CAN-DO-IT: Innovative Learning Through Collaboration

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Disclaimer

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Special Thank You

- **Tennessee**
  - Commissioner of Health - Susan Cooper MSN
  - Assistant Commissioner of Health - Cathy Taylor PhD RN
  - Public Health Nursing Director - Deborah Hardin BS RN
  - Maternal Child Health Consultant - Patti Scott DNP

- **Arkansas**
  - Patient Care Manager, Central Region, Arkansas Department of Health – Zenobia Harris DNP
Review of the Literature

- PHNs in leadership positions should have mastered the skills to mobilize, coordinate and direct broad collaborative actions within complex systems
  
  (Roper, 1992; Scutchfield, 2002; Kaiser, 2002; Harrison, 2005; Ouzts, 2006; Mg etal, 2006; Issel, 2006; Stanley, 2008)

- *Council of Linkages* developed PHN Core Competencies to
  
  - Strengthen public health workforce development
  - Use as a framework to employ and evaluate staff in the practice setting
  - Identify gaps in specific PHN skills and knowledge
  
  (Quad Council, 2003)
**Review of the Literature**

- PHN Preceptors did not feel competent to facilitate or evaluate student learning
  - Epidemiology application
  - Assessment of population health
  - Use of evidence base in clinical decision making
  - Financial planning
  - Policy development
  - Formative and summative program planning skills

(Poulton, Lyons, & O'Callaghan, 2008; Bartee et al, 2003)
Workshops/seminars provide and enhance training that implement and evaluate performance measures in practice and education

(Loureiro, 2009; Woodhouse, 2010)
Background

- **Competencies in Advanced Public Health Nursing-Develop, Organize, and Instruct Together (CAN-DO-IT)**
- Designed to tailor activities to needs assessment for groups of PHN nurses and faculties
  - Planned activities validated by leadership
  - Students mentored in process
  - Activities include didactic materials and application activities to practice new learning
Background

- HRSA grant (2009-2012)
  - Teach PHN CC to Historically Black Colleges and Universities (HBCU) faculty and faculty from Medically Underserved Areas (MUA)
  - Use the education as a recruiting tool to increase minorities in PHN and in clinical preceptor sites
  - Provide clinical practicum for DNP PHN students
- By end of Yr-01 - Outreach unsuccessful
  - 1 response from HBCU faculty
  - 0 responses from other Mid-South MUA faculty
- .... Onward to Plan B
After completing research about the PHN workforce, the state health department recognized the need for orientation to public health in new nursing employees.

At the state’s request, the HRSA grant and CAN-DO-IT Workshop expanded its objectives to include not only HBCU and MUA faculty, but state TN DOH PHN regional directors and managers.
Background

- **The Consultant**
  - Public Health Nursing Leadership Survey

- **The Contact**
  - Telephone calls & emails to discuss possibilities

- **Strategic planning meeting in Nashville**
  - Faculty and students with PHN Director and Consultant
  - Tentative agenda developed
Purpose of Activity

- **Build Workforce**
  - Provide assistance in a focused activity to build administrative and leadership capacity in district supervisors and partners in education (faculty)
  - Network activities between TN DOH District administrators and the faculties in their communities

- **Apply PHN Core Competencies (CC) to TN DOH programs**
  - Requested analysis of 5 programs
  - Provide assistance to TN DOH program planning with Logic Model development
  - Application of PHN CC skills with PHN leadership and faculties
What are the leadership challenges faced by TN DOH administrators and faculty? (Public Health Nursing Leadership Survey)

Will PHN Core Competencies improve following intervention strategies to address the challenges?

What logic model elements are identified by administrators and community faculty in 5 pre-determined TN DOH programs?
Methods

- Pre-Planning
  - Agenda finalized
  - Roles assigned
  - Power point presentations developed
  - Pre- and Post-tests developed
  - Core Competencies data forms developed
Methods

- Public Health Nursing Leadership Survey
  - Identified themes
  - Vignettes developed from survey themes

- Logic Model
  - Programs identified
  - TN DOH leadership led formative discussions for Logic Model development guided by UTHSC CON faculty and students
Considerations

- Group dynamics
  - Size unknown until day of activity
- Access to Lunch
- Separating friends/enemies for group work
- Schedule coordination
Challenges identified by TN DOH administrators and faculty

- Employees
  - Productivity
  - Chronic absenteeism
  - Cliques
- Budgets
  - Trying to do more with less
Results

- Intervention strategies to address the challenges
  - Lectures
    - History of PHN and CC
    - Logic Model history
  - Identification and Application of PHN Core Competencies
    - Vignettes in small groups
      - Problem solving
    - Logic Model development to 5 identified programs
Results

- Vignettes reflected the survey
  - Validated by Consultant and PHN Director
    - Constant feedback loop
  - Completed by the TN District Directors and Supervisors
Results

- Logic model elements identified in 5 pre-determined TN DOH programs
- Logic Model
  - TB (Tuberculosis Control)
  - WIC (Women, Infant, and Children)
  - EPSDT (Early Periodic Screening, Diagnosis, and Treatment)
  - Family Planning (Population Research and Voluntary Family Planning Programs, Public Law 91-572)
  - STI (Sexually Transmitted Infection Control)
Mixed results – overall scores improved 12%
Evaluation Results

- 100%
  - Organization of program, leadership teaching methods, Logic Model presentation, facility, food

- 99%
  - Program objectives relate to purpose

- 90-98%
  - Relevance, PHN CC exploration of complex vignettes, group processes, overall evaluation of program

- 85-89%
  - Professional needs met, integrate CC into Logic Model
* When Highest and High opinions are combined, the overall satisfaction is 93%. There were no negative comments or Low or Lowest marked on the Evaluation.
Comments by participants

- “Great job”
- “Offer CEUs along with this workshop. I like the interactive aspect. Awesome. Thanks”
- “Thanks. Important. Free. Nice. Focus on same with how to implement for undergraduate BS students”
- “Nice given the time and mix of people.”
Challenges

- **Group size**
  - (N=25 in morning; 24 in afternoon)

- **Participant attitudes**
  - “Volun-told” to be present
  - “Poison” personnel
  - 1 day workshop - amount of material to cover

- **Faculty and student challenges**
  - Food
  - Student planning
‘Lessons Learned’ Discussion

- **Planning**
  - Important to validate with administration
  - Increase structure for students
  - Include preceptors in planning
  - Include timeline for activities

- **Implementation**
  - Clear instructions, e.g., checklist
  - Participant report hurried at end of day

- **Physical Plant**
  - Accessibility
  - Good food but hard to find! (Detraction)
Arkansas Needs Assessment
- Participants – Regional Directors
  - Gave UTHSC CON PHN DNP team of faculty/students only 4 hours to complete a needs assessment

Logic Model for AR DOH
- Completed May 2011

Interventions
- Faculty/Student/Preceptor plan to go to each of 5 regions in Arkansas
- Build capacity through case studies
- Validate PHN clinical practice with application of PHN Core Competencies
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References


## References


