

HCEA Newsletter

Volume 3, Issue 4

Winter 2001/2002

MESSAGE FROM THE PRESIDENT

Dear Colleague,

Happy New Year! I send you warm and sincere wishes for a very fun, safe and prosperous new year. Can you believe it?...That 2001 has come and gone so soon.

HCEA, in it's infancy, is experiencing stellar achievements and remarkable growth, in part, due to the support and dedication of it's leadership and membership. With your support, our organization has been able to continue current and implement a number of endeavors.

I'll briefly highlight a few of them:

- Several policies were enacted to reduce overall organizational expenses. Some of these included revising the membership brochure and HCEA stationary. In the past there was a need to revise them annually. At this point, there will be no need to revise them as often.
- The original HCEA bylaws were revised this year to better support the organization. Each of the eleven proposed amendments were approved by a large majority of those members who returned ballots.
- HCEA continues to receive corporate and conference support. Our corporate members continue to offer HCEA a number of resources.
- HCEA and Pritchett and Hull co-sponsored Health Care Education Week (held in November).
- HCEA partnered with the Joint Commission on Accreditation of Healthcare Organizations

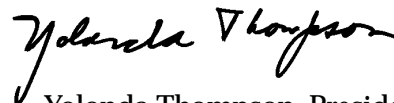
(JCAHO). The goal of this partnership was to produce a resource tool for those who are surveyed by the JCAHO. It is due for publication in February 2002.

- Finally, but not least, we sponsored an awesome Institute in Chicago. It was one of our most successful conferences yet.

I'd like to give special recognition and thanks to you and all that you do for health care education. Each of us brings to our institution(s) and to HCEA unique talents, gifts and abilities. Members of the HCEA 2001 Board along with Fran London were publicly acknowledged for their work and support throughout 2001. Each was presented with a certificate, from myself, during the Awards Luncheon at the Institute. Additionally, I'd like to thank Ken Cleveland again for his support, leadership and diligent work with HCEA.

Your presence is very important to the field of health care. Remember that no one can do what you do exactly how you do it. It is in this uniqueness that makes you valuable to this profession. For this, I say kudos and keep up the great work.

Looking forward to serving as your Immediate Past President. I will continue to serve HCEA and offer support to our awesome 2002 HCEA Board.



Yolonda Thompson, President
Health Care Education Association



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Awards

HCEA is proud to recognize the following individuals for their outstanding work in the field of Health Care Education.

Claire Stanley - Outstanding Research Award

Amy Glenn Vega - Excellence in Practice Award:
Staff Development

Charlyn Snow - Jean W. Raines Distinguished
Service Award

Coach's Corner

A Time to Ask Powerful Questions

Kimberly A. McNally, MN, RN

The events of September 11 have caused me to think in new ways about my life and our country. I, like everyone else, was stunned by the horror of what happened to our fellow citizens and experienced a myriad of emotions from anguish to anger, from fear to outrage, and from disbelief to sorrow. I was overwhelmed with joy by the demonstration of faith, commitment, goodness and generosity. The terrorist attack, followed within one month by two deaths in my family and a friend's cancer diagnosis, left me feeling profound grief. As I searched for meaning in the suffering I experienced, it became clear to me that some of the ways I was spending my time were no longer as meaningful or in alignment with what I know to be most important. Some activities and commitments seemed small, insufficient and lacking in gravity. Also, I found myself stumbling through a list of family, friends and health for which I am thankful.

To aid in my healing and to recapture a sense of what is important in my life, I found great value in reflecting on some fundamental life purpose questions. You may find some value as well. Take some uninterrupted time to write down your responses and see what surfaces.

- How has your sense of purpose shifted?
- What seems more certain to you now?
- What is less certain?
- For what are you grateful?

- Where is your attention being drawn these days?
- What is providing you with support and hope?
- What is not longer providing you support and satisfaction?
- What is possible for you now?

As the New Year approaches, I encourage you to create an action plan that reflects your true priorities and commitments. Be courageous and make the changes that are required. Get the support that you need. Celebrate your achievements.

Although I'll probably make my standard list of resolutions on December 31st, I know that I'm planning on finding comfort in the presence of others. And, learning more about myself through creative endeavors and providing service to those in need, for these experiences take us out of ourselves and nourish us in return. And, for expressing my gratitude to the people that share their love and life's discoveries with me and for experiences that create new possibilities. In closing, I encourage you to do the same. May you have a joyous and spirited holiday season and a growth-producing New Year!

Kimberly A. McNally is president of McNally & Associates, an executive coaching and organizational development firm based in Seattle, WA. She is a founding member and Past-President of HCEA. Prior to starting her business, she held leadership positions in health care education, managed care and behavioral health settings. She may be reached at 206.547.3133 or kamcnally@worldnet.att.net.

Grant Proposal Tips for Health Care Educators

Jackie A. Smith, PhD

Interested in obtaining funding for your health care education program? Here are some tips for writing a good proposal and avoiding common mistakes. When writing a proposal to a private foundation remember that you can never go wrong by using the standardized format from the Grantsmanship Center (www.tgci.com).

The major components of a proposal include:

An Executive Summary,
The Introduction,
Problem Statement or Needs Assessment,
Objectives,
Methods,
Evaluation,
Future and other Necessary Funding, and
Budget (which indicates the amount requested and amount donated)
Appropriate Appendices

A good grant proposal should:

Be positive.
Not indict others or put other programs down.
Not make unsupported claims.
Avoid jargon.
Be people focused.
Be interesting.
Be clear and brief.
Use appropriate tone.
Involve a variety of perspectives.
Have a budget that is realistic and plausible.

When requesting funds from a private foundation avoid making common mistakes. The ten *biggest mistakes* applicants make are:

Sending "Dear Friend" letters to foundations.

Take the time to get the name of a contact and how to spell their name properly. If you are sending a personal letter, you should know the name and correct gender of the addressee.

Sending the same form proposal to numerous corporations or foundations.

Take the time find out what the foundation will fund and what are their areas of emphasis. Make contact in writing, in person, or call before you apply for a grant. Ask for guidelines, applications procedures and be prepared to discuss your organization or project to see if the foundation is interested.

Not following the applications procedures, not paying attention to the guidelines and not supplying all of the information requested.

Supply all of the information requested. The items most commonly left out are: 1) copy of your 501(c)3 form, 2) your organization's annual budget, 3) list of staff and board, 4) list of other funding sources. If you can't provide some of the info, tell them why; they will probably understand.

Calling once a week to find out the status of your request.

The process can take anywhere from a few weeks to six months, depending on the workload, number of requests under consideration, amount of the request and completeness of the request.

Don't cry wolf and claim everything is an emergency – you and your organization will become well known for the wrong reasons. If everything is an emergency, it may mean poor management.

Submitting a vague request for something.

Be specific in your request, what do you want – money, manpower, equipment. If they have to guess what it is you want, then they probably won't fund you.

Not being qualified to receive funds from a foundation.

You must have a 501(c)3 designation from the IRS to receive funding from most foundations. If you don't – don't ask. Being tax exempt, not having to pay state or federal taxes, does not constitute being a civic or charitable organization in the eyes of the IRS or foundations.

Asking for what the foundation can not contribute. Many have funding restrictions.

Do your homework.

Assuming they know all about your program, whom it benefits and how valuable it is to the community.

Tell them how you are involved in the community, what would happen if your program disappeared tomorrow, and who would be hurt?

What is your base of support, both financial and manpower? How many people do you serve, what is your cost/person. Provide some statistics, numbers to support your position.

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Grant Proposal Tips

(Continued from page 4)

9. Not telling them your long-term plans.

What are your long-term plans?

What happens if you lose a primary funding source?

What are your plans for self-sufficiency?

10. Giving them the silent treatment.

Say thanks, and not just when the check is presented.

Let them know how you used the money, equipment or manpower. This information, or lack of, will have a

bearing on future requests. If the funds were used to sponsor a workshop – send them a brochure, tell them how many attended, and share their feedback. Ask them if they would like recognition such as a name on a brochure or in a newsletter, etc. When you agree to acknowledge the contribution in a certain way, please follow through.

Jackie A. Smith is an associate professor, (clinical) at the University of Utah College of Nursing and former patient education coordinator at University of Utah Hospitals and Clinics.

The Technology Frontier in Health Care Education, Part II

Regina Lawless Phelps, RN, MN

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Email: regina.phelps@centrahealth.com

Technology continues to influence the modern health care education department in many ways. In this article, we will briefly review some of the newer education technology available today and growing for the future.

Online learning is expanding rapidly. One of the most exciting reasons to use online learning is that a change can be made and implemented, essentially worldwide, in moments. Up to date, widely available, and easy to navigate, web-based learning is probably the most rapidly growing segment in health care education today. Web-based Learning (WBL) can be accessed from a classroom, a workstation, or from home. The Education Department and the Information Services Department must work together to decide on the basic approach that needs to be taken in implementing WBL.

Our first experience at Centra Health, involved installing a vendor's produce on our servers. (For the technology challenged, a server is a computer used to access our staff was required to install updates and trouble-shoot any problems. We have moved, as of this summer, to an Application Service Provider (ASP) product. This product remains on the Vendor's servers and our learners access the education from a link on the hospital's intranet or by using the URL for the website. While creating new programs for online

learning requires new skills of the education staff, the organization's acceptance of WBL is exciting. Like "Just In Time" inventory management, some education can be provided "JIT" as well.

Staff like the ability to access the education from home, and are paid a set number of hours for mandatory classes, and may access other education at their pleasure. The education department like it, because the data is automatically entered into our learning management system, decreasing our administrative support needs. Our budget leaders like it because when learners do their mandatory education at home, though in some cases it may be overtime hours, they do not have to be replaced on the job, saving the organization money. We have also found that we spend less time in the online classroom than we spent in "on ground" training, even given an increase in "mandatory" topics over the past two years.

Patients can also use online learning. Some hospital libraries set up computers with links to preferred learning sites. Some vendors are offering "free" education for patients or staff surrounding a special topic. Several sites are offering "free education" related to Terrorism issues. Check out this site for staff: http://www.springnet.com/frontlines/content/n01_0501_bfd.htm#prepared

This one is for patients: <http://www.patient-education.com/anthrax/>

Knowledge management is another opportunity to use features of the Web to enhance the availability of knowledge to your staff. For example, our intranet

homepage offers links to our policy and procedure manuals, our subscription to JCAHO manuals and updates, a medical literature database, as well as personnel policies, online education, the Department of Education Calendar, and MD credentials. Rather than searching for a paper reference, the search feature within each database makes finding information quick and easy.

Online Universities have become very popular in the last two or three years. From NLN accredited RN to BSN programs, MBA's and MSN's, the opportunities for advancing education on line are abounding. Some organizations must review their tuition assistance policies and procedures to provide appropriate support to online schools. The opportunity for online degrees is expected to grow rapidly.

The final technology I will discuss in this newsletter is Virtual Reality. Two systems I currently use include the Heart Code System for teaching ACLS and the CathSim System for teaching IV Therapy. Both of these systems use virtual reality simulators and include both a computer (usually stand alone systems) and an integrated interface

device—the “arm” for the IV or the defibrillating chest for ACLS. These devices offer the learner rapid, individualized feedback and a realistic scenario based format. Our learners have been enthusiastic and physicians tend to like the ability to “check out” the laptop system for ACLS and do the program in their own time, without the hassle of “coming to class”.

Technology is rapidly transforming education. Some things the educator can do to keep abreast of this field include:

Subscribe to *Presentation* magazine
(<http://www.presentations.com>)

Subscribe to *eLearning* magazine
(<http://www.elearningmag.com>)

Both of these are free subscriptions. Attend HCEA Education Programs to network with peers and to see vendors and to hear presentations by educators using the latest technology in their practice. Technology is an important tool for today's health care educator.

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JCAHO Corner

The new patient safety standards require that leadership be involved directly with management of patient safety in each facility. In response, we have established a Patient Safety Counsel. It consists of Administration, Risk Management, Physicians, Quality and Nursing Administration. We also include the chairs of our patient fall committee and the medication administration process team. Our psychiatric service has its own patient safety team. Each sub-team reports to the patient safety counsel who meets twice per month. As other issues are identified, such as infection control during construction projects, ad hoc members are used. JCAHO sentinel event alerts are evaluated by the Patient Safety Counsel for applicability and implementation. JCAHO expects each facility to evaluate whether their recommendations would have potential benefit for the facility and to justify when their recommendations are not implemented. Any root cause analysis performed is summarized including the action plan for the Patient Safety Counsel. As part of UHS, we have 25 acute care facilities, therefore we have a process to commu-

nicate potential risk based on experiences at any facility providing a two-tier means of identifying potential risks. One area of focus has been our own claims and potential claims to determine the reason we were included in the suit and what interventions were needed to avoid future suits. Leadership involvement continues at the corporate level. We have established a Maternal/Child task force. The goal, of which, is to establish best practices for Labor and Delivery. This will include policy development, ensuring staff has appropriate training and competency assessment and that each are documented. These recommendations will be passed on to the facility's Patient Safety Counsel for implementation.

This process has now been established for 18 months. Many eye-opening discussions have taken place. For example, as a result of one discussion our Labor and Delivery charge nurse meetings now include a standard agenda item regarding charting reviews. It is fondly titled the "good, bad and the ugly". Staff have been amazed at the findings shared.

*Becky McGaughy, RNC, CPHQ
Risk Manager
Northwest Texas Healthcare System
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CALL FOR ABSTRACTS

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GUIDELINES FOR ABSTRACT SUBMISSION

1. Complete the abstract form.
2. Review the appropriate preparation guidelines shown below.
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4. Prepare the abstract as a summary of the presentation within space provided, including objectives.
5. Submit the abstract via e-mail or postal mail: send two hard copies of the abstract WITH speaker identification and two copies of the abstract WITHOUT speaker identification.

If your abstract is accepted for presentation, you will be asked to submit some or all of the following information:

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Completion of a speaker packet: Biographical Data Form, Continuing Education Form, Handouts, Audio-Visual Request Form, Introduction Form, Commercial Disclosure Form, Taping Agreement Form.

PRESENTATION PREPARATION GUIDELINES

All presenters must register for the Institute and be present at the Institute at the designated times. A presentation date & time will be assigned in advance.

SESSION PRESENTATIONS

There are three options for presenting at the Education Institute. There is one group of Intensive Workshops which will run for 3 Hours, 4 groups of Concurrent Sessions which will run for 1 Hour and 15 Minutes each and poster presentations which will be displayed for 1.5 days of the Institute. All oral presenters should leave 2 minutes for introductions and at least 10 minutes for a question and answer session.

POSTERS

A 4'x8' poster board will be provided for poster presentations. No audio-visual equipment may be used with poster presentations. Included in the presentation space must be a prepared heading for the top of the poster, with lettering at least 1 1/2" high, and should indicate the title and authors. A copy of the abstract should be posted. Illustrations and text must be legible from a distance of six feet. The viewing of the poster should be sequential, with arrows, letters or numbers so it is self-explanatory. A short handout is encouraged.

FOCUS

This 2002 Institute will focus on the following areas with regard to Health Care Education: **Regulatory Issues** (JCAHO, HIPAA, Competencies), **Training Modalities** (Video-on-Demand, Software, Web-Based, CBL), **Business Issues** (Cost/Benefit Analysis, Staff Training/Retention, Grant Writing/Fund Raising, ROI, Communications), **Cultural Diversity** (Health Literacy, Interpreters, Empowerment), **Personal Skills** (Presentation Skills, Leadership, Intellectual Mapping, Internship/Preceptors, Writing), **Resources** (Libraries, The Internet, Professional Development).

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Abstract must be typed within the area below.

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This abstract is being submitted for Intensive Workshop Concurrent Session Poster Session Any.

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