Professional Interview Guide Form

**Directions**

This form is used to guide your interview of an appropriate nurse leader. It will serve to act as an organizational assessment as well as guide you to discuss potential policy issues. See the NR708 Policy Analysis Project Guidelines found in Course Resources for more information.

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| **Interview Sub-Topics** | **Comments** |
| Who: Name of the interviewer. | Interviewer |
| Whom: Name of the interviewee. | Interviewee |
| What: Describe the preparation, education, and credentials of the interviewee (the requirement is that the professional to be interviewed must at the minimum meet the requirements to serve as a potential preceptor for the DNP student’s upcoming practicum experience). The criterion is that the preceptor must be doctorally-prepared in nursing, ***and*** preferably (but not required) nationally-board-certified in the direct or indirect care area the student is pursuing (either an advanced practice nurse—CNP, CNM, CNS, or CRNA; ***or*** in nursing administration, nursing informatics, or nursing education). | Emergency Room/Critical Care Clinical Nurse Specialist (CNS) with 18 years of nursing experience. Certifications: BLS, ACLS, PALS, NRP, CCRN-CMC, ACNPC. Clinical Nurse Specialty Advisory Group Chairperson, Naval Hospital Twentynine Palms; AHA CPR Program Director, USS Carl Vinson; Rapid Response Team Instructor Naval Medical Center, San Diego & Naval Hospital Guam; Lead Critical Care Nurse Specialist, Multiservice Intensive Care Unit, Naval Medical Center, San Diego.  - BSN from the University of Guam  - MSN from the University of Los Angeles |
| Where:   1. Describe where the interviewee is employed 2. Describe their position within the organization. 3. How long has the interviewee been employed as this facility. | Lieutenant Commander interviewee name is currently stationed at Naval Hospital Twentynine Palms (NHTP), and works as the Department Head for the Emergency Department.  His clinical background is that of a Clinical Nurse Specialist and Adult Acute Care Nurse Practitioner. He also serves as the hospital Clinical Nurse Specialty Advisory Group Chairperson for NHTP.  He has been stationed at the hospital for 18 months. |
| When: Describe when and where the interview took place. | The interview took place on November 3rd, 2016 at 1300 (PST) in the Staff Education and Training Department. |
| Why:   1. Describe the purpose of the interview 2. Discuss the organizational assessment. 3. Discuss a selected policy issue of interest to the interviewee that could serve as a potential DNP project. | 1. The purpose of the interview was to meet with a nursing leader and review specific policies within the hospital, assess areas of improvement within the hospital, and decide upon a project initiative that could serve as a potential DNP project in the future.  2. The organizational assessment revealed a well-defined chain of command that provides support and guidance into areas such as patient safety, staffing concerns, current practice issues, the reporting of sentinel events, and the relationships between the clinical staff and hospital leadership.  3. The selected policy issue that was discussed during the interview was related to the hospital Cardiopulmonary Resuscitation (CPR) Plan. The current policy does not specifically state the policy and procedures for resuscitation drills (specific frequency, training plan, evaluation, etc.). As part of the CPR Plan, the Code Blue Critique Worksheet does not reflect the current AHA guidelines related to CPR initiation time and defibrillation time. |
| Organizational Assessment:   1. What are some problematic areas of the practicum site? 2. Is there one area that is more predominant that could serve as the interviewees’ practicum project? 3. Does the facility have any patient safety issues? 4. Are there staffing issues? 5. Are there practice issues? 6. Are there problems with sentinel events? 7. When there is a sentinel event, what is the process? If a nurse is involved, what is in place to make the nurse or nurses not feel penalized? 8. Are the procedures & systems compatible for help preventing mistakes? 9. How is the relationship between management & employees? Is there a good relationship? Are staff members expected to take shortcuts? Is management open for suggestions or improvements? Can the interviewee give examples to illustrate? Do staff members feel they can speak openly? Is there a process when staff members feel penalized or mistreated? 10. Do the different units of the hospital coordinate well? 11. Is quality and service metrics in acceptable ranges? 12. Are there any technology related implementations in process or planned? 13. Are there any other issues within the site that would benefit from a DNP change project? 14. What is the interviewee’s recommendation for a potential DNP project? | 1. Problematic areas within the hospital were narrowed down to the Multi-Service Ward (MSW) and include a lack of Advanced Cardiac Life Support (ACLS) training, lack of documented code blue drill training sessions (as supported by the CPR Committee), and a decrease in confidence and competence in caring for patients who may be in cardiac arrest (or any patient emergency).  2. One area that was discussed during the interview was directed toward the lack of ACLS training among the inpatient nursing staff on the MSW. It was concluded that this area of improvement would involve several factors within the hospital (leadership, staffing, training evolution times/dates, etc.).  3. Most patient safety issues arise from the inexperience of the clinical nursing staff. There are only a handful of Clinical Nurse Specialists within the hospital, and efforts are currently being made to improve the education and training initiatives.  4. There are current patient staffing issues that stem from the hospital being considered a “remote” location. As such, the hospital is required to employ nurses who have at least one to two years of clinical nursing experience prior to accepting orders to work within the hospital. This of course limits the pool of available Nurse Corps Officers who are available to take orders and work within the hospital/command.  5. The interview revealed a current practice issue regarding a lack of knowledge related to the hospital Rapid Response Team (RRT) guidelines. There are specific criteria (established by the CPR Committee) that identifies when the RRT should be called if a patient is within certain parameters (current practice is oftentimes not followed).  6. The hospital has not had a sentinel event since December of 2011. Therefore, the challenges related to sentinel events is not a major issue for the hospital.  7. If a sentinel event does occur, a report is generated through the Patient Safety Reporting (PSR) system online through the hospital/command SharePoint website. Next, the Department Head associated with the sentinel event is notified, then Quality Management is informed and a report is generated to The Joint Commission within 24 hours. A solution is then generated and reported back to The Joint Commission within a two-week period. The report can be generated anonymously through the PSR online database, which can help nurses not feel penalized for being involved with, and reporting, a sentinel event.  8. The online database helps limit and prevent mistakes generated through the reporting of sentinel events. However, the Quality Management Department reviews each PSR that is generated for clarity prior to processing.  9. The relationship between management and employees is very involved. The leadership within the hospital fosters a climate of transparency, and encourages the reporting of concerns, patient safety issues, and sentinel events. Staff members are NOT encouraged to take shortcuts, and leadership is always open to suggestions and process improvement ideas. During the interview, it was discussed (illustrated) that Team STEPPS (teamwork tools to optimize patient outcomes) is a training and teamwork tool the hospital uses to openly speak about patientcare outcome concerns without fear of reprisal.  10. The different inpatient areas within the hospital work very well together. Every now and then, a provider in the emergency room may attempt to admit a patient who exceeds our established acuity level, and nursing leadership is required to educate our inpatient capabilities to provide safe and optimal care for our emergent patients.  11. Both quality and service metrics are continuously being monitored, reviewed, and improved upon as new challenges arise for the patients and healthcare providers within the hospital.  12. The inpatient ward is in the process of updated/implementing a nurse call bell system. The initiative will require IT support, and could assist in the activation of a code blue as well.  13. Another issue that the hospital could benefit from a DNP project is related to clinical resources being available to the inpatient nurses in the form of CNSs and dedicated Educators 24/7.  14. After reviewing the current CPR policy, it was determined that a DNP project involving the implementation of a code blue training program to improve CPR initiation time to less than one minute and defibrillation time to less than two minutes would be recommended for a potential DNP project. |
| Choose the policy that the interviewee recommends for a potential DNP project; apply Bardach's Eightfold Process to discuss the selected policy issue in the following terms:   1. problem definition 2. evidence assembly 3. alternative consideration 4. criteria selection; 5. outcome projection 6. trade-off confrontation 7. decision-making 8. dissemination | 1. The identified problem is related to a clinical nursing staff that is not very well trained regarding ACLS training and code blue procedures. The current CPR Committee policy lists to conduct code blue training at least once per month, but the identified need to conduct such training twice per month is possibly warranted.  2. Research relate to effective code blue training, reviewing current American Heart Association (AHA) guidelines related to CPR initiation times and defibrillation times, and current policy review are just a few evidence-gathering initiatives that could be used for the potential DNP project.  3. The discussed alternative considerations involved providing dedicated clinical leaders (e.g. CNS) to assist in training efforts within the inpatient setting (establishing a hospital policy).  4. The criteria for consideration would involve efficiency in the form of maximizing the benefits of changing the current policy based on available resources and potential costs, if any.  5. The projected outcomes would involve increasing the confidence and clinical competence of the inpatient nursing staff because of the policy change to improve patient care outcomes.  6. Trade-off confrontation could involve maintaining the status quo. Providing evidence to support increasing the number of code blue drills being conducted per month may prevent alternative confrontation.  7. The decision-making process would need to include several stakeholders to help make sound judgement prior to implementation. This would include key members of the CPR Committee (ED physician, ED nurse, CRNA, inpatient nurse, pharmacists, and Quality Management to name a few).  8. The goal of dissemination would be to clearly inform individuals impacted by this policy change to understand and embrace the change. This could be accomplished by providing details on the benefits of increasing the number of code blue drills required to occur each month from one to two. |
| Reflection:   1. Is the interviewee a good role model as a nursing leader? 2. What types of leadership style(s) are present in the organization? 3. Would the nursing leader be a good preceptor for the DNP project? 4. Is the policy selected consistent with the organizational assessment? 5. Would the policy selected by the interviewee be a good basis for the DNP project? | 1. Lieutenant Commander Closas is an excellent role model, and represent the clinical and professional leadership of a good nursing leader and educator.  2. Based on the discussion during the interview, it was revealed that both a democratic and laissez-faire leadership styles are used within the hospital. This of course is dependent on the individual leader and their responsibilities within the organization.  3. Based on the interview, the interviewee would be an excellent nursing leader for a DNP project. Outside of the interview, there was a discussion about research, additional interviews, and project plans that may prove to be beneficial to the actual DNP project in the future.  4. The organizational assessment directly related to the selected policy, and could be a strategic goal initiative by the Director of Nursing Services for fiscal year 2017.  5. The policy change initiative selected by both the interviewer and interviewee would be a good basis for a DNP project, and provide a starting point or platform for initiative and improvement regarding staff confidence and patient safety. |