

# In step

for the Commonwealth



UNIVERSITY OF KENTUCKY  
COLLEGE OF NURSING

UK HealthCare

## Advanced Practice Nurses and Physicians—Partners in Continuity of Care

The University of Kentucky College of Nursing, a leader in advanced practice programs, opened the first Doctor of Nursing Practice (DNP) Program in the nation in 2001. With the evolution of the profession and new guidelines from the American Association of Colleges of Nursing (AACN), the College has once again been a pioneer by being among the first to transition from the master's degree to the doctorate for advanced practice, and offering a post-baccalaureate entry option to the DNP Program to prepare nurse practitioners, clinical nurse specialists, public health nurses and nurse managers. This professional, clinical-doctoral program also prepares nurses for the highest executive level positions.

### Making the decision

Vicky Turner, MSN, ACNP-BC, RN, CCRN, UK HealthCare, recalls when she was a registered nurse she was triaging patients on the phone, in the clinic, and in the hospital. With all of those responsibilities came expectations for superior performance.

“I knew that I needed to have a greater depth of knowledge and be able to intervene from a different skill set,” said Turner. By working at a higher level, Turner would be able to provide more advanced care for patients and keep the surgeons she worked with in the operating room. So, Turner enrolled in the graduate program at the College of Nursing, graduating in 2001 as an acute care nurse practitioner.

*continued inside*



# Introduction

An amazing opportunity is unfolding at the University of Kentucky. The College of Nursing (which will be celebrating its 50th anniversary during the coming year) and UK HealthCare nurses and nurse leaders are working collaboratively to prepare the next generation of nurses for the Commonwealth and to assure quality health care for Kentucky's citizens and others in the region. *In Step* illustrates how advanced practice nurses are partnering with physicians to optimize the care provided within UK HealthCare. The transition from nursing school to one's first professional nursing position can be challenging.



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Our story also involves UK's nursing faculty and clinical leadership who are finding creative solutions to support nursing student success and to fully engage new nursing graduates at UK HealthCare. Along with physician colleagues, nurse leaders are engaged in the redesign of the care delivery model to meet the dynamic needs of the Commonwealth's citizens. We appreciate the opportunity to share some of our success stories and invite you to share your ideas for how nursing education at UK and nursing practice at UK HealthCare can strengthen our efforts to be in step with the needs of Kentucky. Our commitment to the highest-quality health care remains strong and we will provide you with an annual update of our work.

*continued from front*

Nurse practitioners, like physicians and physician assistants, can write orders and make treatment decisions.

"The advanced nursing program provided me with the groundwork to blend nursing and medicine," said Turner. "As nurses, we are trained to deliver patient care in a holistic manner. Doctors are trained to deliver patient care based on a disease and diagnostic-driven model. As a nurse practitioner, we deliver care blending the two models."

Lacey Troutman Buckler, MSN, ACNP-BC, RN, a College of Nursing graduate and nurse practitioner for UK's Gill Heart Institute, said, "I was excited to provide my physician group with a nursing-based approach to patient care to help fill any gaps to ensure that patients are receiving the best possible care so when they return home they are prepared to manage their disease."

"While a PhD program is designed to educate an individual to generate new knowledge, the DNP helps translate the information into practice."

—Patricia B. Howard, PhD, RN, CNAA, Associate Dean for MSN and DNP Studies, UK College of Nursing  
(MSN, UK, 1980; PhD, UK, 1992).



In a 2009 alumni satisfaction survey, 98 percent of UK College of Nursing alumni who responded were very satisfied or satisfied with the quality of their nursing education. Employers who responded indicated they were unanimously very satisfied or satisfied with the quality of the College's graduates.

## Continuity of care

"We have residents but they come and go," said cardiac surgeon Chand Ramaiah, MD. "There is a very low turnover in nurse practitioners and most are specialized, which gives them an added edge when treating patients as well as with continuity of care."

The outcome of this stability is a deep level of trust that is built with the doctors.

"Vicky takes care of my patients on a day-to-day basis. I don't spend as much time with patients after surgery as Vicky does. So, I have to *really* trust her more than I do myself," said Ramaiah.

"My role as an advanced practice provider is to optimize the surgeons' time doing actual surgery then employ the doctor's patient care plan or deviate from it if it doesn't fit. I keep the attending physician informed about the patient's well-being and any changes in the level of care. In addition, we keep the families informed," Turner said.

Advanced practice nurses play an even greater role in clinical areas because they enable physicians to see more patients while ensuring that follow up, including lab tests, x-rays, and consultations, are handled in a timely manner.

Colleen Swartz, MSN, RN, MBA, Chief Nurse Executive for UK HealthCare said, "Vicky's role is critical in the daily management of critically ill patients. Her partnerships with the surgeons allow them to focus on surgical work and her expertise and critical thinking allow for more real-time and fluid management of the patient's postoperative condition."

Statistically speaking, the College of Nursing ranks high (*See Vital Stats*), but the real test is with the doctors and UK HealthCare staff.

"Advanced practice nurses can really be clinical partners. They allow the doctor to manage more patients effectively and safely," said James McCormick, MD, FCCP, Division Chief and Medical Director of Respiratory Care Services, UK HealthCare. "They are very well trained, very professional, and eager to learn and to help."

Lynn Kelso, MSN, ACNP-BC, RN, FCCM, FAANP, an assistant professor who practices in pulmonary critical care with McCormick and is also working on her PhD in nursing, said, "A university hospital setting is where the most critically ill patients are receiving care. For the best outcomes there needs to be a provider at the bedside. Advanced practice nurses working with physicians can ensure that these patients' needs are met."

Lynn Kelso, MSN, ACNP-BC, RN, FCCM, FAANP  
and James McCormick, MD

## Still a growing demand

When the new hospital opens in 2011, UK HealthCare will have added capacity to handle more patients and with that comes added demand for physicians and nurse practitioners. In addition, working regulations for new residents are becoming more restrictive in terms of time on call. Consequently, hospitals will require more help from advanced practice nurses.

To those considering entering the nursing field, McCormick said, "There is a great deal of job security in a job that can be both exciting and rewarding. There will be new procedures to master as well as diseases that the nurse practitioner will learn about in terms of evaluation and management. Nurse practitioners contribute to improvement in patient care."

## More accessible learning

UK offers a tuition program for eligible employees to further their education and the Department of Nursing works with schedules to ensure that employees can get to their classes.

Buckler said, "Most people at UK HealthCare provide flexibility for those who want to pursue their degrees. Since nursing jobs are typically on 12-hour shifts, you can work weekends and have the beginning of the week for class. In my last year of graduate school, my job was more 8 to 5 but my boss worked with me to make a schedule that worked for *both* of us."

Embarking on an advanced degree may sound intimidating and difficult in terms of time management, but the College has taken that into consideration and developed a distributed-learning model. DNP courses are web-enhanced and require attendance at class meetings on UK's campus only about four times each semester on UK's campus. With full-time study, the program can be completed in two to three years, depending on whether the student enters with a BSN or MSN. Part-time options are available.

"Some out-of-state students fly in, have class Friday and Saturday and go home. It's very manageable," said Swartz. •

"Almost all of my graduate school was paid for by UK HealthCare and it's an awesome benefit."

—Lacey Troutman Buckler, MSN, ACNP-BC, RN,  
nurse practitioner at UK's Gill Heart Institute.

# From School to the Real World

“During my clinical in the Emergency Department, the doctors and nurses worked so well and efficiently with each other that sometimes I didn't know who was who until after reading their shirts.”

—Excerpt from a nursing student's Emergency Department clinical journal

## Unique Partnership

The partnership between the UK College of Nursing and UK HealthCare provides a rich environment for unique educational and clinical experiences. Both sides work to develop curriculum, make the transition to work smoother, provide career enhancement opportunities, develop satisfied health care professionals, and, in the end, offer higher quality patient care.

“We end up with a better learner who comes out ready for practice,” said Colleen H. Swartz, MSN, RN, MBA, Chief Nurse Executive for UK HealthCare. “The practice expectations are fairly dynamic. This relationship allows us to stay ahead of that as much as possible. For instance, understanding and knowing EKG interpretation 10 years ago probably wasn't considered a nursing fundamental and now it is. Our patients are considerably more ill now. Expectations of critical thinking, decision making and data analysis are much higher, especially in the inpatient environment.”

UK HealthCare and the College of Nursing are working together to make the transition from student to nursing professional more seamless. For example, this past year electronic medical records were opened to nursing students so they could document patient care just as staff nurses do.

“UK nursing students have an advantage as they start their professional practice,” said Swartz. “Being exposed to the electronic documentation system helps them understand that system of care better than someone who has only experienced that system in the ‘paper’ world.” Expansion into other interprofessional education is underway. “The physician documentation is coming online this fall. Ideally we would like to have the nurses sitting alongside their colleagues in other disciplines learning together as they begin practice together. This is a unique aspect of the integration with the Colleges of Medicine and Nursing, and the clinical operations arm of the enterprise.”

While every clinical is unique, doing one in the Emergency Department is especially distinct. “Patients are all ages, all types and we have every different type of medical emergency,” said Patricia Kunz Howard, PhD, RN, CEN, CPEN, FAEN, Operations Manager for Emergency and Trauma Services at UK Chandler Hospital (PhD, UK, 2004). “Students are paired with a nurse preceptor who is part of a trauma team. It is a skills-intensive clinical where students validate with true patients as they have validated in simulation or a skills lab.”

For those students who have a good idea what area they want to do their clinical practice in, UK HealthCare offers a full scope of disciplines. The hospital also offers a broad clinical experience to explore career possibilities.

In addition to clinical placement, UK HealthCare is intricately involved with helping to develop a practice-based nursing curriculum. Also, for nursing students, being affiliated with a Research I university has added benefits. Students see and participate in ongoing research that will ultimately support practice protocols.

The success of the partnership is evident by the doubling of enrollment in the traditional BSN Program since 2007. “The collaboration between the College and UK HealthCare is critical to our success,” said Patricia V. Burkhart, PhD, RN, associate dean for Undergraduate Studies. “UK HealthCare ensures that we have the clinical sites our students need to get the best learning experiences. They also supported the idea of having students work 12-hour clinical shifts in order to simulate real world nursing experiences. UK nurses also function as preceptors for our students and many nurses serve as clinical group instructors. It is a partnership that really works.”

The BSN Residency Program at the College of Nursing is a testament to then-Dean Williams' legacy of envisioning a stronger practice future and working with Karen Stefaniak of UK Chandler Hospital to realize that the two organizations could be stronger together than separate.

## The BSN Residency Program

The first year of nursing practice is a critical time, requiring nurturing and support for successful integration into nursing practice. In response to this issue, the University Hospital Consortium (UHC) and American Association of Colleges of Nursing (AACN) BSN Residency Program was conceived and developed. In 2002 under then-College of Nursing Dean Carolyn A. Williams, PhD, RN, FAAN, and Karen Stefaniak, PhD, RN, then-Associate Hospital Director and Chief Nursing Officer, UK Chandler Hospital, the College of Nursing and UK HealthCare became one of six dyads participating in the pilot program. It is a mandatory one-year orientation and support program that provides transition to practice through education and support for new baccalaureate nursing graduates employed as staff nurses on clinical units. To date, nearly 450 nurses at UK HealthCare have gone through the program.

Claudia Diebold, MSN, RN, CNE, the BSN residency coordinator for the College, said, "Our goal for that new nurse when they complete the BSN residency is that they will be a bedside leader and that they will be here. Turnover is extremely high for nurses—about 30 percent of nurses in their first year will change jobs. With the residency, our turnover ranges from 6 to 10 percent. We have three goals—a stable nursing staff, which addresses turnover; better quality of care; and decreased recruitment costs."

Facilitated by expert nurses, the program emphasizes critical thinking, leadership skills, patient safety, and professional career development. As part of the program, BSN residents are required to do an evidence-based project.

"One project led by nurse resident Kate Osman, BSN, RN, was focused on safety issues as well as how time consuming it is to fill saline syringes by hand rather than purchasing prefilled syringes," said Jeanne Bouvier, MSN, ACNS-BC, RN, BSN residency coordinator for UK HealthCare. Two other nurses on Kate's unit, Holly Russell, BSN, RN, and Jessica Cayson, BSN, RN, assisted in the project, and staff from materials

management, pharmacy, nursing fiscal affairs, and outpatient services provided nurse salary and materials data. The project was implemented and a hospital-wide change to using commercially prefilled syringes saved the hospital \$36,900 in the first 11 months. Other implementation benefits included significant time savings for nursing staff and enhanced compliance with federally regulated pharmacy and infection-control standards. The project tied for third place at the 2009 UHC/AACN Nurse Residency Program's annual meeting.

## Safe environment

Support also comes from talking about shared experiences. BSN residents meet as a group within their unit once a month with facilitators from both the College and the hospital. The residents talk about the ups and downs of their nursing experience.

"BSN residents are surveyed throughout the year to determine how effective the program is," said Bouvier. "We've gotten a lot of good feedback and that has helped us shape our training going forward."

In fact, many residents say that they would have quit if not for the BSN Residency Program reports Diebold. The program benefits are evident not only in the retention numbers but in the poise and confidence with which new nurses carry out their duties and, in the end, in enhanced patient care.

In 2009, UK College of Nursing students had 38 clinical rotations within UK HealthCare.



# Vital Stats

## UK College of Nursing

- There are more than 5,000 College of Nursing alumni. Of those, more than 3,000 live in Kentucky, including more than 1,000 in Fayette County.
- The first-time pass rate for UK College of Nursing BSN graduates taking the NCLEX (National Council Licensure Examination) over the last nine years has averaged 97 percent. This is higher than both the national pass rate (88 percent) and Kentucky's pass rate (91 percent).
- UK College of Nursing's graduate program is tied at 26 among graduate schools of nursing according to *U.S. News & World Report* in its 2008 edition of America's Best Graduate Schools.
- The UK PhD program in nursing is ranked 10th out of 99 private and public PhD programs in nursing (*2008 Academic Analytics, LLC Report*).
- The College ranked 33 among all schools of nursing, with \$1.3 million total in National Institutes of Health (NIH) funding in 2008.

As part of the college's upcoming 50th anniversary, we will be honoring 50 accomplished alumni. Nomination forms are due April 31, 2010 and are available at [www.mc.uky.edu/nursing](http://www.mc.uky.edu/nursing)

## UK HealthCare

- UK Albert B. Chandler Hospital has been redesignated a Magnet Hospital in recognition of the outstanding nursing care at UK Chandler Hospital and Kentucky Children's Hospital. UK Chandler Hospital is the first in Lexington and the 38th among 6,000 hospitals in the nation to have earned this achievement.
- Nationally, 30 percent of first-year nurses will change positions. For nurses who complete UK HealthCare's Nurse Residency Program, turnover is only 6 to 10 percent.
- During the 2008-2009 academic year, 334 UK HealthCare nurses took advantage of the tuition benefit and were enrolled in classes.
- UK HealthCare has 188 nurses with specialty certifications.



UK College of Nursing transition programs such as SNAP and the Synthesis course instill nursing students with more confidence through critical thinking and proficiency in technical skills such as starting an IV, calculating medications, changing dressings, and electronic medical charting.

## SNAP

"We know that the first year of practice is a very difficult time of transition," said Jane Kirschling, DNS, RN, FAAN, Dean of the College of Nursing. "We have been purposeful in looking at strategies to optimize that soon-to-be nurse's ability to transition more effectively into that first professional position and to have learning experiences along the way that allow them to ask questions such as—Is this the type of nursing I want to do? Is this the place that I want to do it?"

The Student Nurse Academic Practicum (SNAP) is one program that facilitates the transition from student to professional. This three-credit-hour summer program was revamped last year to focus on enabling student nurses to practice nursing under supervised conditions. College faculty supervise students, assess their competencies, and pair them with a UK nurse preceptor. SNAP occurs the summer before a BSN student's senior year or after they have completed one year in an associate degree nursing program. In 2009, 18 SNAP program graduates were hired by UK HealthCare.

A second opportunity for real-life experience is the Synthesis of Clinical Knowledge for Nursing Practice, which takes place in the last eight weeks of the senior year. Students work at the bedside with a registered nurse and are supervised by their clinical instructor from the College of Nursing.

For both the SNAP program and Synthesis course, students are placed in clinical areas that they ultimately want to work in when they graduate. "For instance, if someone is interested in neonatal care, they would be placed in that specialty with the intention that we would hire them into the neonatal care unit. Sometimes in the course of the year students may decide that a certain specialty is not the area that they want to work in," said Sharon W. Lake, MSN, RN, Director of Nursing and Practice support, UK Chandler Hospital.

A secondary benefit for the hospital is that these students have had two intensive nursing experiences and that their orientation needs are reduced. Students are more comfortable with their skills and transition faster from the student role to a professional nurse role.

"Nurses hired who went through either the SNAP program or Synthesis course commented that they were more comfortable, had already made contacts in their unit, and knew how the unit operated," said Lake. "The experience of starting their first job was less stressful and they felt they had a leg up on other students who hadn't had that experience." •

**Left photo:** Penne Allison, BSN, RN, MSOM and Patricia Kunz Howard, PhD, RN, CEN, CPEN, FAEN

**Right photo:** Left to right: Richard P. Lofgren, MD; Paul D. DePriest, MD; and Colleen Swartz, MSN, RN, MBA

# Clinical and Academic Collaboration Drive Cross-Discipline Learning

“There is an amazing synergy created when multiple disciplines learn and work together in an academic health center, such as we have at UK,” said Jane Kirschling, DNS, RN, FAAN, Dean of the College of Nursing.

One outcome of that synergy is a joint publishing workshop to facilitate the publication and presentation of nursing research. The idea, which originated at UK HealthCare, will use College of Nursing faculty to work with participants throughout the process.

“The College of Nursing comes at it from an academic perspective,” said Penne Allison, BSN, RN, MSOM, Director of Emergency and Trauma Services, UK Chandler Hospital. “Being closely linked to the school, we can influence what needs to be coming out of the college and they can tell us what they are seeing as well.”

Colleen Swartz, MSN, RN, MBA, Chief Nurse Executive for UK HealthCare, said, “We are trying to set ourselves apart as a unique learning and career experience. Our students learn how complex the system can be, and they are realizing this is an interdisciplinary team effort of medicine, nursing, pharmacy, and other areas. No one can really stand alone. Patient care is complicated and requires team thinking to drive the necessary outcomes.”

Patricia Kunz Howard, PhD, RN, CEN, CPEN, FAEN, Operations Manager for Emergency and Trauma Services at UK Chandler Hospital, agrees that the environment is rife with opportunities. “Strong collegial relationships foster an atmosphere that is committed to mutual respect with a focus on developing future clinical leaders. Ready access to expert clinical and academic nursing professionals is value added.”

“Our students learn how complex the system can be, and they are realizing this is an interdisciplinary team effort...”

—Colleen Swartz, MSN, RN, MBA,  
Chief Nurse Executive for UK HealthCare

## Collaborating for the future

“The relationship between the College and UK HealthCare that started under Williams’ tenure needs to continue to move forward, where we can advocate for each other, impact practice, create the next generation of the nursing workforce, and where we can prepare nurses through continual learning,” said Kirschling.

When new American Association of Colleges of Nursing (AACN) guidelines for the essentials of baccalaureate nursing education came out in 2008, this relationship was put to work. The curriculum mapping committee, which includes three UK HealthCare partners, was able to interpret these guidelines from a practice setting.

“It is unique that we have this partnership—that we sit on their committees and that they sit on ours,” said Associate Dean for Undergraduate Studies Patricia V. Burkhart, PhD, RN. “It is really crucial because we want to ensure that we put out high-quality practitioners. UK HealthCare gives us that real world perspective and they have been involved at all levels.”



“On our campus you can walk from a community hospital—Good Samaritan—through all six associated health care colleges—to a brand new 1.3 million square foot state-of-the-art hospital. There are only about six campuses in the nation that have this type of complete package where all colleges are in one contiguous space.”

—Paul D. DePriest, MD, Chief Medical Officer, UK HealthCare

“From a clinical operational standpoint, we’re excited because we are able to recruit the best. For the complex patients that we take care of—that is really critical.”

—Richard P. Lofgren, MD, VP for Health Care Operations and Chief Clinical Officer, UK HealthCare.

## Bringing it all together

“Our relationship is very unique,” said Paul D. DePriest, MD, Chief Medical Officer, UK HealthCare. “There are only a handful of centers nationwide that would use this type of an enterprise model and care delivery teams. The people who understand hospital operations best are nurses. Close on the heels of that are medical directors, who have a good feel for how floor or operating room care is rendered. Then you have a handful of administrators who have their MHA or MBA and they have a unique perspective and skill set but don’t have the clinical expertise that a nurse has. The best teams are composed of those kinds of individuals—physician, advanced practice nurse, administrator or finance partners. Those triads are most effective in order to change or improve a clinical operation.”

Putting that theory into practice is exactly what UK HealthCare and its partners did a year and a half ago when it developed a relationship with UK’s Gatton College of Business and Economics. UK HealthCare’s Executive Leadership Development Program is a year-long certificate program that accepts 30 applicants nominated by peers and managers and representatives from the UK College of Nursing, the UK College of Medicine, and Enterprise Finance. Participants work in interdisciplinary teams with an enterprise sponsor to complete a project that can ultimately be implemented.

The Executive Leadership program is novel in that, while some academic centers may offer this type of program it is not offered as an interdisciplinary team program. “The feedback that we got from program participants was how valuable it was to get to interact with peers in this way,” said DePriest.

That triad approach resonates with many members of the team, including Richard P. Lofgren, MD, Vice President for Health Care Operations and Chief Clinical Officer, UK HealthCare, who said, “Health care is a team sport.”

Lofgren cautions that the new hospital is only the facade for providing great-quality patient care and teaching. “The bricks and mortar are here to house the outstanding people and programs,” he said. “The facility will allow us to provide the physical structure to bring forward the latest in technology and better advanced medical services. It will dramatically enhance not only patient care but the ability to train individuals to prepare for how best to utilize advanced technology to support our program.”

“Our mission is to make sure that every Kentuckian knows that regardless of how sick they are that they can get the best care in the country right here,” Lofgren said. “We expect that care to be not only technologically advanced, but in the end to remember that health care is a human endeavor—so patients and their families’ needs for information and emotional support are also addressed and are critically important.” •



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