

Creating and Sustaining a Culture of Inquiry

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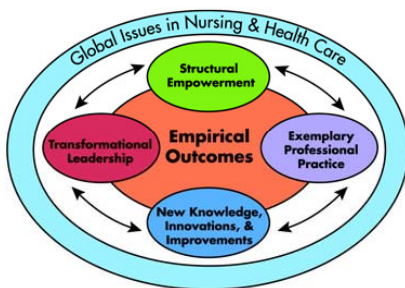


OBJECTIVES: *Culture of Inquiry*

- ▶ **Characteristics** of a practice environment with a culture of inquiry
- ▶ **Benefits** of introducing and sustaining a culture of inquiry
- ▶ **Strategies** to cultivate a culture of inquiry within your organization

Is my practice embedded in a culture of inquiry?

Characteristics: The Magnet Model



New Knowledge, Innovations & Improvements

- ▶ Evidence-Based Practice
 - Evaluate existing and new nursing practices
 - Translate new knowledge into nursing practice
- ▶ Innovation
 - Evaluation and allocation of technology and information systems
 - Methods to explore new ideas for practice
- ▶ Research
 - Systems in place to support the review and conduct of research and clinical inquiry
 - Research review boards to protect human subjects (e.g., IRB)

Culture of Inquiry and Quality Improvement

- ▶ Quality improvement models depend on cycles of testing new processes
- ▶ Strong quality improvement processes can cultivate clinical inquiry
 - Knowledge focused triggers
 - Introduction of new care processes or interventions
 - New research, standards or guidelines
 - Problem focused triggers
 - Error-prone processes
 - Clinical problems
 - Risk management data
 - Connect to organizational priorities

Why cultivate a culture of clinical inquiry?

- ▶ Benefits to patients
- ▶ Organizational benefits
- ▶ Benefits to the profession and professional community

Culture of Inquiry: Benefits to patients

- ▶ Enhance effectiveness of interventions and care processes
- ▶ Supports and encourages continual improvement in patient care processes
- ▶ Facilitates development and implementation of “best practices”
- ▶ More effective care improves health outcomes for patients

Benefits to your organization

- ▶ Nurse engagement
 - Nurses who get involved in clinical inquiry tend to be more engaged in their practice and their organization.
 - Nurses who have participated in research studies report high levels of satisfaction with the process and are eager to do more
- ▶ Cost savings
 - Small investments to support clinical inquiry can result in cost savings or cost avoidance for organizations.
 - Product selection
 - Process improvement

Benefits to your organization

Quality and safety

- ▶ Increasing public awareness of safety in health care settings
 - Public Reporting
- ▶ Value –based purchasing
 - Pay for performance
- ▶ Clinical inquiry stemming from problem focused triggers will improve care processes and outcomes

Benefits to the Profession

- ▶ Demonstrate contributions of nursing to improving health outcomes
- ▶ Expand the body of nursing science
- ▶ Model collaboration and collaborative practice
 - Across sites
 - Across disciplines

Getting there...

- ▶ The will
- ▶ The way




Establish the Philosophy & Value



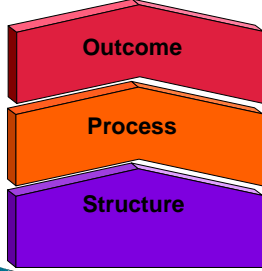
- ▶ Communicate the philosophy
- ▶ Fund the effort
- ▶ Administrative champions
 - Chief Nursing Officer
 - Nursing leadership
 - Other executive leadership

Build the Infrastructure: First “who,” then “what”

- ▶ Nurses
 - Inquiring minds
- ▶ Managers
 - Recognize talent
 - Support professional growth
- ▶ Advanced Practice Nurses
 - Clinical Expertise
 - Translation skills
- ▶ Clinical Nurse Researcher?

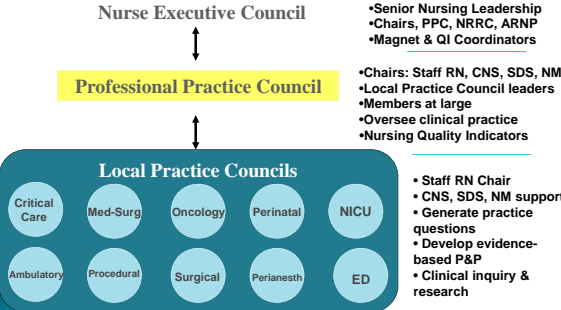


Structures & Processes to Support a Culture of Inquiry



- Outcome**
Evidence-based practice
Clinical Inquiry
- Process**
Internal communication,
EBP models, Champions
- Structure**
Formal & Informal
Practice Model, Standards,
Committees, Practitioners

UWMC Professional Practice



Nurse Executive Council

- Senior Nursing Leadership
- Chairs, PPC, NRRC, ARNP
- Magnet & QI Coordinators

Professional Practice Council

- Chairs: Staff RN, CNS, SDS, NM
- Local Practice Council leaders
- Members at large
- Oversee clinical practice
- Nursing Quality Indicators

Local Practice Councils

- Staff RN Chair
- CNS, SDS, NM support
- Generate practice questions
- Develop evidence-based P&P
- Clinical inquiry & research

Critical Care **Med-Surg** **Oncology** **Perinatal** **NICU**

Ambulatory **Procedural** **Surgical** **Perianesth** **ED**

Evaluate and Recognize

- ▶ Build into evaluation at all levels
 - Appreciating evidence-based practice as the foundation of nursing practice
 - Using evidence-based protocols
 - Participating in clinical inquiry
 - Leading clinical inquiry
- ▶ Recognize participation broadly (and loudly!)

Create Key Partnerships

- ▶ Multidisciplinary partnerships
 - Physicians, Respiratory Care Practitioners, Rehab Therapists, Spiritual Care...and many more
- ▶ Academic partnerships




Create Key Partnerships: Academia & Practice

- ▶ Develop smart consumers of research
 - Think critically
 - Read to find answers
- ▶ Joint appointments to support EBP, clinical inquiry and research
- ▶ Collaborative projects
 - From consultation to co-investigator

What about me? What can I do to advance a culture of inquiry?

- ▶ Ask yourself, "I wonder why..."
- ▶ Support others to wonder why
 - "Why do we do this? Is there a better way?"
- ▶ Capture questions and ideas
 - "Sticky note" method; post on discussion board
 - Discuss at staff meetings
- ▶ Find answers to your questions
 - Explore and read
 - Talk to others and consider doing a small study

What about me? What can I do to advance a culture of inquiry?

- ▶ Actively grow and develop your practice
 - Commit to being an active participant on your unit and in your organization
 - Join and participate in your professional organization(s)
- ▶ Talk to your patients about why you are doing what you're doing
- ▶ Teach others
 - Preceptor for new staff & nursing students

Create Key Partnerships: Community Collaboration

- ▶ Seattle Nursing Research Consortium
 - Model for collaboration amongst the professional community in the Pacific Northwest
 - Founders of this group must be applauded
 - Primary focus has been *communicating* nursing research and clinical inquiry
 - Diffusion of innovation
 - Lessons in "how to"
 - Spreading (and catching) the inquiry bug

But, what if...

What If...



- ▶ Nancy Pearl, Librarian
- ▶ 1998 launched program
 - "If all of Seattle read the same book"
- ▶ Bold vision
- ▶ Caught fire
- ▶ Programs launched across the country

- ▶ "Part of Pearl's success with the public hinges on the idea of connecting with the reader without pretense.
- ▶ Pearl is not forgetting her academic background. However, she is finding material that engages the reader and gives the reader permission to enjoy the material of their choice even if it is not the standard reading that the academics say we should all know.
- ▶ Pearl states that readers become more demanding about the quality of material that they read as they read more material.
- ▶ For Pearl, it seems that the most important aspect of reading a book is to enjoy it."

Wikipedia
Accessed 1/28/12

What if all of Seattle worked on the same research study?



- ▶ Fall Prevention?
- ▶ Pressure ulcer prevention?
- ▶ Patient education?
- ▶ Handoff?
- ▶ Care delivery models?
- ▶ Pre-procedure checklists?

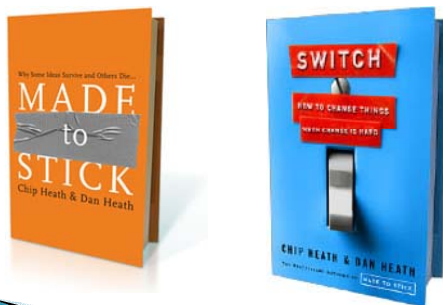
AACN Thunder Studies

- ▶ Conceptualized and developed to provide critical care nurses with a research protocol ready for institutional review and implementation.
- ▶ Project goals included providing a research package (protocol, educational and data collection materials), as well as a topic of clinical significance to critical care nurses.
- ▶ Site coordinators and research associates were identified at participating institutions to coordinate and implement all study activities.

“If you build it, they will come.”



Sustaining a Culture of Inquiry



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Sustaining a Culture of Inquiry

- ▶ “For things to change, somebody has to start acting differently
- ▶ Each has an emotional Elephant side and a rational Rider side. You’ve got to reach both and
- ▶ Clear the way for them to succeed.”



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Direct the Rider

- ▶ Follow the bright spots
 - Investigate what’s working and clone it.
- ▶ Script the critical moves
 - Don’t think just big picture—think in terms of specific behaviors.
- ▶ Point to the Destination
 - Change is easier when you know where you’re going and why it’s worth it.



Motivate the Elephant

- ▶ Find the feeling
 - Knowing something isn’t enough to cause change. Make people feel something.
- ▶ Shrink the change
 - Break down the change until it no longer spooks the Elephant.
- ▶ Grow your people
 - Cultivate a sense of identity and instill the growth mindset.



Shape the Path



- ▶ Tweak the environment
 - When the situation changes, the behavior changes. So, change the situation.
- ▶ Build habits
 - When behavior is habitual, it's "free"—meaning it doesn't tax the rider. Look for ways to encourage habits.
- ▶ Rally the herd
 - Behavior is contagious. Help it spread!

(With apologies to Wikipedia and Nancy Pearl)

- ▶ Part of our success...hinges on the idea of connecting with the bedside nurse without pretense.
- ▶ We need not forget our academic background. However, we can find questions that engage the nurse and gives the nurse permission to enjoy the inquiry of their choice even if it is not the standard research that the academics say we should all know.
- ▶ Nurses become more demanding about the quality of research that they read as they participate in more inquiry.
- ▶ For us, it seems that the most important aspect of clinical inquiry is to do it and enjoy it."