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Creative Nursing 21 #3 From Experience to Empowerment: Fostering Interprofessional Relationships
FROM THE EDITOR: Aviation, Attorneys, and Constructive Disequilibrium, by Marty Lewis-Hunstiger, BSN, RN, MA, retired pediatric nurse and preceptor, editor of Creative Nursing, managing editor of the Interdisciplinary Journal of Partnership Studies, and an affiliate faculty member at the University of Minnesota School of Nursing in Minneapolis, Minnesota.

The feature mentions each article in the issue and connects it to the theme. The article title reflects the interprofessional nature of the content of this issue, exemplified by an article linking aviation safety and patient safety, one about partnerships between health care providers and attorneys, and one describing the potential of study-abroad programs to challenge participants’ existing cognitive schemas.

FROM THE GUEST EDITOR: Interprofessional Intervention to Support Mature Women: A Case Study, by Judith M. Pechacek, DNP, CENP, RN, Clinical Assistant Professor, Director of the Doctorate of Nursing Practice Program, and Informatics Consultant to the National Center for Interprofessional Practice and Education in the University of Minnesota School of Nursing; Diana Drake, DNP, RN, WHNP, Clinical Assistant Professor and Specialty Coordinator of the Women's Health Nurse Practitioner Program in the University of Minnesota School of Nursing, and a Women’s Health Nurse Practitioner and Director of Faculty Practice in the Women's Health Specialists Clinic at M Health at the University of Minnesota; Carrie Ann Terrell, MD, FACOG, Assistant Professor and Division Director of General OB-GYN and Medical Director of the Women's Health Specialists Clinic at M Health at the University of Minnesota; and Carolyn Torkelson, MD, MS, Associate Professor in the Department of Family Medicine and Community Health, Associate Director of the Deborah E. Powell Center for Women's Health, and Medical Director of Integrative Health Services in the Women's Health Specialists clinic at M Health at the University of Minnesota.

Understanding the impact interprofessional teamwork has on patient outcomes is of great interest to health care providers, educators, and administrators. This paper describes one clinical team, Women’s Health Specialists, and their implementation of an interprofessional health intervention course: “Mindfulness and Wellbeing: The Mature Woman” (MW: MW) to support mature women’s health needs in mid-life (age 40-70) and empower patient involvement in self-care. The provider team works to understand how their interprofessional education and collaborative practice interventions focused on supporting mid-life women are associated with improved quality and clinical outcomes. This case study describes the work of the Women’s Health Specialists clinic in partnership with the National Center for Interprofessional Education and Collaborative Practice to study the impact an interprofessional team has on the health needs of women in mid-life. This manuscript summarizes the project structure, processes, outputs, and outcomes, and discusses data collection, analysis, strategy, and next steps for future mid-life women’s projects.
ARTICLES AND ESSAYS

Building a Healthcare Legal Partnership Learning Collaborative, by Eileen Weber, DNP, RN, JD, PHN, Clinical Assistant Professor in the University of Minnesota School of Nursing; and Bryan Polkey, BSN(c), student in the BSN program at the University of Minnesota School of Nursing. Many Americans need both health care and legal interventions to maximize their opportunities for health. Medical-Legal Partnerships, also known as Healthcare Legal Partnerships (HLPs), bring the power of law to health care to reduce barriers and negative social determinants of health. Growing research shows that these partnerships can improve care, improve health, enhance interprofessional collaboration, and improve the financial status of patients and providers. A Healthcare Legal Partnership Learning Collaborative that brings leaders of diverse HLPs together to share experiences and best practices can help expand this effective model and enhance its potential for collective impact in improving population health.

Enhancing Nurse-Resident Partnerships, by Linnea A. Benike, DNP, RN, Nurse Supervisor in the Department of Nursing at the Mayo Clinic in Rochester, Minnesota; and Jeannie E. Clark, BAN, RN, an RN Care Coordinator in the Department of Nursing at the Mayo Clinic in Rochester, Minnesota. Literature has long suggested that collaboration and interprofessional communication are associated with improved provider satisfaction, patient satisfaction, and the provision of individualized care. More recent literature has documented the favorable influence of a collaborative culture on patient outcomes. In response to the growing need for enhanced nurse-physician partnership and recognition of its impact on the patient experience, nurses are designing unit-based programs to bring the two professions together. This article discusses two unit-based approaches to enhancing nurse-resident physician partnership – a shadowing program and a unit-specific orientation – and identifies common elements that were critical to the programs’ success: individualizing the interventions, early engagement of stakeholders, flexibility, and maintaining a patient-centered focus.

Interprofessional Clinical Assignments: A Project in Nursing by Stephanie Turner, EdD, MSN, RN, Assistant Professor in the Capstone College of Nursing at the University of Alabama in Tuscaloosa, Alabama. Patient safety is at the center of the move toward interprofessional practice. Students entering the health care field are now expected to engage in collaborative practice with other health care team members as they begin their respective professions. Education involving interprofessional activities helps to improve learning and the ability to work in an effective collaborative environment. In this project, 16 baccalaureate nursing students were given the opportunity to work with other members of the health care team in delivering direct patient care, to develop an understanding of the roles and responsibilities of each group of professionals and the communication skills needed in order to provide quality and safe care to patients, and to positively impact their motivation to work with members of other health professions. Each student in the clinical group spent one day with a respiratory therapist, one day with a physical therapist, and one day with an EMT in the emergency department.
Enriching the Student Experience through a Collaborative Cultural Learning Model, by Wendy McInally, TF, FHEA, MSc, BSc (Hons), RSCN, lecturer at Edinburgh Napier University in Edinburgh, Scotland; Sharon Metcalfe, EdD, MSN, RN, Associate Professor in the School of Nursing at Western Carolina University in Cullowhee, North Carolina; and Bonnie Garner, MS, CPN, CCHC RN, certified child health consultant at Mountain Area Health Education Center in Asheville, North Carolina and an adjunct faculty member in the School of Nursing at Western Carolina University in Cullowhee, North Carolina.

This article describes an 8-year international, collaborative, cultural learning model for students from the United States and Scotland. Both countries have developed programs that have enriched and enhanced the overall student learning experience, mainly through the sharing of evidence-based care in both hospital and community settings. Student learning is at the heart of this international model; through practice learning, leadership, and reflection, student immersion in global health care is immense. Moving forward, we are seeking new opportunities for learning partnerships to provide this collaborative cultural learning experience.

Cultural Immersion as a Strategy for Empowerment, by Jennell P. Charles, PhD, RN, CNE, Associate Professor in the School of Nursing at Clayton State University in Morrow, Georgia. Cultural immersion experiences offered through study abroad opportunities for nursing students have been increasing in recent years. Examining the impact of these experiences has largely focused on students and not on the faculty leading the experiences. It is important to understand the impact of these experiences on all participants. Exploring the literature on empowerment provides some clarity on the relationship between studying abroad and its impact on participants. Further research linking cultural immersion experiences with empowerment is needed to better understand this relationship and the possibilities of empowering both students and faculty engaged in these exciting opportunities.

OUTCOMES
Knowing Your Preference: The Nexus of Personality and Leadership, by Roberta Waite, EdD, PMHCNS-BC, FAAN, Associate Professor and Assistant Dean of Academic Integration and Evaluation of Community Programs in the Doctoral Nursing Department at Drexel University in Philadelphia, Pennsylvania; and Nicole McKinney, MA, PhD(c), PhD student in Couple and Family Therapy at Drexel University in Philadelphia, Pennsylvania.

Prelicensure nursing students must be prepared to address the new challenges that will confront them in the modern health care environment. Leadership development, the gaining of tools and education about the process of influencing and persuading others, is important when working with groups and teams in the workplace. Recognition of one’s personality preferences using self-assessment is a critical dimension of leadership development. This study examined the personality preferences of a cohort of prelicensure nursing students enrolled in an 18-month leadership program. Students completed the Myers-Briggs assessment before starting and at the completion of the program. Through active
student-centered learning and experiential exercises, students became more aware of how they preferred to relate to others and how this might affect their work in groups and leading interprofessional teams. The most prominent personality type for both pre- and post-assessment was Extroversion, Sensing, Thinking, and Judging (ESTJ).

PATIENT SAFETY

Partnerships with Aviation: Promoting a Culture of Safety in Health Care, by Lori Skinner, BSN, RN, DNP(c), student in the Doctor of Nursing Practice program in Health Innovation and Leadership student at the University of Minnesota in Minneapolis, Minnesota; Terrance R. Tripp, BS, Colonel (ret), USAF, Chief Development Officer at Universal Safety Solution in Minnetonka, Minnesota; David Scouler, BS, MS, Director of Strategic Development at Universal Safety Solution in Minnetonka, Minnesota; and Judith M. Pechacek, DNP, CENP, RN, Clinical Assistant Professor, Director of the Doctorate of Nursing Practice Program, and Informatics Consultant to the National Center for Interprofessional Practice and Education in the University of Minnesota School of Nursing in Minneapolis, Minnesota.

Medical errors can be defined as the failure of a planned action to be completed as intended or the use of a wrong plan to achieve an aim (IOM). The current health care culture is disjointed, as evidenced by a lack of consistent reporting standards for all providers; provider licensing pays little attention to errors, and there are no financial incentives to improve safety (IOM, 1999). Many errors in health care are preventable. “Near misses” and adverse events that do occur can offer insight into how to improve practice and prevent future events. This paper describes how high reliability organizations such as aviation improve safety through enhanced error reporting, culture change, and teamwork; explores underreporting of errors in health care; presents a model of change that increases voluntary error reporting; and discusses the role nurse executives play in creating a culture of safety.

THE NURSING SALON EXPERIENCE

Conversations Change People and People Change the World, by Heidi Orstad, BSN, RN, CCM, Manager of Disease Management within the Health and Care Engagement division of HealthPartners in Bloomington, Minnesota.

The author describes her experience with the first nursing salon she attended. She writes, “The women and men gathered together in this sacred space on this night had one thing in common: nursing.”