

# THE OHIO NURSES ASSOCIATION

Quarterly circulation approximately +200 Approved Providers

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## APPROVED PROVIDER NEWSLETTER

Serving Ohio, Indiana, Kentucky, Massachusetts, Michigan, North Dakota, New York, And Washington



### FALL EDITION 2016 *WINTER IS COMING...*



## Determining Educational Gaps, Needs, and Desired Outcomes

**Pamela S. Dickerson, PhD, RN-BC, FAAN**  
Director of Continuing Education: Montana Nurses Association

The first item on the activity documentation form relates to determination of a **professional practice gap**. A professional practice gap can be considered as the “driver” for the activity. What are nurses not doing that they should be doing, or what are they doing that they should not be doing? What do they not know? Examples might include “Nurses on surgical units are not providing appropriate pain relief for patients in the first 12 hours after surgery” or “Older adult patients in the immunization clinic are not receiving pneumonia and influenza vaccines according to current guidelines”. Another way of thinking about this is to identify the “current state” (what is the situation like right now) and the “desired state” (what would the situation look like if this problem didn’t exist). The first step in planning an educational activity is to ask, “What is the problem in practice that needs to be addressed?”

The second item relates to the **evidence supporting the need for education** on this topic. Why are nurses not doing what they should be doing? Why do they not know how to do something? Why don’t they have updated knowledge? Why is current practice no longer acceptable? Briefly describe the evidence you have that supports why the practice gap exists. *Continued on page 2*

## ONA Approved Provider Updates

*2015 updates and more. . .*

**Joe Hauser MSN RN**  
Director of Continuing Education: Ohio Nurses Association

It has been quite the experience becoming your new nurse peer review leader while getting to know many of you. I also look forward to the chance to meet everyone at our provider updates in 2017. Thank you for having patience as I continue to learn the multiple facets of CE at ONA. Please feel free to email or call with any questions or concerns you may have related to your approved provider unit. We hope everyone has happy holidays this season!

## End of Year Survey- Due January 30<sup>th</sup> 2017

Just a reminder that if you have not submitted your provider survey for 2016, you have until **January 30, 2017**. You can forward the information to Sandy at [sswearingen@ohnurses.org](mailto:sswearingen@ohnurses.org).

Some changes you may see on the survey this year is we are asking to have 1 contact person, and that person must be the Primary Nurse Planner. It is imperative that our communications with your provider unit be with the person ultimately responsible for the approved provider unit. Also this year we are asking for websites that the approved provider might use to host information on. This need comes from complaints to ANCC that some approved providers in the US are using ANCC material incorrectly and without permission. Please ensure that any ANCC material used is correctly cited. ONA will be checking websites periodically to ensure there is compliance with this issue. *Continued on page 3*

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Using the above example related to pain relief, there may be evidence that patients are complaining of lack of adequate post-op pain management, chart reviews show that 85% of patients are not receiving post-op pain medications as prescribed to be administered on an as-needed basis, or nurse managers have told you that, in the last 3 months, there has been a significant increase in family complaints about loved ones in pain after returning from surgery. Further evidence would include the facts that accrediting bodies require that pain be assessed and appropriately managed in hospitalized patients and CMS requirements include a question on pain control as part of the HCAHPS survey process. In other words, you have evidence that shows the presence of a current problem as well as evidence to show that things can be and should be different. In the immunization example, evidence may include the facts that patients over the age of 65 are not being appropriately offered pneumonia or influenza vaccines on visits to the clinic, that 65% of patients who are asked are declining the vaccines, and/or that the local immunization clinic is 40% below the state standard in administration of adult immunizations. Supporting evidence that things could/should be different include current immunization guidelines from CDC and benchmarks for state clinic expectations.

Item “C” on the documentation form focuses on the **educational need** for nurses related to the practice gap and the evidence. There are three levels of educational need: knowledge, skill, or practice. In planning an educational intervention, it is important to drill down to the most fundamental need. If nurses don’t have knowledge, they will have no context for skills, and no ability to appropriately apply those skills in practice. If they DO have knowledge, but don’t have the skills, designing an educational session to provide knowledge is a waste of time for both you and the learner. If they have knowledge and skills, but are having trouble applying what they know and are able to do into the practice environment, then the level of educational intervention needs to be focused on building confidence and/or competence in the practice setting. **This is a critical step in your educational planning.** One helpful way to look at this is to take a top-down approach: start with assessing practice ability, then address skills, and finally look at knowledge. This saves you time and helps you focus on what is important. Here’s an example:

**Practice:** On the whole, are nurses giving appropriate immunizations to older adult patients in the clinic? If yes, then there is no need for education. There may be a compliance issue with one or two nurses as opposed to the majority of nurses providing appropriate care – in that case, intervention on an individual basis with those nurses would be the more appropriate action.

If no, why not? Are nurses offering the appropriate medications, but patients are declining the opportunity to receive them? If that is the case, there is no need for education of the nurses, because they are practicing appropriately and patients have the right to make those choices. Are the policies and procedures for administration of pneumonia and influenza vaccines updated to reflect current CDC guidelines? If not, then the intervention is related to updating policies prior to educating nurses. If there is no other clear reason why practice is not occurring as expected, then look at whether the nurses have the appropriate skills to perform clinically.

**Skill:** On the whole, do nurses have the skill to engage in the process of administering immunizations to the older adult population? Part of this is the technical skill of giving the medication itself, which most nurses do not have a problem with. Another part is the communication skill involved in explaining the value of the immunization to the patient and providing information on which the patient can make an informed decision. A third skill relates to documentation – are the immunizations being administered but not being documented in a way they can be tracked in the system? If there is a deficit in any one of these areas, then the educator needs to determine whether the problem is because the nurse knows what to do but doesn’t have a particular skill set or whether the problem is occurring because the nurse does not know what to do. If the skill set is the problem area, then intervention needs to occur to address the specific skill the nurses are struggling with. If the deficit is in knowledge, the educator then addresses the problem at that level.

**Knowledge:** What, specifically, do the nurses not know? If they know the current guidelines but don’t know adult learning principles to do effective education, then the knowledge deficit related to adult learning must be addressed. The idea is to be as specific as possible in making the education relevant to the learners to close the identified practice gap.

After determining the professional practice gap, validating why the gap exists, and identifying the specific educational need, the nurse planner then **determines the desired outcome** of the activity. The desired outcome needs to be measurable and demonstrate closure of the gap. Using the earlier examples, if the current state is that nurses are not providing appropriate pain relief to post-op patients, and the desired state is that nurses will make sure that patients are appropriately assessed and treated for pain in the first 12 hours post-op, an appropriate knowledge level outcome (if knowledge was the problem) would be “identify one pharmacologic and one non-pharmacologic intervention to decrease post-operative pain”. If skill is the problem, an appropriate outcome would be “analyze case study data to determine appropriate pain intervention for a post-operative patient”.

If skill is the problem, an appropriate outcome would be “analyze case study data to determine appropriate pain intervention for a post-operative patient”. An appropriate practice level outcome would be “Integrate strategies to assess and treat pain in the post-operative patient”. Notice that knowledge and skill improvement will be measured at the end of the activity, while practice change must be measured as the learner implements what has been learned in the practice environment.

Finally, accreditation criteria require that **evaluation** must occur at the level of educational need that you have identified. If you have determined that the educational need is knowledge, your evaluation must assess whether or not the learner has gained knowledge. You can do this by post-test, self-report, statement of plan to implement new knowledge in practice (or continue behavior that has been reinforced) or short answers to specific questions. If the educational need is skill, evaluation can include demonstration of a technical skill, successful completion of a case study to demonstrate cognitive and analytical skill, or role play to demonstrate interpersonal skill. If the educational need is practice, evaluation includes direct observation of the nurse’s behavior; report of behavior as observed by a nurse manager, unit educator, or peer; or self-report of change in behavior.

Quite honestly, it takes longer to read about this than to make it happen. Asking key questions of the person requesting an educational activity will give you the information you need in fairly short order.

1. What is happening that has created the need for this request?
2. Why do you think this is happening?
3. What would you like to see different?
4. What kind of education can help achieve this change?
5. What evidence will show you that things are better?

Once you have the answers to these questions, completing the activity documentation form only takes 5-10 minutes. It is critical to realize that being able to award contact hours for an activity is not contingent on completing a form. It is based on the critical thinking and analysis of data that helps develop an educational plan that is going to improve practice and support the professional development of the nurse. *Special thanks to MNA for allowing this article to be utilized in this issue.*

## **ONA Approved Provider Updates**

### **Deadline to adapt to 2015 ANCC Criteria**

December 31<sup>st</sup> is the last date that any approved provider should be using ANCC criteria that is not “**2015 ANCC Criteria**”.

It has been a long process and everyone has been great at ensuring the changes are occurring in their approved provider units. Thank you for joining ONA as we have conducted multiple live courses and webinars to assist you in the transition to the newest criteria.

### **Website change**

We have heard multiple comments about the ONA educational website and we hope to have a new version of that up and running by January 2017. Keep watching!

### **Going Paperless – Provider Applications and all. . .**

We have started a pilot program of accepting approved provider applications through email. This means no more making 3 combed bind copies of your application and sending them to us. Please make sure you have communication with us prior to submitting your application so we can go over the new process with you.

### **CE Staff at ONA**

#### **Shannon Mattern: DEO of Communications & Professional Services Innovation**

I’ve been with ONA since September of 2007. I started as the Director of Communications and transitioned to the IT Administrator in 2011 after ONA decided that we needed a dedicated IT person. I love technology and the move was a perfect fit for me. In 2015 I became the DEO of Communications & Professional Services Innovation, where I help develop and execute the strategic direction of our Continuing Education and Marketing programs.

#### **Joseph Hauser MSN RN: Director of CE**

I joined ONA October of 2015. I earned my baccalaureate and masters degree in nursing from Lourdes University in Sylvania Ohio. My Master degree instruction focused on nursing education. Prior to joining Ohio Nurses Association, as the Director of Continuing Education, I managed an approved provider unit as the primary nurse planner. My background and interest include critical care, continuing nursing education, and ethics. I am ecstatic about being a part of the amazing team at ONA.

#### **Sandy Swearingen: CE Specialist**

Sandy has been with the Ohio Nurses Association for 24 years. She has been involved with the continuing education department for 20 of those years as a CE Specialist. She has extensive background and expertise in all areas of ONA as an approved approver and approved provider.

#### **Dodie Dowden: CE Specialist**

Dodie started working with ONA as a Continuing Education Specialist since July, 2016. Her past experience involves Human Resources, Administration, Event Planning and Youth Outreach. In her spare time she likes to volunteer within the community, traveling and helping children.

## Calendar of Events

For dates, times and to sign up for any of our events please visit our website

[www.ohnurses.org/events](http://www.ohnurses.org/events)

### The Quest for Quality: Monitoring and Measuring Outcomes in Continuing Nursing Education Webinar Series

**Time: 1:00 pm (EST)**

**(Perfect resources for Approved Providers) – With Montana Nurses Association**

- December 14th, 2016 The Quest for Quality Part 1: Strategies (recorded and available)
- January 11th, 2017 The Quest for Quality Part 2: Outcome Measures
- February 8th, 2017 The Quest for Quality Part 3: Data Collection and Analysis

### Healthy Nurse Webinar series: Monthly webinar topics free to ONA members:

**With Montana Nurses Association**

- Register here: <https://www.healthynurse.net/>

### Becoming an Approved Provider: Online conference:

**Must be able to use GoToMeeting:**

- January 12, 2017 10:00 am – 3:00 pm

### ONA Approved Provider updates

- 4/7/2017 – ONA headquarters – Columbus Ohio
- 4/20/2017 OCLC-Dublin Ohio
- 4/27/2017 – Henry Ford Health System - Detroit Michigan
- 5/16/2017 - Franciscan St. Francis – Greenwood Indiana (tentative date/location)
- 5/18/2017 - North Shore University Health System Skokie Hospital – Chicago Illinois
- 5/22/2017 – Decatur Memorial Hospital - Decatur, IL

### Nursing Professional Development

- 4/21/2017 - OCLC – Dublin Ohio

### Nurses Day at the State House

- 4/22/2017 – State House – Columbus Ohio

### The Nurse Wellness Conference

- 3/24/2017-3/25/2017 – OSU James Cancer Clinic – Columbus Ohio

### The Retired Nurses Forum of the Ohio Nurses Association

- 6/6-7/2017 – OCLC – Dublin Ohio
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### Nurses Choice Luncheon – Ohio Nurses Foundation

- 4/28/2017 – The Blackwell – Columbus Ohio

## Call for Authors

Do you enjoy writing? Do you enjoy your educational role in nursing? Ohio Nurses Association is seeking authors and/or editors! If you are interested in writing, we have a few different writing platforms for you! Writing or editing for our independent studies offered on CE4Nurses.org (CE for nurses written by nurses) can lead to monetary reimbursement! Please contact us today if you would like more information on how to join our elite group of authors!

## Call for Reviewers

Do you love CE and want to get more involved? At ONA we have CE applications from all over the United States and we need your help reviewing. Becoming a peer reviewer is a volunteer opportunity! To be a reviewer you must be a member of your state nurses association and have expert knowledge in the CE criteria. If this sounds interesting to you, please contact us today to for more information!

**Happy Holidays from the CE staff at ONA – Joe, Sandy, Dodie, and Shannon.**



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