UC Davis

2021 Nursing Science and Professional Governance Conference

Title

Growing our own: A Trauma Nursing Unit leadership project

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Publication Date

2021-04-01

Peer reviewed



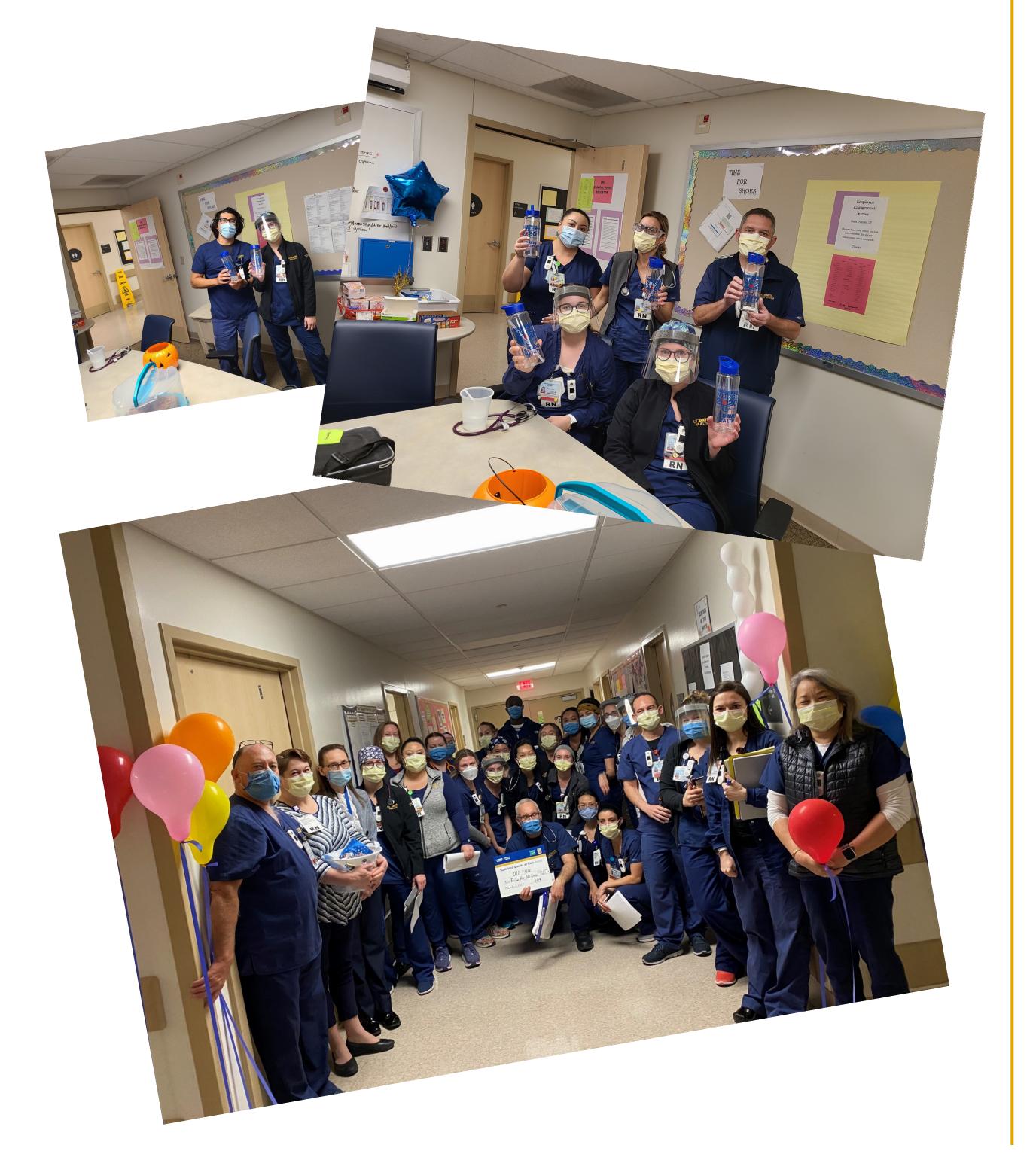


Background

The Trauma Nursing Unit (TNU) is a 36-bed unit that provides care for patients with trauma, orthopedic, burn, and other injuries and illnesses. Recent turnover on the TNU has offered an opportunity to grow leadership within the unit from a pool of staff who already exemplify the mission, vision, and values of UC Davis Health. We anticipate having effective and invested leaders on the unit will promote quality outcomes, ownership of practice, reduce errors, and improve staff retention.

Purpose

The purpose of this project was to promote TNU nurse engagement in leadership with the goal of having more formal and informal leaders on the unit.



Growing Our Own: A Trauma Nursing Unit Leadership Project

Trauma Nursing Unit, Unit Based Practice Council

Methods and Implementation

Outcomes were measured by comparing the number of unit nurses participating in leadership activities before and after project rollout. Leadership projects included the Clinical Nurse Ladder, Transition to Practice (TTP) preceptor, unit champion or committee positions, and TNU Unit-Based Practice Council (UBPC) · The 'Growing Our Own' initiative was introduced to the UBPC on July 22, 2020. Ten UBPC members divided into teams of 2-3 for the 2020-2021 fiscal year to support nurses interested in leadership projects, including the Clinical Nurse Ladder, the PRISM project, hosting a patient, becoming a preceptor, and unit cleanliness. The project was promoted and discussed throughout the year via the TNU Leadership Team (6 members) and the UBPC (10 members) in a variety of settings to promote engagement. • The project was promoted to the unit in August 2020 using a colorful TNU hallway board. · The project was promoted at the 'Kaleidoscope Session' at the TNU Skills Lab in mid-January 2021 via a 30-minute PowerPoint presentation highlighting a variety of TNU leadership opportunities. · The project was reinforced with incentives and support, including CNIII mentorship assistance for portfolio development, project ideas that aligned with personal interests, UBPC time for projects, recognition for leadership activities in huddles, badge buddies for preceptors, PRISM application ideas, group brain storming, and team writing sessions.

	Clinical Ladder	TTP Preceptor	PRISM	Committee Champion	Leadership Projects	Total
Pre-Project	2	10	0	8	0	20
- Turnover	2	3	0	1	0	6
+ Obtained	0	4	7	1	4	16
+ Potentials	6	4	0	1	0	11
Post-Project Actual	0	11	7	8	4	30
Post Project Potentials	6	15	7	9	4	40

Results

TNU nurse leadership engagement was measured by comparing the number of staff nurses who were active participants in the following leadership projects before and after project rollout.

- Pre-project the TNU had two active CNIIIs with no additional interest. portfolios (no CN3s completed/obtained).
- Pre-project the unit had ten prepared Transfer to Practice (TTP) preceptors.
 - Post-implementation TNU retained seven of the original TTP preceptors (loss of three), four nurses obtained TTP status, and an additional four nurses were in pursuit of their TTP status.
- Pre-project the PRISM application had not been started.
- Post-implementation seven nurses were working on the PRISM application document. • Pre-project there were eight active committee and council members from the TNU.
 - Post-project there remained eight active members with one more interested for FY22.
- Post-implementation, one nurse successfully organized and hosted a family at the UBPC on January 27, one nurse took leadership of the competency project.

• Post project the unit had zero original CNIIIs and had six new nurses working toward completion of their CNII

• Pre-project the UBPC did not have a leader for the 'host a patient' project or other leadership projects.

2021, one nurse took ownership of the photo board project, one nurse took leadership of the cart project, and



Conclusion

This project was designed to promote TNU nurse engagement in leadership with the goal of developing more formal and informal leaders on the unit. Staff members were encouraged to self-identify interests and pursue promoted leadership opportunities within those interests. Through these strategies, we were able to increase participation in leadership activities from 20 to 32 nurses that filled 40 project positions.

Implications

Several key areas of opportunity were identified throughout the project which should be addressed prior to moving forward, including the creation of timelines, tracking of individual skill development, creating a support system for the 'supporters', and promoting continued leadership interest. It is unclear if this project will have sustainable results. Further study is needed to assess the effectiveness of new leadership skills and nurse satisfaction with the program as well as the effect on quality outcomes and staff retention. Since nurse leadership is a vital component of success for an individual, unit, department, and organization, this project was considered an important first step to leadership development on the TNU.

Acknowledgements

Manager: Siri Johnson

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