the quantity of WBCs which signals that a response is being mounted by the immune system. Usually 2+WBCs or more is significant.

Urinalysis
- Look for WBCs in a urinalysis result to see if it is noted to be HIGH which signals that response is being mounted by the immune system. Leukocyte esterase is released by WBCs and is clinically significant. The combination of the leukocyte esterase with the urinary nitrate test provides an excellent screen for establishing the presence of a urinary tract infection (UTI).

Signs/symptoms
- Fever, pain, redness or drainage at the site indicates that the patient’s body is responding to an infection.

For more education on the Science of Infection Prevention, please look for our online course at www.infectioncontrol.digitalchalk.com and our website at www.infectioncontrolexperts.com for CEU documents.
NNSDO Board Member Represents NNSDO on ANA Congress on Nursing Practice and Economics

Mary G. Harper, PhD, RN-BC, NNSDO Director, began a four-year term on the American Nurses Association’s (ANA) Congress on Nursing Practice and Economics (CNPE) in September 2010. As the representative of NNSDO, Dr. Harper has been appointed to the Education/Position Statement Workgroup.

The work of the group will focus on four objectives from the ANA Strategic Plan:

- Promote ANA’s educational advancement, continuing education, and professional development activities as significant and essential components to professional learning opportunities.
- Advance nurses’ role in research, policy, and practice in the knowledge and use of evidence-based practice.
- Advocate for healthy work environments that advance the professional practice of nurses.
- Advance efforts to address nursing workforce planning and development.

During a September meeting of the Workgroup, the Education/Position Statement Workgroup focused on nursing education programs, faculty, students, and nurses (including development, mentoring, and continuing education). In addition to reviewing several position statements, the ANA House of Delegates has tasked the Workgroup with developing a framework for novice nurse mentoring program demonstration projects. Funding will be allocated for demonstration projects and the target date for the call for proposals is December 2011. The Education/Position Statement Workgroup will conduct monthly conference calls to work on its charge.

New ANA Video Promotes Safe Patient Handling to Protect Nurses’ Health

The American Nurses Association (ANA) places a high priority on improving workplace safety by eliminating manual patient handling. ANA continues to demonstrate its commitment to protect nurses from debilitating injury through advocacy on Capitol Hill, the ANA Handle with Care® campaign (2003), and, more recently, the 2009 establishment of the ANA Handle with Care Recognition Program™. The program acknowledges hospitals that have established safe patient handling programs consistent with ANA’s comprehensive criteria.

In this video, ANA Safe Patient Handling, hospital staff nurses and managers describe how the implementation of a safe patient handling program has had a positive impact on their jobs, their health, patient safety, and the entire organization. ANA thanks Franklin Square Hospital Center in Baltimore, MD, for assistance in producing this video:

http://www.nursingworld.org/SPH-video
http://nursingworld.org/media/play.asp?f=22&q=h&t=v">Safe Patient Handling Video</a>

You can also read about Franklin Square Hospital Center’s safe patient handling program on page 9 of the September-October issue of The American Nurse: http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/TAN/TAN-CurrentIssue/TAN-Sept-Oct-2010.aspx

For more information on the ANA Handle with Care Recognition Program™ and application materials, please visit: http://www.ANAHandleWithCare.org
Infection prevention starts at your fingertip.

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www.apic.org/anywhere/nnsdo

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Financial assistance for the development of APIC ANYWHERE™ has been provided in the form of unrestricted educational grants by the following companies.

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Affiliate News

CHICAGO AREA NURSING STAFF DEVELOPMENT ORGANIZATION (CANSDO)
The upcoming CANSDO meeting is November 16, 2010, from 6 - 8 PM, at Advocate Lutheran General Hospital, Center for Research, Education & Development, 1775 Dempster Street, Park Ridge, IL. Please RSVP: Darina 847 723 5081 or darina.lichner@advocatehealth.com

Agenda
6:00 – 6:30 PM Networking and Light Dinner
6:30 – 7:15 PM Educational offering
7:15 – 8:00 PM Business meeting

If you’re interested in finding out more about CANSDO, please visit our website www.cansdo.net

NORTHWEST STAFF DEVELOPMENT ORGANIZATION (NWSDO)
The Northwest Staff Development Organization (NWSDO) held its first official meeting after being successfully chartered as an affiliate of the National Nursing Staff Development Organization. Currently, membership of the NWSDO is comprised of staff development specialists from seven healthcare systems in Oregon and Southwest Washington. They meet quarterly with agenda topics based on the ANA Scope and Standards of Practice for Nursing Professional Development. The first half of the meeting is an educational offering which provides one ANCC contact hour (co-provided with the Oregon Health & Sciences University); the second half of the meeting is a facilitated discussion and information sharing. The next meeting will be in January 2011, at Legacy Emmanuel Hospital, Portland, Oregon. NWSDO invites you to check out its new website which launched in October: www.nwso.org

If you are interested in attending a meeting or would like additional information, please contact NWSDO president Debbie Buchwach (buchwach@ohsu.edu).

MID-SOUTH NURSING STAFF DEVELOPMENT ORGANIZATION (MSNSDO)
The Mid-South Nursing Staff Development Organization sponsored a National Nursing Staff Development Organization Certification Preparation Course in Memphis, TN, October 15-16. Mitzi Grey, MEd, RN-BC, was the featured faculty.

Meeting schedule:
12/14: Officer induction/2010 annual planning and end-of-year celebration Baptist Corporate, Memphis, TN

Please contact Karen McFadden if you are interested in joining MSNSDO, attending the meeting, or serving as a 2011 officer. mcfadden@methodisthealth.org
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