

Notable
NURSING

The Stanley Shalom Zielony Institute for Nursing Excellence
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**NURSES CREATE MORAL
SPACES TO FOSTER
ETHICAL DECISIONS**



Dear Readers,

The nursing profession offers an abundance of opportunities to help nurses realize their goals and pursue their passions. This issue of *Notable Nursing* highlights the expanding number of opportunities available in a variety of care environments. It also demonstrates nurses' profound commitment to improving the lives and careers of their fellow caregivers.

Nurses at Cleveland Clinic Indian River Hospital are connecting with patients virtually to direct acute-level hospital care in the comfort of patients' own homes (pages 3-5). On pages 11-12, a new program at Cleveland Clinic Marymount Hospital enables nursing assistants to perform more unlicensed tasks so nurses have more time to apply their expertise where it is needed most: to the delivery of the highest-level patient care.

A novel program called Moral Spaces (pages 6-9) creates a much-needed safe space for nurses to discuss ethical and moral dilemmas related to patient care. Opportunities are thriving for nursing students as well. Cleveland Clinic recently broadened its nurse associate externship, as seen on pages 13-15, to include more student groups and scheduling options.

One of the best things about the tight-knit nursing community is that nurses always have a colleague in their corner to provide support and encouragement, as showcased by two of Cleveland Clinic's recent nurse-led research projects. In one study (page 17), researchers examine the benefit of having a dedicated procedure resource nurse in the intensive care setting. In another, featured on page 16, nurses reveal how morale-boosting pop-up celebrations positively affect clinical teams and make caregivers feel appreciated.

Nursing is a dynamic and rewarding profession. From a vast array of specialties and work environments to nurse-driven programs that advance practice and care, there are endless ways for nurses to grow and shape their careers.

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Awards and Honors

Cover: Cleveland Clinic's Moral Spaces program encourages caregivers like Jodi Smith, BSN, RN (left), and Lexi Wilkes, RN, to use frank discussions when managing ethical dilemmas.

As a part of Cleveland Clinic's shared governance, each hospital establishes a structure that provides a voice to the clinical nurse and allows for bidirectional communication and shared decision-making as it relates to nursing professional practice.





Cleveland Clinic contracts with third-party clinicians who visit patients' homes to perform tasks like setting up intravenous lines, giving medications and assessing patients' lung sounds.

Nurses Deliver Hospital Care in the Comfort of Patients' Own Homes

VIRTUAL MODEL ENABLES AROUND-THE-CLOCK MANAGEMENT OF COMMON ACUTE CONDITIONS

An innovative Cleveland Clinic program delivers high-quality, comprehensive acute hospital care with a twist: neither patients nor their providers are physically in the hospital. Launched in 2023, Hospital Care at Home offers qualifying patients the option of receiving virtual, at-home treatment delivered by nurses in Cleveland Clinic's Integrated Virtual Care (CIViC) Center in Vero Beach, Florida.



Linda Walton

"Acute care can now be delivered in two distinctly different settings: a traditional brick-and-mortar hospital or in patients' homes," says Linda Walton, DNP, RN, CENP, Chief Nursing Officer at Cleveland Clinic Indian River Hospital in Vero Beach. "Either way, patients have access to the same expert clinicians and lifesaving treatments."

COMFORT MEETS EFFICIENCY

Although the home-care model isn't entirely new, it has been growing since the COVID-19 pandemic, when Medicare began loosening its regulations and provided a waiver that enabled hospitals to deliver virtual acute care.

Common conditions that can be treated this way include sepsis, decompensated chronic heart failure and COVID-19 pneumonia. Cleveland Clinic contracts with third-party clinicians who visit patients' homes to perform tasks like setting up intravenous lines, giving medications and assessing patients' lung sounds — all while remaining in virtual contact with clinical staff at CIViC.



Danielle Crow

Both patients and nurses love the benefits virtual care provides, says Program Manager Danielle Crow, MSN, RN. “Patients are sleeping in their own beds and are happy to be at home, which has resulted in amazing patient experience scores.”

The at-home model is a welcome change for many nurses who are accustomed to working on hospital units where “they’re moving from room to room to complete task after task,” says Crow. “By working virtually, nurses have the space they need to focus on their patients’ care. This approach really allows us to use our minds and tap into the heart and soul of nursing.”

Walton adds, “The program allows nurses to work at the top of their license. It also provides a great opportunity for exceptionally experienced nurses who are physically unable to tolerate the rigors of hospital work to be productive caregivers.”

MEETING PATIENT NEEDS

About two-thirds of patients in the program come directly from the emergency department; other eligible patients are initially admitted to a participating hospital and then transition to at-home care.

Initially reserved for patients who live within a 30-mile radius of Indian River Hospital, the program has now expanded to four additional Cleveland Clinic locations: Tradition Hospital, Martin North Hospital, Martin South Hospital and Martin Health at St. Lucie West. Program leaders aim to make at-home care available through all five Cleveland Clinic Florida hospitals.

Since 2023, more than 600 patients have been enrolled in the program (approximately 10 per day). The average length of stay is four days, and patients are typically visited twice per day by an at-home provider.

The program is currently staffed by 10 full-time nurses, and seven more are in training. The nurse-to-patient ratio is 1-to-5 — the same ratio seen on most non-ICU hospital floors. In addition, CIViC also staffs a physician hospitalist and pharmacist.

UNIQUE BENEFITS

Those unfamiliar with acute at-home treatment often assume that the virtual model gives caregivers fewer opportunities to interact with their patients, but Crow believes the opposite is true. “Many of our nurses have found that the connections they form with



The program has now expanded from Indian River Hospital to four additional locations in Florida: (from top right) Martin North Hospital, Martin South Hospital, Tradition Hospital and Martin Health at St. Lucie West.





Common conditions that can be treated virtually include sepsis, decompensated chronic heart failure and COVID-19 pneumonia.

their patients are actually deeper,” she says. “We see our patients’ homes and meet their pets and family members, so there’s an intimacy to our interactions that can’t be replicated in a hospital setting.”



Christina Clark

Indeed, that closeness was among the features that attracted Christina Clark, RN, to the program. After a decade working in different hospital units, she says, “The idea of taking care of patients in their own home — the environment where they’re most at ease — was very appealing to me. It’s a pleasure to help patients manage their health at home with the benefit of a robust support system.”

When in their own surroundings, patients are often more willing to follow and participate in their plan of care, adds Clark. “I’ve found that patients are more eager to participate in their care when they have access to their creature comforts and family members. Chores like using an incentive spirometer don’t seem as intimidating when you’re recuperating in your own bed,” she says.

By remaining at home, patients are also able to avoid hospital-acquired infections, which can have dire consequences for those with weakened immune systems. “Although you may do everything possible to protect vulnerable patients from pathogens, infections remain a serious threat in the hospital setting,” says Crow. “But at home, there’s no such thing as a hospital-acquired infection. It’s a great relief to everyone involved.”

Nurses Create Moral Spaces to Foster Ethical Decisions

NORMALIZING CONVERSATIONS AROUND ETHICS CAN RELIEVE CAREGIVER MORAL DISTRESS AND IMPROVE PATIENT CARE

Nursing practice is an inherently value-laden endeavor in which caregivers encounter and manage myriad ethical issues in their daily practice. How do we ensure that the care provided aligns with each patient's longstanding values? What interventions are clinically appropriate, and who gets to make such decisions?



Georgina Morley

As any nurse will tell you, the answers are seldom black and white. It is within that gray area that moral dilemmas arise, create moral distress for the nursing team and negatively affect patient outcomes.

The creation of dedicated “moral spaces” — a safe space in which nurses can openly discuss and reflect on the ethical and moral dimensions of patient care — can be an effective way to ease moral distress, explains Georgina Morley, PhD, MSc, RN, HEC-C, Director of the Nursing Ethics Program at Cleveland Clinic.

“Ethics is seldom discussed in nursing school, which is problematic in light of the increasingly complex healthcare landscape,” says Morley. “Lack of focus on moral issues creates a gap in our ethics competency and confidence that can contribute to and exacerbate feelings of moral distress.”



Susan Wilson

“Nurses struggle with ethical issues all the time, so a moral space can be an important opportunity to consider issues of right and wrong,” agrees Cleveland Clinic Nurse Manager Susan Wilson, BSN, RN, CCRN, NE-BC.

“When managing certain critically ill patients, it can be difficult to remain objective when considering all aspects of the situation. Although caregivers may use their own personal beliefs as a guide, they must also learn to honor the wishes of patients and their families.”

BUILDING A SAFE HARBOR

To address the need for safe moral spaces, Morley and a faculty team that includes Cristie Horsburgh, JD,

Associate Director of the Nursing Ethics Program, and Clinical Nurse Specialist Dianna Copley, DNP, APRN, ACCNS-AG, CCRN, launched the Moral Spaces education program and research study in late 2022. The research team also included Nancy Albert, CCNS, CCRN, FAHA, FCCM, FAAN; Julie Gorecki, MBA, BSN, RN, NEA-BC; and Rosemary Field, MS, APRN, AOCNS, who helped provide education and mentorship. The inaugural program included 20 registered clinical nurses and assistant nurse managers drawn from 11 of Cleveland Clinic's Northeast Ohio locations.



Georgina Morley (left) and Dianna Copley helped launch the Moral Spaces program in 2022.

A second cohort began a Moral Spaces program in April 2024, which includes 26 participants. The 42-hour program combines didactic, classroom-based education with immersive, experiential opportunities such as observing ethics consultations and transplant selection committee meetings.

“We created this program so we could increase nurses’ confidence through additional education in ethics and the skills of ethical analysis,” Morley explains.

“Our aim is to empower nursing staff to manage everyday ethical issues.”

To that end, the program’s objectives include building ethical competence; mitigating moral distress; gaining confidence in speaking with patients and families about their values; and becoming better prepared to face the ethical challenges encountered in clinical practice.

Such concepts have not always been a part of nursing practice, explains Wilson, whose own nursing career spans 44 years. “In my early years, these kinds of discussions weren’t even on the radar. Now, it’s not just acceptable to have these conversations, but Cleveland Clinic expects us to do so. Leaders preach to ‘Speak up!’ all the time.”



Jodi Smith

Assistant Nurse Manager Jodi Smith, BSN, RN, works with Wilson and was a member of the inaugural Moral Spaces class. As the unit’s ethics resource nurse, Smith now feels better prepared to support and educate her staff on questions surrounding ethics and patient care.

“As an assistant nurse manager, I’m someone our staff turns to when they have questions,” Smith says. “Maybe they’re having a hard time talking to a patient’s family, for instance, or to a physician. So when this program was launched, I thought it would be a great opportunity for me to sharpen my skills and learn how to manage these difficult situations in the best possible manner. It’s helped me be a better resource person for the unit’s nursing team.”



The program gives caregivers like Molly Stanuck (pictured) an opportunity to help caregivers navigate moral decisions about patient care.



From left, Georgina Morley; Kathleen DeSalvo, Health Unit Coordinator; Cristie Horsburgh; Gina Putka, Assistant Nurse Manager; and Jodi Smith talk with team members while rounding in the ICU.

ENLISTING SUPPORT

Beyond the unit's weekly ethics rounds and her own expertise, Smith also feels confident calling on Cleveland Clinic's ethics consultation service when further help is needed. "Their involvement in these discussions is key," she says. "And being able to talk about difficult situations is the essence of creating moral space."

Among the issues frequently discussed are transplant decisions, disagreements between patients and their families, challenges collaborating with family members, and end-of-life concerns.

Smith recalls a young man who arrived on the unit with his mother. "The mom wanted to be involved in her son's care, but they hadn't had a close relationship in years," she explains. "The young man was terminally ill and in excruciating pain, so we ultimately concluded that continuing to treat him was causing more harm than good."

The mother, however, was insistent on further intervention. "Although the patient was alert and oriented enough to tell us to stop, she wanted us to keep going. The situation was not only distressing for our patient, but it was also morally distressing for our unit's caregivers," she recalls.

An ethics consultation helped resolve the dilemma. "The mother and the rest of the family eventually came to terms with the fact that the best thing we could do for the patient was keep him comfortable," Smith says. "At that point, the family was able to let him go peacefully."

Wilson recalls a similarly difficult case involving a young single mom with seven children. "Jodi recognized that, while we could no longer help the mother, we could certainly help the children," she says. Smith not only enlisted professional support for the children, but also created several keepsakes for them, including a memento of their mom's fingerprints and a "heartbeat in a bottle" — a strip from the patient's ECG, nestled in a small jar.

"Jodi's actions truly helped provide a sense of closure," says Wilson. "Maybe we couldn't stop this mother's illness, but at least we could help her kids go on."

PROVIDING CLARITY AND CLOSURE

The freedom that comes with the program has been liberating for Wilson. "I am so glad that nursing has evolved to the point where we can talk about our feelings instead of just bottling them up," she says. "Not long ago, it wasn't acceptable to talk about moral distress or seek supportive resources; there simply were

no resources available. Nurses are now so thankful to have an avenue that we didn't have before."

Smith adds, "As my nursing career has progressed, I've seen such incredible change. Programs like Moral Spaces are essential in helping caregivers deal with the distress that arises from ethical issues on the unit."

The opportunity to freely examine moral issues also bolsters Cleveland Clinic's claim as a "high-reliability" organization, Wilson notes. "This is teamwork, this is collaboration, this is great communication between nurses, physicians and families. This is everyone working together to care for the patient."

Feedback has helped establish the Moral Spaces program as a legitimate source of education and research, says Morley. "We just finished analyzing survey data from the first cohort of nurses, who provided great feedback." Survey responses indicated that participants found the program timing, content and duration to be highly acceptable. Importantly, nurses reported increased knowledge and confidence in ethics and their ability to provide ethical patient care.

"We also received feedback from nurse leaders and program participants about ways in which ethics resource nurses have positively affected patient care," says Morley. "By routinely reviewing advance directives, we can alert the team about a living will, for example, and ensure that we are always using the authorized surrogate decision-makers when engaging in end-of-life decisions."

"I've been here for a long time, and I have seen the evolution," says Wilson. "When I first started, Cleveland Clinic was just a big hospital. Now it's a globally recognized healthcare system focused on its caregivers and their ability to provide the very best in patient care. And I'm proud to say I work here."

The Nursing Ethics Program at Cleveland Clinic was developed in 2020 as a collaboration between the Center for Bioethics and the Stanley Shalom Zielony Institute for Nursing Excellence. Within the Nursing Ethics Program, there are currently two main education streams: the Nursing Ethics Faculty-Fellowship, which is open to nurses with a master's or terminal graduate degree, and the Moral Spaces program, which is open to clinical nurses, including assistant nurse managers.

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(From left) Michelle Sanchez, RN; Edna Nahine, RN; and PCNA Jacqueline Joo check in with a patient during a shift change.

Marymount Hospital Pilots a New Model of Nursing Care Delivery

PROTOTYPE LEVERAGES COLLABORATION BETWEEN NURSES AND NURSING ASSISTANTS

Medical-surgical (med-surg) nursing has been hit particularly hard by the national post-pandemic nursing shortage. To address the issue, Cleveland Clinic Marymount Hospital convened a team of nursing managers and directors to design an innovative solution. After months of fact-finding (including learning the methods other hospitals employed to help overcome the shortage of clinical med-surg nurses) and determination, the working group has created a new model of care delivery designed to support med-surg nurses by leveraging the skills of high-quality patient care nursing assistants (PCNAs).



Mallory Sovacool

“We knew the nursing shortage wasn’t going away anytime soon, so we began with a question: How do we continue to provide world-class patient care while making sure our nurses have the help they need?” explains Mallory Sovacool, BSN, RN-BC, nurse manager for the three med-surg units at Marymount Hospital. “We needed to do something different — something nobody had tried before.”

BUILDING A SUPPORT SYSTEM

After careful consideration, the working group developed a new model that pairs one PCNA with one nurse to provide care for seven patients. Previously, med-surg PCNAs worked with a higher number of patients, all of whom were assigned to multiple nurses. Now, care collaboration is streamlined, enabling PCNAs to perform more unlicensed patient-care tasks for a smaller group of patients and giving nurses the time they need to focus on the advanced skills and care roles for which they are trained.



Barbara Zinner

“PCNAs are an invaluable part of the team; nurses simply could not do their jobs without them,” emphasizes Barbara Zinner, DNP, RN, NE-BC, CENP, Chief Nursing Officer for Marymount Hospital. “Once we began to evaluate the various med-surg roles, we realized that we weren’t taking full advantage of the support PCNAs could offer. That was a pivotal shift.”

Sovacool says the new model has provided an opportunity to enhance the PCNA role, which has expanded to include bedside reporting. Additionally, Zinner and her team have created two new nursing positions that cover the entire floor: a throughput nurse, who primarily handles admissions and discharges, and a lead nurse. These positions provide extra support to caregivers by freeing them to spend more time with their patients.

Med-surg staff were involved very early in the process to ensure the model’s implementation aligned with what caregivers found most helpful. Zinner says their feedback was crucial in developing the lead and throughput nurse roles.

“Our new approach gives us a way to better utilize the staff we have,” she explains. “This model is all about teamwork between the nurse and their PCNA partner for the shift. As simple as it sounds, there’s a lot of power in that relationship.”



The new care model has provided an opportunity to enhance the role of PCNAs like Keyera Wilcoxson (right), pictured with Enedelia Urbieta, RN.

RAVE REVIEWS

Cleveland Clinic Marymount Hospital launched the new model in September 2023, first with two units and then a third unit in November. Since then, all three medical-surgical units on one floor of the hospital have been operating enthusiastically under the new model.

“The model-of-care development team heard about the concept, accepted it and listened to their caregivers to make it the best possible model,” Zinner says. “Nurses are driving it now.”

To expand the program, the Marymount team developed a series of “boot camps” for nurse leaders in other Cleveland Clinic hospitals, which were designed to teach caregivers how to implement the model in their own med-surg units. The Marymount nursing team will soon assess how the program is working in the newest locations. In the meantime, both nurses and PCNAs have already reported greater job satisfaction. “The reason this model is a

success is because our caregivers are happier,” says Sovacool. “They’re getting regular, much-needed breaks and feel better supported.”

By building on proven care-delivery methods and incorporating innovative ways of enabling staff to perform most effectively, Marymount Hospital has created an environment where patients, PCNAs and nurses can all thrive, she adds.

“Caregivers have been instrumental in our program’s success,” Sovacool explains. “They dove in with a positive attitude and a willingness to give it a try, and they did the hard legwork needed to give this model the best chance for success.”



The program allows students to experience nursing teamwork firsthand by working hip-on-hip with a nurse mentor.

Professional Pipeline Program Expands to Meet Needs of Changing Workforce

NURSE ASSOCIATE EXTERNSHIP ATTRACTS MORE PARTICIPANTS WITH FLEXIBLE SCHEDULING, MORE HANDS-ON OPPORTUNITIES

This summer marks the 10th anniversary of Cleveland Clinic's Nurse Associate Externship. Nearly 850 nursing students have participated in the paid program, which pairs nursing students entering their final semester of school with an RN mentor at the healthcare system's main campus, a regional hospital in Ohio or Cleveland Clinic Florida.



Cassandra Holman

"Every nursing student should be able to experience an externship like this because it not only gives you the opportunity to learn, but it allows you to get additional hands-on experience," says Cassandra Holman, ADN, RN, who was a nurse associate extern on a medical-surgical/telemetry unit at Cleveland Clinic Avon Hospital in 2023. "Everything our externs learn can be used in their clinical rotations and carried forward long into their nursing careers."

Holman was among the first group of nurses enrolled in an associate degree program to participate in the externship, which was previously reserved for students earning a bachelor's degree in nursing. Nursing leaders expanded the participant pool last year based on feedback presented by the Dean's Round Table, a collaborative

group of local nursing school deans or delegates who meet with nursing leaders to strengthen academic and practice partner relationships.



Jeanne Henry

“Support of associate degree nursing (ADN) programs combined with the current nursing shortage prompted our inclusion of eligible ADN students,” explains Jeanne Henry, MEd, BSN, BS, RN, Nurse Associate Externship lead.

THREE PROGRAM OPTIONS

Along with opening the externship to a broader group of students, the program added two scheduling options — advanced and flex — in 2023 during the standard 10-week externship.

- **Traditional** — Nursing students work as unlicensed providers 40 hours a week beside a nurse mentor.
- **Advanced** — Students are simultaneously enrolled in nursing school (where they are earning college credit) and the externship, which allows them to perform practicum-level skills like administering medication and starting peripheral IVs under a direct partnership with an RN.
- **Flex** — Externs, who are onboarded just like their traditional and advanced peers, work 15 12-hour shifts on a nursing unit over the externship period.

“We recognized that we had a group of caregivers who couldn’t commit to 10 full weeks during the summer, so we put the flex program in place,” says Henry. The flex option has attracted students who play college sports, work other jobs or have family commitments.

The flexible schedule was a lifesaver for Holman, who has a husband and children at home. “The nurse manager would send me a list of potential work dates, and I would choose the shifts that allowed me to still manage my home life.”

No matter which option externs select, they are leaders when they return to the classroom for their final semester of nursing school, says Henry.

“After the externship, participants are stronger and more confident in their skills because they experienced continuity on the clinical floor and know what it’s like to work a full shift,” she says. “They experience interdisciplinary collaboration and collective decision-making while learning the value of resources and teamwork.”



Terrance Lindsey

Externs see nursing teamwork firsthand by working hip-on-hip with a nurse mentor. Terrance Lindsey, BSN, RN, a former nurse associate extern on a cardiovascular step-down unit at main campus, says he had an “amazing” mentor.

“Not only did she make me feel welcome on my unit the first day, but she allowed me to grow and develop my nursing practice in a safe manner,” he says. “She always encouraged me to advance my practice in new skills and was receptive when I asked for more responsibility.”

MORE THAN THE UNIT

The number of nursing externships is rising across the U.S., as hospitals are increasingly recognizing their value as staffing pipelines. However, Cleveland Clinic’s Nurse Associate Externship is unique in its organizational commitment to providing rich, varied educational opportunities, says Henry. Most notably, the program includes educational workshops and “experience days.”

Students in the traditional and advanced tracks attend five workshops, and flex students participate in two. Topics covered include urgent and emergent care, perioperative nursing, holistic nursing, mobility and delirium, care and maintenance of central vascular access devices, and more.

“The workshops, which are taught by our nursing professional development specialists, are designed to increase externs’ critical thinking skills and provide essential support when they return to school,” says Henry.

Holman says the combination of working on the unit and attending workshops was invaluable. “Confidence is something nursing students lack,” she says. “This program gave me the opportunity to learn how to be confident in both my nursing and communication skills.”

During experience days, which are offered to traditional and advanced externs, the students spend a day on three different units.



Cindy Willis

“Experience days give externs the ability to explore other service lines, hospitals and forms of nursing delivery,” explains Cindy Willis, DNP, MBA, RN, Senior Director of Nursing Education. “The information these students gather can be enormously helpful when it’s time for them to consider a future career.”

As a nurse associate extern, Lindsey opted to visit intensive care units on his experience days. “I really liked the fast pace of the ICU environment and was grateful for the chance to experience postoperative patient care following open heart surgery,” he says. After graduating from Michigan State University’s nursing program in 2022, Lindsey joined the heart failure/coronary ICU at main campus.

A COMMITMENT TO THE NEXT GENERATION

Although approximately half of Cleveland Clinic’s nurse externs eventually return to work for the healthcare system, Willis says the retention rate was higher before the COVID-19 pandemic. The program’s leaders hope the more inclusive admission requirements and addition of flexible scheduling options will continue to boost enrollment numbers.

Topics covered during the externship include urgent and emergent care, perioperative nursing, holistic nursing, mobility and delirium, care and maintenance of central vascular access devices, and more.

The externship is already attracting more participants, growing from 30 externs in 2015 to more than 150 this summer in two 10-week sessions: May 13-July 20 and June 3-August 10, 2024.



Lisa Baszynski

“This program represents Cleveland Clinic’s commitment to the next generation,” adds Lisa Baszynski, DNP, RN, NE-BC, Associate Chief Nursing Officer of Nursing Education and Professional Development. “It provides professional socialization and acculturation not only to our institution, but to the greater field of nursing. We give our externs a leg up.”

Holman agrees. She received her ADN from Lorain County Community College, earned her nursing license and, in March 2024, began working in the Avon Hospital unit where she externed.

“As an extern, it was inspiring to watch the nurses and patient care nursing assistants in their daily routines and imagine what a day in the life of an RN would be like for me,” she says. “I love to learn, so this was the perfect environment for me.”



Research Shows How Nurse-Led Workplace Celebrations Boost Caregivers' Morale

IMPROMPTU EVENTS HELP NURSES FEEL RECOGNIZED, HONORED



Josalyn Meyer

The workplace recognition of nursing caregivers — typically in the form of planned celebrations and formal awards — has long been associated with higher-quality patient care, greater staff retention, improved teamwork and high morale. However, little is known about the value of unplanned celebrations led by nurse leaders and targeting nursing caregivers.

In an effort to learn more, Cleveland Clinic nurse researchers have examined the value of surprise pop-up events by asking caregivers to describe their perceptions of these impromptu celebrations.

Josalyn Meyer, MSN, RN, NE-BC, a founding member of Cleveland Clinic's Nurse Retention Council at main campus, explains the research began to take shape as she and her council

colleagues discussed new ways to build team morale and reduce caregiver stress.

“Our team was excited about developing new ways for nurses to honor and motivate each other,” she says. “The topic generated a lot of conversation, and we thought it would be fun to catch nurses off guard — surprise them with an unexpected celebration. Before long, we were planning pop-up events to greet and thank caregivers from all areas of the institution.”

GETTING STARTED

Meyer and study co-investigator Tonya Moyle, MSN, RN, had a hunch the events would be well received, but they knew a formal study would be needed to truly gauge their value.

“Although the concept of pop-up celebrations generated lots of enthusiasm among our leaders, we thought the long-term viability of these events would depend, to some degree, on supporting evidence,” says Moyle, Clinical Nursing Director at main campus.

Meyer and Moyle got started by collaborating with other nurse leaders and

volunteers to plan and schedule a series of pop-up events at a variety of Cleveland Clinic facilities. The celebrations, many of which were themed, included signs, music, goodie bags and snacks. One event allowed caregivers to participate in pet therapy, and another featured a selfie photo station. Some of the “parties” were roving, while others were stationary.



Tonya Moyle



Themed pop-up events included signs, music, goodie bags and snacks — and even costumes.

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Study Examines Value of Procedure Resource Nurses in the ICU

FELLOW CRITICAL CARE NURSES WELCOME ADDITIONAL SUPPORT AND EXPERTISE



Karrie Foster

When patients in the ICU require lifesaving procedures, the unexpected demand can further strain caregivers responsible for providing around-the-clock bedside care. For many critical care units, the addition of a dedicated procedure resource nurse can make these situations less taxing, but little is known about how the work of these specialists is perceived by their nursing colleagues. To address this knowledge gap, Cleveland Clinic cardiothoracic

nurse leaders recently surveyed ICU caregivers about their perceptions of the procedure resource nurse role.

“Caregiver satisfaction is paramount to the success of any clinical team, which is why it’s so essential to understand if a procedure resource nurse helps mitigate the growing demands placed on our staff,” explains Karrie Foster, MSN, RN, Director of Nursing at Cleveland Clinic’s South Pointe Hospital. “Procedure resource nurses are widely regarded for their expertise, but it is also important to quantify their value since their presence adds to the unit’s operating budget.”

Procedure resource nurses provide support to their nursing colleagues during high-risk interventions like thoracentesis; paracentesis; and the insertion of chest tubes, central lines, spinal drains and balloon pumps. In addition, they assist the ICU intensivist and can improve sterility and safety by ensuring that procedural checklists are followed. They also help ICU nurses perform emergency procedures by responding immediately with the necessary supplies; in addition, they can provide education and training to novice nursing caregivers.

“Furthermore, by acting as a liaison between patients and the medical team, procedure resource nurses can facilitate a smooth transition through different stages of treatment,” says Foster. “We hope our research will help hospital leaders better understand the value of procedure resource nurses and how to optimize the indispensable qualities they bring to the job.”

STUDY SPECIFICS

In a review of the literature, the researchers learned that procedure resource teams have been used in many hospital specialty areas; however, this prospective, cross-sectional study is believed to be the first to examine how clinical nurses in the ICU value this unique bedside role, Foster notes.

More than 125 critical care nurses participated by answering questions about value, satisfaction with the role, and most and least important role functions. Understanding the specific roles that are most and least important helps ICU team leaders advocate for the role and, once the information is shared with the procedure resource nurses, helps them focus on what matters most.

“We hope our research will help hospital leaders better understand the value of procedure resource nurses and how to optimize the indispensable qualities they bring to the job.”

— Karrie Foster

The analysis revealed that both novice and experienced nurse participants highly valued the role, and the three subscales of the survey tool (personal relevance, attitude and importance) all received high-value scores. Of the 10 specific roles evaluated, participants most valued procedure resource nurses’ interventional expertise; ability to ensure safe, high-quality patient care; and capacity to help alleviate the workload of other ICU nurses.

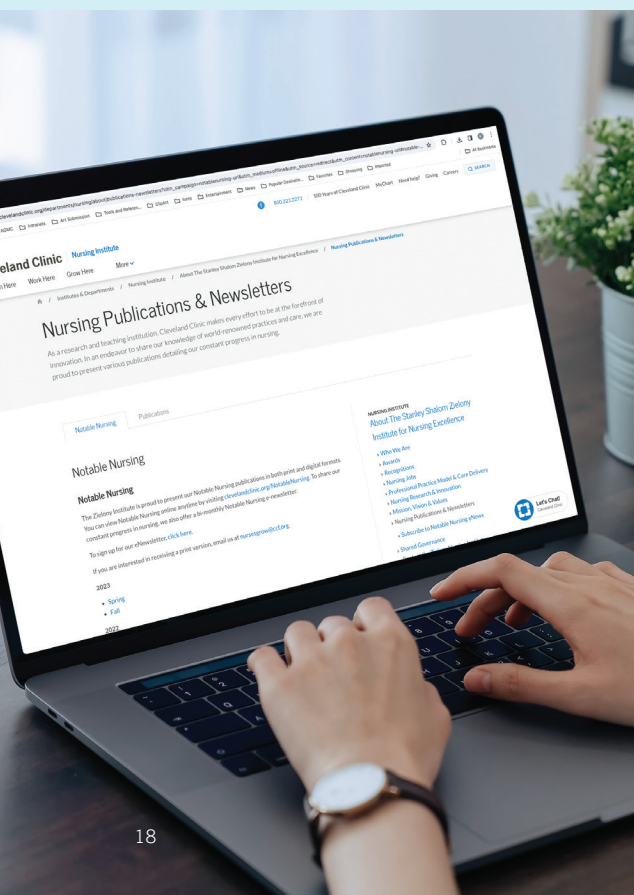
Foster and her colleagues are developing a manuscript and have been invited to present their results locally.

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Research Shows How Nurse-Led Workplace Celebrations Boost Caregivers' Morale

(continued from p. 16)

"Almost immediately, we began receiving emails from nurses asking to be involved," says Moyses. "We were thrilled by the widespread enthusiasm but anxious to know more about how these experiences could positively affect caregivers."

STUDY SPECIFICS

Following a series of pop-up events held between August and November 2019, the researchers surveyed a cohort of nurses to evaluate their general attitudes about the events and how they may have shaped morale. Of 918 nursing participants, 165 (18%) reported attending a celebration, and 763 (82%) did not. The majority of attendees (88.1%) were registered nurses.

In general, nurse leader-planned pop-up celebrations were viewed favorably and associated with an internal locus of control, positive morale and feelings of being appreciated.

Meyer, Clinical Nursing Director at Cleveland Clinic's main campus, says those who helped plan the pop-ups expressed particular pride in their involvement. Their survey comments included, "[The event] kept a smile on my face the entire day," and "Great for morale boost during tough times!" One respondent observed, "An energetic greeting and a simple thank-you goes a long way."

Caregivers who were on the receiving end of the celebrations provided equally glowing reviews. Quotes included, "I have been waiting to be welcomed to work like this my whole life!" and "WOW, what an incredible way to start the day. Thank you! [It felt like] I was mentally defibrillated when entering the door. My day hasn't changed...[but] my outlook certainly has."

MOVING FORWARD

Although pop-up events have been temporarily paused, Meyer says the team is looking forward to growing and evolving. In the future, the team hopes to see other nursing groups follow in their footsteps.

"We hope our findings will spark interest and inspire others to hold pop-up events for their nursing teams," adds Moyses. "We've learned that you don't need much more than energy — and maybe a little creativity — to make caregivers feel seen and appreciated."

NURSING RESEARCH SYMPOSIA 2024

Hybrid events | 8 a.m.-12:15 p.m.

Thursday, August 8 | In-person location: Cleveland Clinic Medina Hospital, Medina, OH

Friday, December 6 | In-person location: Cleveland Clinic Lutheran Hospital, Cleveland, OH

Experience 10 dynamic oral research presentations, several thought-provoking keynote addresses, and a panel discussion led by nurse scientists and followed by an audience Q&A.

Register at clevelandclinic.org/researchsymposium | Cost is \$40 in-person or virtual

For questions, please contact Sandra L. Siedlecki, Symposia Chair | siedles@ccf.org

These activities have been approved for 4 ANCC contact hours.



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Awards and Honors

Dianna Copley, DNP, APRN, ACCNS-AG, CCRN, was honored with the 2023 Harriet Coeling Award for Clinical Nurse Specialist Practice Excellence by Northeast Ohio Clinical Nurse Specialists. Copley is a Clinical Nurse Specialist in the Surgical Intensive Care Unit at Cleveland Clinic's main campus.

Kayla Little, MSN, APRN, AGCNS-BC, PCCN, a Clinical Nurse Specialist at Cleveland Clinic's main campus, was elected to the National Association of Clinical Nurse Specialists Board of Directors.

Sandra Siedlecki, PhD, RN, APRN-CNS, FAAN, a Senior Nurse Scientist with the Cleveland Clinic Nursing Office of Research and Innovation, was named CNS Researcher of the Year by the National Association of Clinical Nurse Specialists.

Sue Wilson, BSN, RN, CCRN, NE-BC, Nurse Manager at Cleveland Clinic's main campus, received the Circle of Excellence Award from the American Association of Critical Care Nurses.

The **Surgical Intensive Care Unit** at Cleveland Clinic's **main campus** earned the ICU Beacon Award from the American Association of Critical Care Nurses for its exceptional delivery of patient-first care.

The **G80 General Internal Medicine Unit** at Cleveland Clinic's **main campus** received a PRISM Award® from the American Organization for Nursing Leadership. The award recognizes diversity and inclusion initiatives within the nursing profession, healthcare organizations and the community. PRISM signifies Premier Recognition in the Specialty of Med-Surg.

Cleveland Clinic Abu Dhabi's Emergency Department earned a 2023 Lantern Award® from the Emergency Nurses Association for its innovative performance in leadership, practice, education, advocacy and research.

Cleveland Clinic Akron General earned Level 1 Geriatric Surgery Verification by the American College of Surgeons. Akron General is the first hospital in the state of Ohio and one of nine in the nation to receive this prestigious designation.

Cleveland Clinic's main campus and **Fairview Hospital** earned Magnet® recognition from the American Nurses Credentialing Center for knowledge and expertise in the delivery of nursing care. It is the fifth such designation for main campus and the fourth for Fairview.

Cleveland Clinic Akron General earned a Get With the Guidelines® (Gold Plus with Target) award in stroke care from the American Heart Association. It also earned an Honor Roll Elite Plus award in advanced therapy and an Honor Roll award in the management of Type 2 diabetes. The prestigious awards are presented annually to medical institutions that promote consistent adherence to the latest scientific guidelines and recommended clinical practices.

The **Neuro Intensive Care Unit** at Cleveland Clinic's **main campus** and the **Medical Intensive Care Unit** at **Fairview Hospital** received Beacon Awards for Excellence (Silver) from the American Association of Critical Care Nursing for excellence in leadership, staffing, communication, learning development, evidence-based practice and patient outcomes.

Cleveland Clinic's **Martin North** and **Tradition** hospitals have received Baby-Friendly designations from Baby-Friendly USA for offering an optimal level of care for infant feeding.

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