



Academic – Practice Gap Analysis: Lessons Learned and Next Steps Forward

Background

- National Initiatives
- Connecticut Action Coalition Goals
 - Workforce Planning and Data Collection
 - Seamless Academic Progression using the Nurse of the Future (NOF) Nursing Core Competencies©. (Massachusetts Department of Higher Education)
- Connecticut Education Summit
- Regional Initiatives and RWJF/AARP Grant

Partners

- Gateway Community College (GCC)
 - Suzanne Conlon, MSN, RN, Chairperson and Associate Professor, Division of Allied Health and Nursing
 - Sheila B. Solernou, MSN, RN, Division Director of Allied Health and Nursing
- Southern Connecticut State University (SCSU)
 - Barbara Aronson, Ph.D., RN, CNE, Professor and Coordinator, Ed.D. in Nursing Education, Department of Nursing
 - Lisa M. Rebeschi, Ph.D., RN, CNE, Chairperson and Associate Professor, Department of Nursing
- Yale-New Haven Hospital (YNHH)
 - Judith Hahn, MSN, RN, Director, Center for Professional Practice Excellence
 - Russell Hullstrung, MPA, RN, Director, eLearning, Institute for Excellence
 - Patricia Span, MSN, RN, Strategy and Learning Specialist, Center for Professional Practice Excellence
- Doctoral Student
 - Pamela Forte, DNP, RN, Senior Clinical Placement Coordinator, Quinnipiac University

Academic Institutions

Gateway Community College

- One of twelve community colleges in the Connecticut State Colleges & Universities System
- One of six Associate degree nursing programs
- Two block campus in downtown New Haven
- College Enrollment 8,000
- Nursing Program Enrollment 252



Southern Connecticut State University

- One of the four Connecticut State Universities with annual enrollment of more than 11,000 students
- Department of Nursing offers traditional BSN, accelerated BSN, RN to BSN, master's degree, and Ed.D programs
- Nursing program enrollment 900 students



Yale –New Haven Hospital

York Street Campus

St. Raphael Campus



- 1008-bed tertiary medical center - national and international referral center
- Primary teaching hospital for the Yale School of Medicine at Yale University since 1826
- 511-bed community teaching hospital founded by the Sisters of Charity of Saint Elizabeth in 1907

Review Process

- Curriculum Assessment by each partner
- NOF Core Competencies:
 - Patient – Centered Care
 - Professionalism
 - Leadership
 - Systems – Based Practice
 - Informatics and Technology
 - Communication
 - Teamwork and Collaboration
 - Safety
 - Quality Improvement
 - Evidence – Based Practice

Patient- Centered Care Competency

Patient-Centered Care

The Nurse of the Future will provide holistic care that recognizes an individual's preferences, values, and needs and respects the patient or designee as a full partner in providing compassionate, coordinated, age and culturally appropriate, safe and effective care.

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K1 Identifies components of nursing process appropriate to individual, family, group, community, and population health care needs across the life span	A1a Values use of scientific inquiry, as demonstrated in the nursing process, as an essential tool for provision of nursing care. A1b Appreciates the differences between data collection and assessment	S1a Provides priority-based nursing care to individuals, families, and groups through independent and collaborative application of the nursing process S1b Demonstrates cognitive, affective, and psychomotor nursing skills when delivering patient care
K2 Understands that care and services are delivered in a variety of settings along a continuum of care that can be accessed at any point	A2a Values assessing health care situations "through patient's eyes" A2b Respects and encourages the patient's input relative to decisions about health care and services	S2 Assesses patient values, preferences, decisional capacity, and expressed needs as part of ongoing assessment, clinical interview, implementation of care plan, and evaluation of care
K3 Integrates understanding of multiple dimensions of patient-centered care: <ul style="list-style-type: none"> • Patient/family/community preferences, values • Coordination and integration of care • Information, communication, and education • Physical comfort and emotional support • Involvement of family and significant other • Transition and continuity 	A3a Respects and encourages individual expression of patient values, preferences, and needs A3b Values the patient's expertise with own health and symptoms A3c Respects and encourages the patient's input into decisions about health care and services	S3a Communicates patient values, preferences, and expressed needs to other members of health care team S3b Seeks information from appropriate sources on behalf of patient, when necessary

Gap Analysis Process

- Schedule established
- Relationship building
- Shared understanding and clarification by partners
- Individual curriculum review
- Joint curriculum review

Gap Analysis Tool

Patient Centered Care: The Nurse of the Future will provide individualized care that recognizes patient's preferences, values and needs and respects the patient or designee as a full partner in providing compassionate, coordinated, appropriate, safe and effective care.

Column	1	2	3	4	5	6
Competency KAS	<p>Assessment of current status</p> <p>How many opportunities are currently available for your students to learn the K/A/S by graduation?</p> <p>Scale of 1-4</p>	<p>Validation of current status</p> <p>Where are these learning opportunities in your curriculum and how are they taught? Summarize from worksheet.</p> <p>Provide documentation on worksheet of specific learning activities and assessment measures that demonstrate how you arrived at your score in column 1.</p>	<p>Desired outcomes Nursing Program</p> <p>How many opportunities do you (the faculty) believe should be available for your students to learn the K/A/S by graduation?</p> <p>Scale of 1-4</p>	<p>Desired outcomes- Practice Partner(s)</p> <p>How many opportunities does your practice partner believe should be available for your students to learn the K/A/S by graduation?</p> <p>Scale of 1-4</p>	<p>GAP between Nursing Program Desired outcomes and Current Status</p> <p>Subtract your score in column 1 from your score in column 3 to arrive at the difference between your desired outcomes and the current status.</p>	<p>GAP between Practice Partners Desired outcomes and Nursing Program Desired outcomes</p> <p>Subtract the score in column in 3 from the score in column 4 to arrive at the difference between the practice partner(s) desired outcomes and nursing program desired outcomes.</p>

Competency Summary

Patient Centered-Care	YNHH	GCC	SCSU
K1	4	4	4
K2	4	4	4
K3	4	4	4
K4	4	4	2
K5	4	4	3
K6	4	4	4
A1a	4	4	4
A1b	4	4	3
A2a	4	4	2
A2b	4	4	4
A3a	4	4	4
A3b	4	4	2
A3c	4	4	2
A4a	4	4	3
A4b	4	4	2
A4c	4	4	3
A5a	4	4	2
A5b	4	3	1
A6	4	4	2
S1a	4	4	2
S1b	4	4	2
S2	4	4	2
S3a	4	4	1
S3b	4	4	2
S4a	4	4	2
S4b	4	4	2
S4c	4	4	2
S5a	4	4	2
S5b	4	4	2
S5c	4	4	1
S6a	4	4	1
S6b	4	4	2
S6c	4	4	1
S6d	4	4	2

Gap Analysis Results

- **Safety**

- Students are taught safety concepts related to patient care but not related to the larger macro-system.
- There is a “language gap” between academia and practice. Terminology such as “culture of safety, high reliability organizations, root cause analysis” not introduced to students in the classroom.
- Students are not exposed to the “processes” surrounding reporting or communicating adverse events.

Gap Analysis Results

- **Quality Improvement**

- There is a “language gap” between academia and practice. Terminology such as “value based purchasing” and other terms not introduced to students in the classroom.
- Students do not see the link of patient satisfaction to QI as they are not exposed to unit based data- NDNQI, core measures, and HCAPS.

Gap Analysis Results

- **Systems-Based Practice**

- Gaps identified in academia to practice related to terminology used, i.e. micro system and macro system.
- Students don't see the connection that nursing has to influence macro system to effect delivery of care at the micro system (unit) level.
- Students do not understand the larger system: staff nurse councils, shared governance.
- Academia responsible for providing the knowledge and practice setting focuses on the attitudes and skills areas of the competency.

Gap Analysis Results

- **Teamwork and Collaboration**
 - Gaps noted on the impact of systems on team functioning.
 - Some minor gaps with the role of the Interprofessional team.

Gap Analysis Results

- **Communication**

- No major gaps identified.
- Gap areas identified centered on conflict resolution.
- Students have difficulty in this area related to confidence level.

- **Evidence-Based Practice**

- Gaps identified in academia from the ADN to the BSN. Students at ADN level get exposure but research is focused for the BSN level.
- Gap is expected due to outcomes of program.



Initial Plan

- Discussions between the academic and practice partners on how to close the gaps
- Determined that the group needed additional feedback
- Retreat day planned for April 4, 2014 that included faculty from GCC, SCSU and education leaders, clinical specialists, service line educators, core educators from YNHH
- Facilitator team from YNHH Institute for Excellence met with the group to plan the retreat



Retreat Day

Mercy Center



Integrating the Nurse of the Future Competencies into Curriculum & Practice: Leading the Way

- **Overview:** Academic-Practice Partners is a key strategy to strengthen nursing practice and develop nurses that will lead and advance health.
- **Objectives:**
 - Identify key components of the NOF Competencies
 - Synthesize the gap analysis and opportunities identified by the South Central Partners
 - Explore learning opportunities which will foster and build professional competency development
 - Assign action items in support of closing gaps

Structure and Process of Retreat

- Focus Groups: Each group assigned a gap area
- Each group will brainstorm recommendations to close gap and record on flip chart
- Gallery Walk
- Group Presentations and categorization of activities into low hanging fruits, gems and projects
- Activity Prioritization and assignment of action items



Collaboration & Brainstorming



Outcomes

TEAMWORK AND COLLABORATION				
Description	Gaps	Initial Recommendations	Retreat Recommendations	Action Plan
<p>The Nurse of the Future will function effectively within nursing and interdisciplinary teams, fostering open communication, mutual respect, shared decision making, team learning, and development (Adapted from QSEN, 2007).</p>	<ul style="list-style-type: none"> ▪ Gaps noted in impact of systems on team functioning: <ul style="list-style-type: none"> ○ Identifies systems factors that facilitate or interfere with effective team functioning ○ Identifies lateral violence as a barrier to teamwork and unit functioning ○ Explores strategies for improving microsystems to support team functioning ▪ Some minor gaps with the role of the Inter-professional team. 	<ul style="list-style-type: none"> ▪ Simulated learning experiences that are designed around inter-professional situations. ▪ Classroom education with other professions outside of nursing. ▪ Shadow experiences at the clinical affiliate site with other disciplines. ▪ Expose students to transition teams on clinical units. ▪ Involve students in mock JCAHO to instill continuous readiness. 	<ul style="list-style-type: none"> ▪ Simulated experiences (mock codes) interdisciplinary (gem) ▪ Shadow medical students (direct/indirect)/medical students shadow students/RNs (project – 1 vote) ▪ SBAR communication practice, interdisciplinary (low hanging fruit) ▪ Case studies for practice (HRO) role play (low hanging fruit, gem, project) ▪ Attendance at interdisciplinary rounds (Schwartz) – (low hanging fruit, gem) ▪ Library of Schwartz rounds for SONS (project, too difficult) ▪ All hospital education – interdisciplinary (project) ▪ Interdisciplinary rounds (gem) ▪ Lateral violence: cell phone technology debriefing (gem – 9 votes) ▪ Delegation (PCA, other RNs)/RNs work in other roles (gem – 14 votes) ▪ Extending out to community – other activities (project) ▪ Concept of decreased health care cost introduced – reality of HC Cost – C & V, more with less (project) ▪ Care transition teams (gem – 1 vote) ▪ Ambulatory care structure (gem) ▪ Professionalism – demonstrate/groups of students with direct and indirect, respiratory, transport (gem – 8 votes) ▪ List of people who are willing to have students shadow/feedback <ul style="list-style-type: none"> ○ Executive leader ○ FL staff ○ Care coordination ○ Transporters ○ Security ○ Lab ○ Volunteer office ○ Dietary ○ Patient relations ○ LIPS ○ JCAHO ○ RNs, Clinics, home care) ▪ Post Conference Report off using SBAR (2 votes) ▪ Involve in bedside reports (gem – 4 votes) ▪ Video of different team roles – introduce Team Steps (project – 2 votes) 	<ul style="list-style-type: none"> ▪ Delegation <ul style="list-style-type: none"> ○ Educate the student nurses and graduate nurses to effectively develop delegation skills ○ Simulation, SON, Capstone, Mentor, generational differences ○ Fall, 2015 ▪ Conflict Resolution, lateral violence (staff & patients) GN, Staff <ul style="list-style-type: none"> ○ Difficult families, patients, staff conflicts – how to help students and GNs prevent and manage ○ CHA ○ Fall 2015

Retreat

Summary/Action Plan – South Central

Partners

2014

2015

- ✦ Closer collaboration between hospital-based experts and School of Nursing by offering seats at large HRO training sessions. Begin, May 2014. (S)
- ✦ Collaboration Service Line; Educator (or designee) with Clinical Faculty Member and YNHH Clinical Placement Coordinator to facilitate learning opportunities/meetings. (SBP)
- ✦ Curriculum Thread for Concepts on Quality Improvement, May, 2014 initial, partial Fall, 2014. (QI)
- ✦ Safety Nurse to attend student pre/post conference at least twice during rotation to discuss hospital-wide safety initiatives. Fall, 2014 semester. (S)
- ✦ Opportunity for students to address adverse events/great catches via prepared case studies based upon actual practice, Develop for Fall, 2014. (S)
- ✦ Introducing EBP into introductory/skills courses: using EBP process/articles. Fall, 2014. (EBP)
- ✦ Lab/Sim – Room of Errors – Clinical Day Curricular Review Woven Thru, Fall, 2014 semester. (QI)
- ✦ CLN Day, Nov 2014. (QI)
- ✦ Structure Preceptor CAPSTONE Experience (SBP)
- ✦ Reframing student clinical learning objectives to include (SBP)
- ✦ Partnering BSN/AD on projects/ assignments demonstrating EBP. Spring, 2015. (EBP)
- ✦ Delegation - Educate the student nurses and graduate nurses to effectively develop delegation skills; Simulation, SON, Capstone, Mentor, generational differences, Fall, 2015. (TC)
- ✦ Shadowing any/all direct and indirect care givers, Placement coordinators (SON and hospital); Define individuals and times to work with students and arrange logistics/education for participants. Fall, 2015. (C)

Lessons Learned

- Practice Partners and Education use different language.
- Practice Partners uses a micro and macro systems approach.
- Education Partners use a patient/nurse approach.
- Practice Partners focus on a team based practice.
- Lack of communication exists between what is taught in the classroom and what actually happens at practice sites.

•

•

Lessons Learned

- Conversations between academic institutions and practice partners are essential to provide seamless progression to practice.
 - The process allowed for the opportunity to connect the ten essential competencies through dotted and connected education and practice experiences, a critical appraisal and analysis of evidence to support practice.
-
-

Where Do We Go From Here?

- Academic institutions conduct assessments for curricular re-design to address gaps.
- Continue practice-academic discussions to ensure new curriculum address gaps. Ensure seamless progression to practice partner orientations/ residency programs.
- Continue discussions with practice partners to develop new opportunities for student learning in clinical practicums (i.e. include students in more of the initiatives occurring on the unit, include critical thinking activities into the clinical experience that incorporates the competencies).
- Develop a plan for the implementation of the team recommendations.



Next Steps

- Review of Retreat Feedback by Steering Committee
- Frame a strategic plan for Implementation of viable activities/timeline
- Vet plan with leadership groups from YNHH, SCSU and GCC for endorsement
- Determine best way to implement plan

What to Take Away

- Benefits of Academic-Practice Partnerships
 - Seamless progression to practice
 - Decreased orientation time
 - Decreased recruitment costs
 - Increased retention rates for new graduates
 - Better prepared nursing workforce
 - Less confusion/misunderstanding between partners
 - Improved quality of patient care
 - Mutual inspiration and creativity
 - Improved use of resources and time
- Importance of Relationship Building
- Gaps are OK
- Excitement/Enthusiasm Builds
- It is Possible to Make Changes!

Thank You!

