

COLLECTIVE ACTION FOR CONTINUING EDUCATION

The experience of one group of health professionals who worked together for two and a half years in order to launch a program in intensive care nursing. Cooperation of many segments of the community is demonstrated by descriptions of the multi-faceted activities undertaken by the community project committee. The author, who chaired the project committee, suggests the utility of such a model for collective action in a complex and rapidly changing world.

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ALL SEGMENTS of society are vulnerable to change and the pressure to change increases steadily as the world becomes more complex. Individual segments become more and more interdependent and changes in one segment influence and are influenced by changes in other segments.

The wide-scale emergence of intensive care units exemplifies one response to the continuously and rapidly changing care of the acutely ill patient. The emergence of the unit as a response to advances in medical knowledge and changes in health care technology and delivery has now become a pressure point making demands for change upon other segments of the health care delivery system. The educational subsystem, in particular, is being required to respond creatively if these advances are to be translated into means for improved patient care.

Programs in basic nursing education are designed to prepare generalists, not specialists. As Murray has noted, the diploma schools simply do not have the time to provide instruction in much more than basic general duty nursing.¹ This is in contrast to the needs of intensive care unit nurses who require a sound base of specialized knowledge

and technical expertise as well as a capacity for high level clinical performance in crisis situations.

One way to meet complex situations is to band together and combine resources with others who have similar problems, interests and goals. What, then, is the way in which all concerned segments can most effectively be brought together to serve the immediate needs, as well as keeping pace with the changes that are certain to come? It is the premise of the author that the nursing community could, in many instances, provide the initial thrust that brings together the component segments. This paper documents one such response and in doing so, offers one model for use by others in similar situations.

Nurses working in intensive care units sought to improve patient care by upgrading their clinical competency. The means chosen was the development of a post-diploma intensive care nursing program. The combined efforts of nurse-practioners, nurse-administrators, nurse-educators and their medical colleagues was necessary to achieve this goal. Consultant services were provided throughout the two and a half year project by the Registered Nurses' Association of Ontario. Support and assistance were given by local health agencies and educational institutions, the Ontario Medical Association, and the Ontario Hospital Association at various points in the development of the project.

A summary of the various stages of the project is present in Figure I. A detailed discussion of each phase follows the summary.

FIGURE I

STAGES OF THE PROJECT

I. INITIAL IDENTIFICATION OF NEED

- a. preliminary discussions at the grass roots level
- b. preparation and presentation of areas of concern and unanswered questions by community agencies to the university
- c. preparation of application for grant to examine the feasibility of developing a program in intensive care nursing
- d. acquisition of funding to undertake the investigation

II. FORMATION OF INTENSIVE CARE NURSING PROJECT COMMITTEE

- a. appointment of a research assistant
- b. selection of committee members

III. PROJECT INVESTIGATION

- a. identifying areas of focus
- b. determining information requirements for program planning
- c. developing tools and methodology of investigation
- d. gathering and analyzing the data
- e. preparation of the final report

IV. PRESENTATION OF RECOMMENDATIONS AND FINAL REPORT TO THE PROJECT COMMITTEE

V. PRESENTATION OF PROPOSAL FOR THE PROGRAM TO APPROPRIATE GROUPS

INITIAL IDENTIFICATION OF NEED

Discussions by local nurse-administrators and nurse-practitioners focused on their concern about the high demands for clinical competency required of the intensive care staff nurse—requirements for which she had not been prepared in her basic nursing education. Their deliberations culminated in the decision that a formal post-diploma course in intensive care nursing was one solution to their problem. Where and how such a course should be given and to what degree it might and would be supported beyond the local area were major questions to be answered.

A document was prepared outlining the group, its concerns and areas needing investigation. This document was then presented to the Faculty of University at the university with a request for assistance in planning further action.

A research proposal and request for funds, co-signed by the representatives of the agencies and the Faculty of Nursing, was presented to a private foundation. In response, the Richard Ivey Foundation provided a three thousand dollar grant for a three-month investigation. A member of the Faculty of Nursing was assigned to the project. A staff nurse from a local intensive care unit was released from her staff duties to undertake the investigation as a research assistant. Her qualifications included a nursing degree as well as experience in teaching and intensive care nursing. Salary for the research assistant was provided by the grant and the employing hospital maintained this worker's usual fringe benefits. Consultant services in research methodology were provided by members of the university community. This style of cooperative arrangement on the part of all concerned groups became the prototype for the development of the remainder of the project.

FORMATION OF THE INTENSIVE CARE NURSING PROJECT COMMITTEE

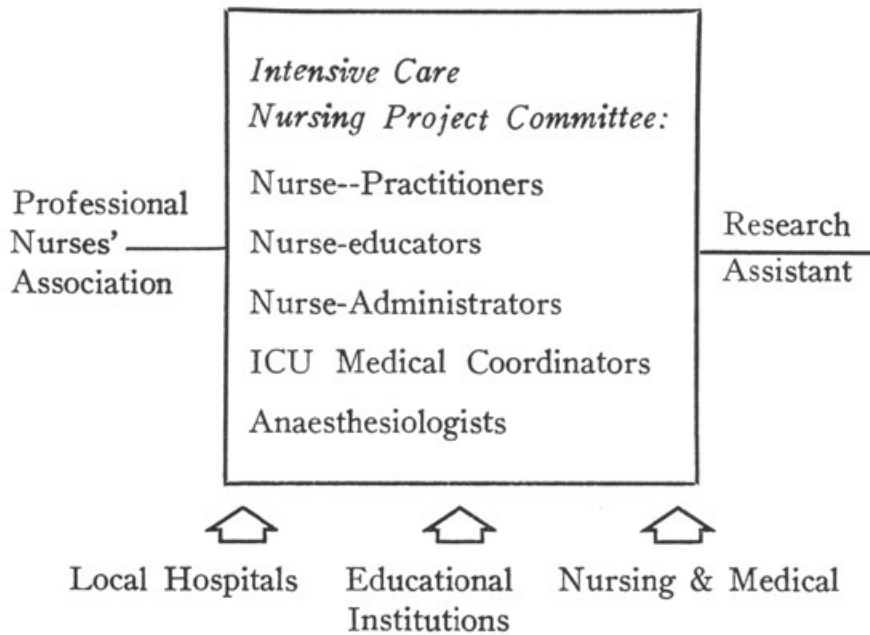
A formal committee was developed to ensure that all interested persons in the community could contribute to the planning. Included were representatives from the Faculty of Medicine, the Faculty of Nursing and the local College of Applied Arts and Technology where courses in respiratory technology and anatomy and physiology for diploma schools of nursing are offered. In the latter case it was felt that these subject areas would be an integral part of any proposed program in intensive care nursing and involvement of the College at the beginning of the project would be important for program planning.

Representatives of the local hospitals who sat on the project committee provided information relating to staff needs as well as their expertise and experience in intensive care nursing. Since these same hospitals would also provide the clinical practice settings, their involvement from the outset of the project allowed a realistic assessment of available resources and how they might best be used.

Figure II shows the relationship between the Intensive Care Nursing Project Committee and concerned community groups, the research assistant, and the professional nurses' association.

FIGURE II

RELATIONSHIP OF THE INTENSIVE CARE NURSING PROJECT COMMITTEE TO CONCERNED GROUPS



The project committee became the vehicle for bringing together many elements in the community who normally worked in more isolated settings, thus giving all participants experience in joint planning for health education.

PROJECT INVESTIGATION

The purpose of the three-month investigation was first, to determine the need for a formal educational program in intensive care nursing for registered nurses and secondly, to determine how best it might be developed.

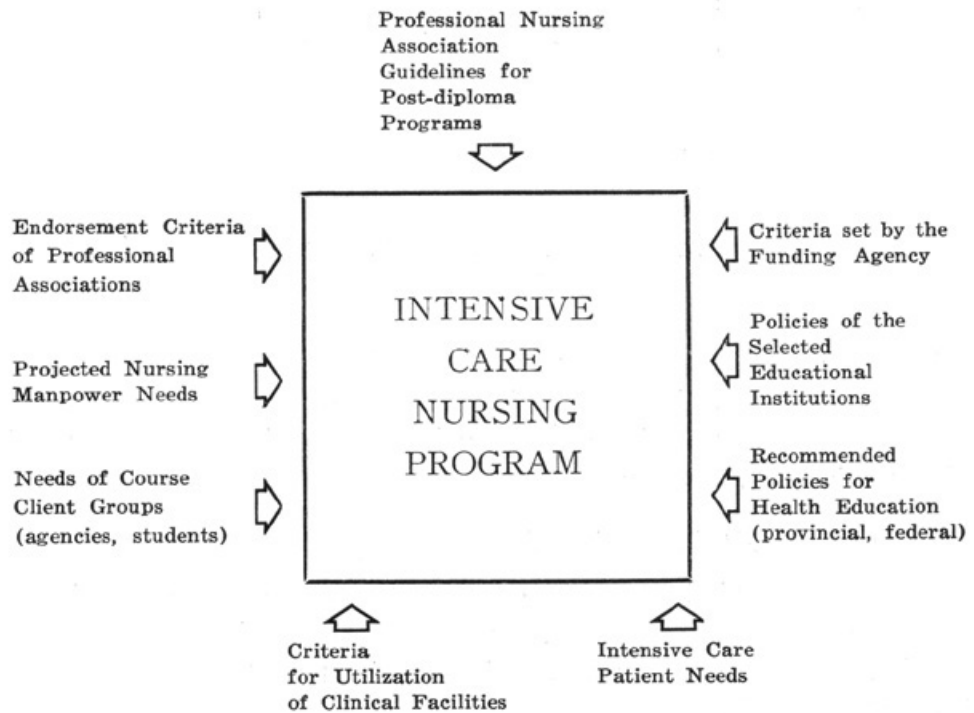
The local community had already indicated its support for such a program and provincial association representatives suggested that

the majority of Directors of Nursing felt such a course was desirable. Since this general evidence was supportive the decision was reached to focus primarily on matters relating to the methodology of organizing the program. At the same time data gathering could include additional information on the specific nature of the need. The design was such that if the earlier evidence of need was not supported by this investigation, these findings would be available early enough to halt the progress of the project before too much energy was expended.

The first task became one of identifying all major information sources which could provide valuable input and supply readily available data. In addition, they offered procedural guides to course development and suggested the broad constraints under which any program would have to function. Figure III outlines the type of information requirements deemed necessary for program planning.

FIGURE III

INFORMATION REQUIREMENTS FOR PROGRAM PLANNING



Four areas were selected for investigation: verification of the nature of the need for the course; selection of the appropriate educational setting for the program; identification of the most appropriate methods of program organization; definition of theoretical and clinical course content relevant to meeting the needs of both intensive care patients and the nursing staff who care for them.

A variety of tools were utilized in gathering data relevant to making decisions about each of the above areas. These are summarized below.

1. Development of a four-part questionnaire to ascertain answers to specific questions relating to determining the need and manner of organization of an intensive care nursing course. Guidelines developed by the Registered Nurses' Association of Ontario^{2 3 4 5 6} were utilized as a basis for determining questions about the organization and curriculum content which would be needed. Selected nursing staff in all hospitals within a 60 mile radius of the target area and with medical-surgical units of more than fifty beds were surveyed by use of a questionnaire. Of the 29 hospitals in the area who agreed to participate, 17 of these had intensive care units, and the hospitals varied in size from 101 to 1,000 beds. The respondent group included the 29 Directors of Nursing, 16 Supervisors of intensive care units and 174 intensive care unit staff nurses. Information relating to need, organization and course content was sought from all individuals.
2. A list of "ideal" criteria was established for choosing the setting in which the course should be developed. A list of possible agencies was established and then each institution was investigated and rated against the criteria.
3. An on-site assessment of clinical and physical facilities available in each of four participating hospitals who would provide clinical practice settings was undertaken. This included an assessment of what clinical experiences were available in each institution, and establishment of the number of students who could be placed in the facility at any given time.
4. Through a questionnaire, a list of potential part-time clinical faculty for clinical nursing supervision was compiled.
5. A pool of medical doctors for teaching selected content was compiled through a survey done by the medical representatives on the project committee.

6. A draft job description for the Project Director was devised and circulated among committee members prior to the development of a job description subsequently used for hiring purposes. This position was advertised in the press and hospitals across Canada.
7. Conditions under which financing could be obtained were determined at a project committee meeting with the representatives of the funding agency.
8. Data about current courses in intensive care nursing in Canada were compiled and analyzed for their relevance to program planning.

CONCLUSION OF THE PROJECT

A final report⁷ was prepared in which the findings and recommendations from the investigation were detailed. The earlier identification of the need for the course was supported by the data provided from the questionnaires. Fanshawe College of Applied Arts and Technology was selected as the appropriate site, and the approval from the governing body to undertake the course was obtained. A basic core curriculum was developed using the findings of the questionnaires combined with the guidelines established by the Registered Nurses' Association of Ontario.^{8 9 10} Clinical facilities were secured which would allow the faculty to meet the stated objectives of the program. A well-qualified person who was prepared to take the position of project director had been selected. Funding for a series of short courses of four, six, and eight weeks duration, to be given over a two-year experimental period, was provided by the Physician's Services Incorporated Foundation. A proposal for evaluation was written into the final report to assure that money would be available to conduct an investigation which would attempt to measure the effect of the program on the nurses' performance in their first positions following completion of the course.¹¹

The final step was the presentation of the proposal for approval to the local health sciences coordinating committee and then to the provincial government. Approval was obtained and the first course commenced in October, 1972.

Figure IV summarizes the activities undertaken by the various project committee members during the investigation.

FIGURE IV

PROJECT COMMITTEE ACTIVITIES

Chairman of Project Committee	Guidance of Investigation Negotiations with the selected educational institution Preliminary consultation with funding agency Preparation of summary report of investigation With representative from the educational institution — interviews with candidates for project director — preparation and presentations of final proposal
Research Assistant	Development of tools and methodology of investigation Carrying out of investigation Preparation of final report of investigation
Project Committee Members	Support to research assistant — access to clinical or educational facilities for purposes of assessment — critiquing of questionnaires and tools developed — securing sample for pre-testing tools Negotiations with funding agency Final selection of location of course Development of job description and qualifications for Project Director Ratification of appointment of selected candidate for Project Director Ratification of recommendations of the investigation Approval to proceed with final proposal

CONCLUSION

This paper documents the experience in one community where diverse groups of health professionals set about solving a problem related to the delivery of health care. Group action is not without problems, as each individual in the group must have the ability to compromise if the overall goal is to be achieved. That such action can be effective is evidenced here by the successful launching of a series of short courses in intensive care nursing for registered nurses. The experimental nature of the project with its built-in evaluative component suggests a possible model for nursing education as it moves into the area of continuing education for the registered nurse.

References

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3. ——. *Guidelines for Developing and Conducting Clinical Programs for Registered Nurses*. Draft Copy. Toronto, June, 1970.
4. ——. *Statement on Intensive Care Unit Nursing*. Draft Copy. Toronto, January, 1971.
5. ——. *Guidelines for a Post-Diploma Program in Intensive Unit Nursing*. Draft Copy. January, 1971.
6. ——. *Suggested Topics for a Post-Diploma Program in Intensive Care Unit Nursing*. Draft Copy. January, 1971.
7. Marsh, C. "Report of the Study to Examine the Feasibility and Methodology of Developing a Program in Intensive Care Nursing in London, Ontario," June, 1971. (Not available for distribution).
8. Registered Nurses' Association of Ontario. *Statement on Intensive Care Unit Nursing*.
9. ——. *Guidelines for a Post-Diploma Program in Intensive Unit Nursing*.
10. ——. *Suggested Topics for a Post-Diploma Program in Intensive Care Unit Nursing*.
11. Tools for the evaluation of the post-course performance of the program graduates are being developed by Roberta Rivett, graduate student, The University of Western Ontario. The reader may wish to read the thesis report describing the development of these tools which should be available from the Health Services Library, The University of Western Ontario in early 1973.