Title of project: “Education to Nursing Practice: Graduation is Just the Beginning”

Project Director: Primary Applicant

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Abstract of Project

The focus of this project is to increase the number of local professional nurses who are prepared for a role as a clinical educator. Access to adjunct clinical faculty who are employed in the facilities that clinical education occurs would lead to a direct increase in the educational capacity of the nursing program. This would be accomplished through a three phase innovative approach that would enhance nursing recruitment and retention of nursing professionals employed by partners in healthcare.

The Preceptor Phase focuses on the implementation of a formal preceptor program with sophomore CWC nursing students and nurses in the collaborating healthcare facilities. This will occur each spring during the student’s capstone nursing course.

The Nursing Internship Phase focuses on the development of a current orientation model already in place for graduate nurses once they are hired into the partnering facilities as well as increasing the development and comfort level of staff nurses who are interested in a clinical educator role. Graduates continue with their preceptor from the first phase, working toward mutually identified goals set by the nursing unit (manager), the graduate, and the preceptor. Educational focus in this phase includes providing simulation learning activities and didactic development and support to meet necessary competencies required by the facility as the preceptor/graduate dyad works through learning modules.

The Nursing Fellowship Phase focuses on the access to continuing education and professional development for currently practicing nurses in the partnering facilities through modular education following established standards. Lateral movement of nursing staff to fill open positions in specialty areas such as intensive care, emergency department, labor and delivery, as well as the newborn nursery will be enhanced. This education, developed for each specialty area, will include both a didactic and simulation component.
Description of the Problem

Nursing education capacity is a multifaceted issue that includes consistent contributing factors, as well as challenges unique to a single healthcare facility, a frontier geographic location, or one educational institution. Conquering these challenges cannot be accomplished by any single entity, but will take a collaborative effort from nursing education and healthcare industry partnerships working in unison.

Healthcare in Fremont County, Wyoming is straightforward in design but complex in operation. There are two acute care hospitals, the Riverton Memorial Hospital and the Lander Regional Hospital, located approximately 26 miles apart. Both for profit facilities are owned and managed by the LifePoint Corporation. Historically, these facilities have been fierce competitors on opposite ends of the healthcare arena, struggling against each other in such business operations as recruitment and retention of nursing and medical staff and delivery of quality healthcare to a diverse consumer from a frontier location.

Although the nursing program at Central Wyoming College (CWC) is located in Fremont County, graduates from this program consistently seek initial employment at facilities that have formal internship and orientation programs. Local facilities have a difficult time recruiting graduates in addition to those with whom they employ during the time period the graduate is in nursing school. Successful recruitment and retention of graduate and experienced nurses, as well as providing the support and educational tools needed for nurses currently working in their facilities to transfer to open positions in specialty areas, have been ongoing challenges faced by each facility.

Access to professional development and continuing education is reported by each facility as an ongoing struggle. Due to the geographic location of these facilities, completion of coursework or conferences that aid in obtaining certifications and continuing education credits equates to a significant expense for both the facility and the individual. Many departments don’t have the staffing depth needed to send their nurses to conferences located in regional education centers. Budgetary constraints are not conducive to covering the travel and lodging expenses of education one individual at a time. In addition, though the client population in the area routinely brings high acuity situations to the facilities, healthcare providers will not see a significant number of similar situations lending to adequate and successful orientation to a new specialty areas. Nursing staff report they are hesitant to transfer to a specialty area in their current facility due to a lack of educational support during that transition. These factors have led to increased frustration on behalf of the facilities as nursing positions remain unfilled, leaving nursing staff who desire advancing their education in other areas of nursing dissatisfied.

Facilities that employ nurses have unique but consistent challenges to face as healthcare in the 21st century moves forward. Facilities must collaborate with each other as well as with educational facilities to maximize staffing, resources, and access to educational opportunities.

From the educational perspective, a complex but consistent set of challenges parallel those identified by the healthcare facilities. Open faculty positions in schools of nursing are commonplace, and CWC is no exception. During the 2008-2009 academic year, CWC experienced a faculty shortfall of three full time positions out of a total faculty cohort of eight. Meeting the educational needs of the students with a
38% deficit of personnel is certainly a challenge no nursing education unit wants to tackle. In addition to the real threat to student success, this leads to increased workload of current faculty, potential burnout, and increased faculty attrition.

During the resolution of this faculty shortfall, the nursing program found it could not utilize the experienced nursing staff at either facility to fill in as adjunct clinical educators. Although the facilities and the educational program were both very willing to venture into a collaborative employment scenario, the lack of exposure to the role of a clinical educator compounded by a lack of facility staffing prohibited the development of this option. The facilities couldn’t spare an experienced nurse, and the nursing education unit did not have the time or resources to develop and mentor a novice clinical educator.

Therefore, the educational and employer partners created an innovative collaborative project that will offer direct solutions to multiple challenges. This project is focused on the goal of increasing access to nursing professionals who are prepared to successfully take on the role of clinical instruction. Through the development of the skills a novice educator needs to be successful, the nursing education unit can directly increase educational capacity.

Partnership Goal for Educational Capacity Enhancement

Central Wyoming College has a long and successful history collaborating in the education of Associate Degree nursing students with local healthcare facilities. For the last 26 years, Riverton Memorial Hospital and the Lander Regional Hospital have consistently provided nursing students with a multifaceted clinical education experience. In collaboration with these healthcare facilities, the nursing faculty at CWC identified several challenges in the daunting task of increasing nursing education capacity: increasing availability of nursing faculty and adjunct clinical faculty; increasing student capacity in clinical facilities; and filling nursing positions in specialty units such as intensive care, emergency care, labor and delivery, and newborn nursery. As a result of the implementation of this project, the partnership has designed a project to address these three critical challenges in educational capacity enhancement.

Implementation of the three phases of the global project will lead to the resolution of many barriers the nursing education unit faces in regard to educational capacity. Facility partners can begin to resolve their staffing shortages in specialty nursing units as nurses complete the Fellowship phase. In addition, the enhanced access to professional development will increase moral, resulting in the retention of nurses. Concurrently, facility preceptors will glean valuable clinical education experience thorough their work with nursing students in the final semester of their program of study.

Armed with the skills necessary to be a successful clinical educator, the nursing program can identify those staff nurses who desire to become adjunct clinical instructors. This increase in clinical faculty will provide the necessary resources for increasing enrollment in the nursing program. A realistic goal for the first year of the project is to secure one adjunct clinical instructor. Due to the ongoing nature of the
project, additional clinical faculty will become available on a routine basis. Once the clinical faculty is identified, the partnership has identified a goal of increasing the nursing education capacity by eight students per student cohort. As the program currently admits thirty two students annually, this goal represents an education capacity enhancement of 20% annually.

Proposed Project Plan

This project proposal is focused on increasing educational capacity through successful preparation of nursing professionals to take on a clinical instructional role. Although all three phases of the global project are necessary in meeting the goal of the project, this proposal will focus on the educational components of the Nursing Fellowship phase.

To briefly describe the contribution of each phase, the Preceptor Phase is currently in place and is an incidental component of the overall project. Once identified, preceptors attend a two day Clinical Faculty Academy, in which they receive information on learning styles, clinical learning objectives, strategies for successful clinical education, as well as student performance evaluation.

The second phase of this project, the Nursing Internship Phase, is designed as an extension of the Preceptor Phase. Previously identified in healthcare facilities as the orientation period, which lasts approximately eight weeks, the Nursing Internship Phase can be expanded to a year and will include a more formal approach to the transition from nursing student to nursing professional.

Lastly, the final component of the project is the Nursing Fellowship Phase, which is the main focus of this project plan. Designed for nurses with experience or novice nurses who have completed the initial orientation component of the Internship Phase, the Nursing Fellowship Phase is divided into specific areas of nursing focus, organized into learning modules. These modules include: Medical Surgical Fellowship, Adult Critical Care Fellowship, Emergency Department Fellowship, and a Maternal-Newborn Fellowship. Education specific to each area of nursing will provide the necessary knowledge and skills for a novice nurse to be successful as they begin their nursing career. Moreover, it will provide experienced nurses with the motivation and tools to be successful as they transition to a new aspect of nursing.

Each fellowship will include didactic instruction provided by subject matter experts from any of the three partnering entities. A simulation component will be developed by the college nursing faculty for each fellowship that parallel the didactic content.

Specifically, the didactic instruction for the learning modules will be provided by facility nurses who are currently working in the specific area in collaboration with nursing faculty. This partnership provides education lead by subject matter experts guided by faculty who excel in the educational components of adult learning. Faculty will mentor the facility nurses as they prepare and complete the didactic components of the Fellowship modules. Moreover, as clinical educators, the faculty will design and
implement clinical scenarios using high fidelity simulation techniques that complement the topics and content presented in the didactic component.

The involvement of facility nurses in the educational component of the Fellowship modules is a critical element of this project in regard to educational capacity enhancement. Parallel to the Preceptor Phase providing nurses with hands on application of the clinical faculty role, the didactic component opens nurses to the role of a classroom educator. Guided by a faculty mentor, nurses considering the option of transitioning to an educator role will receive firsthand experience without the hesitation and fear of leaving their current employment. These potential future educators will have the opportunity to decide if this role change is a good fit for their professional career.

Armed with the exposure and initial skills as a novice nursing educator, clinical nurses involved with the Preceptor and Fellowship Phases of this project will have the confidence to enter the role of an adjunct clinical faculty or a full time faculty position when the nursing program at Central Wyoming College identifies these opportunities. Increasing the capacity of nursing students is directly linked to availability of faculty. Once implemented, this project will provide a local pool of qualified and skilled educators from the facilities in which the nursing students complete their clinical educational components.

Although a smaller but essential component of the larger project, this proposal is to request the necessary funding for the nursing faculty to develop and implement the simulation components of each phase. From a larger perspective, the nursing program and the facilities currently fully support the Preceptor Phase of the project. The healthcare facilities have committed to providing the fiscal resources necessary to support the Internship Phase of the project.

The use of high fidelity simulation provides valuable educational opportunities. However, the development, preparation and implementation are a time consuming endeavor. These funds will provide the essential fiscal resources needed to allow a faculty member to be identified as the community simulation coordinator. Assigning these tasks to a faculty member educated in simulation development and implementation is an essential component for the success of the overall project. Release time from other instructional responsibilities in the nursing program will be facilitated during the time the community simulation coordinator is needed for this project.

As this is a small part of a larger, ongoing project, the scope for this project proposal will address the simulation development and implementation needs for the first year of the project. This project proposal will focus on the funding necessary to implement the simulation components of two of the four modules. Although all four modules are included in the Project Timetable, the Medical Surgical and Adult Intensive Care Fellowship Modules have been identified by the employer partners as areas of most need. These two modules will be implemented in the first year of the project and will be the focus for the project budget proposal.
Project Timetable

The Preceptor Phase will be implemented each spring, and is currently in progress. This phase will conclude prior to graduation.

The Nursing Internship Phase will begin as the partnering employers hire graduate nurses. The anticipated start of this phase is June 2010. This phase will last approximately a year, with the orientation component to be included in the first six to eight weeks, followed by the completion of a Fellowship Module.

The Nursing Fellowship Phase will begin with the Medical Surgical module. Upon completion of this module, the Adult Intensive Care module will commence. Each module is anticipated to last approximately twelve weeks. A realistic expectation for the first year of this project is to complete these two Fellowship modules by May 2011. Refer to Table 1 for an outline of the project timetable.

<table>
<thead>
<tr>
<th>Phase of Project</th>
<th>Anticipated Start Date</th>
<th>Anticipated Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor Phase</td>
<td>Spring 2010</td>
<td>May 1, 2010</td>
</tr>
<tr>
<td>Internship Phase</td>
<td>June 1, 2010</td>
<td>May 31, 2011</td>
</tr>
<tr>
<td>Fellowship Phase: Medical Surgical Module</td>
<td>October 2010</td>
<td>January 2010</td>
</tr>
<tr>
<td>Fellowship Phase: Adult Intensive Care Module</td>
<td>March 2011</td>
<td>May 2011</td>
</tr>
<tr>
<td>Fellowship Phase: Emergency Department Module</td>
<td>Variable (second year of project)</td>
<td>12 week duration</td>
</tr>
<tr>
<td>Fellowship Phase: Maternal-Newborn Module</td>
<td>Variable (second year of project)</td>
<td>12 week duration</td>
</tr>
</tbody>
</table>

Table 1: Project Timetable

Project Budget

The healthcare partners in this project have identified funding to support many aspects of this project. In addition, the educational entity is currently supporting the faculty and mentoring resources for the Preceptor Phase. This proposal identifies a component of the larger project, the simulation and skills activities of the first two Fellowship Modules, as an area of financial need for the project to be successful. An essential focus for the application of concepts, these intensive and focused learning activities are designed around the principles of adult learning theories and represent the real life application of standards in nursing care that are not consistently available during the didactic
component. This innovative approach to the development of future educators from a pool of clinical experts is the key to enhancing educational capacity at Central Wyoming College.

The Preceptor Phase of the project is currently in progress. The college has funded the faculty and mentoring materials for the Clinical Faculty Academy in-service. The healthcare facilities are providing the preceptors as routinely scheduled to work with the nursing students.

The Nursing Internship Phase of the project, funded by the healthcare facilities, has budgeted $12,000 per new graduate. In addition, they have identified that each preceptor will receive $1000 bonus once the graduate completes the initial orientation component of the Internship Phase.

The Nursing Fellowship Phase will include costs to be covered by the health care facilities. The facilities have identified funding in their operational budget to purchase necessary curriculum for the four Fellowship modules. Classroom instruction will be provided by nurses from both facilities, and their employer will cover the cost of their wage for the instruction time. Attendees will need to be available for classes and simulation activities, requiring staffing coverage, which will also be covered by their employer.

The focus of this project proposal is the simulation activities of the Medical Surgical and the Adult Intensive Care Fellowship Modules. The employer partners reviewed the content for the didactic portion of the modules, and have identified a minimum of four simulation activities for each of the Medical Surgical and Adult Intensive Care Modules, totaling eight topics for the project.

Although faculty will use simulation scenarios developed by the National League for Nursing as well as those provided by the product vendor, these scenarios will require modifications to ensure adequate application to the didactic content of the modules. Faculty will need time to modify and prepare for each simulation. Based on current practice, each simulation will take approximately fifteen hours for the faculty to prepare. The implementation of each activity will include the set time, delivery of the instruction, as well as the tear down activities. The delivery and management of one topic will require two nursing faculty to implement successfully. The costs associated with the preparation and implementation will offset the cost of the faculty’s time in these areas, as their instructional responsibilities in the nursing program will need to be covered by other faculty. The college will donate the facility time and the use of simulation non-consumable equipment for all activities. The cost of consumable supplies used in the simulation activities will be covered by the healthcare facilities. Please refer to table 2 for a specific listing of expenditures.
<table>
<thead>
<tr>
<th>Project Focus</th>
<th>Preparation</th>
<th>Implementation</th>
<th>Total Per Module</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Surgical Module: Four topics total</td>
<td>4 topics @ $750 = $3000.00</td>
<td>4 topics @ $500 = $2000.00</td>
<td>$ 5000.00</td>
</tr>
<tr>
<td>Adult Intensive Care Module: Four topics total</td>
<td>4 topics @ $750 = $3000.00</td>
<td>4 topics @ $500 = $2000.00</td>
<td>$ 5000.00</td>
</tr>
<tr>
<td>TOTAL BUDGET REQUEST</td>
<td></td>
<td></td>
<td>$10,000.00</td>
</tr>
</tbody>
</table>

Table 2: Budget Expenditures

Anticipated Outcomes and Project Evaluation

This project includes three phases, with the third phase divided into four specific modules. Two modules, the Medical Surgical and Adult Intensive Care Modules will be included in the first year of this project. Each phase has outcomes associated with its specific focus, and will be evaluated upon completion. The project manager will work closely with individuals identified by the Wyoming Center for Nursing and Health Care Partnerships to ensure the outcomes meet the nature of the mission and vision for enhancing education capacity.

In regard to the identification and evaluation of outcomes for each phase of this project, the nursing program will separate the first phase, the Preceptor Phase from the remaining two. As this phase is an education component of a required nursing course, the learning outcomes and evaluation measures must remain consistent with the systematic program evaluation for the nursing program as a whole. Naturally, the nursing program will include data obtained from this evaluation process in the reporting of outcome evaluation for the entire partnership project, while maintaining student privacy. Meeting the objectives identified by the WCNHCP for this project will include program data from the preceptor Phase of the project.

Secondly, the outcomes for the Nursing Internship Phase will focus on a successful transition from student to professional nurse. In addition, outcomes essential for the evaluation of the contribution this phase had in regard to enhancing education capacity will be included.

Finally, the Nursing Fellowship phase, specifically those related to the implementation of the Medical Surgical and Adult Intensive Care Modules, will generate the most information in regard to how the outcomes influenced educational capacity. Outcomes from this phase will focus on the availability of skilled and educated adjunct clinicians from a variety of nursing areas who can directly contribute to increased nursing education enrollments at Central Wyoming College. Please refer to table 3 for an outline of anticipated outcomes and evaluative measures for each phase of this project.
<table>
<thead>
<tr>
<th>Phase of Project</th>
<th>Anticipated Outcomes</th>
<th>Possible Evaluative Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preceptor Phase</strong></td>
<td>Determined by the nursing education unit</td>
<td>Determined by the nursing education unit; reported as defined by the WCNHCP</td>
</tr>
</tbody>
</table>
| Nursing Internship Phase | 85% of the graduate nurses will pass the NCLEX on the first attempt  
85% of the participants will complete the orientation component of this phase as defined by the employer  
85% of the participants will report that they felt supported and mentored through their transition to professional nurse  
85% of the preceptors will report they were satisfied with the Internship phase of the project  
A minimum of one preceptor will express a desire to continue their role as a clinical educator | Evaluation of all participants |
| Nursing Fellowship Phase – all modules | Experienced nurses who wish to explore a new aspect of nursing will be identified and will participate in the Fellowship module of their choice  
Nurses from the internship program will complete either the Medical Surgical or the Adult Intensive Care Module based on the unit they are currently working.  
Two Fellowship modules will be completed by May 2011.  
Nurses involved in the didactic component of the Fellowship modules will report they felt supported by the faculty  
A minimum of one nurse will express a desire to continue their role as a nursing educator | Evaluation of all participants |

Table 3: Anticipated Outcomes and Evaluation Measures
Potential for Replication of the Project

This project can be replicated by any nursing education unit that partners with employers of nurses. In its simplest form, the three phases of the project can be reproduced and implemented in any single component or combined fashion. The Preceptor Phase follows the standards and monitoring procedures required by the various bodies that regulate nursing education, and can be adapted to meet individual requirements if variations are identified. The Nursing Internship Phase can be implemented in any manner that complements existing orientation procedures in facilities that hire graduate nurses. A critical element for providing safe and effective nursing care, ongoing continuing education and professional development should be embraced by nurses and their employers, making the Nursing Fellowship Phase an attractive model. The didactic component of any of the modules can be included. In the absence of the availability of high fidelity simulation equipment, the hands-on learning can be modified for low fidelity activities to include case study application, role playing, mock scenarios and group discussion.

Proposal Summary

A multitude of research data has been generated on the nature, complexity and voluminous mass of the current nursing shortage. Despite the variety of these studies, each one is consistent in their findings: nursing education programs are currently not meeting the demand for additional new nurses needed to replace the numbers leaving the profession. The time for focusing on innovative approaches to increasing the capacity in our nation’s nursing education systems is now.

Many challenges exist that set barriers to increasing educational capacity. Lack of nursing faculty, limited clinical sites, and novice nurses who leave the nursing profession within their vulnerable first year all contribute to the shortage of professional nurses. Entities involved in the education and employment of nurses must develop strong partnerships to combat these challenges. Through innovative ways to boost and maintain adequate staffing in local healthcare facilities, nursing education units can increase their access to expert clinicians to fill educator roles, closing the loop that provides direct increases in education capacity.

Partnerships among the nursing program at Central Wyoming College and local healthcare facilities have been established and are thriving. Each entity is posed to work collaboratively to increase the educational capacity of the nursing program. Nursing management at the Riverton Memorial Hospital, Lander Regional Hospital, and the Associate Degree nursing program at Central Wyoming College has designed a project that will enhance the quality of nursing care provided to the client they serve, foster a culture of continuing education and professional development, as well as career advancement. Moreover, this project will provide the essential guidance and support for graduate nurses as they begin their professional nursing careers. Finally, through the development and mentoring of novice educators from the clinical facilities, the nursing program will increase access to a skilled pool of clinical and full time faculty, an essential component to increased nursing education capacity.