

Nancy McDonald MA, BSN, RN, CNL
Outline of Presentation
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**Clinical Nurse Leader in a Unique Setting
Western Blind Rehabilitation Center
Palo Alto, California**

- I. **Setting: Western Blind Rehabilitation Center**
 - A. Evolved from medical center created during WWII that specifically treated personnel blinded during active duty
 - B. Blind Rehabilitation Centers were established throughout the country to address the specific and unique rehabilitation needs of blind veterans
 - C. Established from the most rudimentary knowledge base-veterans themselves who had been blinded during active duty.
 - D. Evolved into the state of the art VA Blind Rehabilitation Centers available today.

- II. **WBRC Program:**
 - A. Regional-12 western states, including Hawaii and Guam
 - B. Serve over 200 legally blind and functionally blind veterans and active duty personnel per year
 - C. Goal of Program: Adjustment to sight loss. To regain control of their lives by learning adaptive techniques for living independently.
 - D. Basic Rehabilitation Program: Assessment and Treatment in 4 Primary Areas
 1. Orientation and Mobility (O+M)-addresses each veteran's need to move safely and independently in his/her environment
 2. Living Skills-addresses the skills needed to live safely and independently in their own home.
 3. Visual Skills-Maximize veteran's use of remaining vision with optical aids, adaptive reading devices, visual techniques.
 4. Manual Skills-promotes development of hand skills, organizational skills, awareness of the environment, and safe and efficient work habits.
 5. Other members of the Team include clinical psychologist, social worker, recreational therapists
 - E. Special Programs: Computer Access Training, GPS training, Scooter travel

- III. **Nursing Role in Blind Rehabilitation**
 - A. Important members of rehabilitation team
 - B. Goals: Health maintenance and maximizing each veteran's ability to manage his/her medical needs independently

- IV. Who am I? How did I get to be a CNL in this particular setting?
- A. Unique credentials: BSN with a Masters of Arts in Vision Rehabilitation Therapy
 - B. First license nurse in WBRC in late 70's-defined the role of nursing in WBRC, evolved that role into Nurse Manager position
 - C. Returned to WBRC in 1995 in full-time capacity
 - D. With my education and experience was allowed to challenge the exam and became a CNL in September 2007.
- V. Taking on the role of CNL at WBRC
- A. Getting a work space-ESSENTIAL!
 - B. Writing myself a Position Description
 - C. Explaining and educating WBRC staff, nursing staff, WBRC patients, and my own family members about my new role
 - D. Creating personal and professional goals for my first year in CNL role
 1. Create unit manuals for ScripTalk instruction, Nursing Prosthetics, and Diabetes Education for the Visually Impaired
 2. Institute a Patient Education Program that includes all nurses on all shifts.
 3. Continue to work with BRS Nurse Managers to standardize nursing care in all Blind Rehabilitation Programs nationwide.
 4. Personal Goals:
 - a. Bring an awareness of Blind Rehabilitation as a discipline to the VA system, to the medical world, and to the public.
 - b. Bring recognition to Blind Rehabilitation Nursing as a unique discipline in rehabilitation.
- VI. Obstacles
- A. Space-Struggled for 3 months getting a dedicated work station
 - B. New unit leadership both within WBRC and WBRC nursing
 - C. Delineating my role as responsible for management of care, not management of nursing personnel.
 - D. Conflicting ideology with new nursing leadership about role of nursing in Blind Rehabilitation.
 - E. Nursing staff increased by almost half, requiring extensive staff orientation and education in BRC program
- VI. What have I accomplished? Have I met my goals?
- A. The manuals have been completed and are ready for use by all nursing staff. A fourth manual, entitled "Self-Medication: Policies and Procedures" was also completed.
 - B. The new nursing staff has acclimated to nursing role at WBRC. Together we are now ready to address the Patient Education Program that includes all nurses on all shifts.

- C. Standardizing BRS nursing nationwide is at a standstill. Need support from Blind Rehabilitation Administration at all Blind Centers nationwide. Need support from Nursing Service at a local and national level.
- D. Personal goals are a work in progress. Get the word out.
 - 1. Wrote an article entitled, "Teamwork: Innovative Problem-Solving". Won Second Place in Association of Rehabilitation Nursing 2008 writing competition. Have also submitted it to other periodicals for consideration for publication.
 - 2. And I am here. Spreading the word not only about the CNL role in a unique setting, but also about the unique setting itself.

This presentation may be duplicated and posted on the nation-wide VA Catalog.

Nancy A McDonald