The ROLE OF THE CLINICAL NURSE SPECIALIST AS MAGNET PROGRAM DIRECTOR

Presented by
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The participants will be able to:

1. Describe the roles of the MPD
2. Discuss the competencies of the CNS that can lead to success in the MPD role
3. Evaluate the current literature on the CNS as an MPD
4. Develop a research question to shorten the knowledge gap about the value of the CNS as MPD
A competency model encompasses all the competencies, tasks and skills, behavioral examples, and proficiency requirements for a particular job.

Success in a role requires a specific set of competencies that relate to the job, as well as to the organization's goals.

What competencies increase the success of a role?
3 Spheres of CNS Practice

- Patient/Client Family
- Clinical Nurse
- Organizational

MPD Roles

- Leading improved patient outcomes
- Leading the nursing practice environment
- Disseminating Magnet expectations and information
- Development of timelines, budget, documents, teams

MERGING THE CNS AND MPD ROLES
CLINICAL NURSE SPECIALIST COMPETENCIES
Advanced practice role requirements include:

– clinical expertise in a focus area
– evidence-based practice
– collaboration
– consultation
– education
– mentoring
– change leadership
MAGNET PROGRAM DIRECTOR
- Collaborative relationship with nurse managers; nursing directors; CNO
- Participate in leadership groups to be able to identify work that applies to this area
• Systems Leadership Competency: The ability to manage change and empower others to influence clinical practice and political processes both within and across systems.
  — TL-6
• Leadership and or participatory role in shared governance
• Collaboration and communication regarding aspects of the demographic data
• Leadership or participation in nursing staff recognition
• Coaching Competency: Skillful guidance and teaching to advance the care of patients, families, groups of patients, and the profession of nursing.
  – SE-7EO; SE-8EO
• Influence on nursing practice environment
• Influence on patient environment
• Influence on quality measures and outcomes
• Communication and collaboration regarding aspects such as ethics
• Direct Care Competency: Direct interaction with patients, families, and groups of patients to promote health or well-being and improve quality of life.
  • EP-12
• Characterized by a holistic perspective in the advanced nursing management of health, illness, and disease states.
Collaboration Competency: Working jointly with others to optimize clinical outcomes. The CNS collaborates at an advanced level by committing to authentic engagement and constructive patient, family, system, and population-focused problem-solving

— EP-6EO
• Ethical Decision-Making, Moral Agency and Advocacy Competency: Identifying, articulating, and taking action on ethical concerns at the patient, family, health care provider, system, community, and public policy levels.
  – EP-13
• Evaluation of Clinical Practice
  – Standards of professional practice
    • EP-11; EP-12
Consultation Competency: Patient, staff, or system-focused interaction between professionals in which the consultant is recognized as having specialized expertise and assists consultees with problem solving.

NEW KNOWLEDGE AND INNOVATIONS

- Participation and influence over research conduct and dissemination
- Participation and influence over innovative initiatives
CNS COMPETENCIES

• Interpretation, Translation and Use of Evidence
  – Development of policies and procedures
  – Development of workflow
    • NK-7EO
  – Education on EBP
  – Quality Improvement
    • NK-3; NK-4
• Research Competency: The work of thorough and systematic inquiry.
• Systematic inquiry.
• Active participation in the conduct of research.
  — NK-1
• Conduct of Research
• Role modeling ethical conduct for research
• Identification of the research team roles
• Meet with TIPs (transition into practice residents and fellows)
• Make rounds on high risk cases
• Coordinate/attend multidisciplinary care conference
• Consult with staff on complex cases
• Discuss cases with MDs and other care team members
• Teach a specialty class
• Prepare for the system-wide team meeting you will lead tomorrow
• Discuss with faculty the student you will be precepting next semester
• Attend leadership meeting
• Meet with multidisciplinary team for joint EBP project
THE CNS WORK DAY (Linda Urden)

- Meet with Nursing Director regarding new orientees
- Consult with other CNS
- Work on revising a policy
- Meet with staff to create a poster presentation for 1st time presenter
- Intervene regarding new unfamiliar equipment that appeared with patient from the OR
- Conference call with professional organization planning committee
# Definitions of Chronic Conditions Magnet Program

<table>
<thead>
<tr>
<th>Definitions of Chronic Conditions</th>
<th>Magnet Program</th>
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<tbody>
<tr>
<td>Uncertain etiology</td>
<td>What caused the desire for Magnet?</td>
</tr>
<tr>
<td>Multiple risk factors</td>
<td>Start with patient satisfaction; CAUTI...</td>
</tr>
<tr>
<td>Prolonged course of care</td>
<td>4 years</td>
</tr>
<tr>
<td>Functional impairment and disability</td>
<td>We all have some</td>
</tr>
<tr>
<td>Uncertain etiology Long latency period</td>
<td>Between designation and re-designation</td>
</tr>
<tr>
<td>Non-contagious origin</td>
<td>We need the contagion to build interest!</td>
</tr>
<tr>
<td>Incurability</td>
<td>You cannot cure everything</td>
</tr>
<tr>
<td>No physical outward signs</td>
<td>Need to explore to find the problems</td>
</tr>
<tr>
<td>Impairment in ADLs and community experiences</td>
<td>the need to build within your community</td>
</tr>
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WHAT IS KNOWN ABOUT THE CNS IN THE MPD ROLE?
• Descriptive research (maybe)
  – Use of the Six Sigma Champion Model by CNSs to engage staff nurses
  – EBP group membership led by CNSs
  – CNSs and change implementation

Results include positive quality improvement and patient and nurse satisfaction and validation of the importance of the CNS role on the Magnet journey.

Limitations include use of CNSs in the above roles but not as MPDs

This document outlines the core clinical nurse competencies that may lead to MPD success but does not reflect research related to the CNS in the MPD role.
• Transformational Leadership
  – Leading implementation
  – Change facilitation
  – Dissemination
  – Communication and collaboration
KNOWLEDGE GAP

• There are not adequate research study results to confidently state that having a CNS as MPD will result in Magnet designation more often than hospitals that do not have a CNS as MPD.

• There are not adequate research study results to confidently state that having a CNS as MPD will result in Magnet document acceptance more often than hospitals that do not have a CNS as MPD.
WHAT DO I BRING TO THE MPD Role AS A CNS
In clinical practice 33 years prior to becoming MPD
Continue in practice as a lactation consultant
Continue to review clinical practice updates
CONSULTATIVE ABILITIES

- Participation on ethics committee
- Serve on surrogacy committees
• Staying current
• Competent in reading research literature to support EBP
• Participation in development and updating standardized procedures
NURSING EDUCATION

- Orientation
- Continuing education
- Theoretical models
COLLABORATION

• Collaboration as a regional lead for Magnet and Research
• Collaboration as a system lead for Magnet
• Collaboration with other disciplines
DEVELOPMENT OF A TEAM

• Magnet Council
• Shared governance
• Party planning!!
• Development of budget
• Development of a timeline
• Socialization of new staff to Magnet
As a CNS, the MPD is generally comfortable being on clinical units and communicating with frontline clinical nurses.

- Participation in shared governance and meetings at every level.
• The devil is in the details
• Preparation began during the multiple papers that were assigned in the CNS educational programs
• Knowledge of the importance of each word is gained through research experience and policy development
• Understanding of the outcomes data
• Design of graphs
• Understanding the difference between process and outcomes
The MPD/CNS cannot be the central figure in all of the documents submitted for designation/re-designation
