

Influence on Practice

The Advanced Clinician and Clinical Scholar are reflective and able to identify the gaps in processes, system issues, and/or educational needs of the patient, family, and team members. To improve patient care, the Advanced Clinician and Clinical Scholar work diligently to devise and implement solutions to these problems, and then evaluate the outcomes. The Advanced Clinician influences change at the unit/department level. The Clinical scholar influences change across units/departments.

These improvements are the “footprint” of the Advanced Clinician or Clinical Scholar, meaning they are noticeable even when the clinician is not present. The change does not necessarily need to be tangible, but the applicant needs to be able to describe the change or impact on unit culture that is an outcome of this effort.

Here are several examples of “Influence on Practice” from past applicants:

Advanced Clinician:

1. A nurse thoroughly enjoys precepting new employees and states that she almost always has an orientee assigned to her. By sharing her thought processes and teaching others to be patient advocates and to develop their critical thinking and collaborative skills, she is able to change the culture of the floor and influence the care provided.
2. An ARN noticed nurses assembling materials for every patient being discharged with a JP drain. The ARN decided to make a standard kit and it is now kept in the medication room.
3. It was common practice to record vital signs at the initiation of IV Lopressor administration and at the end (10 minutes). A nurse noted that many of his patients had a decrease in blood pressure and heart rate around the 5- minute point. He worked with the NPS to change the floor policy to record vital signs at 1, 5, and 10 minutes to avoid any adverse outcomes.

4. A respiratory therapist rotating to a new ICU recognized some of the practices were different and unique. She created an educational folder for others to reference.
5. An SLP implemented a creative intervention for patients lacking financial and material resources within the Huntington's clinic population, who often utilize food stamps. She researched what foods could be purchased with food stamps and went to the supermarket to check out the foods that can work for patients nutritionally as well as financially.
6. Faced with treating challenging spine patients, a Physical Therapist spent time investigating the literature around PT management of scoliosis. She identified and successfully implemented a new approach with several of her patients and then developed an educational session which was presented to her outpatient colleagues as part of a symposium around management of spine patients.
7. A social worker created and co-facilitated a mindfulness group for women with cancer after identifying interest among patients for developing specific coping skills while processing their feelings related to their illness.

Clinical Scholar:

1. A nurse recognized the CAUTI rates on his floor were higher than others. He conducted research and worked with leadership to establish best practices within the hospital.
2. A nurse noticed a gap in follow-up care for patients with substance abuse. She worked with the primary care physicians to develop a specialized role to improve access and communication with patients.
3. With expansion of the MGH ECMO program to another ICU, a respiratory therapist worked with the units CNS to develop educational material and conduct classes for nurses.
4. An SLP working with inpatients experienced a conflict when referring physicians wanted to feed patients orally when the swallowing evaluation revealed undeniable aspiration and thus increased risk for pulmonary complications. While considering the team's concerning recommendations for oral nutrition, this clinician engaged in a project to assimilate the data from the endoscopic swallowing studies in a

subset of her patients to share her clinical observations with the physicians whose view differed from hers.

5. A physical therapist recognized that there was new research in the management of traumatic vs. atraumatic rotator cuff injuries which demonstrated that PT was a first good step in successful management. She presented the research to the MGH Harvard Shoulder Service and helped develop a consensus statement with the orthopedic surgeons that was shared with the primary care physicians who are most often the first practitioners to examine these patients.
6. A social worker noticed some pediatric patients struggled as they moved into adulthood, so she implemented a Transitions Project to allow for a seamless clinical transition process.
7. An occupational therapist noticed that many patients post-operatively were having stiff and swollen fingers. These were getting in the way of their rehab, their ability to resume daily activities and their overall satisfaction with their surgery. The therapist proposed that the post op instructions include a handout on management of swelling and instructions on finger ROM. These were reviewed with nursing staff, so they felt comfortable reviewing them with the patients and could answer basic questions. The MDs were shown the handouts in rounds and agreed with the plan. Patients are now given these handouts as a routine post-operatively.