Situated Model of Learning in Leadership and Advanced Practice Nursing students

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Background

The *Future of Nursing*[1] report

Accessible, high-quality care cannot be achieved without exceptional nursing care and leadership

Nurses should assume leadership roles in redesign of health care system.

Expansion role of advanced practice nurses in leading changes in health care system

DNP Essentials[2]

Organizational & Systems Leadership critical to improve patient and healthcare outcomes

-Develop and evaluate care delivery that meet current and future needs of patient populations

Rush University College of Nursing

"prepares nurse leaders who set standards and help eliminate health disparities"[3]

Education of advanced practice nurses at doctoral level

- FNP projects are system or care delivery programs
- Improve measurable outcomes for a population
- Address at population level primary care services role

Model of Situated Learning in Leadership

- **Provides leadership framework for projects**

- **Nursing literature – teaching leadership**
- Characteristics of leadership and initial strategies, differentiation managing and leading, cognitive models for prelicensure students[4-7]
- Limited on learning contexts and experiences for leadership formation – especially for advanced practice
- Compared to other practice professions, literature on leadership formation is limited.

- **Similar theoretical conceptions of learning**
  - Dreyfus theories skill acquisition[8]
  - Benner "From Novice to Expert" and "Radical Transformation in Nursing"[9,10]
    - Not linear
    - Using unstructured problems rather than structured – Unstructured problems possibly have unlimited number of relevant facts and features element
    - Developed concepts of novice to expert
    - Developmental, situated performance and experiential learning
    - Competence - learners recognize importance of both context-free and situational information and use most salient to develop plans and improve performance
    - Formal structural and process models/expert systems do not fully describe higher levels of experience[11,12]

Model of situated learning in leadership

Concerned with role formation

- Learning takes place same context in which applied
- Social process – knowledge co-constructed instructors and learners
- Emphasizes coaching with expert

Legitimate peripheral participation in communities of practice[13,14]

"Groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly"[15]

- Concerned over-emphasis on competency-based teaching[16]
  Competence not competencies
  Sum of competencies not necessarily competent
- Context/environment for developing leaders
- Building leadership capacities in environment
- Consider experiences needed to be a leader[17]

The Project

People with intellectual disabilities

- Compared to people without ID
  - 4X as likely (8X if they have coexisting mental health disorders) to
    - Have ≥ five ED visits in two years[18]
  - 6X as likely hospitalized for ambulatory sensitive conditions[19]
- Recent Cochrane review - no studies on organizing health services[20]

Doctor of Nursing Practice Family Nurse Practitioner students (3)

- Community agency providing residential services people with ID
- Coordinated projects common reasons emergency department visits

Emergency department visits

- **Falls most common reason for ED visits**
  - Recently computerized risk data
  - Agency has efforts for individuals at risk of falls
- **Problem behaviors/psychiatric second most common reason**
  (Overall most common reason for hospitalization this population)
  - Many residents have behavior plans
  - Staff receive yearly training in behavior management
- **Sudden illnesses third most common reason**
  - Agency has a head to toe symptom checklist for frontline staff
  - Provides training in the checklist

Environment

- Emphasis on community integration, self-determination
- Move away from medical model
- Recent emphasis on aging and ID
- State budget cuts

Nursing

- Approximate 1 to 90
- Involved in training but generally not supervision front-line staff

Front line staff in Illinois

- 8th grade education (12th grade if involved with meds)
- 40 hours didactic and 80 hours on the job
  - Training -15 hours basic health[20]
  - Red flags of general medical conditions
  - Vital sign procedures
  - Who to notify emergency health and safety concerns
- This agency and many others provide more

The Project

Falls

- Development of fall prevention protocol
- Formal tool to be used for assessment of environment
- Formal education of residential staff on fall prevention
- Debriefing post fall
- Fall prevention exercise program for implementation in homes

Behavior/psych

- Post ED debriefing protocol
- Implementation Social-problem solving program

Sudden illnesses

- Development of symptom checklists common health issues leading to hospitalization
- Placement of checklists specific to each resident in home
- Training of front-line staff on checklists

Timeline

- Development of project tools and assessment in collaboration with agency by Sept. '14
- Pilot with 1 or 2 homes each by Dec '14
- Evaluation pilot & edits to program March '15
- Roll out of program 'April '15

Evaluation

- Acceptance of program tools by residents and front line staff
- Involvement in developing program by residents and front line staff
- Use of program tools by residents and front line staff
- Impact on number and rate of ED visits

Use of model

DNP Role

- Evidence appraisal and research synthesis to translate research to build evidence-based care
- Design and implement programs of care delivery impact health care outcomes & transform health care

Recognition group/population concerns

For individuals with ID

- Need for evidence-based care
- Need for systems and programs of care conducive to their needs

Coursework

- Advanced pharmacology and advanced physiology, primary care courses and clinicals
- Transition to Advanced Practice Nurse role
- Epidemiology and statistics,
- Research for evidence-based care
- Leadership in evolving healthcare environment
- Healthcare economics, policy and finance
- Population Assessment, Intervention Planning, Implementation & Evaluation

Application of coursework with faculty coaching (examples)

- Review of agency data required application of epidemiology, statistics, knowledge about surveillance
- Development of programs
   Population assessment and program planning

Leadership practice at mezzo system level

- Reviewing literature related to the issue
- collaborating with involved stakeholders
- implement an intervention and evaluate the intervention or propose an evaluation framework..

Conclusion

- **Connected to situated learning in leadership**
  - Connected to real problem on which this agency is trying to provide leadership
  - Elements of unstructure – consideration context-free and situational information in developing project
  - Projects co-constructed students and faculty. Faculty coaching for high-quality change products

- **Improving the space/role for nursing leadership – more than role defined in regulations**
  - Data structure, process, and outcomes of nursing – provide information to improve quality of care
  - Building leadership capacity – specifically better coordination nursing and front-line staff
  - Students have met with others trying to improve care –example: Office of State Guardian

- **May fit in with efforts for Certificate and career development paths for front-line staff**
  Ex:– The Boggs Center http://rwjms.rutgers.edu/boggscenter/training/CDSAdministratorTraining.html