Strengthening Clinical Relationships for Optimal Outcomes

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Faculty Relationships
- With Clinical Unit (Leadership and Staff)
  - Repetitive Semesters on the Same Unit
  - Get to Know the Unit’s Culture and Points of Focus
  - What are Their Metrics?
    - Documentation or Other Focus Needed
- With Preceptors
  - Initial Discussion
  - Ongoing Face to Face
  - Repetitive Faculty at the Same Facility
  - Relationships Might Improve Willingness to Serve

Student Relationships
- Attitudes for learning
  - Patient Centered Care
  - Staff Communication
  - Identify Specific Personal Learning Goal: Meaningful
- Precepting is Not End of School: Beginning of a Career (Interview)
- Engage Preceptor in Recruiting
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**Awareness**

- Strategic emphasis (Social Determinants, HRO, Baldrige)
- Accreditation/Certifications - Which Ones and Why?
- Chest Pain, Stroke, Asthma, Diabetes, Orthopedic
- Limited Resources and Impact to Students and Staff
- EMR Computers (medication administration/documentation)
- Seating, Conference Space

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**Thought Development**

- Career Planning to Stay at Bedside
- Degree Progression Contributing to Turn Over
- MSN, DNP at the Bedside - Impact to Patient Care?
- Clinical Ladders
- Interprofessional Credibility
- Development of Knowledge Worker - not Task Driven

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**OLN Education Summit – Panel Discussion**

April 6, 2018

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Opportunities to Enhance the Transition to Practice

- Strengthen academic-practice partnership
  - Alternate clinical models
  - Summer nursing externships
  - Leadership course integration with clinical
  - Nurse residency programs
  - Clinical preceptors – issues with number and quality
  - Sharing of current landscape with faculty

Opportunities to Enhance the Transition to Practice

- Nurses are knowledge workers
  - Less focus on task and protocolized care
  - Critical thinking
  - Advocacy
  - Delegation
  - Change process and getting desired patient outcomes
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Opportunities to Enhance the Transition to Practice

- Create nurse leaders from day one in school
  - Partnering with patient/family to empower them
  - Leading a diverse clinical team to positive patient and staff outcomes
  - Holding others within and across disciplines accountable

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Opportunities to Enhance the Transition to Practice

- Alternate clinical settings for clinical experience
  - Ambulatory
  - Telehealth
  - Home care

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Challenge for Nurse Educators Panel: Preparing the Student for Nursing Practice
Health is more than healthcare...

A person’s health is affected:
- 20% by clinical care
- 80% by Social Determinants of Health (SDHs)

Defining SDHs
- Conditions in the places where people are born, grow, live & age
- Environments that affect health, functioning & quality-of-life risks & outcomes
- Forces & systems shaping the conditions of daily life such as Economic policies and systems; Development agendas; Social norms; Social policies; & Political systems
- The degree of accessible opportunities

http://en.healthnexus.ca/topics-tools/health-equity-topics/social-determinants-health
Medical Model Overlay with Social Determinants of Health

- Health is affected 80% by SDHs
- Nurses are duty-bound to help their clients achieve optimal health
- Poor nutrition and chronic high cortisol prevent healing and immune function, so if we do not address these, clients will never gain/regain optimal health
- Poor nutrition and chronic high cortisol are impacted by SDHs
- Nurses are not traditionally taught RE impacts of SDHs
- SDH screening tools not considered an essential part of nursing assessment or intervention

CMS Accountable Health Communities Model

- 5 most basic determinants of health:
  - Food insecurity
  - Housing instability
  - Utilities
  - Transportation
  - Interpersonal violence (IPV)

- 5 additional SDHs:
  - Family & social support; Education; Employment; Income, & Health behaviors

Actions to Address SDHs

- Educate ourselves
- Practice culturally competent care
- Advocate for the importance of addressing SDHs
- Integrate social needs interventions into clinical culture: Routinely screen for SDHs & intervene with patients for SDH gaps
  - Know what exists, find viable resources, understand how to connect, overcome barriers to access
- Data, data, data!
SCREENING TOOL aka “CORE 5”

1. Do you or your family worry about whether your food will run out and you won’t be able to get more?
2. Are you worried about losing your housing, or are you homeless?
3. Are you currently having issues at home with your utilities such as your heat, electric, natural gas or water?
4. Has a lack of transportation kept you from attending medical appointments or from work, or from getting things you need for daily living?
5. Are you worried that someone may hurt you or your family?

Closing: We must pay attention…

• Nurses have a duty to help their patients be as healthy as possible
• SDHs impact our patients’ ability to gain/regain health
  - Especially related to adequate nutrition & chronic high levels of stress hormone cortisol
• Patients cannot be healthy/regain health if SDHs are not addressed
• Education and use of SDHs must be throughout nursing training as SDHs span all health needs & conditions

Citations

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Thank you!

nmbechtel@columbus.gov

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Cleveland Clinic
OLN Summit Panel Discussion

Challenge for Nurse Educators: Preparing the Nursing Student for Nursing Practice

Christine Szweda, MS, BSN, RN
Sr. Director, Operations
Office of Nursing Education and Professional Development

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Opportunities for Growth

Problem and Urgency Recognition
Problem Management
Problem Management: Unit Specific Patient Populations

PBDS SON Aggregate Data 2011-2017

n=>6,900

Awareness of Current State
Alignment of Expectations

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Skills</th>
<th>Attitudes</th>
<th>Positive Bedside Application</th>
</tr>
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<tbody>
<tr>
<td>Knowledge of basic scientific methods and processes.</td>
<td>3rd: Participate effectively in appropriate data collection and other research activities.</td>
<td>A1a: Appreciate strengths and weaknesses of scientific bases for practice.</td>
<td>B1b: Provides relevant, evidence based practice rationales for nursing/medical interventions.</td>
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<tr>
<td>Describe EBP to include the components of research evidence, clinical expertise, and patient/family values.</td>
<td>S1a: Participate in institutional review board (IRB) guidelines</td>
<td>A1b: Value the need for ethical conduct of research and quality improvement.</td>
<td>B1a: Demonstrates understanding of the value of evidence based practice in determining best clinical practice.</td>
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<td></td>
<td>S2b: Base individualized care plan on patient values, clinical expertise and evidence.</td>
<td>A2b: Value the concept of EBP as integral to determining best clinical practice.</td>
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</tbody>
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