A Bundle of Care: Creating a New Teaching-Learning Model to Affect a Culture of Safety
Team Representatives

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Greetings from Sioux Falls, South Dakota
Sanford USD Medical Center
Objectives

• Illustrate the five dimensions of the Culture of Caring Model

• Compare the Culture of Caring Model to a Bundle of Care used as an intervention to promote safety
Purpose

To enhance patient safety:

• Through the creation of a transformative nursing practice-education partnership model

• To guide teaching-learning interactions between patient-student-nurse-faculty-practice leaders in service and academia
Significance

*Complexity* in today’s teaching-learning environments
Significance: *Healthcare Environment*

- Compression Complexity
- Compassion Fatigue
- Cognitive Shifting
- Missed Nursing Care
- Engagement
- Recruitment and Retention
- Evolving Best Practices
Significance

Governing, regulatory, advisory recommendations and standards
## Concept Cross Walk for Culture of Caring

<table>
<thead>
<tr>
<th>Culture of Caring Dimension</th>
<th>TJC</th>
<th>Magnet</th>
<th>QSEN</th>
<th>Advisory Board</th>
<th>NCSBN</th>
<th>TCAB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient-Centered Care</td>
<td>Provision of Care, Treatment and Services</td>
<td>Structural Empowerment</td>
<td>Patient-centered Care</td>
<td>Clinical Knowledge</td>
<td>Specialty Content</td>
<td>Patient-Centered Care</td>
</tr>
<tr>
<td>Professional Development</td>
<td>Rights and Responsibilities of the Individual</td>
<td>New Knowledge, Innovation, and Improvement</td>
<td>Evidence-based Practice</td>
<td>Technical Skills</td>
<td>Evidence-Based Practice</td>
<td>Value Added Process (Lean)</td>
</tr>
<tr>
<td>Safe Reliable Care</td>
<td>Medication Management/National Patient Safety Goals</td>
<td>Exemplary Professional Practice</td>
<td>Safety Informatics</td>
<td>Critical Thinking</td>
<td>Clinical Reasoning Safety</td>
<td>Safety and Reliability</td>
</tr>
<tr>
<td>Community &amp; Vitality</td>
<td>Environment of Care/Information Management</td>
<td>Exemplary Professional Practice</td>
<td>Teamwork &amp; Collaboration</td>
<td>Communication</td>
<td>Communication Role Socialization</td>
<td>Vitality and Teamwork</td>
</tr>
<tr>
<td>Leaderful Alliance</td>
<td>Leadership</td>
<td>Transformational Leadership</td>
<td>Quality Improvement</td>
<td>Professionalism Management of Responsibility</td>
<td>Delegating/Supervising Prioritizing/Organizing</td>
<td>Transformational Leadership</td>
</tr>
</tbody>
</table>
Significance

*Influencing dimensions for model:*

- Culture
- Patient-Centered Care
- Community and Vitality
- Leaderful Alliance
- Safe, Reliable Care
- Professional Development
Teaching-Learning Nursing Model

- Patient-Centered Care
- Culture of Caring
- Community & Vitality
- Safe-Reliable Care
- Leaderful Alliance
- Professional Development
Underlying Beliefs

*Nursing education is accomplished best in partnership with nursing practice.*
*Effective teaching-learning relationships occur at the patient’s side.*  
*Shared accountability should guide all teaching-learning interactions with patient-nurse-student-faculty in clinical practice and education.*
Culture of Caring Model: A Bundle of Care Intervention

- Patient-Centered Care
- Culture of Caring
- Professional Development
- Safe-Reliable Care
- Leaderful Alliance
- Community & Vitality
Patient-Centered Care

- Promotes healing by:
  - respecting the patient’s health experience
  - communicating clearly
  - tailoring interventions to patient preferences, values, and needs
Patient-Centered Care

• Respectful, compassionate, coordinated care
• Active engagement of patients
• Provision of needed information
• Support of health-related decision-making
Community and Vitality

• A network of students, nurses, faculty, and leaders in nursing practice and education
• Committed to a joyful, dynamic, and transformative partnership
• Promoting quality teaching-learning and patient care
Leaderful Alliance

A co-created process that promotes meaningful learning and growing experiences by all participants valued as equal and important partners in leading change.
Safe Reliable Care

*Grounded in mindfulness… a “rich awareness of detail”.*

- Minimized risk of harm to patients and providers
- Focused on system effectiveness and individual performance
- Related to concepts of surveillance and vigilance
- **Outcome:** dynamic environmental “non-events” are anticipated and prevented

-Weick and Sutcliffe (2007)
Safe Reliable Care

*Principles of high reliability infrastructures:*

- Track and examine small failures
- Reluctance to simplify, or “normalize” events
- Sensitivity to work at frontline, point of care operations
- Resilience for the unexpected
- Deference to expertise – migration to person with most specific knowledge of event
Professional Development

A life-long journey of inquiry and learning that informs and nurtures maturation in career development, personal meaning, and a deepening understanding for the discipline of nursing.
Culture of Caring

- Caring behavior makes one feel connected, seen, appreciated, and valued

- For nursing…a culture of caring embraces patient-centered care, community and vitality, leaderful alliance, safety and reliability, and professional development
Purposes of Pilot Study

• To describe staff Registered Nurses’ perceptions of the overall culture of caring on select nursing units at Sanford USD Medical Center.

• To explore the impact of a culture of caring in the context of teaching-learning activities of Registered Nurses and Nursing Students as they collaborate in patient care.

• To compare perceptions of the climate for caring among junior and senior level nursing students and RN staff.
Research Questions

1) What is the perception of Registered Nurse staff and nursing students of the overall culture of caring on selected acute care patient units?

2) What is the effect of a culture of caring on the teaching-learning experience for nursing students?
Study Design

• **Descriptive comparative:**
  – Culture of Caring (10-item) questionnaire
  – Narrative data from focus groups and written reflections

• **Study population for surveys:**
  - Augustana College nursing students and Sanford USD Medical Center RNs
Quantitative Data Analysis

- Descriptive Statistics
  - role
  - unit
  - first or last day of clinical rotation shift
- Demographics
  - role
  - year of school
  - years of experience for RNs
  - birth year

Pilot Study assumes a small sample size & limited power analysis...
<table>
<thead>
<tr>
<th>Items</th>
<th>Signif.</th>
<th>Medical-Oncology</th>
<th>Surgical-Renal (Control)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 Meaningful engagement</td>
<td>.027*</td>
<td>6.0</td>
<td>5.0</td>
</tr>
<tr>
<td>Q2 Clear communication</td>
<td>.003*</td>
<td>6.0</td>
<td>4.43</td>
</tr>
<tr>
<td>Q3 Mutual encouragement</td>
<td>.014*</td>
<td>5.88</td>
<td>4.57</td>
</tr>
<tr>
<td>Q4 Enjoy partnership</td>
<td>&lt;.001*</td>
<td>6.0</td>
<td>4.43</td>
</tr>
<tr>
<td>Q5 Pt centeredness</td>
<td>ns</td>
<td>6.0</td>
<td>5.43</td>
</tr>
<tr>
<td>Q6 Genuine concern</td>
<td>ns</td>
<td>6.0</td>
<td>5.43</td>
</tr>
<tr>
<td>Q7 Response to risk</td>
<td>ns</td>
<td>6.0</td>
<td>5.43</td>
</tr>
<tr>
<td>Q8 Safety concerns</td>
<td>.012*</td>
<td>6.0</td>
<td>5.0</td>
</tr>
<tr>
<td>Q9 Knowledge exchange</td>
<td>.001*</td>
<td>6.0</td>
<td>4.57</td>
</tr>
<tr>
<td>Q10 Interest in learning</td>
<td>.013*</td>
<td>6.0</td>
<td>4.43</td>
</tr>
<tr>
<td>Total (Sum of all items)</td>
<td>.001</td>
<td>59.88</td>
<td>48.71</td>
</tr>
</tbody>
</table>
Preliminary Narrative Findings:

“Good Days” for nursing students

Patient-Centered Care: “I connect with my patient. I understand everything I did. I feel productive and accomplished. I feel like I really helped. I made a difference. I received positive feedback from my patient.”

Community and Vitality: “When nurses offer feedback and encourage us to get involved” “When I feel part of the team.”

Leaderful Alliance: “I get to do something new and [my] nurse is there to help [me].” “We were welcomed to the unit by the nurse manager.”

Safe & Reliable Care: “Nurses share their practice wisdom—like the need to double check pre-packaged Lovenox labels on the syringe as well as the package.”

Professional Development: “They explain things and tell the whys as you go; then they let me do it—that’s the best!” “We get to share what we’re learning about evidence-based practice.”
Preliminary Narrative Findings: “Not So Good Days” for nursing students

- “It depends on your nurse. Their attitude really makes or breaks it.”
- “When there is no explaining.”
- “I feel like a burden. When nurses would rather get their work done. You want to be wanted.”
- “I feel like I am bothering them.”
- “You are left to figure it out and how to do it.”
- “They snap if I ask to do something.”
Evolving Data Trends

- Clear communication ↑
- Mutual encouragement ↑
- Knowledge exchange ↑
- Interest in learning ↑
- Genuine concern ↑
- Response to risk ↑
Bundle Dimension
- Definition
- Underlying Principles, Beliefs & Values

• Bundle Components

• Behavior Examples
  - Behavioral Guidelines & Protocol

• Process Outcomes

• Outcome Indicators
Bundle of Care Intervention Effects on Patient Outcomes
Discussion

• Transforms roles of practice leaders, faculty, staff, and students, supporting patients

• Communication between unit leadership and faculty is key!

• Greatest challenge is assuring staff and students communicate their expectations to one another

• Crucial impact of nursing staff influence on student learning
Implications for Practice

• Innovative Bundle of Care suggests positive impact on safety
• May contribute new knowledge using familiar bundle concept
• Guide for collaborative efforts
• Quality of life for patient-student-nurse-faculty-practice leader in patient care
• Opportunities for further study
Thank you!