Organizational Overview: Structural Empowerment

OOD 6: The learner assessment of the continuing education needs for nurses at all levels and settings and the related education implementation plan.

The Norman Knight Nursing Center for Clinical & Professional Development’s (KNC) Professional Development Specialists work collaboratively with Clinical Nurse Specialists (CNS), Nursing Practice Specialists (NPS), Nursing Directors (ND), Nurse Practitioners (APRN), Clinical Nurses, members of the Nursing and Patient Care Services Executive Committee (PCSEC), interdisciplinary team members and colleagues in the Institute for Patient Care (IPC), to assess learning needs in order to plan continuing education (CE) programming. Learning needs assessments are conducted to plan educational programs for specific role group(s) or practice areas. In addition, assessments may be developed to determine the learning needs of nurses related to a specific patient population.

Assessment data is obtained using a wide variety of methods including performance appraisals and peer reviews, discussions or brainstorming exercises at staff meetings, committees, strategic planning sessions, and other forums, quality assessment and improvement data, adverse event reports, CE program evaluations, and formal surveys such as the Evaluation of Professional Learning Environment for Nurses (PLEN) and Staff Perceptions of the Professional Practice Environment (SPPPE). In addition, external factors such as changes in the healthcare environment, policy or regulatory requirements can prompt nurses to identify opportunities for learning. Many means of assessment are applicable for all nurses at all levels and roles in the organization. The grid below captures ways in which learning needs data is assessed and collected by role.

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<tr>
<th>Method</th>
<th>Nurse Executives</th>
<th>ND</th>
<th>CNS/NPS</th>
<th>APRN</th>
<th>Staff Nurse</th>
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<td>Performance Appraisal</td>
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<td>Peer Review</td>
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<td>Quality Data</td>
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<td>Event Reports</td>
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<td>Meeting Discussions and Brainstorming</td>
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<td>PLEN Survey</td>
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<td>SPPPE Survey</td>
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<td>NDNQI RN Survey</td>
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<td>Other Survey Tools</td>
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<td>External Factors (policy, regulations, other)</td>
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The more formal assessments such as surveys are most often designed and conducted by centrally-based staff in the Knight Center and IPC. Surveys may also be designed and conducted by unit-based CNSs/NPSs and NDs, often in collaboration with Nurse Scientists from the Yvonne L. Munn Center for Nursing Research (Munn Center) in order to assess staff learning needs in a particular patient care area.

Learning needs assessment data is collected informally by all levels of nurses throughout the year. Professional Development Specialists and the Director of the KNC, as well as the unit-based nursing leadership and Nurse Executives, are in constant contact with Clinical Nurses who are members of Collaborative Governance (CG) or other meetings as well as when they are involved in unit-based activities such as staff meetings, targeted trainings, or consultations.

Since 2011, a CE Nurse Planner from the Knight Center was appointed to each CG committee to improve and systematize the process for capturing staff feedback on educational programs and learning needs. In addition to identifying thematic content areas from these discussions and interactions, more formal methods are also used to identify learning needs. These methods include brainstorming sessions, review of Quality Monitoring data such as adverse event reports and incidence/prevalence data and review of staff and leadership feedback and suggestions received on educational program evaluations.

Evaluation of the Professional Learning Environment for Nurses

In 2010, a learning needs survey titled the Evaluation of Professional Learning Environment for Nurses (PLEN) was developed and distributed to all inpatient and outpatient direct care nurses including APRNs at MGH. The APRN group includes: Nurse Practitioners, Certified Nurse Midwives, Certified Registered Nurse Anesthetists, and Psychiatric Mental Health Nurse Practitioners. The 2012 PLEN was also administered to APRNs and subsequently, it was decided to survey the APRNs separately as a way to better capture their unique learning needs. The APRN process is described later on in this source of evidence.

In 2015, a version of the PLEN was developed and directed at NDs, NPSs, and CNSs. The objectives of the survey include:
- Determining the perceived learning needs of nurses at all levels and settings at MGH within the context of the current practice environment, the Nursing and Patient Care Services strategic plan and applicable regulatory requirements.
- Identifying the best learning methods to enhance knowledge retention.
- Identifying general learning style preferences of MGH nurses.
- Identifying the best time frame(s) for face-to-face, facilitated learning activities.

Clinical Nurse Learning Needs

The PLEN learning needs survey was originally designed in 2010 by the Knight Center and the CE Redesign Task Force. The PLEN has been administered in 2010, 2012,
2015 and most recently in 2017 to all direct care nurses in the inpatient and outpatient settings. In 2015 the PLEN was revised and new focus areas were added. These new focus areas included: peer feedback, professional development planning, testing skills for the certification exam, compassion fatigue, components of a good handover (IPASS), alarm response, substance use and the Patient Protection and Affordable Care Act.

NOTE: The information provided in OOD 6 will focus on the 2015 administration of the nursing learning needs assessments with the 2015-2016 educational plan. The 2017 administration of the assessment tools was just completed in May 2017 and the survey results and educational plan development are in process. This information will be available for review on site-visit.

The objectives of the 2015 PLEN were to:

- Determine the perceived learning needs of staff nurses at the MGH
- Identify the best time frame(s) for staff nurses to attend face-to-face facilitated learning events

The survey (attachment OOD 6.a) was conducted online via REDCap, a secure web application for building and managing online surveys and databases, from January 6, 2015 to February 16, 2015 and sent to 4154 nurses. Nurses were instructed to complete the 20 minute survey at their convenience. Nurses were also informed that the survey was confidential and only aggregate data would be reported. The survey participants were asked to rate the frequency which they encounter a specific patient care situation (i.e., a topic such as pain management) and then report on how prepared they felt they were to care for the patient experiencing the topic of interest.

Results

The survey yielded a response rate of 23% (946 RNs and 22 LPNs). The vast majority of the respondents were female (94% female and 6 % male). 81% of the respondents reported holding a bachelors degree or higher, a number which remains stable with prior data. Primary work setting was reported as general care/ inpatient areas (39%), critical care (13%), outpatient/ambulatory care (29%), 8% peri-operative (8%), 3% procedural areas (3%), and “other” (8%). These results were consistent with prior PLEN data.

Themes

The major themes identified in the survey were:

- Workplace Violence: This topic solicited the largest number of requests for education specifically asking for classes/courses addressing the non-compliant, combative, or challenging patient, visitor or family member. In addition, the respondents requested support in related topics such as conflict resolution and managing lateral violence or bullying by coworkers.
• Substance Use: The second largest area of educational need was in substance misuse. Topics requested included: impaired colleagues, mothers birthing addicted infants, fighting negative attitudes/stereotypes of the addicted patient and the impact of such attitudes on care, and how to address pain management/sedation in patients with a history of abuse.
• Cardiology, communication, team work, communicating with physicians and conflict resolution are a combined third in topics identified as benefiting from additional course work.
• Professional Development, including the need for assistance in professional advancement opportunities for older nurses, assistance with certification, leadership opportunities, and advancing one’s nursing degree, was also mentioned.
• Outpatient Nursing Care, with specific requests for courses on outpatient wound care, outpatient nursing assessment, and how to properly triage patients by telephone, was noted.
• Compassion Fatigue/Stress Management/Self Care was a recurring theme throughout the survey.

The Knight Center Plan going forward:

1. Disseminate the result to the MGH nursing community.
2. Convene focus groups to further analyze and discuss the data.
3. Form educational planning committees, including a member of the target audience, for inclusion on the 2016 Continuing Education/Professional Development schedule.

APRN Learning Needs

The changes in the healthcare environment, e.g., changes in house staff work hours, increased acuity and complexity of our patients, have brought an increase in the number of APRNs practicing in all clinical settings at MGH and a Knight Center commitment to more fully identify and address the learning needs of the APRN. The 2012 PLEN had a stronger focus on the needs of the staff nurse and therefore upon analysis, it was challenging to identify the unique learning needs of the APRN and so the decision was made to create a PLEN solely focused on the learning needs of the APRN. The Knight Center team working with members of the APRN Education Group, a group of APRNs who consult with the Knight Center on issues of professional development and educational needs, created a new PLEN for APRNs. This survey was conducted online via REDCap, a secure web application for building and managing online surveys and databases, and sent to 610 APRNs from April 21, 2015 to May 15, 2015 (attachment OOD 6.b).

Results

The response rate for APRNs was 17% (106). Demographically, 95.3% were female, 85.8% practiced as Nurse Practitioners. Primary work settings for 50% of respondents
worked in the Outpatient setting with 32.1% in the Inpatient setting. Respondents answered that 34.9% worked with medical patients, 28.3% responded they worked with an undefined patient population (noted as “other” on the survey) and 18.9% worked with surgical patients.

When asked how they made their decision to attend an educational offering 78.1% of the respondents made their decision on how closely matched their learning needs and their interest in the topic while 67.6% if they were available to attend given patient demands. When asked why they had not attended an educational offering in the past year, 51.1% responded that the current offerings were more focused on the clinical nurse, than the APRN and 19.4% responded that they earned enough CEUs from other resources.

**Qualitative Data**

- Caring for the Patient with Substance Abuse Disorders
- Management of Aggressive Behavior
- Clinical Care Management (patients receiving chemotherapy, Alzheimer’s/ Dementia, Medication Management)

**The Knight Center Plan going forward:**

1. Working with the APRN Education group, revise the 2017 survey to better identify the learning needs of the APRN.
2. Increase the number of educational sessions for APRNs based on their identified learning needs.

**Nursing Director and Clinical Nurse Specialists/Nursing Practice Specialist Learning Needs**

Magnet hospitals are led by transformational leaders, at all levels of the organization, who demonstrate advocacy and support on behalf of staff and patients to transform values, beliefs, and behaviors. To ensure that NDs and CNSs have the skills necessary to lead, The Director of the Knight Center met with representatives from both groups to discuss the article, *Vertical Leadership Development, Developing Leaders for a Complex World* (Center for Creative Leadership, 2014). In this article the author recommends moving away from leadership development programs which focuses solely on horizontal development, the adding more knowledge, skills and competencies to vertical development which refers to the individual’s ability to think in more complex, systemic, strategic and independent ways. Each group was then asked to describe major components of their current work, as well as future work, this information was used to create the first PLEN for these two groups. The PLEN is designed on two major factors, 1) how frequently the topic/subject/situation is encountered, and 2) how prepared the responder is able to respond to them. The Nursing Director survey (attachment OOD6.c) and the Clinical Nurse Specialist/Nursing Practice Specialist
were sent electronically to both groups from April 21, 2015 to May 15, 2015. The survey identified the following educational needs:

**Nursing Directors:**
- Leading Change
- Leading Across boundaries
- Conflict

**Clinical Nurse Specialist/Nursing Practice Specialists:**
- Strategic Thinking
- Leading Across Boundaries
- Conflict

**The Knight Center Plan going forward:**
- After validation of the themes identified in the survey, develop educational offerings to meet identified learning needs

**Nurse Executive Learning Needs**

MGH considers executive development of the senior nurse leaders to be paramount in this increasingly complex health care environment. The release of the *Future of Nursing: Leading Change, Advancing Health* by the Robert Wood Johnson Foundation Initiative on the Future of Nursing at the Institute of Medicine (2010), the passage of the Patient Protection and Affordable Care Act, increasing federal and state regulatory mandates, quality and safety imperatives, the need for greater engagement of patients and families in their care and technological advancements are just some examples of environmental factors that require nurse leaders to seek professional development opportunities. Continuous development and education prepares Nurse Executives to maintain or improve organizational performance including patient outcomes and foster staff engagement while remaining aligned with our vision and values.

The Senior Vice President for Patient Care and Chief Nurse (CNO) recognizes that having skilled, knowledgeable and innovative leadership is central to the development of the clinicians they lead. To that end, she remains committed to supporting programs both internally and externally that address their educational needs and the learning needs of all nurses. The CNO and her executive team work collaboratively to address executive learning needs related to these health system factors. The CNO leads the Patient Care Service Executive Committee (PCSEC) whose membership includes the Associate Chief Nurses, Directors, and leaders of the allied health disciplines.

Educational opportunities for nurse executives are embedded in the PCSEC annual retreat, bi-monthly PCSEC meetings and individual meetings with the CNO. Each year, PCSEC members participate in an annual strategic planning retreat. A key feature of the retreat is education on the current factors influencing nursing and health care. Case
Presentations are conducted by the CNO and other leaders with expertise in the area under discussion. Education is also included in most, if not all, bi-monthly PCSEC meetings. As mentioned earlier, the learning needs of the senior nurse leaders is a collaborative process. Senior nurse leaders are responsible for assessing their own learning needs and pursuing activities and opportunities to address them.

Recognizing the success of the PLEN in assessing the learning needs of Clinical Nurses, Nursing Directors, and Clinical Nurse Specialist/Nursing Practice Specialists and APRNs, the Director of the Knight Center met with the Nursing Operations team, a sub-group of PCSEC and is comprised of nurse executive leadership, on April 6, 2015 to discuss their learning needs. The principles of the PLEN were utilized, 1) to determine how frequently the topic/subject/situation is encountered, and 2) how prepared the responder is able to respond to them. In preparation of this meeting the Nurse Executive team were sent a copy of Vertical Leadership Development, Developing Leaders for a Complex World (Center for Creative Leadership, 2014) and the leadership development competencies from the two perspectives, 1) Kouzes and Posner Five Leadership Practices, and 2) Buckingham and Coffman’s First Break All the Rules: What Great Managers Do. The nurse executives were also sent a series of questions to consider prior to the meeting (attachment OOD 6.e).

In their discussion with the Director of the Knight Center, the Nurse Executives assessed their learning needs as:

- Health Care Policy
- Conflict Engagement
- Leading in Challenging Times

The Knight Center Plan going forward:

- After validation of the themes identified in the survey, develop educational offerings to meet identified learning needs.
- Develop and distribute a PLEN survey for the Nurse Executive group in 2017.

2015-2016 Education Implementation Plan

A summary of some of the educational programs offered based on the Knight Center assessment of clinical nurses at all levels and settings in 2015-2016 can be found in attachment OOD 6.f.

At the time of this submission, the 2017 PLEN survey for: Clinical Nurses; Nursing Directors; Advanced Practice Nurses; Clinical Nurse Specialist/Nursing Practice Specialist and Nurse Executives was just closed. Results of all surveys and educational plan will be available at the time of the site visit.