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I am delighted that this issue of the Nursing Network showcases the launch of the Professional Nursing Advancement Program (PNAP).

The first article describes the work of the Professional Nursing Advancement Committee. Ann Rapoport, MSN, RN, describes the journey of bringing an idea from the Nursing Department's strategic planning process to fruition.

Subsequent articles highlight clinical exemplars submitted as part of PNAP portfolios from staff nurses who participated in the program. I hope you enjoy them as much as I did!

Finally, on page 5, you will see the robust participation of McLean nurses at the most recent American Psychiatric Nursing Conference held in New Orleans. Eight nursing presentations hosted by eleven registered nurses represent the greatest number of participants ever from McLean! Well done!

FROM THE DESK OF LINDA M. FLAHERTY

By Linda M. Flaherty, RN, PMHCNS-BC, Senior Vice President for Patient Care Services

I am pleased to share the journey of bringing the Professional Nursing Advancement Program (PNAP) from an idea to reality.

In the spring of 2017, the inpatient nurse directors and nurse managers were enjoying a routine Nurse Council meeting when Linda Flaherty, RN, PMHCNS-BC, senior vice president for Patient Care Services, surprised us with an announcement. As part of McLean Hospital’s seven-year strategic plan, the Nursing Department and Flaherty had been tasked with a challenge: How can the Nursing Department develop goals with action plans to meet those goals? In short order, we were introduced to the concept of SWOT.

SWOT is a methodology to identify a department’s Strengths, Weaknesses, Opportunities, and Threats. To help us develop action plans, we were given suggestions for the following workgroups:

• Best Practices/Education
• Preceptor and New Graduate Program
• Clinical Ladder Program for RNs
• Recruitment and Retention
• Nursing Practice and Quality

Next, AB2’s Nicole Visaggio, BSN, RN, and I teamed up to co-chair the Clinical Ladder SWOT Team. ECT’s Teresa Henderson, BSN, RN, joined as an additional co-chair. The first order of business was to recruit more members.

We had some knowledge about clinical ladders, but to more fully inform ourselves, we decided to review the literature. We found that most of the research found favorable results for the nurses and their institutions, and this translated into better care for the patients.

To quote an article from Penn State Health, “The Professional Clinical Ladder Program strives to acknowledge qualities of excellence in clinical practice. Through self-assessment, direct care nurses develop a portfolio that demonstrates their level of practice. This includes subjective and objective data that are evaluated by a peer-led committee.”

We then reviewed categories and requirements: novice nurse, advanced beginner, competent nurse clinician 1, 2, 3, etc. Massachusetts General Hospital uses the categories of entry level, advanced clinician, and clinical scholar. For McLean, we decided to use a clinical nurse category with four tiers.

A challenging aspect of our work involved specifying the qualifications and requirements needed to reach each tier. To do this, we extrapolated from the research and applied it to our nursing practice. We publicized the program to all McLean staff nurses with a description of the requirements for each tier. We were delighted to receive 18 incredible portfolios! We enjoyed reading every one!

This was a real team effort, and the process was made enjoyable by becoming acquainted with our newly formed team.

The PNAP Committee membership, along with assistance from Flaherty, is as follows:

• Nicole Visaggio, BSN, RN, co-chair of the PNAP and nurse manager of the Schizophrenia and Bipolar Disorder Inpatient Program
• Teresa Henderson, BSN, RN, co-chair of the PNAP and nurse manager of Neurotherapeutics
• Katherine Athens, RN, Neurotherapeutics
• Carlos Covarrubias, RN, Community Reintegration Unit
• Noah Starr, RN, Short Term Unit
• Patti Sullivan, human resources generalist
• Ann Rapoport, MSN, RN, co-chair of the PNAP and nurse director of the Short Term Unit

THE PROFESSIONAL NURSING ADVANCEMENT PROGRAM

By Ann Rapoport, MSN, RN, Nurse Director, Short Term Unit; Co-Chair of the Professional Nursing Advancement Program

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VALUING THE PROFESSIONAL NURSE:
THE PROFESSIONAL NURSING ADVANCEMENT PROGRAM

During the December Nurses’ Luncheon and Lecture, the Professional Nursing Advancement Program (PNAP) honored eight recipients. Six recipients received Tier 1, and two recipients received Tier 3.

As part of the application process for Tier 1, the recipients provided a clinical exemplar essay to showcase their proficiency in assessing patient needs, planning, and implementing nursing interventions while utilizing therapeutic communications techniques. Tier 3 recipients’ exemplars depicted advanced practice and positive influence on patient outcomes. Here are excerpts from these exemplars.

Florence Morin, RN
Schizophrenia and Bipolar Disorder
Inpatient Program: Received Tier 3

Sometime last year, we had a patient in her 50s who has a history of bipolar disorder and IBS.

She was having a hard time eating and needed to be fed. Feeding was also challenging because we needed to find the right food to avoid diarrhea. We made sure that she was hydrated, and we were also constantly applying lip balm on her lips to avoid dryness.

She started doing ECT, and she looked better and better after each treatment. She looked great when she left us. Her family was grateful for the care she received from us. She was supposed to go on vacation with her boyfriend in Italy. Her boyfriend told us that he was planning to propose. We found out months after she was discharged that they got engaged.

John Bausemer, RN
McLean SouthEast: Received Tier 3

In my career, I have always operated under the belief that each ailment that a patient reports deserves attention. I do not believe that it is appropriate to ignore a patient’s symptoms simply because they have a history of reporting symptoms, sometimes many symptoms, that lead to no quantifiable diagnosis. It is important to believe our patients and always take their concerns seriously. And it’s also important to look at the entire picture and put together pieces of a puzzle because sometimes the completed puzzle can save a person’s life.

Alissa Stewart, RN
Older Adult Program: Received Tier 1

A patient on initial approach and assessment presented with a blunt/flat affect, guarded on approach, and difficult to engage. The patient did not want to be present on an inpatient psych unit and felt as though there was no reason for admission. It took some time to gain a rapport with him. After time and consistent presence, the patient became increasingly receptive to care. We discussed his interests, which fueled his motivation and curiosity in the future.

We gave him the opportunity to feel more comfortable/understood among his peers and create a community where he was no longer
feeling hopeless/helpless to establish. This piece may seem simple, but approach to care is everything in nursing.

**Hana Chung, RN**
**Short Term Unit: Received Tier 1**

Recently, I had the opportunity to precept a nursing student. During her first week, she had a rather unpleasant encounter with a patient with borderline personality disorder (BPD). She later asked me about my experience in interacting with such patients, and to illustrate, I recounted an instance where I had a difficult time working with a former patient with a BPD diagnosis.

I was admittedly ashamed that this patient was able to elicit these negative reactions, which reflected the desperation and hopelessness I felt. I decided the best way for me to feel in control was to respond, not react, in an appropriate and professional manner. I went about doing so by creating a rough draft of a behavioral plan for this patient. It was at this time that I became aware of the fact that if I did not set my own boundaries, both in the work setting and in my personal life, others would set them for me.

**Cara Goudy, RN**
**Schizophrenia and Bipolar Disorder Inpatient Program: Received Tier 1**

One night shift, I was the charge nurse and working with two new staff, a float MHS, and only one experienced MHS. The shift started, and the patient was awake but resting. I assessed her needs, first from her ulcerative colitis, which could lead to electrolyte imbalances. She was unsteady on her feet, which classified her as a fall risk. She was visibly anxious, but mute, so she couldn’t verbalize her anxiety or pain. At about 0300, the patient had an unplanned, witnessed fall.

I used a non-verbal pain scale to determine she was having pain. I quickly got a set of vital signs, which indicated the patient was in pain. After the fall, I immediately paged the medical doctor on call. When he called, he felt like he did not need to assess the patient. I advocated for the patient and forcefully but professionally told him he needed to assess the patient. When he continued to decline, I notified the nursing supervisor and implemented my own q30min vitals and q15min neuro checks, which the patient allowed me to do.

As frightening as that night was for me, I realized how much I had learned. I was able to rise to the occasion when presented with this difficulty. This situation made me feel like a real nurse due to the critical thinking I needed to make decisions on the fly and thinking about the care of the whole patient, medical and psychological.

**Neillan Murphy, RN**
**Klarman Eating Disorders Center: Received Tier 1**

By sharing Mary’s experience with the rest of the nursing staff and the clinical team, we were able to develop a better understanding of the physiological distress caused by her disease and how it was affecting her mentally. With this, I felt that I was better equipped to meet Mary’s emotional needs while simultaneously caring for her physiological needs.

**Lianna Lashua, RN**
**Schizophrenia and Bipolar Disorder Inpatient Program: Received Tier 1**

The time I spent working with Erica is significant to me because this was one of the first times I felt confident as a nurse. I no longer saw myself as the new grad, but rather like I was an important part of the team. I learned that I was capable of building a therapeutic rapport, of setting firm limits and sticking to them, and of being a leader among my coworkers.

**Noah Starr, RN**
**Short Term Unit: Received Tier 1**

Before meeting one-on-one with M.L., I did a deep dive into his notes during the pre-interaction phase to be as prepared as possible. When the time for our meeting arrived, I greeted the patient during the orientation phase and worked with him to set boundaries, goals, and expectations as to how we would proceed. During my assessment, I obtained a current overview of the patient’s condition, noting his mood, current coping skills, orientation, physical health, participation in treatment, and any safety concerns.

For my first nursing diagnosis of anxiety I chose to intervene via a calm approach, reducing stimuli by escorting the patient from the milieu into a private conference room and educating the patient on coping skills such as diaphragmatic breathing and progressive muscle tension and relaxation.

It is clear from these exemplars that our nurses are establishing a therapeutic relationship with their patients. This ensures that in all situations, including crisis situations, the patients at McLean feel safe and secure and trust their care providers. Our nursing staff is listening to the whole patient, taking in all the patient’s symptoms in order to address both medical and psychological issues and to have a positive influence on patient outcomes.
McLEAN NURSES REPRESENTED AT 33RD ANNUAL APNA

American Psychiatric Nurses Association 33rd Annual Conference held October 2-5, 2019, in New Orleans, LA
This year’s conference theme was Psychiatric Mental Health Nurses: The Whole Health Connection

Courtney Miller, RN (left), and Paula Bolton, MS, CNP, ANP-BC (right), presented “Ketamine Treatment: Promise for the Future and How Nurses Impact Care.”

Paula Bolton (left), and Cecilia Rush, BSN, RN (right), presented “TMS for OCD: New Hope for Suffering.”

Poster Presentation: “The Evolving Field of Psychiatric Neurotherapeutics—Advocating for Patient-Centered Care in a Procedure-Driven Service,” by Paula Bolton (left), and Teresa Henderson, BSN, RN (right).

Poster Presentation: “If You Look, You Will Find: Catatonia,” by Mary Lou England, RN (left), and Jeanne McElhinney, MS, RN, BC (right).

Poster Presentation: “Delirious Mania...What Is It?” by Nicole Visaggio, BSN, RN (left), and Florence Morin, BSN, RN (right).

Presentations not pictured:
- “New Mothers With Opioid Use Disorder: A Model of Care,” by Kelly Carlson, PhD, PMHNP-BC
- “The Role of Intolerance of Uncertainty in Satisfaction and Treatment Outcomes,” by Cassandra Godzik, PhD, MSN, PMHNP-BC
HELP SUPPORT NURSING INITIATIVES AT McLEAN

Make a gift online at givemclean.partners.org and type “nursing” in the comments. Or contact Keith Raho at kraho@partners.org or 617.855.3421 to discuss ways to fund tuition scholarships and other professional growth initiatives for McLean’s nurses.

givemclean.partners.org
kraho@partners.org
617.855.3421

A gift to McLean’s nursing fund is a contribution toward excellent patient care.

McLean Hospital's Nursing Network is published by the Department of Nursing to focus on patient care issues and approaches, and to showcase the accomplishments of staff members. Comments and story suggestions are welcomed and should be directed to:

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or email srmarshall@partners.org

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