



FOSTERING INNOVATIVE PRACTICE

Nurse leaders at the SON provide innovative clinical education that is preparing the next generation of nurses for practice.

Reflecting on Safety

Associate Dean for academic affairs Gwen Sherwood, PhD, RN, FAAN, has spent most of her career investigating issues surrounding the safety and quality of nursing practice.

She developed a reflective practice approach to practice, which helps nurses improve their work by considering their experiences. “Reflective practice is thinking about a situation or something you’ve done in a meaningful and objective way,” says Dr. Sherwood. “Thinking about actions in a systematic way can help uncover new perspectives.”

Reflective practice is important because in school, nursing students are taught ideal patient care, but in clinical settings, they are often confronted with complex situations that differ from the ideal or textbook scenario. Thinking back to those situations and reflecting on them using an objective, structured approach, encourages ongoing learning and growth throughout a nurse’s career.

Dr. Sherwood often gives workshops on reflective practice, including an annual three-week intensive for health care professionals from Thailand. She also recently published *Reflective Practice: Transforming Education and Improving Outcomes* as a practical guide for reflective practice.

Dr. Sherwood worked with former Dean Linda R. Cronenwett as co-investigator and facilitator of the initial

Associate Dean Gwen Sherwood's (left) scholarship has worldwide reach, and clinical associate professor Meg Zomorodi (right) is an emerging expert on end-of-life care.

phases of the Quality and Safety Education for Nurses (QSEN) initiative, which is funded by the Robert Wood Johnson Foundation. The Goal of QSEN is to better integrate the Institute of Medicine's quality and safety competencies into nursing education.

According to Dr. Sherwood, clinical procedures are changing constantly, yet the model for instructing nurses in clinical settings (one instructor or preceptor teaching a small group of nursing students) has changed little in decades. Strong dialogue between academic and clinical partners could lead to curricula that ensure nursing students are learning material that is relevant and meets current data-driven safety practices. Such discussions are a critical feature of QSEN.

The first four phases of the QSEN project, in which leading nurse scholars developed and disseminated QSEN competencies, were completed at the SON. The competencies were successfully piloted at fifteen nursing schools. The book *Quality and Safety in Nursing: A Competency Approach to Improving Outcomes*, which was edited by Dr. Sherwood and Jane Barnsteiner, PhD, FAAN, was named a 2012 Book of the Year by the *American Journal of Nursing*.

Coordinating Communication, Improving Care

Clinical associate professor Meg Zomorodi, PhD, CNL, RN, often invites her students to speak up about potential clinical problems and then consider how they can implement system-wide changes to prevent them.

The inspiration for Dr. Zomorodi's own attempt to change care practices came from personal experiences she had as an intensive care unit nurse. The first patient she was assigned to was dying. "I wasn't sure what to do," she says. "I didn't feel fully prepared to care for patients who are reaching the end of their lives."

Not long after she began practicing in an intensive care unit, Dr. Zomorodi's mother, also a nurse, was admitted to the hospital after becoming terribly ill and within three days, she died in an intensive care unit. "I wasn't acting as a nurse because she was my mom," says Dr. Zomorodi. "That perspective as a daughter made me realize that as nurses, we could be doing more for

patients receiving end-of-life care and we could be doing more for their families."

Since that experience, Dr. Zomorodi has developed a class on caring for patients who are dying and how to interact with and keep their families informed. "As our health system becomes more complex," says Dr. Zomorodi. "It's important for nurses to develop skills to assist patients and families as they transition through different stages of care delivery."

One role that has been developed to assist families when moving through a complex healthcare system is the Clinical Nurse Leader (CNL). Dr. Zomorodi believes that CNLs are a logical choice for coordinating communication across specialists, departments, and sometimes competing agendas. CNLs can also help keep patients and their families informed, and they can assure the family's wishes are taken into account.

"The CNL role is all about care coordination, transitioning care for patients, and optimizing their time in the hospital so that they aren't readmitted prematurely because their at-home needs had not been taken into account," says Dr. Zomorodi.

Dr. Cheryl Jones, PhD, RN, FAAN, helped bring the CNL program to Chapel Hill in 2005. Since the first CNL student graduated in 2010, the program has doubled in enrollment each year and currently has 13 students.

Dr. Zomorodi sees the CNL role as constantly evolving. For example, she thinks that CNLs could be helpful in community and population health settings, not just acute care settings. She recently received funding from the North Carolina Area Health Education Center to expand the CNL role from acute care to community care. Students in the CNL program will partner with Piedmont Health Services to work with community leaders in care transition. They will develop educational materials, identify tools to reduce readmissions to acute care facilities, and work closely with preceptors to gain a deeper understanding of community health practice.

"To be truly innovative, we have to think about where we need to go as a profession," says Dr. Zomorodi. "I believe exposing our students to a variety of clinical experiences and encouraging them to think about patients and their families as a unit is one step towards improving quality and safety in the healthcare system." ■