

Clinical Immersion and the CNL Student

Maine Medical Center's Experience

Marjorie S. Wiggins, RN, MBA, CNAA, BC



Questions?

- Please email any questions before, during, or after the presentation to:

jstanley@aacn.nche.edu



Maine Medical Center Clinical Nurse Leader Pilot

- Seven nurses enrolled in the program full time
- They are currently finishing their last semester, and will graduate in May '07



CNL – Primary (Home) Unit

- Cardio Thoracic Surgery
- Ortho/Neuro/Trauma
- Cardiology
- General Medical
- Pediatrics
- Special Care Unit (ICU)
- Cardio Thoracic Intensive Care Unit



Design of the Immersion Experience

- The CNL students were involved in the design of the immersion experience from the beginning
- They felt that they needed an introduction to the “systems” of the hospital

Design of the Immersion experience

- The immersion was then designed by key players from MMC and the University of Southern Maine
 - MMC key players included VP/CNO, AVPs, Nursing Directors, Clinical Nurse Specialist and Staff Development Specialists
 - USM key players included faculty involved in the curriculum development and teaching.

Design (continued)

- The design was further refined once the students began the immersion experience
 - Their input was incorporated to the general immersion plan
 - They further individualized the plan once they were on the units working with their preceptors

Immersion Goals

- The goals of the immersion were to
 - Introduce the students to a broader view of hospital departments and roles that support patient care
 - Familiarize the students with a “systems” perspective
 - Create opportunities for the students to develop the CNL role on their unit
 - Connect the Curriculum to the practice setting

Immersion Design

- To support the goals, the immersion was set up in two phases
 - Phase I was a series of group meetings with the CNL students and Representatives from many areas of the hospital
 - Phase II was on the unit, time spent with preceptor developing the role, and setting up individual meetings with members of the health care team in their microsystem.

Phase I - Meetings

(The view from Forty Thousand Feet)

- Director of Nutrition Services
- Director of Center for Performance Improvement
- Director of Regulatory & Accreditation
- Director of Center for Clinical and Professional Development
- Clinical Nurse Specialists
- Wound Ostomy Care Nurses
- Director of Nursing Informatics
- Director of Care Coordination
- Epidemiology

Phase I - Meetings

(The view from Forty Thousand Feet)

- Risk management
- Patient and Family Services
- Pharmacy
- Privacy Analyst
- Radiology Nurses
- Hospital elder Life Program
- Inpatient Flow
- Medication Safety
- Director of Chaplain Services
- Ethicist
- Physical therapy
- Hospitalist

Phase I – Job Shadows

- In addition to the group meetings, Phase I included job shadows with :
 - Palliative Care Nurse Practitioner
 - Continuing Care Coordinators
 - Social Workers
 - Others as identified by individual CNLs

Phase II

Unit Integration

- The first step was to identify preceptors
 - After much discussion and input from all involved including the university faculty it was decided that the Nursing Directors would precept the CNL students on the units
- Support for the directors to precept the students through weekly meetings to discuss issues and share ideas

Phase II

Unit Integration

- The second step was for the students to identify within their microsystem:
 - Key players to meet with and discuss their new role
 - Which meetings/rounds they would need to attend regularly
 - Which patients they would follow.

Support During Immersion

- Weekly meetings with CNL students, Preceptors, Nursing Leadership, and Staff Development Specialist
- Meetings every other week with VP/CNO and CNL students.

Immersion oversight

- Meetings with Nursing Leadership and Preceptors/directors to discuss any programmatic issues
 - Initially weekly, then every other week

Immersion Oversight

- Connection between curriculum and clinical was maintained by:
 - Frequent communication with faculty and Staff Development via, meetings, e-mail and phone to assure timing of systems orientation and clinical experiences
 - Input from the students

CNL Views of Immersion Experience

- “Very helpful”
- “Systems overview was key”
- “The connection of curriculum to the hospital was key”

Key Success Factors

- Use of Directors as preceptors helped in supporting the new role within the unit
- Use of directors as preceptors also helped students to understand “big picture”

Key Success Factors

- CNL students were NOT pulled back into staffing when unit was busy
- Clinical Nurse Specialists were included in planning and implementing the pilot which helped avoid role confusion/issues

Student Successes

- Even though they are still in the student role, they have already begun to improve outcomes in several areas

Multidisciplinary Long term Ventilator Rounds

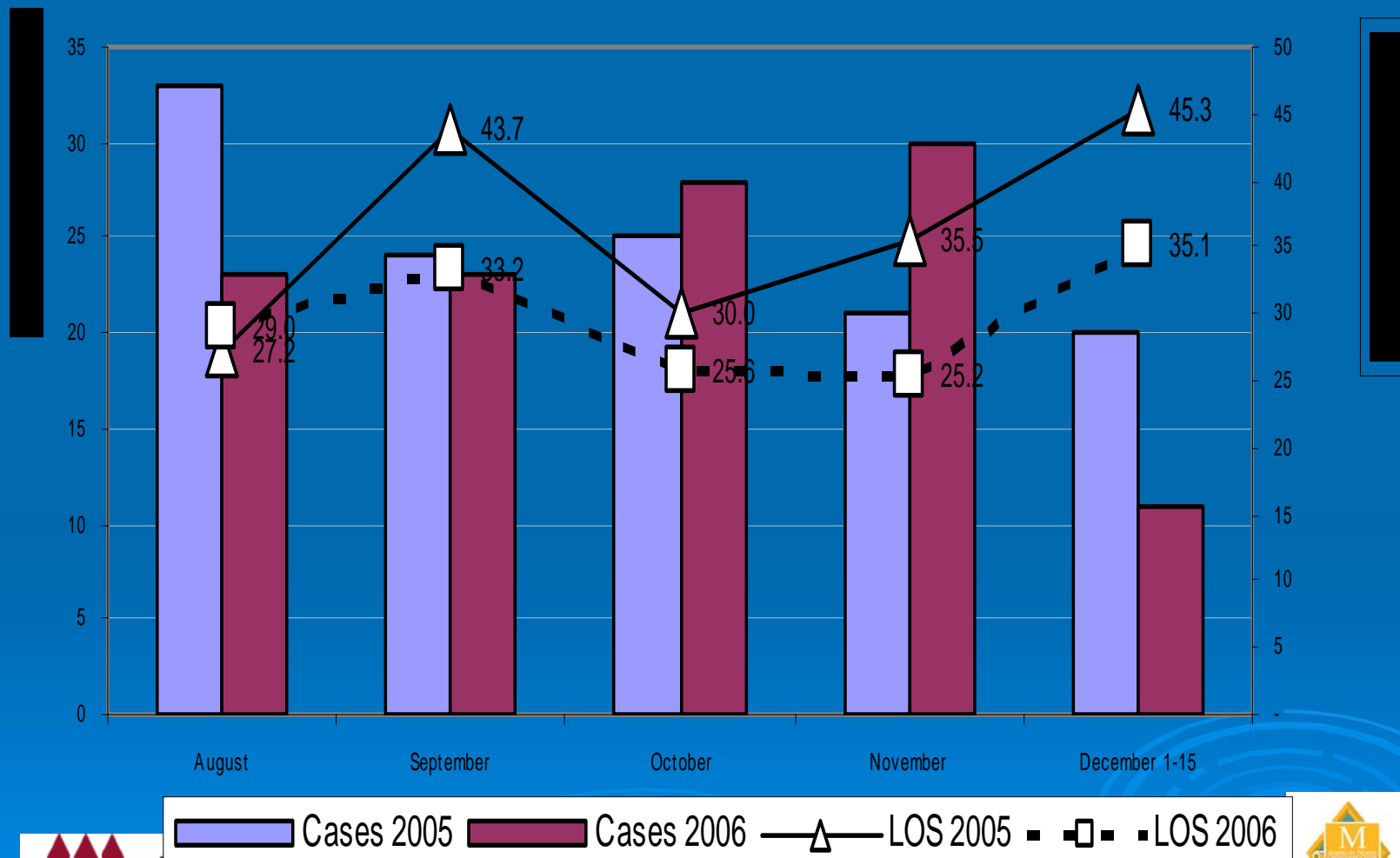
Clinical Nurse Leaders in SCU and CTICU participated in a redesign of Multidisciplinary Long Term Ventilator Rounds.



Outcomes to date:

- Early identification of Assisted Ventilator Program appropriate patients
 - Opened communication/collaboration between Assisted ventilator unit and the critical care areas thereby simplifying the consult process when Assisted Ventilator patient identified
- CNL Coordinators are part of the Central Line Bundle hospital wide committee and are able to contribute to Central line bundle compliance during rounds ie; early identification of and increased Central Line Removal
- Projected earlier and increased compliance with VAP bundle, DVT and GI prophylaxis

Ventilator/Trach DRGs 475/541/542/565/566



Maine Medical Center



Pediatrics

- CNL student coordinated the care and performed the teaching for a family with a trach-dependent infant.
- Discharge was accomplished one month earlier than anticipated

Pediatrics

- The teaching materials and documentation tools developed by the CNL for teaching Trach Care to the family have since been utilized by other staff for other patients and families

Cardiology

- CNL student has begun follow up phone calls:
 - Case example – one follow up phone call found a 73 y.o. discharged two days prior
 - Was not taking her meds appropriately
 - Did not feel well (not eating or drinking)
 - Had no follow up appointments

Cardiology (cont)

- CNL interventions included:
 - Explaining discharge instructions
 - Clarifying medication schedule
 - Instructing patient to call for follow up appointment
- Subsequent follow up calls showed
 - Patient had made her physician appointments
 - Was taking meds- feeling better

General Medical

- Success for the CNL on the General Medical Unit has been in the form of Patient Advocacy
 - The CNL was instrumental in making sure patient's wishes were respected
 - Carrying out recommendations by consultants
 - Coordinating care through the continuum

General Medical

➤ Case example

- Patient admitted with seven pressure ulcers- three – Stage IV
- CNL followed patient, became the consistent person to view the wounds each day
- Surgeon originally anticipated need for VAC dressings which would necessitate staying at MMC
- Patient improved with consistent involvement of CNL – Discharge to SNF approximately 29 days sooner than originally anticipated

Ortho/Neuro/Trauma

- A Comparison of Patients' Anemia with and without Stryker Drain Re-Transfusion After Total Knee Replacement

(Work in Process)

Ortho/Neuro/Trauma (cont)

- To determine if there are benefits to total knee replacement patients who receive re-transfusion of wound drainage via the Stryker drainage system.
- A retrospective chart review of approximately one hundred fifty patients who received total knee replacement surgery in 2005.

Summary



Questions?

- Please email any questions to:
jstanley@aacn.nche.edu

