OCTOBER 11TH, 2022

Nipissing University: BPSO

NIPISSING UNIVERSITY

BPSO

Introductions

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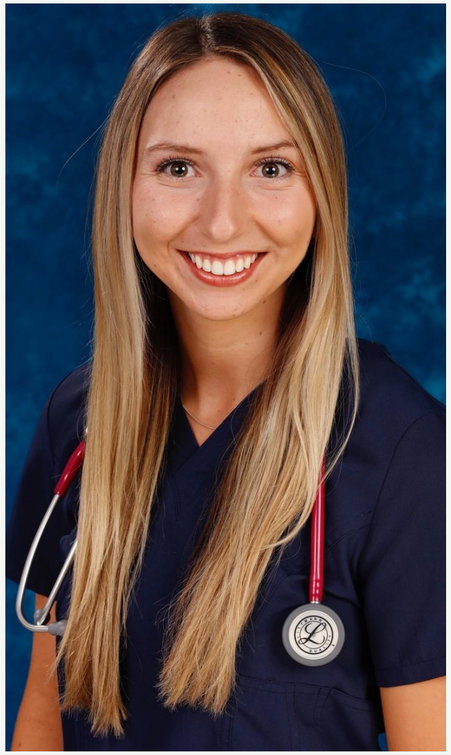
BPSO Lead

Louela Manakil-Rankin

BPSO Lead

Nicole Graham

Project Coordinator



Erin Davis

Research Assistant

Student Practice Readiness and Participation as Champions within a BPSO

- Developing Professional Capability through Leadership
- Self-Direction and Reflection
- BPG Champions Workshop integrated as a mandatory activity for all incoming nursing students at the SPP
- BPG Leads and Champion Leaders/Ambassadors conduct learning series for their peers every semester.
- All SPP students tracks how they integrated mandatory BPGs within the program into their Nursing Learning Plan and Portfolio
- Baseline knowledge survey collected in all nursing students across programs during entry into program

Kirkpatrick's Model of Evaluation

EIDesign
ENERGISING LEARNING

Measure The ROI of Online Training using Kirkpatrick's Model of Evaluation

ROI is the return on investment that an organization makes (ROI = Gain or Return/Cost). It can be determined through two factors namely the Investment made (or cost incurred) and Value/Gain accrued (or return).

A successful eLearning initiative should be able to demonstrate gains that are more than the investment

Using Kirkpatrick's Level IV evaluation data and Phillips' ROI calculation as level V, we can convert the results into monetary value and then we can easily compare them against the cost of the eLearning program and determine the ROI.

To give you a sense of how it can be practically used, let me summarize the approaches we typically adopt:

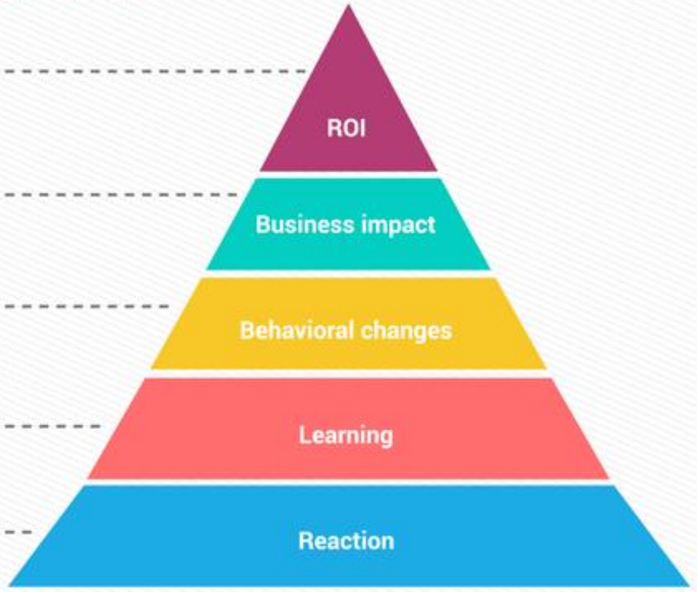
Level 1: **Reaction** is measured by taking feedback from learners. We have used online surveys in the past but now we add features of "Like the course" and " Recommend the course" options within our eLearning course framework.

Level 2: **Learning** can be easily measured through scoring patterns in the end of course assessments.

Level 3: **Behavioral changes** are certainly more difficult to assess. We use a combination of techniques to assess how much of the newly acquired learning is being applied on the job. This could be measured through improvements in efficiency or doing the same task with a new approach.

Level 4: **Business impact** is generally measured through productivity gain, impact on quality measures through reduction in re-works, getting higher number of work assets first time right, and so on.

Level 5: **ROI** is normally calculated by converting the business impact gains (as shown in level 4) to a monetary value.



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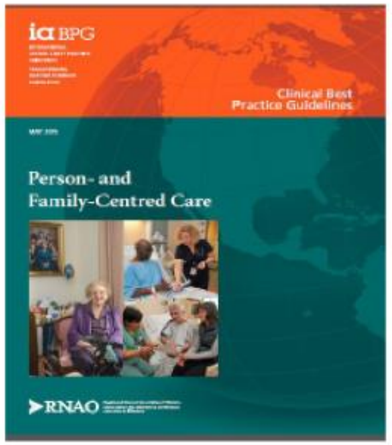
Level 2: Learning		Level 3: Behaviour
Knowledge as Academic Indicator		Clinical Performance as Academic Indicator
Learning Outcomes: a) Knowledge b) Attitude		Performance assessed through designed BPG Clinical Performance Checklists
Sources: a) Pre-Post Test (Knowledge) b) Nursing Care Plan (Knowledge – Cognitive application c) Self-Efficacy Tool (Attitude) d) Leadership Assessment tool (Attitude)		Sources: Preceptor evaluation of clinical performance at the bedside (Observation) Simulation Performance (Observation – Faculty)

Kirkpatrick Evaluation Model

Curriculum Gap Analysis

Gap Analysis Template for Collaborative BScN



Legend

- First Year Students
- Second Year Students
- Third Year Students
- Fourth Year Students
- Faculty

Unmet- Theoretical courses
Partially Met- Clinical courses

First Year → Knowledge of BPG, and assessment using BPG's (Introduce BPG order sets).

Second Year→ Clinical exposure to application of BPG's.

Third Year → Knowledge and use of BPG's in complex settings.

Fourth Year → Application of BPG's in complex scenarios (critical thinking).

Partially Met Recommendations

BPG	Met	Corresponding Course(s)	Course Implementation Strategies	Important Dates
Practice Recommendation: Assessment				
Person and Family Centered-Care, 2015	1.1 Establish a therapeutic relationship with the person using verbal and non-verbal communication strategies to build a genuine, trusting, and respectful partnership. (Level III Evidence)	NURS1006 Therapeutic N/C relationship theory introduced NURS 2026 - Clinical & Sim		
	1.3 Listen and seek insight into the whole person to gain an understanding of the meaning of health to the person and to learn their preferences for care. (level 1a evidence)	NURS1027 – Clinical NURS2029 Lecture NURS2017 NURS 2026 - Clinical, Lab Scenarios & Sim Scenarios		

Curriculum Matrix - 1

Legend

- First Year Students
- Second Year Students
- Third Year Students
- Fourth Year Students
- Faculty

Template for a Curriculum Matrix

	Year 1	Year 2	Year 3	Year 4
	Overarching Goals or Outcomes/ Competencies 1. 2. Etc.	Overarching Goals or Outcomes/Competencies 1. 2. Etc.	Overarching Goals or Outcomes/Competencies 1. 2. Etc.	Overarching Goals or Outcomes/Competencies 1. 2. Etc.
Nursing Course Titles **Brief Description**	1006 Professional Self-Awareness In this course, students participate in the development of their own professional self in the context of health care in Canada. Students are	2007 Concepts in Mental Health Nursing Students learn the theory and practice of effective communication, with emphasis on therapeutic relationships and cultural competency. Students explore concepts, such as empathy, assertiveness, and conflict resolution. Students review assessment of	3006 Nursing Theories This course focuses on the exploration of the evolution of scientific nursing theories over time. The role and relationship of nursing theory to practice, education and research will be presented using	4006 Nursing Informatics Students focus on the use of information technology as it relates to nursing practice, education, and research while examining principles related to health care information systems

Spa Experience Body Pampering

BPSO Retreat – Faculty working groups facilitated the integration of BPGs into the curriculum

Integration of BPGs in Courses Template					
Program Goal:					
Course Goal Designed to meet program goal	Course Objectives Designed to meet course goal	Integration of BPG	Approaches to Teaching and Learning	Evaluation Methods	Link to National Entry Level Competences

Adapted from Iwasiw, C.L., Andrusszyn, M.A., Goldenberg, D. (2020). *Curriculum development in nursing education, 4th ed.* Burlington, MA: Jones & Bartlett Learning.

SUSTAINABILITY

- Institutional ‘buy-in’
- Embed into culture of teaching and learning
- Student centred
- RNAO supported
- Planned from the outset

RNAO BPG WORKSHOPS/ CHAMPIONS

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OPEN HOUSE/ UGRC

COLLABORATING WITH OTHER ORGANIZATIONS

RECORD OF STUDENT DEVELOPMENT

STUDENT ENGAGEMENT

SOCIAL MEDIA

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Coronavirus (COVID-19) and return to campus information for the NU community

You are here : Nipissing University > Academics > Faculty of Education and Professional Studies > School of Nursing > Best Practice Spotlight Organizations (BPSO)

- Bachelor of Science in Nursing (BScN)
- Registered Practical Nurse (RPN) to BScN Bridging Program
- Registered Practical Nurse (RPN) to BScN Blended Delivery
- Scholar Practitioner Program (SPP)
- **Best Practice Spotlight Organizations (BPSO)**

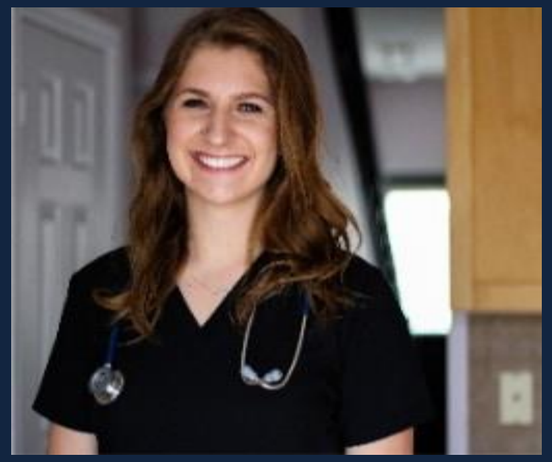
Best Practice Spotlight Organizations (BPSO)

BPSO RNAO BEST PRACTICE SPOTLIGHT ORGANIZATION

Best Practice Spotlight Organizations (BPSOs) are health-care and academic organizations selected by the Registered Nurses' Association of Ontario (RNAO) to implement and evaluate the RNAO's best practice guidelines.

l-r: Dr. Louela Manankil-Rankin, Dr. Karey McCullough, Dr. Arja Vainio-Mattila, Dr. Rick Vanderlee

Nipissing will utilize the funding to integrate clinical best practice guidelines into the curriculum through courses and learning activities, as well as through simulation activities in each of its programs. The funding will enhance each of the School's Nursing opportunities, including the RPN to BScN Bridging and Collaborative Nipissing University-Canadore College Bachelor of Science programs, the RPN to BScN Blended Learning Program, and the Scholar Practitioner Program.



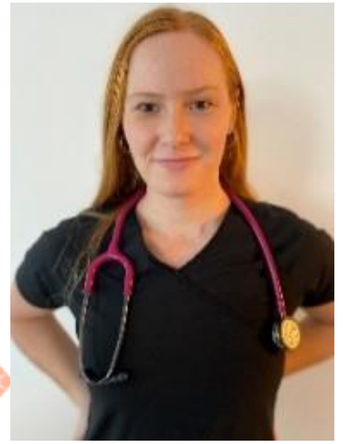
A Sustainable Approach to BPG Quality Improvement Initiative

- PDSA cycle revealed efficacy of workshops to increase knowledge of BPGs but did not impact competency to apply BPGs in practice
- BPG Learning Groups involving Year Leads Mentorship
  - Each Year 2 Lead is paired up with Year 1
  - Leads in a support/observation role
  - Implemented in Y2 cohort first; Y1 Leads will implement in Y1 cohort in Winter Semester
  - PDSA cycle will be used to improve BPG Learning Groups each semester and increase relevance to the specific cohort

BPG Learning Groups

- 5 weeks; coordinated with class schedule
  - Educational hours and starbucks gift card as incentive
- Nursing Order Sets
- Weekly Action Points

	Week 2 (Oct 26-30)		Week 3 (Nov 2-6)		Week 4 (Nov 9-13)		Week 5 (Nov 16-20)	
	Action Point & Strategy	Follow-up	Action Point & Strategy	Follow-up	Action Point & Strategy	Follow-up	Action Point & Strategy	Follow-up
Renee	*Example: **AP**: I will screen for the presence of any type of pain on patient admission and throughout my shift. **Strategy:** I will document if the patient is experiencing any pain of some sort throughout the course of my shift.*	*Example: My patient reported experiencing pain at the beginning of my shift, a PRN pain med was administered and documented afterwards.*	**AP:** I will use the OPQRSTUV pain scale when assessing patient's for pain. **Strategy:** I will ask the patient appropriate questions regarding their pain, as well as follow up with my preceptor and document the pain within nursing documentation.	My patient reported experiencing headaches on a pain scale of 3/10. The quality of the pain was then assessed and the patient reported a throbbing pain at the top of her head. This pain is nothing new to her, she has chronic headaches and usually a PRN hydromorphone alleviates the pain. Patient is not worried.	**AP:**I will seek to understand and use other non-pharmacological interventions such as (heat/cold packs, repositioning) in order to alleviate pain for a patient as opposed to PRN pain medications such as dilaudid. **Strategy:** By asking the patient if he/she engages in any non-pharmac	A discussion with my preceptor on other non-pharmacological interventions that could potentially be offered to patients (ie: hot packs, guided imagery). Psychological interventions such as meditation or guided imagery was discussed with preceptor and patient so says using guided imagery has	**AP**: Monitoring the sedation levels of my patient after administering opioids (ie: hydromorphone). Using the POSS scale, assessing the patient's level of sedation from 1-5 (alert to somnolent). Appropriate interventions will also be monitored in order to minimize the risk for respiratory depression. **Strategy:** Assessing and reassessing the patient and	My patient was experiencing 5/10 shoulder and chest pain and general anxiety/stress/insomnia about her diagnosis. Melatonin and Zopiclone to help her sleep was administered. Her sedation level was a 2 after administration.



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Complete or place bar-coded patient label here

Health Record #: _____
Patient Name: (Last, First) _____
DOB: mm / dd / yy Age: _____ ☐ Male ☐ Female ☐ Other
OHIP #: _____ Version Code: _____
Admission Date: mm / dd / yy

Management of Pain in Adults and Older Persons

General Information

Instructions: This Nursing Order Set (NOS) provides evidence-based interventions and resources to support the management of pain in adults and older persons. Please consult the Decision Support Resources section at the end of the NOS for additional information to complete the interventions marked with **. This NOS is intended to be used in conjunction with the NOS, *Assessment of Pain in Adults and Older Persons*. Please refer to the latter for an explanation of the 8-digit ICNP® code appended to each intervention statement.

Establish a comprehensive plan of care that incorporates the goals of the person and the interprofessional team and addresses: (1) assessment findings; (2) the person's beliefs and knowledge and level of understanding; and (3) the person's attributes and pain characteristics.[1]

Use principles that maximize efficacy and minimize the adverse effects of pharmacological interventions. Refer to the resource Multimodal Analgesic Approach for more information.**[2]

Pharmacological Interventions

Non-Opioids & Opioids

☐ Assess appropriateness of the medication based on the clinical condition and the person's preferences**[3]
☐ Administer prescribed pain medication as per organizational policies[2]
For clients receiving opioid therapy:
☐ Assess risk for opioid misuse among individuals prescribed opioids for chronic pain**[2]
☐ Assess risk for respiratory depression**[2]

Non-Pharmacological Interventions

Physical & Psycho-logical Interventions

☐ Initiate non-pharmacological interventions along with pharmacological interventions to optimize pain control**[3]
Physical Interventions:
☐ Heat ☐ Cold ☐ Massage ☐ Physical therapy ☐ Occupational therapy
☐ Exercise ☐ Repositioning ☐ Acupuncture ☐ Transcutaneous Electrical Nerve Stimulation (TENS)
Psychological Interventions:
☐ Distraction ☐ Guided imagery ☐ Relaxation techniques ☐ Biofeedback
☐ Music therapy ☐ Cognitive-behavioural therapy
Alert: *Non-pharmacological approaches should not be used as a substitute for adequate pharmacological management. Determine potential for interactions with prescribed pharmacological interventions.*

Patient Education

Teaching

☐ Teach about pain management plan
Indicate topics covered:
☐ Medications ☐ Non-pharmacological interventions ☐ Potential side effects & management
☐ Timely communication of pain ☐ Pain/pain management misbeliefs ☐ Addiction/tolerance/dependency
☐ Reassessment of pain/pain management plan
☐ Observational behavioural pain assessment (in persons unable to self-report).

Monitoring

Vital Signs

☐ Temperature: _____ ☐ Heart Rate: _____ ☐ Respiratory Rate: _____ ☐ Blood Pressure: _____

Sedation Level

☐ Monitor sedation level during opioid therapy as per organizational policy**[3]
Indicate the person's sedation level on the Pasero Opioid-Induced Sedation Scale (POSS) below or other validated tool:
☐ S=Sleep (easy to arouse) ☐ 1=Awake and alert ☐ 2=Slightly drowsy (easily aroused)
☐ 3=Frequently drowsy, arousable, drifts off to sleep during conversation

DRAFT

Questions

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