

## Transforming Clinical Leadership: Standardized Charge Nurse Development

Charge Nurse Workshop contents derived from:

- Literature review
- Surveys of managers, charge nurses and program coordinators

Four broad categories of content:

- Leadership
- Communication
- Quality concepts
- Standard work

Leadership content: Based on EvergreenHealth leadership principles.

Discussion: What do the leadership principles look like when enacted in the charge RN role?

Activity: Charge nurses draw and discuss the challenges and rewards of being in charge.

Communication content: General principles of respectful communication.

Discussion: Standardized communication techniques can make feedback more objective and meaningful. What does communication look like when you put patient safety and professional practice first?

Communication techniques discussed:

*In the moment feedback*: (Used with permission from The Advisory Board)

Notice something... (The behavior you observed)

Think something... (The behavior deviates from expected practice in this way)

Feel something... (It is important for this reason)

Want something... (Make it clear what it is you want to change)

Do something... (Recommendation to correct the problem)

*ARCC*:

Ask a question: Give the person a chance to make the change by calling it out.

“Do you need a new pair of gloves?”

Request a change: If they don’t respond to the question, make a request.

“I’d like to grab you some new gloves.”

State a concern: Describe why it matters

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“I’m concerned that your gloves are contaminated and may put the patient at risk of infection.”

Chain of command: If the person refuses to alter their practice with a direct request/correction, take the behavior to the next level in the chain of command.

Activity: Charge nurses work through a variety of scenarios using communication techniques discussed in class.

Quality concepts content: Nurses need to understand reasons for change before they will accept it. Charge nurses can help nurses understand the “whys” around all of the quality metrics being measured.

Discussion: Health care systems are being held accountable for high quality outcomes. How can charge nurses affect the bottom dollar and more importantly, outcomes on their unit?

Activity: Charge nurses create a message about quality measures to deliver to their team members via e-mail, staff meeting, or shift huddle.

Standard work content: Standard work decreases errors and waste. Charge nurse standard work includes:

- Quality control
- Quality rounds
- Emergency preparedness
- Acting as clinical resource
- Managing conflict
- Setting a positive tone
- Facilitating staff development

Assignment making discussion based on acuity and staff capabilities utilizing Patricia Benner’s Novice to Expert: Excellence and Power in Clinical Nursing Practice

Suggested strategies for coaching to improve staff performance with the following challenges:

- Critical thinking
- Time management
- Accountability
- Negativity/defensiveness

Discussion: Why is standard work important? How can you apply standard work to the responsibilities in your role?

Activities: For each of the components of standard work, the charge nurses work through selected scenarios in small groups, then discuss as a large group. Facilitators role play coaching strategies.

Formative evaluation: Initial evaluations were positive and indicated specific practice changes the nurses planned to implement.

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Nurses began exhibiting more leadership behaviors by participating in quality improvement opportunities and communicating practice reminders to their teams.

### Summative evaluation:

94% of respondents stated they had incorporated EvergreenHealth's leadership principles into their practice.

67% stated they had used the communication techniques described in class.

87% felt moderately/highly confident interpreting quality data and answering team questions about it.

81% felt more comfortable intervening in problematic staff behaviors on their units.

Many nurses wanted more education, and expressed the desire to learn more communication and conflict management techniques.

Plans are being made to create a "level 2" to continue the "nursing conversation."

### References:

American Nurses Credentialing Center: model of Magnet:

<http://www.nursecredentialing.org/documents/magnet/newmodelbrochure.aspx>

Benner, P. (1984). *From Novice to Expert: Excellence and Power in Nursing Education*. Menlo Park, California: Addison-Wesley Publishing Company, Inc.

Eggenberger, T. (2012). Exploring the charge nurse role: Holding the frontline, *The Journal of Nursing Administration*, 42 (11) 502-506.

Fardellone, C., Musil, C., Smith, E. & Click, E.R. (2014). Leadership behaviors of frontline staff nurses, *The Journal of Continuing Education in Nursing*, 45 (11) 506-513.

Finkelman, A. & Kenner, C. (2012). *Learning IOM: Implications of the Institute of Medicine Reports for Nursing Education*. American Nurses Association.

Homer, R. & Ryan, L. (2013). Making the grade: Charge nurse education improves job performance, *Nursing Management*, March 2013, 38-44.

Krugman, M., Heggem, L., Judd Kinney, L. & Frueh, M. (2013). Longitudinal charge nurse leadership development and evaluation, *The Journal of Nursing Administration*, 43 (9) 438-446.

Normand, L., Black, D., Baldwin, K. M. & Crenshaw, J. T. (2014). Redefining "charge nurse" within the front line, *Nursing Management*, September 2014, 49-53.

Nursing Executive Center (2011). *Building peer accountability: Toolkit for Improving Communication and Collaboration*, The Advisory Board Company: Washington D.C.