



**SE4EO: Nurses participate in professional development activities designed to improve their knowledge, skills and/or practices in the workplace. Professional-development activities are designed to improve the professional practice of nursing or patient outcomes, or both.**

**-May include interprofessional activities.**

**-Does not include orientation-related education.**

Provide one example, with supporting evidence, of nurses' participation in a professional-development activity that demonstrated an improvement in knowledge, skills and/or practices for professional registered nurses. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data.

**And**

Provide one example, with supporting evidence, of nurses' participation in a professional development activity that was associated with an improvement in a patient care outcome. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data.

**Example 1:** Improvement in knowledge, skills and/or practices – Clinician III Nursing Leadership Development

### **Background/Problem:**

At University of Virginia Health System, the Professional Nursing Staff Organization (PNSO) offers registered nurses an opportunity for advancement through the clinical career ladder. UVA's clinical career ladder is based on Patricia Benner's concept, "From Novice to Expert," a peer-review process that was developed to promote individual growth as a professional nurse according to personal goals and stage in nursing practice. Each level of the ladder is associated with behaviors that represent increasing expertise, responsibility and authority. Individuals wishing to advance to the next level must demonstrate to a panel of peers that they are consistently performing the next level of behaviors through a portfolio and interview process. This empowering structure is fundamental to the PNSO's operation and has evolved to meet the needs of the organization several times since its implementation in 1988.

Nurses advancing to the Clinician III level are expected to serve as front-line leaders, role modeling quality care, demonstrating strong communication skills and serving as a clinical resource to support outcomes at the unit level. In 2009, a Nursing Leadership Development for Clinician IIIs class was developed to provide nurses with tools to navigate systems and processes beyond the unit level. In 2011, the Nursing Leadership Development for Clinician IIIs class was redesigned as a course to allow for larger enrollment and updated to expand the realm of organizational-level resources reviewed.



The measurement includes 16 questions, but the item, “As a leader I know how to focus my leadership on patient and employee outcomes” was an area that we sought to improve with the updates.

### **Goal Statement:**

Improve the knowledge of professional registered nurses participating in the Clinician III Nursing Leadership Development class as measured by participant survey responses, to the item, “As a leader I know how to focus my leadership on patient and employee outcomes.”

### **Description of the Intervention/Initiative/Activity(ies):**

The Clinician III Nursing Leadership Development class provides new and existing Clinician IIIs with leadership resources. This course is available to Clinician IIIs across the organization and is offered twice a year, following the advancement cycles. It was offered twice in 2013 (January 25 and July 30). Information about the class is included in each successful candidate’s advancement letter. The class provides the clinician with information and resources to develop their leadership at the point of care. During the class, the participants identify strategies for achieving their professional goals and for implementing improvements on their units.

Content includes:

- Clinician III peer-review expectations
- Creating an individual personal professional-development plan using SMART goals
- Resource availability, including PNSO evidence-based practice materials, as well as Health Sciences Library and other organizational resources
- Nursing quality, Magnet standards, shared governance and organizational goals as they relate to day-to-day clinical excellence
- Using data to measure outcomes

Each class accommodates 20-25 participants. Articles from nursing leadership literature on reflective practice are completed as pre-work. A key goal of the class is to connect these clinical leaders across settings to encourage dialogue on issues, networking and the development of peer nursing leadership identity. A significant portion of the four-hour class is devoted to group brainstorming on issues of mutual concern. Examples of these topics:

- How to achieve leadership goals when unit demands remain high
- How to forge an effective partnership with one’s manager and shared-governance team on the unit
- Work-life balance



### Participants:

**SE4EO Table 1. Course Instructors, Clinician III Leadership Class**

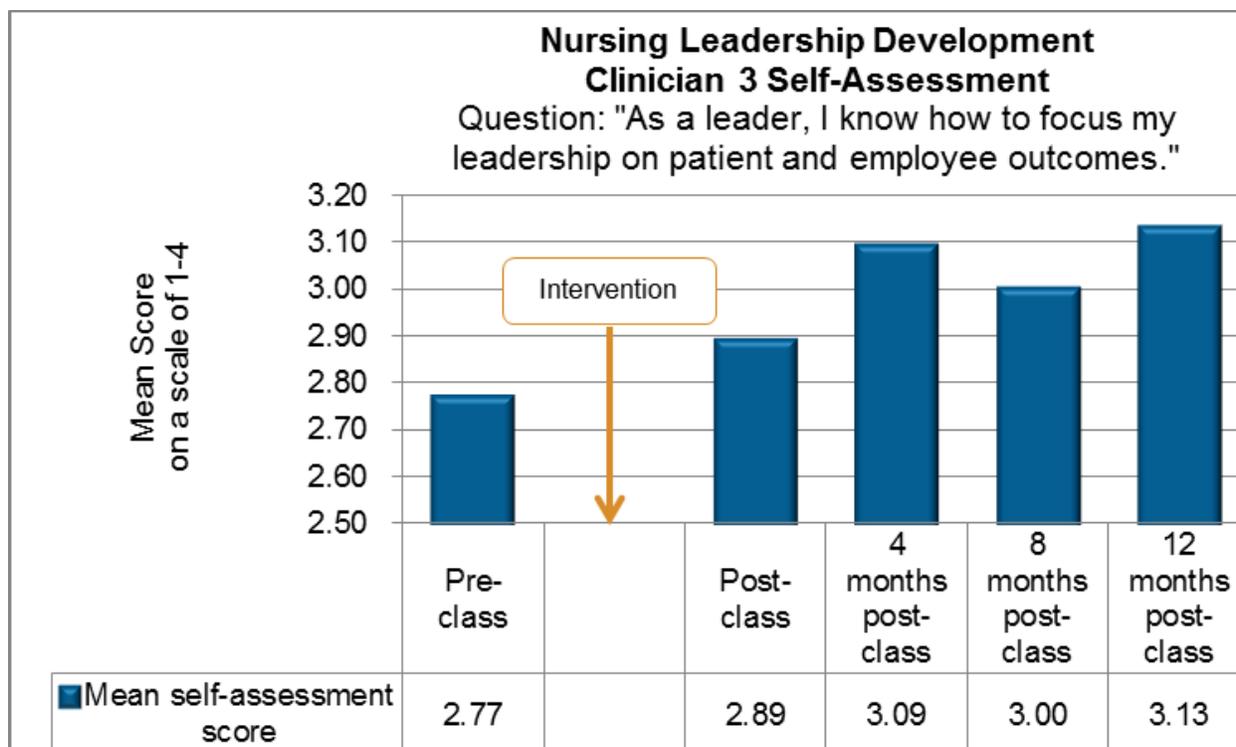
<b>Name</b>	<b>Discipline</b>	<b>Title</b>	<b>Department</b>
Holly Hintz	Nursing	Director, Nursing Practice & Research	Office of Nursing Governance Programs
Kathryn McGough	Nursing	Nursing Education Coordinator II	Nursing Education Services
Tanya Thomas	Nursing	Clinician IV; 2012 PNSO President	Adult Oncology and Stem Cell Unit
Kelly Near	Nursing / Library Science	Nursing Public Health & Hospital Liaison Librarian	Health Sciences Library

### Outcomes:

Self-assessments are conducted prior to the class, immediately after class completion and then at periodic intervals for one year. The question featured is a key indicator relating to the core purpose of the class. Figure 1 shows the evaluation for a course that was offered twice in 2013 (January 25 and July 30). The pre-class survey is sent out two weeks prior to each rendition of the class. The immediate post-class survey is sent to class participants within 48 hours of the end of the class. The other post-class self-assessment surveys are sent at four, eight and 12 months after the class. For the January class, post-class assessments were sent in May 2013, September 2013 and January 2014. For the July class, post-class assessments were sent in November 2013 and March 2014. The responses for these two courses are combined in the graph below. Over the four post-course responses, the nurses reported the most improvement at the one-year mark. The overall average of the 16 pre- and post-class self-assessment questions on a four-point scale indicated an increase from 2.81 pre-class to 3.28 immediately after the class and 3.10 at the one-year mark.



**SE4EO Figure 1. Nursing Leadership Development Clinician 3 Self-Assessment**



**Example 2: Improvement in Patient Care Outcome: Breastfeeding Improvement**

**Background/Problem:**

It is well-established that breastfeeding affords babies the best possible nutrition and health outcomes. In June 2012, UVA Health System was selected as one of only 90 hospitals across the U.S. to participate in the Best Fed Beginnings Learning Collaborative, sponsored by the National Initiative for Children's Healthcare Quality (NICHQ) and the Centers for Disease Control and Prevention (CDC). Through implementation of the Ten Steps to Successful Breastfeeding, a set of evidence-based maternity-care practices, the UVA Best Fed Beginnings team has committed to improving practices that support breastfeeding. These steps serve as the core of the Baby-Friendly Hospital Initiative (BFHI) and are recognized as best practices for hospitals to improve breastfeeding rates by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), and are endorsed by the American Academy of Pediatrics (AAP), the CDC and the U.S. Surgeon General. Participation in this collaborative will assist us in achieving the Baby-Friendly Designation, an honor that is currently held by only one other hospital in Virginia and only 173 hospitals across the nation. Our rates for exclusive breastfeeding secondary to rooming-in and supplemental formula feeding were not what we wanted them to be.

**Goal Statement:**

Improve the percentage of exclusive breastfeeding rates and two related practices; rooming-in with the mother (increase) and supplemental formula feeding (decrease).

**Description of the Intervention/Initiative/Activity(ies):**

Women's services formed the Best Fed Beginnings team to evaluate the current data, practices and educational needs. This group advocated for a partnership with the Breastfeeding Friendly Consortium. The BFConsortium.org project is managed by a five-member group:

- HIT Global – provider of Continuing Health Education (CHE) and Continuing Professional Development (CPD) program content, performance-improvement programs
- Telligen – provider of population-health-management solutions
- University of Virginia School of Medicine – provider of CME
- Scitent – eLearning company
- Virginia Department of Health

The Consortium's mission is to promote breastfeeding training by offering healthcare professionals and institutions a systems-approach to education, individual performance improvement and institutional quality assurance.

Although the online education is free to Virginia residents, nurses were paid for the time spent completing the education if it could not be completed during downtime. In addition, nurses were paid for completing the five hours of hands-on competency training, which was generally not completed during regular work hours.

The Best Fed Beginnings team recognized the need for interprofessional education to ensure the best possible results. The learning portal is contained within the BFConsortium.org website and is a one-stop resource for implementing the Baby-Friendly Hospital Initiative's 10 Steps for Successful Breastfeeding.

All of the registered nurses working in the Labor and Delivery and Mother/Baby units, as well as staffing resource office (pool) nurses, were required to complete 15 hours of the online curriculum and five hours of hands-on competency training. All licensed independent practitioners working with mothers and babies were required to complete three hours of the online curriculum for physicians. This included attendings, fellows, residents and APNs in OB, Family Medicine, Pediatrics and the NICU. Education was conducted in June 2013.



Joyce Thompson, MSN, RN, LCCE, RNC-OB, Nurse Manager and Kaley Spadino RN, C-EFM are part of the team that has improved the percentage of exclusive breastfeeding rates.

The online coursework is self-paced. Learners are able to start and stop during an exercise, as the system remembers where you stop and returns to that place with the next log-on. The course home page provides a status reminder next to each exercise to alert the learner to their status for that exercise. Completed exercises can be reviewed as often as desired even after the education is fully completed.

### Participants:

**SE4EO Table 2. Participants, Best Fed Beginnings Team Members**

Name	Discipline	Title	Department
Mary Jane Jackson	Nursing	Advanced Practice Nurse 1, Nurse Practitioner	Women's Services



Ann Kellams	Physician	Assistant Professor of Pediatrics, Medical Director Newborn Medicine & BF Medicine Program	General Pediatrics
Karin League	Nursing	Associate Chief	Children's Hospital and Women's Services
Sarah Bedford	Community Member	Mother Partner	N/A
Diane Boyer	Nursing	RN; Lactation Consultant	Children's Hospital and Women's Services
Emily Drake	Nursing	Associate Professor	UVA School of Nursing
Wendy Fretwell	Nursing	RN Clinician II	Women's Services
Valerie Goodman	Nursing	RN Clinician III; Lactation Consultant	Children's Hospital and Women's Services
Barbara Gordon	Nursing	RN Clinician III	Women's Services
Anuja Gupta	Physician	Assistant Professor of OB/GYN	Obstetrics and Gynecology
Kathryn Heck	Nursing	RN Administrative Coordinator; Lactation Consultant	Women's Services
Mary Hintz	Community Member	Thomas Jefferson Health District Breast Feeding Coordinator	Virginia Department of Health
Katherine Kent	Physician	Associate Professor of OB/GYN	Obstetrics and Gynecology
Esther Kern	Nursing	RN, Lactation Consultant	Children's Hospital and Women's Services
Elizabeth Matthews	Nursing	RN Clinician II, Lactation Consultant	Women's Services
Michelle McCauley	Nursing	Assistant Nurse Manager	Women's Services
Lynn McDaniel	Physician	Assistant Professor of Pediatrics	General Pediatrics
Sally Miller	Nursing	Advanced Practice Nurse 2, Nurse Practitioner	Women's Services
Tucker Petty	Marketing	Marketing / Public Relations Specialist	Marketing
Cindy Poots-Remington	Community Member	Community Member	N/A



Amanda Rosenblatt	Nursing	RN Clinician II	Women's Services
Charity Russell	Nursing	RN Clinician III	Women's Services
Diane Sampson	Nursing	Lactation Consultant /Prenatal Educator	Women's Services
Kaley Spadino	Nursing	RN Clinician II	Women's Services
Joyce Thompson	Nursing	Nurse Manager	Women's Services
Erica Weiler	Nursing	RN Clinician III, Lactation Consultant	Children's Hospital and Women's Services

### Outcome(s):

As a result of this comprehensive interprofessional educational effort, significant improvements were realized. Two high-impact practices, rooming-in and breastfeeding babies supplemented with formula, improved. Rooming-in increased from 60% to 88% and non-medically-indicated formula supplementation was reduced from 32% to 15%. The exclusive breastfeeding rates improved to 85%.



**SE4EO Figure 2. Percent of Babies Exclusively Breastfeeding, Receiving Supplemental Formula, and Rooming-in (June 2013-Sept. 2013)**

