


# The Courage to Educate - Clinical Educator Academy

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## Objective

Discuss professional development strategies utilized to transform educators into leaders

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## The Courage to Educate

Courage is:

- o quality of spirit that enables one to face danger without showing fear
- o to act in accordance with one's beliefs, especially in spite of criticism

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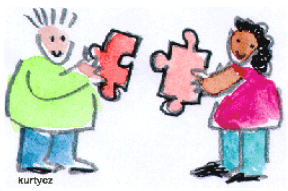
## The Courage to Educate

- o Do Clinical Educators need courage?
- o How do we develop courage in the Educator?
- o What outcomes result? Measures?

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HRSA funds \$1.5 mil for Children's to:

### Complete the Puzzle

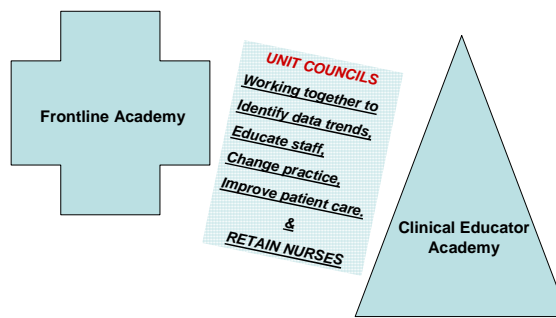


↑ Registered Nurse job satisfaction →

↑ Retention of top performing nurses, →

↑ Improved patient outcomes

### "Pieces of the Puzzle"



Frontline Academy

**UNIT COUNCILS**  
*Working together to*  
*Identify data trends,*  
*Educate staff,*  
*Change practice,*  
*Improve patient care,*  
**&**  
**RETAIN NURSES**

Clinical Educator Academy

## Clinical Educator Academy

Goal: Equip Clinical Educators with leadership behaviors to improve unit clinical performance and enact reform to elevate and retain highest performers through:

- Supporting the role of the front line Nurse and Manager
- Establishing continuing education courses and role competencies
- Establishing an ongoing Academy for new and experienced Educators
- Working within Unit Councils to enact reform

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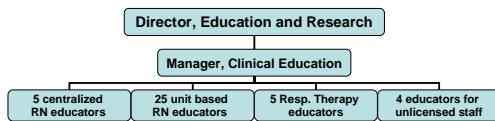
## Once upon a time.....

- o New CNO
- o Centralized education model introduced
- o New leadership appointed
- o Educator responsibilities broad, inconsistent
- o Interest and skill mix varied

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## Education Department 6/05



39 Educators (37 FTEs)

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## The Muddle

- o Leadership challenged to improve efficiency (downsize)
  - Skills analysis
  - Needs analysis
  - Restructuring of scope/responsibilities

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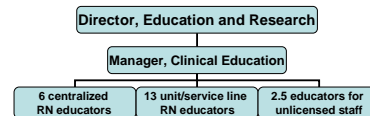
## Education Department 10/05

- o 21.5 Educator FTEs
  - 19 RN FTEs, includes 4 new positions
  - 2.5 FTEs unlicensed personnel educators
  - 0 Respiratory therapy educators (transferred to Respiratory Dept)

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## Education Department 10/05



23 Educators (21.5 FTEs)

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## ••• Greatest Clinical Impact

- Critical Care Services
  - 2 RN educators (previously 4)
- Inpatient Services
  - 2.5 RN educators (previously 8)
- ED
  - 2 RN educators (previously 3)
- Dialysis educator

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## ••• Positions Added

- Nursing Informatics
- CNE
- Trauma service line
- Cardiac service line
- Ambulatory

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## ••• Changes in role

- |                      |                   |
|----------------------|-------------------|
| ○ Previous scope:    | ○ New scope:      |
| ● Educator           | ● <u>Educator</u> |
| ● Facilitator        | ● Facilitator     |
| ● Change agent       | ● Consultant      |
| ● Consultant         | ● Change agent    |
| ● Researcher         | ● Informal leader |
| ● Informal leader    |                   |
| ● Jack of all trades |                   |

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## ••• Education team needs

- Orientation for new educators
- Continuing education for incumbents
  - Enhance skills as educators
  - Improve ability to collaborate and negotiate with clinical department leaders
- Team building opportunities
- Leadership support

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## ••• "Mind the Gap"

- Expert clinician



- Competence as Educator



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## ••• Getting Started

- Steering committee formulated within Centralized Education department
- List of topics and projects developed
- Monthly classes, 8 hours
- Audience limited to staff in designated educator role

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## Needs assessment

- o Online Survey developed
- o Priority learning needs established
- o Novice to expert educators needs differ

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## Process Evaluation

- o Survey - Focus Groups
- o Levels
- o Leadership and Conflict training most desired

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## Target Audience Revised

All clinical staff performing education in their role of teaching staff, patients, and families

- Clinical Educator (job position)
- Direct care nurses
- Respiratory therapists
- Research coordinators

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## Curriculum

- o ANA Scope and Standards for Nursing Professional Development (2000)
- o Three class levels to meet the needs of novice to expert in role of educator
- o Class length is 2, 4 or 8 hr workshops per class date



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## Academic Affiliation

- Course Syllabus developed for credit
- Accepted by School of Nursing at the University of Texas at Arlington (UTA) for graduate credit
- Additional projects incorporated to obtain nursing credit

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## Topics

- o Understanding Role of Clinical Educator
- o Incorporating Cultural Sensitivity Effectively into Educational materials
- o Designing Effective Instruction
- o Creating Effective Orientation Materials
- o Ramping Up your Presentation Skills

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## • • • | Topics

- Applying EBP to Education
- Developing Competencies & Beyond
- Tracking Employee Progress and
- *Dealing with Difficult Moments*®
- *The Leadership Challenge*©

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## • • • | Role Competency » Outcomes

- Demonstrates enthusiasm for teaching, learning and nursing that inspires and motivates
- Serves as a professional role model

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## • • • | Role Competencies » Outcomes

- Organizes teaching according to accepted principles of adult learning
- Applies program evaluation skills in planning and revising learning activities
- Applies leadership behaviors and conflict management skills to implement change

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## • • • | EBP: Leadership Competency a Must for Educators

**Zapp! The Lightning of Empowerment**  
William C. Byham, Ballantine Books, November 1997  
Nurses should be competent to accept and disseminate empowerment

**Cook – “Learning for Clinical Leadership,” JNM 2004** “Transformational knowledge = effective clinical leaders work through and with people to improve care.”

**Tourangeau – Leadership development evaluation reported to ‘The Change Foundation’ - found effective:**

**The Leadership Challenge – Kouzes, Posner**

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## • • • | Why The Leadership Challenge?

- Documented results of “transformational leadership”  
[www.leadershipchallenge.com](http://www.leadershipchallenge.com)
- Leadership Practices Inventory (LPI) = Online 360° survey of 30 leadership behaviors

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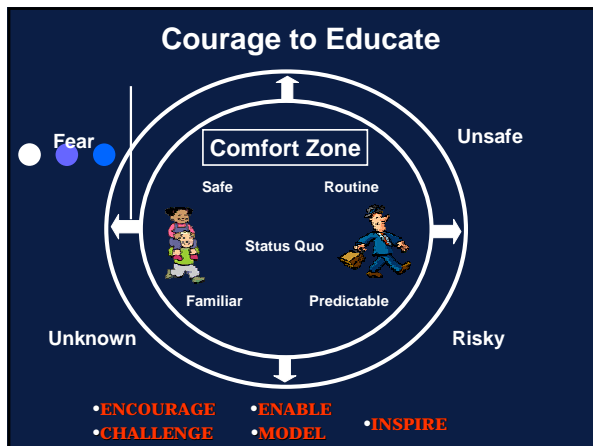
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*“Leadership is the art of mobilizing others to want to struggle for shared aspirations.”*

—Jim Kouzes and Barry Posner  
*The Leadership Challenge, Third Ed.*

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- ### Leadership challenge: 5 practices
1. Model the Way
  2. Inspire a Shared Vision
  3. Challenge the Process
  4. Enable Others to Act
  5. Encourage the Heart
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- ### "Dealing with Difficult Moments" Managing Conflict
- o Choose the strategy: Avoid, Compete, Accommodate, Compromise, Collaborate
    - Thomas Kilmann, Conflict Mode Instrument
  - o Manage the process – "X" or "Y" card
  - o Go below the line – discover underlying causes (parent demands bed in room)
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- ### Improved Patient Outcomes
- Educators impact patient improvement process with managers and frontline leaders:
- Use NSI data to develop clinical educational programs
  - Educators educate on the process of action plans
  - Empower Educators with their Unit Councils - create action plans using NSI & NDNQI RN data
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- ### Ongoing Support/ Next Steps
- o Obtain funding to sustain Academies
  - o Continue Academy improvements based on program evaluation
  - o Disseminate findings and learning outcomes
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- ### Future Plans
- o Program evaluation, data analysis and revisions
  - o Disseminate outside the organization
  - o Replicate best practice and successes
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## ● ● ● | Happily ever after.....

- CNO change
  - Re-emphasis on staff development
- Hospital growth
- Rebuilding the department
  - 24 RN positions
  - Adding CNS positions
  - Cross-functional teams

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## ● ● ● | Contact us

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