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**Presentation Authors**

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**Conflict of Interest Disclosure**

I do not have any conflicts of interest to disclose.




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## Background

- National Institutes of Health
  - Federal institution
  - Comprised of 27 Institutes and Centers
  - 200 bed hospital devoted to clinical trials
  - No emergency room, OB/GYN or neonate units



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## No other hospital like it!

- ALL of our patients are on a clinical trial(s)
  - Specializing in Phase 0, I, and II trials
  - Natural History studies
- Clinical Research Nursing (CRN) specialty designation
- Check out “First in Humans” to learn more about what we do!



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## Learning Outcome

By the end of the session, participants will be able to identify at least one opportunity in their organization to develop a “Bridge to Practice” session.



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## Bridge to Practice



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## On-line Learning in Nursing Professional Development

- Not just for yearly training anymore
- Use ranges from “just in time teaching” to PhD
- Advantages abound:
  - Self paced
  - Multiple access points and times
  - Can be easily interrupted, restarted, rescheduled
- Ideal for increasing knowledge



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## Computer Based Training

- Online instruction
  - established teaching method in academia
  - emerging format utilized by Nursing Professional Development practitioners in the hospital setting
- Commercially available online courses have wide appeal
  - cannot address specific institutional policies, procedures, practices and their relation to the general content of the course
  - Do not provide hands-on training.



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### On-line Nursing Education Gap

- Commercial online courses provide general information on a topic but do not address institution specific standards, policies and procedures. Nursing Professional Development (NPD) practitioners are tasked with closing this gap.
- The "Bridge to Practice" is an engaging and interactive in-person class developed by NPD practitioners to connect the knowledge and practice gap.

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### Our Trip Over the Bridge

- Started with the transition from in person Chemo/Bio Provider course to online ONS Certificate Program
- Used the Plan-Do-Check-Act cycle of performance improvement to design this new process of using an online course and bridging the gap of institutional knowledge required

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### Combining Online with Bridge to Practice

- Online Courses:
  - Opportunity to utilize professional organization online content (AKA content experts)
  - Poll content experts in the field and keep the materials up to date and within industry stands
- Bridge to Practice Course:
  - We excel at content application framed by institutional policies and procedures
  - Capitalize on online classes and support specific organizational information to support the learner

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**“In theory, there is no difference between theory and practice ... In practice there is”**

**- Yogi Berra**

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### **Institutional Practice BTP Content**

- Classes were developed to close the gap between online content and the application of the course principles within an institution
- BTP content was developed from
  - Policies
  - Procedures
  - Standards of practice
  - Trends identified from performance improvement indicators occurrence reports
  - Needs assessment
  - Clinician expertise

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### **In-Person BTP Sessions**

- In-person classes provided an opportunity to dialogue and reinforce best practice
- Sessions helped participants identify institutional resources and apply them to nursing practice
- Experienced clinical leaders and subject matter experts were recruited to clarify content, respond to institution specific questions, and dispel misconceptions.
- Group discussions provided for an exchange of ideas and patient treatment experiences..

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### Have it your way!

- Option to correct discrepancies in practice between the online course and institutional standards
- Products used at the bedside (i.e. dressing supplies, pumps) – this allows a bridge from manufacturer’s advice versus how the institution uses the equipment
- Alleviates the burden at the unit level, provides interdepartmental consistency across the units – everyone doing the same thing the same way thus building a foundation for competency

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### Time and Space for Competency Validation

- BTP also offered a unique opportunity for hands-on, small group instruction for those ready for competency validation/re-validation
- Competency validation away from the bedside creates a safe environment for gentle correction and learning in a less vulnerable setting

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### Evaluation of BTP

- Course participants reported the in-person discussions and hands-on practice enhanced their online learning experience.
- Participants appreciated time to synthesize new knowledge in the context of institution policy and the focus on institutional practice.

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### The First BTP

- Utilized the Plan-Do-Check-Act Cycle for Performance Improvement
- Project group consisting of 3 Nurse Educators and 1 Clinical Nurse Specialist
- Support from Central Nursing Education Department and Oncology as well as Med/Surg Services Leadership

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### Plan: Assess Gap and Propose Course

- Assess current state of the Nursing Department
  - What do our RN's need to know to administer chemo/biotherapy? Where are the knowledge gaps? How can we address the gaps?
- Maintain institutional standards of excellence:
  - Pilot ONS/ONCC Online Chemotherapy/Biotherapy certificate course
  - Examine the pro's & con's of developing our own course
- Decision Made... ONS/ONCC Chemo/Biotherapy Online Certificate Course BUT with a little extra ...

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### Bridge to Practice (BTP) Development

- To enhance consistency
  - Independent double check process
  - Closed system transfer device (CSTD)
  - Post-treatment bodily fluid precautions
  - Patient education
- To address knowledge gaps
  - Occurrence report data
  - Specific NIH policies/procedures and RN practice

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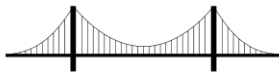
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## Support for Online aka Computer Time

- Contact Hour Conversion
  - 15.5 contact hour online course
  - Participants given 16 hours of “computer” time
- Screen Time limits for adults
  - Settled on 4 hour increments for supported computer time

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## Do: BTP Options

### Option A

- 5 four-hour sessions
- 7:30-11:30am
- Content during the first 45 minutes of each session and remaining time to complete online course modules
- Sessions taught in a computer classroom
- Typical participant – bedside nurse

### Option B

- 1 four-hour session
- 16 hours of non-direct care time to complete the online learning
- Session taught in a multi-purpose room
- Typical participant – had an office with access to a computer (i.e. clinical educator, clinical manager, etc.)

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## BTP Session Summaries

- #1 - Course expectations and e-learning tools
- #2 - Independent double check and cumulative dosing
- #3 - Occupational exposure and surface contamination
- #4 - NIH policies/procedures, spill clean-up, PPE
- #5 - Extravasation prevention/management and competency revalidation plan



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## Spills, Thrills, and Where's Waldo?




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## CHECK - Success

- 250+ nurses have successfully attended NIH BTP with <5 who did not pass ONS/ONCC final chemo/bio course
- PPE hands-on practice with spills, clarifying which PPE to wear with which type of administration
- Clarification of SOPs/PROs
- Every unit routinely administering chemo now has a chemo check station which includes safe handling of hazardous drugs




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## Act: What we learned along the way

- Vouchers:
  - Bulk voucher purchase from ONS
  - Redeem vouchers 2-3 months in advance
- Scheduling:
  - Each unit needs to develop their own plan
- Computer:
  - Baseline computer technology – start with the basics
  - Needed a computer center with 24/7 access
  - Adaptation to e-learning
- Marketing
  - Frequent announcements and reminders to participants




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### Expansion of Bridge to Practice

- Current Offerings:
  - ONS Chemo/biotherapy New Provider Course
  - ONS Chemo/biotherapy Provider Renewal Course
- Planning:
  - ONS Bone Marrow Transplant Course
- Proposal:
  - Critical Care Neuroscience Course



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### Applying BTP Model

- Insert Model Image Here



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### Questions?



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# Thank you!



Please feel free to contact me with questions at  
[mmikula@cc.nih.gov](mailto:mmikula@cc.nih.gov)

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