

## Building a Collaborative Nursing Practice to Promote Patient Education: An Inpatient and Outpatient Partnership

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The oncology nursing staff of a large medical facility in the midwestern region of the United States identified that communication among nurses regarding education for patients with cancer often was disconnected between the inpatient and outpatient practices. Although excellent patient education was provided in both patient settings, the specialty-specific patient education messages often were unknown between practice areas. Ideally, as patients move among the institutions' various points of care, they should receive consistent information. The development of a formal partnership was essential to promote consistent communication and to ensure that standards of patient education are congruent between the two settings.

A team was formed to assist in identifying and implementing possible solutions to improve the communication issues surrounding specialty-specific patient education. The team was comprised of the hematology, oncology, and blood and marrow transplantation (BMT) clinical nurse specialist; a nursing education specialist whose role was to assist nurses with professional development and education; and three nurse educators representing the Cancer Education Program, an outpatient program charged with the task of meeting the educational needs of patients with cancer across the continuum of care, primarily accomplished through the operation of a Cancer Education Center.

After defining the problem of a lack of communication, the project team completed a literature search on nurse-to-nurse communication and collaboration. At the time the literature search was completed, information regarding nurses

working and communicating with other disciplines, primarily physicians, was available; however, very little had been written pertaining to nurse-to-nurse collaboration or nurse-to-nurse communication. Tschannen (2004) studied collaboration and teamwork among healthcare professionals and found that the collaborative process resulted in positive patient outcomes, including a higher level of patient well-being and less fragmentation of care. Apker, Ford, and Fox (2003) also researched the effect of collaboration among nursing roles and reported positive outcomes, including supportive communication as well as trust in and appreciation for each other's roles in caring for patients throughout the continuum of care.

A concept analysis published by Henneman, Lee, and Cohen (1995) was particularly relevant as the team planned and defined the implementation of the collaborative nursing practice. The definition of collaboration in a healthcare setting is the "joint communicating and decision-making process with the expressed goal of satisfying patient wellness and illness needs while respecting the unique qualities and abilities of each professional" (Henneman et al., p. 104). The outcomes of collaboration include the development of a supportive and nurturing environment, reinforcement of worth and importance among staff, promotion of a "win-win" attitude, interprofessional cohesiveness, improved productivity and use of roles, increased employee satisfaction, and improved patient outcomes. Collaboration results in increased communication among groups, shared knowledge, practice integration changes, establishment of multidisciplinary standards, use of

"we" versus "I" statements, and joint projects.

After completing the review of literature, the team realized the importance of establishing a pilot project that would enable them to evaluate the results of the collaborative efforts. The project was developed with the primary objective of building a collaborative nursing practice to promote patient education between the inpatient and outpatient areas.

### Identifying Goals and Objectives

The first step in building a cohesive team to address collaboration was to identify goals and objectives. As the team worked to accomplish that, the members decided that, in addition to improving collaboration across various practice settings, the project should include an opportunity to promote professional growth. The planned project had two goals. The primary goal was to build a collaborative nursing practice between inpatient and outpatient practice settings that promoted a seamless, integrated process of meeting the educational needs of patients with cancer and their support people. A secondary goal was to provide a unique opportunity to enhance the inpatient hematology, oncology, and BMT nurses' professional development. Five objectives were identified.

- Increase awareness of the Cancer Education Center and the services and resources that are available to patients and their support people during the cancer experience.
- Continue to provide classes, information, and resources in a timely manner to patients from the hematology, oncology, and BMT departments

throughout the course of their cancer experience.

- Support staff development related to cancer education opportunities.
- Provide an opportunity for professional development for nurses via formal classes, scholarly presentations, and project development.
- Increase job satisfaction and retention of staff nurses in the hematology, oncology, and BMT specialty practice areas.

## The Process: Planning and Implementation

A call for applications was distributed to staff nurses working on the hospital-based hematology, oncology, and BMT units. Interested nurses were asked to apply via a formal written application process, including an essay portion that asked nurse applicants to discuss what appealed to them about the project and how participation in the project would support their short- and long-term career goals. Application criteria included knowledge of the specialty, ability to use effective communication and interpersonal skills, ability to prioritize and organize work, demonstrated flexibility and dependability, demonstrated ability to work independently in a self-directed manner, and formal and informal presentation experience. The nurse manager's approval for participation in the project and a letter of recommendation also were required.

A total of 13 applications were received, and five applicants were selected for formal interviews with the project team members. As part of the interview process, potential candidates were asked to (a) discuss previous projects and presentations they had developed or implemented, (b) cite examples of how they provided individualized patient education in the hospital setting, and (c) discuss ideas and suggestions that they had related to building a collaborative partnership between practice settings.

After the interview process was completed, the project team selected two inpatient nurses to be participants in the collaboration project. To facilitate an orientation for the nurse participants, they initially were paired with two nurse educators from the Cancer Education Program who functioned as preceptors. As part of the orientation, the nurse participants completed educational competencies related to health literacy, learning-needs assessment, and evaluation of learning.

They also familiarized themselves with the content of the class on chemotherapy that they would be teaching and became familiar with the numerous resources available in the Cancer Education Center, where they would be working with patients one on one. After a two-day orientation, each staff nurse participant worked one eight-hour shift every two weeks for three months. This shift was in addition to the time the nurses worked in their usual roles in the inpatient setting. They worked in the Cancer Education Center, interacting with patients and families, teaching classes, and working on self-identified projects.

Almost 140 patients a day use the Cancer Education Center. The large patient population provided the nurse participants with sufficient opportunities to interact with patients with cancer and their support people, answer questions, and help them to find necessary information. Throughout their time working in the Cancer Education Center, the nurse participants were able to provide unique clinical knowledge related to their hematology and oncology specialties as well as share their expertise as inpatient (bedside) oncology nurses with the outpatient-based nurse educators with whom they were collaborating. Nurse participants also had an opportunity to enhance their formal presentation skills by teaching a biweekly group class for patients and their support people titled, "What You Need to Know About Chemotherapy."

While working in the Cancer Education Center, the nurse participants realized the wealth of resources available in the center that were being underutilized in the inpatient hospital setting. With that realization, the nurse participants focused on increasing their colleagues' and patients' awareness of the Cancer Education Center's vast resources.

## Evaluation

The entire team wanted to analyze the value of the unique pilot project for quality-improvement purposes. The evaluation sought not only to evaluate whether the goals and objectives initially established by the team were achieved, but also to answer the question, "Why do we care that nurses communicate and collaborate with each other?" That may seem like a simple question, but at the time the evaluation was initiated, the question had not been addressed in the nursing literature.

### Level 1: Reaction

- Participant reaction to presenters, facility, and teaching methods and their satisfaction with accomplishing program goals and objectives
- Evaluated at the end of the program

### Level 2: Learning

- Assessment of participant knowledge learned as a result of the program
- Evaluated at the end of the program or at a later date(s)

### Level 3: Application

- Change of behavior and application into practice
- Evaluated after the program
- Time interval dependent on the time needed for knowledge and skill transfer to practice

### Level 4: Organizational Impact

- Effects of behavior change on the organization
- Evaluated after the program
- Time interval dependent on the time needed for knowledge and skill transfer to practice and time interval for practice change to impact the organization

## Figure 1. Kirkpatrick's Evaluation Categories

Note. Based on information from Kirkpatrick, 1994; Kirkpatrick & Kirkpatrick, 2005.

The four-level evaluation model developed by Kirkpatrick (1994) was used (see Figure 1). Information from each level serves as a basis for the next level's evaluation. Each consecutive level requires more complex measurement of a project's effectiveness. Level one, "reaction," assesses whether participants liked participating in the project or whether they were satisfied with the program's objectives. Level two, "learning," ascertains whether participants gained new knowledge. Level three, "application," determines whether participants take the knowledge they gained and apply that knowledge to their practice. Level four, "organizational impact," assesses the project's impact on nursing practice and, ultimately, patient outcomes.

The medical center's institutional review board approved the project's proposal, design, and evaluation survey. To complete the four-level evaluation, the outpatient nurse educators and inpatient staff nurses participating in the project were asked to complete a survey before and after implementation. Items included the following.

- Please provide an example of a time when you used what you learned during the project to help a hospitalized patient or a patient's support person.
- As you evaluate needs and provide education for patients on your unit, has your process changed? If so, please describe the changes.
- What other recommendations or changes would you like to see made to this collaborative project?

Additionally, nurse educators and inpatient staff nurses kept journals of experiences they had while working with patients. Participants also were asked to give feedback on the project's impact through semistructured qualitative interviews (see Figure 2). The interviews were completed four to six weeks after the pilot study ended because the participants had to return to their daily routine of nursing practice. This allowed time for them to integrate information gained during the project into their practice. Each participant interview was recorded on audiotape and transcribed verbatim. Interviews then were analyzed according to the methods of framework analysis (Ritchie & Spencer, 1994). An additional survey evaluation was completed after implementation by the nurse managers, who critically evaluated the impact of the project on their nursing units.

## Results

All of the information collected was tabulated into an anonymous format and then analyzed. The content themes were validated by nursing leadership and project participants after the review process took place. The five themes identified were increased awareness and application of knowledge, professional development, collaboration, the importance of continued collaboration, and the impact on nursing practice.

**Increased awareness and application of knowledge:** Nurse participants gained an increased awareness and application of knowledge pertaining to the scope and depth of the Cancer Education Center resources. Participants expressed the importance of using the education process when working with patients. They cited the critical skill of anticipating patient and family educational needs and wants based on previous patient care experience. One participant said,

I have gained a glimpse of how well-informed and educated our patients can be when the resources

- I'd like to start by asking you about your experiences during the collaboration project. Could you tell me about what you enjoyed most about this project?
- Please tell me about some of the conversations you have had with co-workers while participating or since participating in this project.
- Please tell me about some of the conversations you have had with your nurse manager while participating in this project.
- What part or parts of the project did you feel needed improvement?
- What else would you like to share with me about this project?
- How do you feel working collaboratively with the Cancer Education Program could best be incorporated into a staff nurse's regular schedule?

### Figure 2. Participant Interview Questions

and knowledge of the inpatient, outpatient, and Cancer Education Center staff are all being utilized.

**Professional development:** The collaboration process validated participants' patient education skills, which included using existing patient education skills in a new setting. Participants expressed a realization of the importance of conducting learning-needs assessments prior to teaching and evaluations after teaching. Participants reported increased knowledge concerning patients' education needs and wants and gained practical experience in group and individual teaching strategies. A participant stated,

I have a new sensitivity to what education materials patients/families need/want. In the hospital [because of the length of stay], we often provide information to the point of overload, which may deter them from utilizing what has been given/taught to them.

Another stated, "I am more conscious of asking patient/family to repeat what has been taught as a way of assessing how effective my teaching has been."

**Collaboration:** During the project, a connection was established between inpatient and outpatient nursing practice, which enhanced communication and information sharing and provided opportunities for mutual sharing of nursing knowledge and expertise. A

real partnership formed between the two groups, with a focus on patient education and integration of practices. One participant stated, "I feel this is a win-win experience for all. We can all benefit from a sharing back and forth of experience, expertise, and resources." A second said,

Having this experience has shown me firsthand how extensive the resources are and how we can use the Cancer Education Center to augment the teaching we do in the hospital.

A third said, "We gained an appreciation for their knowledge and expertise and enjoyed sharing back and forth."

**Continued collaboration:** The project promoted a seamless process of meeting the educational needs of hematology, oncology, and BMT patients and their support people. The continued development of nursing relationships among practice settings is of value to improve productivity as well as the appropriate use of various nursing roles. One participant said,

Our patients do not seek and receive care in a vacuum. We then have a responsibility to look beyond our specific work areas and not provide care in a vacuum. We need to work together to provide comprehensive care. Seamless care is important, efficient, and valued by patients.

Another stated,

The bottom line is: What are the needs of the patient? We really want to be able to foster that networking and show [patients] that we are really all connected here . . . with resources, information, education, and other projects. We are all one here.

**Impact on nursing practice:** The results showed a positive impact on patient and nurse connections. Patients cared for by nurse participants seemed more comfortable with the inpatient-to-outpatient transition process. The project provided a connection and increased sharing of knowledge between the nurse participants and other nurses who provide care and education throughout the institution. Nurses and colleagues across practice settings started sharing, discussing, and using the vast patient education resources as a result of the collaboration project.

Despite the fact that each staff nurse worked in the Cancer Education Center setting only six times during the pilot



study, both of the staff nurse participants came into contact with hospitalized patients with whom they had worked during their experience in the center. One nurse participant recorded the following field note.

I recently cared for and gave chemotherapy to a patient who, along with their family, attended the chemotherapy class I taught in the center while I was participating in the collaboration project. Although reinforcement education at the time of administration was necessary, I felt the patient and family seemed very comfortable with the process and were insightful with the questions they had.

A second participant wrote,

A patient was admitted to my unit the day after I saw him in the Cancer Education Center. When the nurse went in to start chemotherapy and disease teaching, he brought out all the resources I had given them in the Cancer Education Center. The nurse asked him where he had gotten them, and he told her how I had assisted them in the Cancer Education Center, reassured them, and prepared them for what he might expect if he was diagnosed with lymphoma. The patient expressed how grateful they were for the support I had given them.

Increases in nursing knowledge between settings were shown in the post-implementation surveys and in comments made during interviews as well. One participant stated,

Sharing the helpful hints that other patients shared with me while working in the Cancer Education Center is one of the things that can be most helpful to other patients.

Another stated,

I had the opportunity to observe [the inpatient nurse participant] working with the hematology patients. She had a unique perspective of working with patients in the hospital setting . . . that I incorporate into my patient education conversations more now.

In addition to participant comments, dissemination of information by participants was observed by participants' nurse managers. A nurse manager wrote,

In regard to the nursing unit, staff gained an appreciation of the op-

portunities available and appreciate the flexibility that nursing provides. [The nurse participant] has begun to share the many educational opportunities with her peers to expand their knowledge of resources available for patients and families.

## Lessons Learned

Collaboration can result in many positive outcomes; however, challenges can occur when groups plan to undertake a project such as this. When considering collaboration, be prepared for potential barriers.

The first potential barrier for this project was funding. The group had to consider the cost of the project and gain support from all stakeholders. In the pilot project, nursing leaders were supportive but also were very concerned about where funding would be obtained for the nurses' time to participate in the project. Shifting two nurses away from the inpatient setting was a costly endeavor, as was providing time for outpatient staff to collaborate as participants. The group had to work closely with the inpatient nurse participants related to their schedules as well as keep in close communication with the nursing leadership of both areas to ensure adequate staffing. The project was partially funded by a grant from the ONS Foundation. Positive findings from the pilot helped to secure future funding for continuation.

The presence of motivation is extremely important for successful collaboration. As described by Henneman et al. (1995), every member of the team needs to have motivation and the realization that each person has something valuable to offer to the process. Motivation is a strength that can carry the team through any potential organizational barriers or "turf" issues that arise. In this case, motivation was a key factor in the implementation of the project and continued success of the collaborative practice.

Another lesson learned from the pilot project is that a longer time period was needed for participants to acclimate to the outpatient setting. Participants stated that they were just starting to get comfortable with their knowledge of the many educational resources in the Cancer Education Center when the pilot study ended. They believed that the project would have had a greater effect if they had had more time to accomplish their goals. Projects started by the participants were not entirely completed by the end of the pilot study,

so an alternative plan for completion had to be implemented.

Despite the planned orientation, inpatient staff nurses stated that they needed to have additional educational opportunities during orientation to feel comfortable teaching in a group setting. Inpatient nursing practice primarily consists of one-on-one instruction based on patient needs. A different skill set is needed to effectively manage the group dynamics encountered when teaching a large, diverse group of people in a classroom setting.

In reference to one-on-one education conducted in the center, staff nurses stated that orientation should include specific strategies and techniques on how to best work with patients and families who are seeking information from the educator—versus the hospital setting, where staff nurses frequently need to provide information to their patients based on acute needs. Patients who are seeking information need to be approached differently than those who are having information provided to them without asking. Performing individualized learning-needs assessments and evaluations became extremely critical; thus, advanced information on completing that type of educational assessment should be included as part of the inpatient nursing staff's orientation.

## Next Steps

The Department of Nursing and Cancer Education Program continue to foster and build strong networking and collaborative relationships, which were established by the pilot project. When the initial collaboration pilot project was completed and the inpatient nurses no longer were present, the connection between the two groups was greatly missed.

The positive results from the pilot evaluation enabled the continuation of a shared communication and staffing model. The collaborative program continues to be offered through a formalized staff development program called Nursing Perspectives, which is offered by the Department of Nursing. As one participant stated,

Any time that nurses expand their knowledge about the system or avail themselves to resources that benefit patients, it is definitely going to have an impact on the level of care provided, the depth of interaction with patients, and the type of information they convey to the patients and families.

## Conclusion

Nurse-to-nurse collaboration among specialties or settings can be challenging. Oncology nurses must continue to discover opportunities that foster collaborative relationships among practice settings. The collaborative partnership established during this project continues to grow and evolve. The project, though small in scale, resulted in increased nursing communication, as well as sharing of skills, knowledge, and resources, which positively affected nursing practice and patient care. Continuing to study and report on the process of collaboration among nursing roles is critical.

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## Leadership & Professional Development

This feature provides a platform for oncology nurses to illustrate the many ways that leadership may be realized and professional practice may transform cancer care. Possible submissions include, but are not limited to, overviews of projects, accounts of the application of leadership principles or theories to practice, and interviews with nurse leaders. Descriptions of activities, projects, or action plans that are ongoing or completed are welcome.

Manuscripts should clearly link the content to the impact on cancer care. Manuscripts should be six to eight double-spaced pages, exclusive of references and tables, and accompanied by a cover letter requesting consideration for this feature. For more information, contact Associate Editor Mary Ellen Smith Glasgow, PhD, RN, CS, at [maryellen.smith.glasgow@drexel.edu](mailto:maryellen.smith.glasgow@drexel.edu) or Associate Editor Judith K. Payne, PhD, RN, AOCN®, at [payne031@mc.duke.edu](mailto:payne031@mc.duke.edu).