OOD 9: The assessment for the continuing education needs of nurses at all levels and settings, and the related implementation plan.

As an American Nurses Credentialing Commission on Accreditation/Ohio Nurses Association Approved Provider of Continuing Education (CE) of Nurses (OOD 8), The Norman Knight Nursing Center for Clinical & Professional Development (Knight Center) has a clearly-defined process for assessing, planning, implementing, and evaluating CE programs. The Knight Center's Nurse Planners work collaboratively with Clinical Nurse Specialists (CNS), Nursing Directors (ND), Nurse Practitioners (APRN), Staff Nurses, members of the Patient Care Services Executive Committee (PCSEC), interdisciplinary team members and colleagues in the Institute for Patient Care, to assess learning needs in order to plan 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 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; event reports; CE program evaluations; and 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 such as changes in policy or regulatory requirements can prompt nurses to identify opportunities for learning. Many means of assessment are applicable for all roles; the grid below captures ways in which learning needs data is assessed by role.

<table>
<thead>
<tr>
<th>Method</th>
<th>Nurse Executives</th>
<th>ND</th>
<th>CNS</th>
<th>APRN</th>
<th>Staff Nurse</th>
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<tbody>
<tr>
<td>Performance Appraisal</td>
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<td>Event Reports</td>
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<td>x</td>
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<tr>
<td>Meeting Discussions and Brainstorming</td>
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<td>x</td>
<td>x</td>
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<tr>
<td>PLEN Survey</td>
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<td>SPPPE Survey</td>
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<tr>
<td>Collaborative Governance Survey</td>
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<td>x</td>
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<td>NDNQI RN Survey</td>
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<tr>
<td>Other Survey Tools</td>
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<td>x</td>
<td>x</td>
<td>x</td>
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<tr>
<td>External Factors (policy, regulations, other)</td>
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<td>x</td>
<td>x</td>
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</table>

More formal assessments such as surveys and questionnaires are most often designed and conducted by centrally-based staff in the Knight Center and Institute for Patient Care, as well as unit-based CNSs and NDs, often in collaboration with Nurse Scientists in the Yvonne L. Munn Center for Nursing Research (Munn Center). Surveys may also be developed by unit-based staff such as the CNS to capture 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 Managers and the Director of the Knight Center, as well as the unit-based nursing leadership and Nurse Executives, are in constant contact with Staff Nurses in 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. In 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 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

As a result of the work of a CE Redesign Task Force led by the Director of the Knight Center and the lead CE Nurse Planner in 2010, a learning needs survey titled the Evaluation of Professional Learning Environment for Nurses (PLEN) (attachment OOD 9.a) was developed and distributed to all inpatient and outpatient direct care nurses including advance practice nurses at MGH. The process used to develop the PLEN survey is fully described in SE 5. The objectives of the survey included:

• Determining the perceived learning needs of nurses at MGH.
• 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.

The results of the survey were reviewed by the members of the CE Redesign Task Force and an implementation plan (attachment OOD 9.b) was developed to guide program planning. A key part of this plan was the piloting of a Level 3 evaluation process on four of the priority learning needs identified by staff. This type of evaluation is designed to assess the outcome of educational programs. The ANCC/Ohio Nurses Association had set the expectation that CE provider units needed to move beyond the evaluations typically distributed at the end of the program which capture participants’ immediate reactions to the content, but does not capture the outcomes of learning such as changes in knowledge, attitude or skill over time. In short, Level 3 evaluations attempt to answer the question “so what?” and capture the impact educational programs have on nursing practice. The PLEN survey results including the Level 3 outcome evaluation data is reviewed in detail in SE 5 and SE 5EO.

CE Program Evaluations

CE program participants complete an evaluation of the program goals, learning objectives, faculty, and learning environment after every CE program. A sample of a program evaluation from a completed program with collated data is included in attachment OOD 9.c. In addition, participants are asked for their suggestions for future educational programs which often reflect their own identified learning needs and interests. This information is collated by the Staff Assistants in the Knight Center and the summative evaluation results are emailed to the CE Nurse Planner, other program planners and faculty within two weeks of the date the program was held. The approved planner for the program collaborates with all other planners and faculty for the program and, based in part on the program evaluations, assesses the evaluation data and determines if the program should be offered again and also if any changes in content, faculty or the learning environment need
to occur. The CE Provider Unit Nurse Planners meet monthly and review the evaluation data to facilitate planning for future programming in collaboration with content experts.

**Event Reports**

The MGH Safety Reporting system (EP 28) allows staff to electronically submit a report on their concerns related to the safety of MGH patients, employees, or visitors. Reports are reviewed by nurses in the MGH Center for Quality and Safety and if needed, a plan for investigation and follow up is implemented. Trend reports are generated quarterly; one mechanism of sharing this information is the newsletter, *Lessons from the Patient Safety Reporting System* (attachment EP 31.n). Trended data is another source utilized by leadership to identify possible learning needs. As an example, data from safety reports supported the need for the development of an educational program. This program, *Staying Safe: How to Manage the Spectrum of Disruptive Behavior in the Workplace*, is discussed in SE 5 EO.

**Staff Perceptions of the Professional Practice Environment Survey**

The most formal way of assessing learning needs are through surveys and questionnaires. Learners may be asked to fill out a paper and pencil survey or to participate in an assessment electronically through programs such as Survey Monkey® or Qualtrics™. The MGH-developed SPPPE survey (TL 10 and EP 1) administered by the Munn Center is an electronically delivered assessment tool that is designed to provide insight into the staffs’ perceptions of the professional practice environment. The survey measures 8 components: leadership and autonomy, control over practice, relationships with physicians, teamwork, conflict management, communication, work motivation and cultural sensitivity. The results from this survey contribute to the assessment of staff learning needs in two primary ways. First, scores can provide insight into the learning needs of staff that relate to each of the 8 components. In addition, aggregate scores from a particular patient care unit serve as an environmental scan for Associate Chief Nurses (ACN) to identify potential areas for their own leadership development as well as for NDs, CNSs and NPs. For example, the ACNs have used feedback obtained from direct care nurses on the survey to advance the environment of care by enhancing collaboration between patient care nursing leadership and the Knight Center to increase the number of conflict management classes over the past few years. Data from the NDNQI RN Survey (EP 3 and EP 3 EO) and periodic surveys of CG members is used in a similar fashion. The CG survey scales include questions that relate to three domains: Conditions of Work Effectiveness, Psychological Empowerment and Power as Knowing Participation in Change (SE 1). In addition, there is ample space to capture staffs’ qualitative comments. As an example, CG survey data was used to plan a March 2011 retreat for emerging CG leaders to address their learning needs related to leadership and group process skills.

**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 leaders 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 (attachment TL 1.a).

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 (TL 3). 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. This education has a direct influence on the development of the PCS strategic goals (exhibit OOD 3.i). Education is also included in most, if not all, bi-monthly PCSEC meetings (attachment OOD 9.d). Educational topics have focused on quality and safety, enhancing diversity and cultural competency (attachment OOD 9.e), the patient experience, patient-centered care, and innovation as examples.

Based upon a discussion with senior nurse leaders, the CNO initiated a journal club in the Fall of 2011 to further develop the competence of senior nurse leaders, especially in regard to the passage of health care reform. Educational sessions were held monthly to discuss payment structures for episodic care, pay for performance and accountable care organizations. The facilitator of the journal club is the Senior Vice President for Strategic Communications and an expert in governmental affairs. Attachment OOD 9.f is an email from the Senior Vice President for Strategic Communications to the other members of PCSEC regarding their brainstorming session to identify possible topics to discuss as part of the journal club.

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. The performance appraisal serves as an individualized implementation plan to meet identified learning needs.

PCSEC members conduct a self assessment of their learning needs during their annual performance review with the CNO. Two of the questions posed in the self assessment are:

- “This last year, have I had opportunities at work to learn and grow?”
- “Is there someone at work who encourages my development?”

Furthermore, there is a section that identifies ten leadership development competencies and behaviors (EP 20) based on the book *The Leadership Challenge* by Kouzes and Posner (2002). Examples include:

1) Enables and Empowers Others to Act
2) Establishes Collaborative Relationships and Promotes Teamwork Within and Across Departments/Program/Area
3) Transforms Vision to Action and Strategy to Reality
4) Recognizes, Develops, Implements and Shares Best Practices.

From this list of competencies, senior nurse leaders are asked to identify their learning needs and to describe how the CNO can assist them in their development. In individual meetings with the CNO, these learning goals are reviewed on an on-going basis.
There are a variety of educational resources available for professional development. The MGH Leadership Academy has identified five areas or “pillars” (attachment OOD 9.g) that form the framework for leadership development:

- People Management
- Process Management
- Financial Management
- Communication Management
- Leadership.

Within this framework, there are seventy-five competencies considered requisites for success as a leader at MGH. Over thirty courses are available to senior nurse leaders. The Executive Director of the Institute for Patient Care is a member of the Academy’s Steering Committee. The Knight Center also offers educational opportunities for senior leaders as described in SE 5.

Senior nurse leaders are also encouraged to attend conferences and seminars to address their learning needs and professional development. Several organizations that are located in the Boston area provide educational offerings for senior leaders including the Organization of Nurse Leaders MA-RI, the New England Region Black Nurses Association, and the Institute for Healthcare Improvement. In addition, information regarding educational workshops and programs are frequently circulated electronically.

**Leadership Development**

In addition to her executive team, the CNO recognizes the need to understand the interests and needs of the ND and CNS groups. NDs and CNSs attend programs sponsored by the Knight Center, the MGH Leadership Academy and attend professional conferences but the organization recognized the need to assess learning needs specific to these groups. In 2009, a taskforce comprised of representatives from the ND and CNS role groups and a Professional Development Specialist from the Institute for Patient Care met to create the Leadership Development Program Planning Survey 2009-2010 (attachment OOD 9.h). Originally envisioned as data that would guide programming through 2010, the taskforce decided that a longer time frame would be needed to address identified learning needs and so results would serve to outline programs for the three year period 2009-2012. After the survey was developed, the planning team decided to include Clinical Supervisors in the target audience for completing the survey as they serve as the onsite nursing leadership team on evenings, nights, and weekends. The results of the Leadership Development Survey are reviewed in detail in SE 5. The implementation plan that guided program planning is included in attachment OOD 9.i.
This survey was developed by staff in The Norman Knight Center for Clinical and Professional Development and the nursing leadership of Patient Care Services to assist in developing programs to help meet your continuing education and professional development needs. Data from the survey will be used to develop future learning opportunities within the framework of transformational learning. Transformational learning is a term used in educational theory to describe a process of deep learning which leads the learner to re-evaluate past beliefs and learning.

Gender:
- Female
- Male

Age:
- [ ] 0 years

Basic Nursing Education:
- [ ] Licensed Practical Nurse
- [ ] Diploma in Nursing
- [ ] Bachelors in Nursing
- [ ] Masters in Nursing

Highest Degree:
- [ ] Diploma in Nursing
- [ ] Associate Degree - Nursing
- [ ] Bachelors Degree - Nursing
- [ ] Bachelors Degree - Not Nursing
- [ ] Masters Degree - Nursing
- [ ] Masters degree - Not Nursing
- [ ] Doctor of Nursing Practice
- [ ] Doctor of Nursing Science
- [ ] PhD - Nursing
- [ ] PhD - Not Nursing

Current Nursing Role:
- [ ] Registered Nurse (RN)
- [ ] Advanced Practice Registered Nurse (APRN)
- [ ] Licensed Practical Nurse (LPN)

Number of Years as a Nurse:
- [ ] 0
Total Number of Years as a Nurse at MGH

Primary Shift Worked:
- Straight Days
- Straight Evenings
- Straight Nights
- Day-Night Rotation
- Day-Evening Rotation
- Evening-Night Rotation
- Day-Evening-Night Rotation
- Weekends Only
- Other - Please specify.

Primary Work Setting:
- Inpatient General Care
- Inpatient Critical Care
- Outpatient
- Procedural/Diagnostic
- Other - Please specify.

Patient Population You Work With On A Regular Basis:
- Medical Patients
- Surgical Patients
- Pediatric Patients
- Neonatal Patients
- Perioperative Patients
- Primary Care Patients
- Obstetrics / Gynecology Patients
- Critical Care Patients
- Other - Please specify.

Standard number of hours worked per week:
- Less than 20 hours/week
- 21 - 32 hours/week
- 33-40 hours/week
- Per Diem

Many learners are not aware of their preferred learning style(s). The three most common types of general learning...
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preferences are:

**Visual Learner:** Learns best through seeing and from visual displays. Enjoys colorful PowerPoint presentations.

**Auditory Learner:** Learns best through listening, verbal lectures, discussions and narrations in online programs.

**Kinesthetic Learner:** Learns best through moving, doing, touching and from a hands-on approach such as simulation.

Although we all use one or more of the above learning styles, choose the one learning style that best describes how you learn:

- Visual Learner
- Auditory Learner
- Kinesthetic Learner

From the list below, select one or more of the learning methods that you prefer:

- Face-to-face instructor-led lectures or seminars
- Self-directed learning, e.g., online computer-based tutorial(s)
- Blended learning (usually a combination of online and classroom or simulation)
- Live Web conferencing
- Podcasts or Vodcasts (short online videos)
- Activities-based workshops such as simulation
- Informal or formal learning at the point of patient care
- Other - Please specify

**Social media** is the term used for a specific type of online media that expedites conversation as opposed to traditional media, which delivers content but doesn't allow readers/viewers/listeners to participate in the creation or development of the content. Examples of social media in common use today are Twitter and Facebook.

Would you use social media such as Facebook as a learning method?

- YES
- NO

If you answered Yes to the previous question, select the form(s) of social media you currently use or would use.

- Twitter
- Facebook
- Blogs
- Other - Please specify.

If instructor-led face-to-face sessions are offered, what time frame is preferred:

- 1 to 4 hours
- 4 to 8 hours
- Other - Please specify.

Preferred time of day for a face-to-face instructor-led session: (Please check all that apply.)

- Morning
Preferred day(s) of the week: (Please check all that apply.)
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Program advertisement is an essential part of planning your learning. From the list below, select your preferred marketing method(s) of Continuing Education programs. (Please check all that apply.)
- Email from unit leadership
- All User email
- Website
- Paper flyer on unit
- Twitter
- Caring Headlines
- Other - Please specify.

How many CE offerings have you attended in the last 12 months?
0. CE Offerings attended in past 12 months

I attend CE offerings because: (Please check all that apply.)
- I'm interested in learning more on how to best care for my patients.
- Attending CE offerings is important to my professional development plan.
- To earn enough CE for renewing my nursing license.
- To earn enough CE for re-certifying in my specialty.
- CE at MGH is free.
- I'm supported by my leadership (nursing director, CNS, other) to attend.
- Other - Please specify.

My decision to attend a CE program is usually, or most often, based on: (Please check all that apply.)
- How closely the topic matches my learning needs
- Interest in the topic
- Recommendations from my peers
- Support from my leadership (nursing director, CNS, other)
- Time availability
In the past 12 months, I have not attended a CE offering because: (Please check all that apply.)
- I can't find where CE offerings are listed.
- I don't know how to register.
- I have earned CE from other sources.
- I have taken all the interesting courses in the past.
- The CE offerings are more appropriate for newer nurses than me.
- I prefer to take CE through HealthStream.
- Other - Please specify.

During the next 12 months, I am planning to take the following number of CE offerings:
- I am not planning to take any CE offerings in the next 12 months.
- 0 - None
- 1
- 2
- 3
- 4
- 5
- 6 or more

I am currently certified in a professional or clinical specialty
- YES
- NO

If Yes, how many certifications do you hold?
- Certifications

Please identify all the professional or clinical specialty areas you are certified in and the organization that certified you.

If not certified, would you be interested in becoming certified:
- YES
- NO

If not certified, please select what would assist you to obtain certification: (Please check all that apply.)
- Certification prep courses were offered on site.
- Certification prep courses were available online.
- The cost of earning the initial certification was covered by the hospital.
- The cost of earning re-certification was covered by the hospital.
- I have no interest in earning certification.
Qualtrics Survey Software

Please check off your current level of practice in the Clinical Recognition Program.

- Entry Level Clinician
- Clinician Level
- Advanced Clinician
- Clinical Scholar

Are you a member of a Professional Nursing Organization?
- YES
- NO

If YES, please list the Professional Nursing Organization(s) to which you belong:

Do you hold an office in a Professional Nursing Organization?
- YES
- NO

If YES, what office(s) do you hold in what Professional Nursing Organization(s)?

Office Organization

Block 3

For each patient problem, please choose how frequently you see this problem on your primary unit and how prepared you are to address this problem.

<table>
<thead>
<tr>
<th>Problem</th>
<th>Frequency Never</th>
<th>Sometimes</th>
<th>Much of the Time</th>
<th>All of the Time</th>
<th>Preparedness Not Prepared at All</th>
<th>Somewhat Prepared</th>
<th>Fairly Well Prepared</th>
<th>Always Prepared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violence</td>
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<td>Anger</td>
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<td>Confusion</td>
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<tr>
<td>Ineffective Pain Management</td>
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<td>Family Conflict</td>
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<td>Fear</td>
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<td>End-of-Life Ethical Dilemma(s)</td>
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Qualtrics Survey Software

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>Frequency</th>
<th>Preparedness</th>
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</thead>
<tbody>
<tr>
<td>Substance Abuse</td>
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<tr>
<td>Non-Invasive Mechanical Ventilation</td>
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<tr>
<td>Wound</td>
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<tr>
<td>Ostomy</td>
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</table>

For each patient problem, please choose **how frequently** you see this problem on your primary unit and **how prepared** you are to address this problem.

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Preparedness</th>
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</thead>
<tbody>
<tr>
<td>Never</td>
<td>Not Prepared at All</td>
</tr>
<tr>
<td>Sometimes</td>
<td>Somewhat Prepared</td>
</tr>
<tr>
<td>Much of the Time</td>
<td>Fairly Well Prepared</td>
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<tr>
<td>All of the Time</td>
<td>Always Prepared</td>
</tr>
</tbody>
</table>

For each topic/problem below, please choose **how frequently** you see this topic/problem on your primary unit and **how prepared** you are to address this topic/problem.

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Preparedness</th>
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<tbody>
<tr>
<td>Never</td>
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<td>Sometimes</td>
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<tr>
<td>Much of the Time</td>
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<tr>
<td>All of the Time</td>
<td>Always Prepared</td>
</tr>
<tr>
<td>Not Applicable</td>
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</table>

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<tbody>
<tr>
<td>Never</td>
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<tr>
<td>All of the Time</td>
<td>Always Prepared</td>
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<tr>
<td>Not Applicable</td>
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</table>
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<tr>
<th>Topic</th>
<th>Frequency</th>
<th>Preparedness</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Never</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Care of Patient with Asthma</td>
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<tr>
<td>Pediatric Emergencies</td>
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<tr>
<td>Obstetric Emergencies</td>
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<td>Psychiatric Emergency</td>
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<tr>
<td>Pharmacology</td>
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<tr>
<td>HIV / AIDS</td>
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<tr>
<td>Cultural Diversity</td>
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<tr>
<td>English as a Second Language</td>
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<tr>
<td>Basic Computer Keyboarding &amp;</td>
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<tr>
<td>Microsoft Office Features</td>
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<tr>
<td>Ethics</td>
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<tr>
<td>Complementary Therapy</td>
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<tr>
<td>Conflict Resolution</td>
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<td></td>
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<tr>
<td>Leadership Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sepsis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management of Aggressive Behavior</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How to Use &amp; Manage Email</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work-Life Balance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Global Health

Evidence-Based Practice (EBP) as a Model of Clinical Decision-Making

For each topic/problem below, please choose **how frequently** you see this topic/problem on your primary unit and **how prepared** you are to address this topic/problem.

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Preparedness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>Not at All Prepared</td>
</tr>
<tr>
<td>Sometimes</td>
<td>Not Prepared at All</td>
</tr>
<tr>
<td>Much of the Time</td>
<td>Somewhat Prepared</td>
</tr>
<tr>
<td>All of the Time</td>
<td>Fairly Well Prepared</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>Always Prepared</td>
</tr>
</tbody>
</table>

1. The 3 Elements of EBP: Best Practice, Clinical Expertise & Patient Values
2. The Difference between EBP & Research Utilization
3. Care of the Trauma Patient
4. AntiCoagulation Therapy
5. Other 1 - Please specify
6. Other 2 - Please specify
7. Other 3 - Please specify
8. Other 4 - Please specify
9. Other 5 - Please specify

Please suggest topic(s) for future learning events in the space provided.

Please suggest speakers and faculty for future learning needs in the space provided.

Please share any comments, suggestions and/or ideas that have not been addressed by the above items/questions in the space provided.

Thank you for your participation in this survey.
Evaluation of Professional Learning Environment for Nurses (PLEN)
Implementation Plan 2010-2012
The Norman Knight Nursing Center for Clinical and Professional Development

Objectives:

- Utilize assessment data to guide long term CE planning of the Provider Unit 2010-2012.
- Disseminate survey findings to leadership and staff through Collaborative Governance Committee structure and other forums.
- Plan programs based on priorities identified by staff’s perception of their preparedness in the topic/content area as well as the frequency with which the content is required to care for patients/families and perform work functions.
- Incorporate teaching/learning strategies that address a variety of learning styles including blended learning and simulation as appropriate.
- Link educational programming to organizational/departmental strategic goals as appropriate.
- Enhance program evaluation process by trialing a Level 3 Outcome Evaluation component.
- Provide periodic updates to leadership and staff through Collaborative Governance Committee structure and other forums.
- Repeat PLEN survey 2012.

Process: Planning:

1) Identify Lead Nurse Planner(s) from Provider Unit
2) Convene Planning Committees with:
   a. Interdisciplinary (as appropriate) representatives
   b. Content Experts
   c. Educational Design Experts
   d. Target Audience Representatives
3) Planning Committees to identify:
   a. Learning Objectives
   b. Content – evidence-based
   c. Faculty
   d. Program length
   e. Teaching methodology
   f. Evaluation strategy
   g. Preferred venue/location
   h. Frequency of offerings
4) Initial Areas of Focus:
   a. Advanced EKG (Level 3 evaluation pilot)
   b. Workplace Violence (Level 3 evaluation pilot)
   c. Conflict Resolution (Level 3 evaluation pilot)
   d. Global Health
   e. Difference between EBP and Research
   f. HIV
   g. Complementary Therapies (Level 3 evaluation pilot)
   h. Preparation courses for ANCC Certification
   i. Pilot Level 3 Outcome Evaluation Plan
<table>
<thead>
<tr>
<th>Concept and Course Title</th>
<th>Desired Outcome(s)</th>
<th>Pre/Post Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced EKGs - Advanced Arrhythmias</td>
<td>50% of the learners will be able to identify the QRS axis on an ECG strip, identify bundle branch block</td>
<td>Pre-test rhythm analysis prior to program.</td>
</tr>
<tr>
<td></td>
<td>on an EKG strip, and differentiate between VT and SVT.</td>
<td>Post-test rhythm analysis 3-4 months after program.</td>
</tr>
<tr>
<td>Workplace Violence - Staying Safe: How to Manage the Spectrum</td>
<td>50% of the learners will report an increased ability to manage potential workplace violence in a safe</td>
<td>On-line pre-assessment prior to program.</td>
</tr>
<tr>
<td>of Disruptive Behavior in the Workplace</td>
<td>and effective manner and demonstrate a culture of support.</td>
<td>Online post-assessment 3 months after program.</td>
</tr>
<tr>
<td>Conflict Resolution - Conflict Resolution &amp; Management:</td>
<td>50% of the learners will report they have applied at least one of the core concepts of conflict management</td>
<td>On-line pre-assessment prior to program.</td>
</tr>
<tr>
<td>Basic Tools for a Healthy Work Environment</td>
<td>during a conflict situation on the patient care unit.</td>
<td>Online post-assessment 3 months after program.</td>
</tr>
<tr>
<td>Spirituality/ Complementary Therapies - The Art of Healing</td>
<td>50% of the learners will have implemented a change in their nursing practice at 3 months by</td>
<td>On-line pre-assessment prior to program.</td>
</tr>
<tr>
<td>Presence: The Essence of Nursing Practice (Third Annual</td>
<td>integrating a complimentary therapy</td>
<td>Online post-assessment 3 months after program.</td>
</tr>
<tr>
<td>BWH/ MGH Spirituality and Nursing Conference)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5) Completion of CE Process
   a. Provider Unit Nurse Planner works with content experts/faculty to complete required ONA documentation for review
   b. Ensure content meets criteria for incorporation of adult learning principles and instructional design principles
   c. Budget development as necessary to include materials, speaker honorarium, refreshments, and registration fees. Obtain approval from the Director of the Knight Center.
   d. Create and distribute marketing materials (flyers, emails, website)
   e. Set up registration paperwork
**Process: Implementation:**
1. Ensure room set up and audiovisual equipment is in place and in working order
2. Prepare materials/handouts/evaluation forms/CE certificates
3. Engage staff assistants to assist with registration as needed
4. Assist faculty and participants as needed throughout program
5. Collect evaluation forms and distribute CE certificates at program conclusion
6. For programs targeted for Level 3 outcome evaluation, administer pre-assessment tool.

**Process: Evaluation:**
1. Collate evaluation data
2. Nurse Planner to distribute results to planning committee members and faculty within 2 weeks of program conclusion.
3. Discuss results with planners and determine if the program should be offered again and if there are any changes in content, faculty or the learning environment required.
4. Ensure post-activity evaluation form is completed and electronically filed.
5. Ensure electronic and paper files are complete.
6. For programs targeted for Level 3 outcome evaluation, administer post-assessment tool between 3-6 months after program. Repeat evaluation steps 1-5.
The IOM Future of Nursing Report and the Potential Impact of Nurse-Led Change in Practice
February 23, 2012

Your responses and comments will help us improve future educational programs; as well as assess how much knowledge you have acquired in attending this continuing education offering. Please mark your rating on each item below.

<table>
<thead>
<tr>
<th>Relevance of Objectives to Overall Purpose/Goals of Educational Activity</th>
<th>Yes, related</th>
<th>Yes, partially related</th>
<th>No, not related</th>
</tr>
</thead>
<tbody>
<tr>
<td>The purpose of this program is to advance understanding of IOM Future of Nursing Report and describe potential impact of changes in practice initiated by nurses.</td>
<td>70</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACHIEVEMENT OF OBJECTIVES: To the right fill in the circle complete where applicable.</th>
<th>Met</th>
<th>Partially Met</th>
<th>Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Discuss the four main recommendations from the IOM &quot;Future of Nursing Report&quot;</td>
<td>75</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2. Discuss strategies for implementing the eight recommendations</td>
<td>72</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3. Describe and analyze nurse-led changes in practice that are transforming the culture</td>
<td>71</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>To the right fill in the circle complete where applicable.</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Contents were related to both the program goals and specific session objectives.</td>
<td>73</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>2. Teaching methods enhanced the session/s.</td>
<td>72</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>3. The site for the session/s was/were conducive to learning.</td>
<td>72</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>4. This presentation met my personal objective for attending and satisfied my learning needs related to the topic.</td>
<td>73</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SPEAKER (S) EVALUATION: To the right fill in the circle complete where applicable.</th>
<th>Excellent</th>
<th>Satisfactory</th>
<th>Fair</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Terry Fulmer, PhD, RN, FAAN</td>
<td>70</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

A. Please suggest topic/program for future presentations that will meet your specific learning need.
- Staff nurse empowerment
- More about the healthcare reform and how to incorporate nurses

B. Additional comments about this program:
- Well presented.
- Confused about exactly how the attending RN role worked in her hospital.
- Very lucky to have her speak.
- Informative!
- Outstanding presentation.
- Liked the case presentations.
- Fabulous presentation. Terry’s energy, experiencing and marvelous collaborative approach has so enriched the profession of Nursing.
- Terry was terrific as usual. Thrilled to hear she will be here attending nurse in the summer.
- Very timely.
- Very timely presentation. Dr. Fulmer is a very impressive and articulate.
- I appreciate time for questions and answers to learn of others experiences relevant to this topic.
THE NORMAN KNIGHT NURSING CENTER FOR CLINICAL & PROFESSIONAL DEVELOPMENT

- Wonderful presentation.
- Excellent—many thanks!
- Wonderful, clear and concise.
- Outstanding speaker—loved the focus on the positive collaboration.

C. The goal of this program was: To advance understanding of IOM Future of Nursing Report and describe potential impact of changes in practice initiated by nurses. Based on the information you learned today, please identify a specific change that you will implement in your nursing practice.

- Be more cognizant of including staff in future and current projects.
- Work at our new attending RN position to suggest ideas for practice.
- Nurse’s rounds with all discipline involved.
- Encourage our more seasoned staff RN’s to play a larger role in our units to set examples, help consult on difficult patient situations.
- Participation in the approaches described is the responsibility of all of us. If we do not participate—chance for change will be limited and not as extensive as possible.
- Will decrease task–oriented care and keep the goals in mind.
- I currently have my BSN and really feel motivated to go back to school to get my Masters or possibly PhD.
- Read IOM report and look at application with colleagues.
1. Review: PCS Strategic Plan
   *(Note: copies will be distributed at the meeting).*

2. Continued dialogue: Diversity
   *(Attached are copies of slidedecks from previous diversity discussions for review prior to the meeting)*

3. Updates: ALL
Embracing Diversity

- For our patients
- For our employees
- For our community

Diversity

A diverse workforce is one which includes the demographic groups reflected in the general population, encompassing differences in:

- Race, ethnicity, sex, religion, national origin, age, physical/mental abilities, marital status, parental status, veteran status, sexual orientation, socioeconomic level, educational background, lifestyle, and the myriad of all other demographic characteristics.

Valuing diversity in the workplace leads to an environment, which maximizes the potential of all employees.

Definition

The concept of diversity encompasses recognizing, accepting and respecting that each individual is unique, with individual differences along the dimensions of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies.

It is the exploration of these differences in a safe, positive, and nurturing environment.

It is about understanding and moving beyond simple tolerance to embracing and celebrating the rich dimensions of diversity contained within each individual.

Food for thought

- Cultural Sensitivity
- Life Long Learning
- Cultural Competency
- Getting to an Outcome

Ethnicity in the US

Nearly half of the nation’s children under five are racial or ethnic minorities, and the percentage is increasing mainly because the Hispanic population is growing so rapidly.

Hispanics are the nation’s largest and fastest-growing minority group. They accounted for 49 percent of the country’s growth from 2004 to 2005. And the increase in young children is largely a Hispanic story, driving 78 percent of the growth in children younger than five. Forty-five percent of U.S. children younger than five are minorities. In 2011 this cohort of children are 18 years old and will be 18 in 8 years.

One in three Americans is now a member of a minority group, a share that is bound to rise, because the non-Hispanic white population is older and growing much more slowly.

William H. Frey, a demographer with the Brookings Institution, predicted that the United States will have “a multicultural population that will probably be more tolerant, accommodating to other races and more able to succeed in a global economy.”
### Patient Population

<table>
<thead>
<tr>
<th>RACE DESCRIPTION</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHITE/CAUCASIAN</td>
<td>74%</td>
</tr>
<tr>
<td>HISPANIC OR LATINO</td>
<td>10%</td>
</tr>
<tr>
<td>BLACK/AFRICAN AMERICAN</td>
<td>5%</td>
</tr>
<tr>
<td>UNAVAILABLE</td>
<td>5%</td>
</tr>
<tr>
<td>ASIAN</td>
<td>4%</td>
</tr>
<tr>
<td>OTHER (SPECIFY)</td>
<td>3%</td>
</tr>
<tr>
<td>AMER INDIAN/NATIVE ALASKA</td>
<td>0%</td>
</tr>
<tr>
<td>DECLINED</td>
<td>0%</td>
</tr>
<tr>
<td>NATIVE HAWAIIAN/PACIFIC I</td>
<td>0%</td>
</tr>
</tbody>
</table>

### Who We Are

<table>
<thead>
<tr>
<th>Profession</th>
<th>Available Pool</th>
<th>MGH EEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>10.4% diverse</td>
<td>8.2%</td>
</tr>
<tr>
<td>Nursing</td>
<td>94.2% female</td>
<td>94.35%</td>
</tr>
<tr>
<td>PT</td>
<td>4.7% diverse</td>
<td>4.81%</td>
</tr>
<tr>
<td>PT</td>
<td>82.8% female</td>
<td>86.5%</td>
</tr>
<tr>
<td>OT</td>
<td>7% diverse</td>
<td>2.86%</td>
</tr>
<tr>
<td>OT</td>
<td>92.8% female</td>
<td>144%</td>
</tr>
<tr>
<td>Respiratory</td>
<td>7.4% diverse</td>
<td>11%</td>
</tr>
<tr>
<td>Respiratory</td>
<td>66.5% female</td>
<td>99%</td>
</tr>
<tr>
<td>Social Work</td>
<td>19.1% diverse</td>
<td>7.2%</td>
</tr>
<tr>
<td>Social Work</td>
<td>76.9% female</td>
<td>88%</td>
</tr>
<tr>
<td>SLP</td>
<td>2.7% diverse</td>
<td>2.43%</td>
</tr>
<tr>
<td>SLP</td>
<td>94% female</td>
<td>97.6%</td>
</tr>
</tbody>
</table>

### Current Population

- As of 03/01/12 the diverse (non white) population of Department of Nursing Staff Nurses (grade 55) is 10.2%
  - 298 of 2,917 employees

- To increase that %, we must hire more than 10.2% each year

### Our History

- 1996
  - PCS Strategic Plan
  - Vision
  - Guiding Principles
- 1997
  - Dr Morgan defines plan
  - PCS Diversity Committee
- 1998
  - Culturally Competent Care Curriculum
- 1999
  - Failed Leadership Fellowship
  - Along the way
  - Scholarships and Fellowships

### Diversity Committee

**Charge:** Support the goals of creating an inclusive and welcoming environment for patients, families and staff alike through professional development, student outreach and culturally competent care programs.
A new journey is needed . . .

Phases
I. Raise Awareness and Generate Ideas
II. Implement
III. Integrate into System Processes: The Fabric
IV. Evaluate

Goal: Embrace Diversity
- Use the pillars to create opportunities
- Set priorities according to the communities we serve
- Determine what the needs of the community are by going out to the community
- Engagement – top down leadership support
- Partnering with schools who have diverse students
  - Emphasis must be placed on Health Professions
- Partnering with patients – PFAC

Expansion of our Work
- Integration of programs
  - Interpreters
  - Disabilities
  - Diversity
  - Disruptive Behavior
  - Continuing Education
- Other ideas

STRUCTURE

Expansion of our Work

Goal: Embrace Diversity
From: Colton, Deborah  
Sent: Friday, September 16, 2011 11:30 AM  
To: Ives Erickson, Jeanette, R.N., D.N.P.; Sullivan, Michael, DPT, PT/ OT; Carbunari, Leila, R.N.; Burke, Debra, MGH R.N.; Gallivan, Theresa M., R.N.; Ditomassi, Marianne, R.N., D.N.P.; Whitney, Kevin B., R.N.; Banister, Gaurdia E., R.N., Ph.D.; Vega-Barachowitz, Carmen D.  
Cc: Fallon, Debra M.; McKenzie, Linda T., MGPO  
Subject: PCS Journal Club next steps  
Attachments: Topics

I hope you enjoyed our first meeting as much as I did! I really liked the idea of forthrightly setting ourselves up to discuss important topics that we really don’t understand very well right now. There are certainly plenty of those under the “payment reform” label. Jeanette beat me to the send button this morning by passing on the message Dr. Torchiana sent to all MDs today. It gives you some of the context that we talked about needing in our first meeting. I will make it a point to forward other things like it as they emerge.

I promised to start the list of topics for the group to review, add, cut and prioritize. My attempt at that is attached. I will compile your input – the goal at this point is to get the list as complete as we can and then to see what we want to do first. In addition to adding/subtracting/embellishing topics, please tell me the 3 things on the list that are of most interest to you. And since I view this as a very participatory group, also let me know the one topic that you would like to arrange for us to discuss (scope out the reading, decide if we need a guest speaker and if so arrange that, present content, propose discussion questions...). Of course, I am available to help.

We talked about setting a monthly schedule for ourselves using the hour after PCSEC if possible. Linda and Deb can get that work going. Now all we need is a jazzy name for our group that makes others jealous that they aren’t in the club... dgc
Potential PCS Journal Club Topics

1. Explain the acronyms and buzz words
   a. Accountable Care Organization – ACO
   b. Pioneer ACO- What is it Why are we applying to be one?
   c. Alternative Quality Contract – AQC
   d. Value-based purchasing – VBP
   e. Patient Centered Medical Home (PCMH)
   f. Bundled payments – challenges to administer
   g. Risk contracts
   h. Global payments/capitation (what are they and what’s the difference?)

2. New Blue Cross Blue Shield (BCBS) contract
   a. What are the terms?
   b. Why did we do this?
   c. How is this different from our last contract?

3. What’s the point of tiered and limited networks?

4. Explain physician payment
   a. How is it done now?
   b. How is it likely to change?
   c. What goes in the hospital budget and what is in the MGPO budget?
   d. Why are some MDs paid by the MGPO and some by the hospital?

5. Health care reform
   a. What exactly does the new health care law mean for us?
   b. Is everything happening at once?
   c. How do the pieces interact/fit together?
   d. Will it get repealed?
   e. There seem to be many changes coming from CMS and I’m not sure all are related to the new Health Care Reform Law (Value based purchasing? – I think) and seem to parallel change in the private insurance market. If element of the law are refined, will changes by CMS still be pervasive enough to influence care delivery?

6. How could/should we help patients cope with all this?
   a. What do they actually need to know?
   b. What can we reliably tell them?
   c. How do I explain our higher prices to them?

7. How are hospital and physician charges, costs and payments determined?

8. What’s wrong with fee-for-service payment?
<table>
<thead>
<tr>
<th>People Management</th>
<th>Process Management</th>
<th>Communication Management</th>
<th>Financial Management</th>
<th>Leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Competencies</strong></td>
<td><strong>Competencies</strong></td>
<td><strong>Competencies</strong></td>
<td><strong>Competencies</strong></td>
<td><strong>Competencies</strong></td>
</tr>
<tr>
<td>Effectively screen, interview, reference check, and select staff to fill available positions</td>
<td>Describe work as a Process</td>
<td>Identify what information they need to know</td>
<td>Describe health care economics, key health care cost drivers, and hospital and physician reimbursement as they affect MGH</td>
<td>Align people around a common purpose to effectively complete the right work</td>
</tr>
<tr>
<td>Hire individuals with the appropriate skills and talents for the appropriate job</td>
<td>Flow chart a process</td>
<td>Identify how and where to get the information they need to know</td>
<td>Interpret and monitor budget performance using available tools – PeopleSoft, Document Direct, TSI, SRC, Excel</td>
<td>Set clear expectations</td>
</tr>
<tr>
<td>Write a job description</td>
<td>Identify and collect appropriate measures, and interpret and use data to describe a process and measure outcomes</td>
<td>Identify what information they need to communicate to others</td>
<td>Interpret their cost center financial performance using variance analysis, financial fundamentals and commonly used ratios and accounting rules</td>
<td>Maintain and project a positive, “can do” attitude</td>
</tr>
<tr>
<td>Effectively and fairly evaluate the performance of staff and provide feedback</td>
<td>Use benchmark data to evaluate a process</td>
<td>Form an effective message</td>
<td>Interpret and use financial fundamentals, commonly used ratios and common accounting rules</td>
<td>Mentor others</td>
</tr>
<tr>
<td>Inspire individuals to achieve their fullest potential</td>
<td>Conduct root cause analysis</td>
<td>Determine the audience and assess their needs</td>
<td>Prepare a business plan including paybacks and rates of return</td>
<td>Build support among key constituencies</td>
</tr>
<tr>
<td>Assist staff to increase their knowledge, skills and abilities related to their jobs/careers</td>
<td>Set measurable and attainable goals to improve a process</td>
<td>Choose the proper communication tool</td>
<td>Perform a cost benefit analysis/return on investment analysis</td>
<td>Develop a strategy</td>
</tr>
<tr>
<td>Describe the process of career planning</td>
<td>Use a variety of statistical tools to interpret data</td>
<td>Deliver information to others in an appropriate format</td>
<td>Prepare a realistic operating budget including forecasting, volume, revenue and expenses</td>
<td>Describe the hospital’s Mission, Credo, and Boundaries, short and long-term goals</td>
</tr>
<tr>
<td>Create and maintain a work environment that supports diversity</td>
<td>Analyze capacity, constraints and demand</td>
<td>Tailor a message for diverse audiences</td>
<td>Prepare a request for proposal and analyze contract proposals</td>
<td>Articulate a vision</td>
</tr>
<tr>
<td>Utilize the corrective action policy when appropriate</td>
<td>Set and maintain service, quality, safety and productivity standards</td>
<td>Ensure that information is interpreted correctly</td>
<td>Effectively utilize the purchasing and accounts payable processes</td>
<td>Empower others</td>
</tr>
<tr>
<td>Describe their own personality type and those of their staff</td>
<td>Understand methodologies for improving a process (e.g. Plan Do, Check Act)</td>
<td>Describe the organization’s communication culture</td>
<td>Effectively manage multiple funding sources using PeopleSoft and other tools</td>
<td>Demonstrate the characteristics of honesty, fairness, trustworthiness, patience, consistency, optimism, respectfulness, and excellence</td>
</tr>
<tr>
<td>Improve and maintain the morale of their staff</td>
<td>Optimize staffing and scheduling</td>
<td>Create opportunities to receive feedback</td>
<td>Manage contract compliance</td>
<td>Effectively run a meeting</td>
</tr>
<tr>
<td>Establish ways to recognize the good effort and performance of their staff</td>
<td>Optimize supply, space and other resources</td>
<td>Listen with their full attention</td>
<td>Describe the function and role of the Development Office in fundraising activities</td>
<td>Create opportunities for innovation</td>
</tr>
<tr>
<td>Maintain pay equity within the unit</td>
<td></td>
<td>Receive constructive/negative information</td>
<td>Describe the differences and commonalities of the GH/MGPO operating budget processes</td>
<td>Effectively use a decision-making process that takes into account the impact of the decision on others and considers their input before a final decision is made</td>
</tr>
<tr>
<td>Understand and apply MGH Human Resources Policies and Procedures</td>
<td></td>
<td>Demonstrate the fundamentals of public speaking, business writing, e-mail etiquette</td>
<td>Describe MGH accounting rules re: travel and entertainment expenses, gifts, petty cash use, and other business expenses</td>
<td>Seek assistance and support</td>
</tr>
<tr>
<td>Delegate effectively</td>
<td></td>
<td>Read non-verbal cues</td>
<td></td>
<td>Demonstrate the qualities of emotional intelligence (accurately perceive their own and others’ emotions, understand the signals that emotions send about relationships, manage their own and others’ emotions).</td>
</tr>
</tbody>
</table>
Leadership Development Program Planning Survey 2009-2010

Hello,
The Nursing Director-Clinical Nurse Specialist Leadership Development task force is asking for your assistance as it plans the 2009-2010 series. Please take a few minutes and complete this confidential survey telling us your professional development needs and ways this program can assist you in your work. Thank you.

1. What is your current role?

<table>
<thead>
<tr>
<th>Role</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Director</td>
<td></td>
</tr>
<tr>
<td>Clinical Nurse Specialist</td>
<td></td>
</tr>
<tr>
<td>Clinical Supervisor</td>
<td></td>
</tr>
</tbody>
</table>

2. How long have you been in your current role?

<table>
<thead>
<tr>
<th>Duration</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2 years</td>
<td></td>
</tr>
<tr>
<td>3-5 years</td>
<td></td>
</tr>
<tr>
<td>6-10 years</td>
<td></td>
</tr>
<tr>
<td>Over 10 years</td>
<td></td>
</tr>
</tbody>
</table>

2. Have you attended any Nursing Director- Clinical Nurse Specialist Leadership Development Programs in the past year?

<table>
<thead>
<tr>
<th>Yes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

3. How interested are you in a program on:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Very interested</th>
<th>Interested</th>
<th>Not interested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget/Finance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conflict Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective Communication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Care Policy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Innovation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivating and influencing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality and Safety</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Additional Areas of Interest:

5. Is there a speaker you think the group would be interested in hearing from? Please include any information on the speaker, their area of interest and contact information if available.

Suggestions:

6. How important is it to you, to have follow-up sessions after the initial presentation?

<table>
<thead>
<tr>
<th>Very important</th>
<th>Important</th>
<th>Not important</th>
</tr>
</thead>
</table>

Additional Thoughts/Comments:

7. Which day(s) do you prefer to have programs on?

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
</table>

8. What time of day would allow you the greatest opportunity to attend a program?

<table>
<thead>
<tr>
<th>Morning</th>
<th>Afternoon</th>
</tr>
</thead>
</table>

9. How long should the programs be?

<table>
<thead>
<tr>
<th>1-2 hours</th>
<th>2-4 hours</th>
<th>4-6 hours</th>
<th>All day</th>
</tr>
</thead>
</table>

10. Thank you for your time in completing this survey. Please share any additional thoughts or ideas in the space below.
Leadership Development Program
Implementation Plan 2009-2012
The Institute for Patient Care

Objectives:
- Utilize assessment data to guide long term leadership development program planning (2009-2012).
- Disseminate survey findings to Nursing Directors, Clinical Nurse Specialists, Clinical Supervisors and Nurse Executives.
- Plan programs based on priorities identified by nursing leadership in conjunction with topics identified due to emerging trends and strategic initiatives.
- Link educational programming to organizational/departmental strategic goals as appropriate.

Process: Planning
1) Identify taskforce representatives from the Nursing Director and Clinical Nurse Specialist role group
2) Convene taskforce to address:
   a. Who should be surveyed?
   b. What is the goal of the survey?
   c. What questions will assist us in meeting this goal?
   d. What survey tool should be used?
   e. Timeframe of the survey.
3) Identification of initial survey questions
   a. taskforce members to review the survey questions for clarity, comprehension and effectiveness in meeting survey goal.
   b. Based on feedback questions were deleted, added or clarified.
4) Survey emailed to all Nursing Directors, Clinical Nurse Specialists and Clinical Supervisors.

Process: Evaluation
1) Taskforce members convened to review survey results.
2) Identification of major themes from survey:
   a. Communication
      i. Conflict management
      ii. Managing change
      iii. Motivating and influencing
   b. Health care policy
   c. Research
Attachment OOD 9.i continued

**Process: Next Steps**

1. Develop long range program schedule.
2. Identify MGH content experts based on identified themes.
3. Identify current Patient Care Services visiting scholar programs where there is synergy between the two.
4. Identify internal MGH and Partners resources which support leadership development.