RNCM Leadership and Team-Based Care

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KEYWORDS

- Collaboration
- Teamwork
- Culture Transformation
- Multidisciplinary
- Interdisciplinary
- Transdisciplinary

- Novice to Expert
- Clinical Residency
- Preceptorship
- Mentoring
- Peer Review
- Professional Networking

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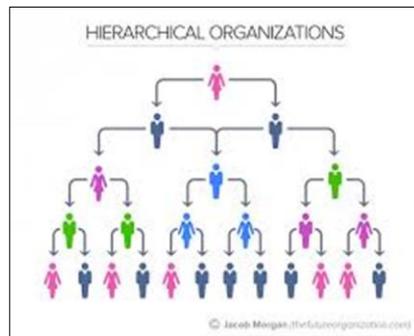
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RNCMs and Teams

Healthcare Organization Structure

Current Healthcare Organizations
- Generally designed from the top down
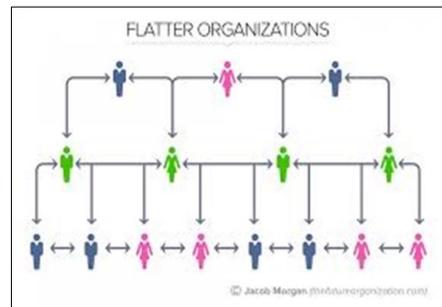 - Hierarchical
  - Provider Focused
  - Reactive

- As a result, Leadership has generally been tailored around supporting those structures **or** working successfully around and within them
  - e.g. Shared Governance

ACA requires a shift in how organizations are structured and function

- "Delayering" to a flatter, more decentralized structure
  - Work reorganization – time, resources, communication

- Collaborative, team based
  - Complex, high need patients require more

- Patient centered
  - Patient engagement, activation and support

- Shift from Reactive to Proactive
  - Population Health Management

FLATTER ORGANIZATIONS

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Teamwork and Collaboration

- **Collaboration** is defined as working jointly with others toward a common goal in relationships characterized by mutual trust, respect and power

- Some use the words **teamwork and collaboration** interchangeably to stress cooperation between interprofessional groups

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Attributes that Foster Collaboration

- Autonomy
- Assertiveness
- Cooperation
- Knowledge
- Openness to Learning
- Emotional Maturity
- Communication
- Shared Decision Making
- Mutual Respect
- Trust
- Responsibility

Requires Cultural Transformation

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What Is Culture Transformation?

- **Culture transformation** is a shift that can take place throughout an entire organization or in individual departments and teams
- A **transformation** is the process whereby, over time, people behave differently and the organization benefits in some fashion as a result

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Teams in Practice

- Multiple Studies - using staff at higher levels in team approach increases
- Patient satisfaction
- Staff and clinician satisfaction
- Quality and efficiency of care

Goal of highly effective teams is everyone working at the top of their license and skills

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Cultural Transformation for Clinicians and Patients

Requires Team Members to:
- Know and understand their scope of practice
- Be able to articulate their role and expertise
- Encourage patients to be active in their own healthcare, self-management

- All require knowledge, communication skills and confidence

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Benefits of Collaboration Between Healthcare Professionals

Evidence indicates that collaboration results in high functioning teams that demonstrate:

- Controlled costs and improved quality of care
- Positive effect on reducing length of hospital stays, readmissions and ED visits
- Increased nurse recruitment and retention
- Increased team members knowledge about nurses' role and contribution to improved health outcomes

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High Functioning Teams

- Demonstrate cooperation between disciplines
- Share responsibility for problem solving
- Make decisions related to patient care together
- Share ownership and responsibility for both decisions and outcomes

collaborate
Better health for all

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Levels of Teams

- **Multidisciplinary** – each discipline independently contributes its expertise – work in parallel
- **Interdisciplinary** – team members work together closely, communicate frequently to optimize care – each contributes skill and expertise to support the team's work
- **Transdisciplinary** – roles appropriately blur as functions overlap, interchange

DISCIPLINE X

COMPLEX PROBLEM

DISCIPLINE Z   DISCIPLINE Y

Transdisciplinarity

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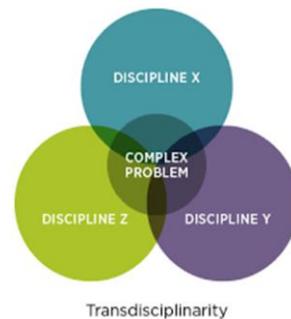
Who Is the Team?

Everyone who plays a role in ensuring the health of the patient and their caregivers

- Teams expand and contract based on the healthcare needs of patients
- Robust primary care that includes front staff, MAs, RNs, APRNs, MDs
- Includes Specialty providers and Community Services

Patients and Families are at the center of all teams at all levels

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Crucial Elements of Teamwork

- Mutual respect and trust
- Willingness to abandon assumptions
- Understanding of the distinct roles of each team member
- A willingness to blur roles *when appropriate*
- Flexibility
- Communication
- Relationships

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Effective Teams Need

- Clear purpose – vision
- Coordination, time to meet
- Patience – it takes time to get there
- Protocols and procedures
- Conflict resolution skills (and willingness)
- Active participation by everyone
- Collective and individual accountability

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Better Relationships Better Results
8 Pillars of Trust

1. Clarity in Communications
2. Compassion for Others
3. Character in doing what is right over what is easy
4. Competency in one's leadership responsibilities
5. Commitment during times of adversity
6. Connection to others
7. Contributions to the work of the organization
8. Consistency in leadership approach

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How Do RNCMs Demonstrate This?

- Able to articulate the RNCM role and scope of practice to others
- Develops and maintains a patient centered relationship and communication with the patient, family and team
- Transitions/transfers care to the most appropriate provider/setting in a timely way
- Documents collaboration and communication of patient situation to key stakeholders
- Works to negotiate and resolve conflict on the patient's behalf

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- **Is able to say to the team on behalf of the patient**

    - Where is the evidence to support a choice like that?

    - Does the intervention under consideration reflect a patient centered approach?

    - Do the recommendations being made reflect the patient's health goals and plan of care?

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RNCMs as Effective Team Members

- Is open and transparent in their interactions
- Listens to understand
- Shows vulnerability and admits mistakes
- Do what you say you'll do
- Is a giver, not a taker
- Sustains hope

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Barriers to Teamwork

- Traditional hierarchical leadership
- Reluctance to question "the leader" or "the expert"
- Cultural differences – "cognitive maps"
- Unwillingness to take on new roles
- Communication styles
- Lack of supportive organizational structure
- Exclusion of team members
- Reimbursement

Barriers to teamwork are also barriers to care coordination

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Making the transition to team-based care can be challenging but we can and must get there!

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RNCM Leadership

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Why the Focus on Leadership?

ANA Scope and Standards of Practice - Professional Performance Standard 12:

Leadership

- The Registered Nurse demonstrates leadership in the professional practice setting and the profession

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Measurement Criteria a Match RNCM Role

ANA Measurement Criteria:
- Engages on teamwork
- Works to create and maintain healthy work environments
- Teaches others to succeed through mentoring
- Exhibits creativity and flexibility during change
- Directs coordination of care across settings and caregivers
- Serves in key roles in work settings by participating on committees, councils, and administrative
- Promotes advancement of the profession
- Displays the ability to define a clear vision, the associated goals, and a plan to implement and measure progress

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RNCM Role Development

- Important to identify as this makes a difference what strategies you put in place to ensure success
- **Benner's theory** *From Novice to Expert* explains that nurses develop skills and an understanding of patient care over time from a combination of a strong educational foundation and personal experiences
  - Novice
  - Advanced Beginner
  - Competent Nurse
  - Proficient Nurse
  - Expert

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	Knowledge	Standard of work	Autonomy	Coping with complexity	Understanding complexity
EXPERT	Authoritative knowledge of discipline, and deep tacit understanding across area of practice.	Excellence achieved with relative ease.	Able to take responsibility for going beyond existing standards and creating own interpretations.	Holistic grasp of complex situations, meves between intuitive and analytical approaches with ease.	Sees overall picture and alternative approaches; vision of what may be possible.
PROFICIENT	Deep understanding in discipline and area of practice.	Fully acceptable standard achieved routinely.	Able to take full responsibility for own work, and of appropriate others.	Deals holistically, more confident decision-making.	Sees overall picture and how individual actions fit within it.
COMPETENT	Good background and working knowledge in practice.	Fit for purpose, though may lack refinement.	Able to achieve most tasks using own judgement.	Copes using deliberate analysis and planning.	Sees actions at least partially for longer goals.
BEGINNER	Working knowledge of key concepts in practice.	Straightforward tasks likely to be completed in an acceptable manner.	Can achieve some steps using own judgement, needs supervision for overall task.	Appreciates complex situations, but can only partially address.	Sees actions as a series of steps.
NOVICE	Rote knowledge not connected to practice.	Unlikely to be satisfactory unless closely supervised.	Needs close supervision, rules, and instruction.	Little or no concept, can't deal with complexity.	Tends to see actions in isolation.

From Novice to Expert (Benner)

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- Each of us has numerous opportunities to be new at something – can be uncomfortable
  - Fear of the unknown
  - Uncertain confidence
  - Fear of making a mistake
  - Not feeling in control

"Learning new skills requires a progression from novice to expert" –
Benner, From Novice to Expert (1984)

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Supporting Leadership Success

- Success in practice often hinges on supported transition
- Focus is on building knowledge, skills and confidence for the nurse

*Important to have effective strategies in place for **any nurse** moving into a new practice arena*

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Evidence-based Role Development Strategies

- Role Transition and Support
  - Clinical Residency
  - Preceptorship
  - Mentorship
- Peer Review
- Professional Networking

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Clinical Residency

- A planned program of post-professional clinical and didactic education
- Designed specifically to advance the nurse's preparation in a defined area of clinical practice
- Based on a growing body of evidence
- *The Future of Nursing Report* specifically recommends:

  "that nurses should have the benefit of a residency program at the start of their careers and during career transitions."

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Characteristics of a Clinical Residency:

- Occurs during a career transition
- Fosters reflection and exploration of the role
- Advances communication skills
- Creates professional connectivity
- Builds confidence by linking critical thinking with critical actions

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Residency Models

- Currently most residencies are institutionally based however residency competencies do not require that a program be limited to a single institution
- Established residencies typically last 6 months to 1 year

Model 1
- The organization hires the nurse as a resident. The residency compliments and builds on the orientation. After completing the residency program, the organization may select to hire the resident into a permanent RN position. In this model residents are paid less than RNs.

Model 2
- The RN is hired, goes through orientation and completes the residency while working. In this model the residency is based on "real world" experiences with coaching and support. This residency may carry academic credits.

National call for innovative approaches for residency models

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Preceptorship

- A formal learning experience between an experienced nurse and a new nurse or an experienced nurse transitioning to a new area of practice
- Focus is specific to:
  - Clinical skill development
  - Role responsibilities and performance
  - Professional Standards of Practice
- Measured by supervised hours of practice in the role

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Preceptorship Models

Model 1: Work Based

- New hires are partnered with an experienced nurse in the same area of practice who is willing to provide supervision and learning experiences to support role development. Often a part of an orientation process for a defined time period.

Model 2: Education Based

- RNs complete a supervised clinical learning experience as part of the education requirements of an accredited nursing school.

- Model 3: Self-Directed Preceptorship
- Experienced RNs transitioning to a new area of practice design and set up their own preceptorship.

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Mentoring

- A collaborative learning relationship between two people with mutual goals and shared accountability for the relationship
    - A partnership between the mentor as teacher and the mentee as learner
    - Can happen spontaneously or a more formal relationship can be intentionally chosen
    - Moves beyond the defined time frame of an orientation or preceptorship
    - Is an on-going relationship that lasts as long as both parties find meaning and value in it

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"Nurses must help and mentor each other in their roles as expert clinicians and patient advocates. No one can build the capabilities of an exceptional and effective nurse like another exceptional and effective nurse."

– The Future of Nursing Report (2010): Chapter 5. *Transforming Leadership*, p. 234

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Peer Review

- Evaluation of the professional performance of individual RN by another RN
- **Should be performed by RNs in the same or comparable role**
- Focus in on improving quality, upholding standards, improving performance and establishing a plan for continuous learning
- Takes into consideration the role development of the RNCM being reviewed
- Can include practice observation, chart review, CMSA standards of practice

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Peer Review Practice Principles (ANA Peer Review Guidelines)

1. A peer is someone of the same rank
2. Peer review is practice-focused
3. Feedback is timely, routine, and a continuous expectation
4. Peer review fosters a continuous learning culture of patient safety and best practice
5. Feedback is not anonymous
6. Feedback incorporates the nurse's developmental stage

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Peer Review Promotes the Highest Standards:

- ANA's Code of Ethics recognizes that effective peer review is indispensable for holding nursing practice to the highest standards:

"the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth."

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Professional Networking

- Networking is a professional development strategy that can be used to:
  - Gain information
  - Increase visibility in your field
  - Establish personal connections that will help you advance your practice

Lead Where You Stand

Lead Where You Stand

With the Patient and Family
- Serve as a patient advocate
- Initiate family, team meetings
- Demonstrate evidence-based practice
- Model
  - Positive health behaviors
  - Effective problem solving
  - Self-management support

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Lead Where You Stand

Within the Team
- Know and understand your role and the role of other team members; Be able to clearly articulate
- Represent the patient and their plan of care
- Engage in effective problem solving
- Communicate in a timely manner patient progress, changes in condition and plan of care

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Lead Where You Stand

Within the Organization/Practice

- Engage in role development and peer review processes
- Provide mentoring or precepting
- Serve on committees to improve processes
- Establish and Attend regular, facilitated RNCM meetings to process patient situations, share successes and discuss barriers
- Develop a professional portfolio that represents your professional development, skill acquisition and experience
- Obtain Board Certification
- Serve on a Board

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"Strong leadership is critical if the vision of a transformed health care system is to be realized. Yet not all nurses begin their career with thoughts of becoming a leader. The nursing profession must produce leaders throughout the health care system, from the bedside to the boardroom, who can serve as full partners with other health professionals and be accountable for their own contributions to delivering high-quality care while working collaboratively with leaders from other health professions." – The Future of Nursing Report (2010): Chapter 5. *Transforming Leadership*

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Next Steps

- View the videos
- Review/download the resources
- Review the Practice Development Activity
- Take the Test Your Knowledge Quiz

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