

How Project LeaRN promotes lifelong learning

What happens when nurses visit other healthcare facilities to observe and learn?

By Kim S. Hitchings, MSN, RN, NEA-BC, and Karen Jones, BSN, RN, CCRN



The Institute of Medicine's 2010 report, "The Future of Nursing: Leading Change, Advancing Health" made recommendations to help nurses overcome barriers that prevent them from responding effectively to an evolving healthcare system. One of these recommendations—"Ensure that nurses engage in lifelong learning"—inspired Project LeaRN, an innovative program at Lehigh Valley Hospital (LVH). Located in southeastern Pennsylvania, LVH is a Magnet®-recognized academic community hospital.

A kind of mini-sabbatical, Project LeaRN enables experienced LVH nurses to make scholarly visits to other healthcare facilities to observe and learn best practices. Clinical nurses are invited to identify opportunities for improvement in their work settings and investigate evidence to help the

organization excel. On their visits, LVH nurses learn best practices, with the goal of implementing these practices into their own.

Project LeaRN was made possible by a 2-year, \$49,000 grant from an LVH educational trust fund (the Carl R. & Anne C. Anderson Trust.) The budget covers seven site visits. The first visit took place in 2013. Visits are budgeted for two clinical RNs for a maximum 3-day observational experience, with 2 additional travel days. Funding covers the nurses' salaries for all time involved, plus travel, hotel, and meals. The host site receives an honorarium.

Evidence

The literature shows practice-based sabbaticals have succeeded from a cost-benefit perspective in

Project LeaRN site visits

This table shows the topics studied by Lehigh Valley Health Network nurses involved in Project LeaRN, along with the host organization and results to date.

Topic	Host organization	LVH results
Pediatric burn care delivery model (2013)	Arizona Burn Center, Maricopa Medical Center, Phoenix	New care-delivery model that integrates burn care and pediatric specialties to ensure consistent best-practice standards of care
Extracorporeal membrane oxygenation (ECMO) and left ventricular assist device (LVAD) (2013)	Texas Heart Institute, Houston	Implementation of ECMO and LVAD programs. ECMO volumes exceed projected numbers and outcomes outperform Extracorporeal Life Support Organization benchmarks.
Cesarean-section surgeries (2014)	Brigham and Women's Hospital, Boston	Standardization of cesarean-section surgeries in accordance with the Association of periOperative Registered Nurses standards
Mobile communications (2014)	University of Iowa Hospitals and Clinics, Iowa City	In process: LVH is considering use of smartphone technology in clinical areas.
Reliable and variable rounder care delivery model (2014)	University of Pittsburgh Medical Center (Pennsylvania)	In process: LVH is considering new care-delivery model for ancillary personnel.

business, industry, and academia. Though rare in the acute hospital setting, such sabbaticals are intended to boost retention, revitalization, and renewal; promote loyalty and organizational commitment; decrease burnout; and enhance employee productivity and satisfaction.

Selecting experiences and participants

At LVH, shared governance councils are involved in identifying projects and selecting participants. The purpose and goals of each site visit align with prioritized LVH and nursing services vision and goals. The host site must be a demonstrated center of excellence, preferably a Magnet-recognized organization, with staff willing to commit to an ongoing mentoring relationship. Participants, who represent various LVH sites and service lines, must demonstrate organizational longevity and engagement, leadership skills, and commitment to project leadership.

Outcomes

To date, LVH nurses have completed five site visits to organizations throughout the United States. (See *Project LeaRN site visits*.)

Implications

Project LeaRN experiences align with several requirements of the Magnet Recognition Program®:

- Transformational leaders and clinical nurses pursue resources that support nursing and organizational goals.

- Clinical nurses gain new knowledge by evaluating and incorporating evidence-based findings into their practice.
- Innovations in nursing are supported, encouraged, and implemented in the organization.
- Nurses participate in space design that improves work flow and enhances nursing practice.

The Project LeaRN program can be replicated in any practice setting to affect a wide variety of patient outcomes. It contributes to nurses' professional development and enhances satisfaction of these valued, experienced employees. (See *What Project LeaRN has meant to me*.) By visiting other health-care organizations, participating nurses get the chance to observe and learn, improve the quality of care, promote clinical nurse leadership, gain new knowledge to help transform nursing practice, and improve patient outcomes. ■

Selected references

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Note: The American Nurses Credentialing Center (ANCC) does not endorse Project LeaRN products or services.

What Project LeaRN has meant to me

By Coauthor Karen Jones, BSN, RN, CCRN

After graduating with my baccalaureate degree in nursing, I was hired by Lehigh Valley Hospital (LVH) as a clinical nurse on a medical-surgical orthopedic trauma unit. After 4 years, I began my critical care experience on the open heart unit, where I remain 24 years later. About 3 years ago, my unit initiated two new services:

- left ventricular assist device (LVAD), an implantable device designed to enhance quality of life for patients with end-stage heart failure
- extracorporeal membrane oxygenation (ECMO), a technique that assists patients with acute respiratory or cardiac failure.

These services were ideal for our first Project LeaRN experience. I was thrilled to be chosen as a participant, representing the open heart unit. The other participant, Celeste Dutko, BSN, RN, PCCN, works on the transitional open heart unit. From the start, Celeste and I were involved in planning our experience. We investigated multiple hospitals, but chose the Texas Heart Institute (THI) in Houston because of its

well-established programs for mechanical heart devices—and because our LVAD surgeon trained there. THI staff were extremely receptive and excited to mentor us.

Our THI visit in February 2013 involved 2 travel days and 3 full days observing care delivery. We identified four general visit objectives and multiple specific objectives and questions related to various skill competencies. Before our visit, we conveyed these objectives to our THI point person, Gary Gusick, a cardiovascular and transplant clinical nurse specialist. We got answers not only to our identified questions but also to many more, including some we couldn't have anticipated. One of our goals was to identify a mentor with whom to communicate during initiation and continued development of our LVAD and ECMO programs. As it turned out, we gained many mentors, not just one.

Our visit was no vacation. We spent 3 long days observing patient care in this amazing place. Even after we returned to LVH, our Project LeaRN experience was far from over. We were required to complete a post-trip report template, comparing the original trip objectives to our trip activities, learnings, and take-home documents. Most important was the template's last column—the “so what” —

actions taken at LVH based on our Project LeaRN experience.

Not only did Project LeaRN allow me to gain significant clinical knowledge, but it also fostered my formal presentation skills. Using the template all staff must complete after attending an external conference, Celeste and I prepared a presentation, which we offered to our unit colleagues and, separately, to our chief nursing officer and senior nursing leadership team. Also, we became members of the LVH ECMO and LVAD committees and faculty members for our ECMO and LVAD classes.

When I started working on the open heart unit 24 years ago, people told me I'd quickly grow bored there because it would be the “same old thing.” Well, I've never been bored! Who could have predicted back then the new surgical techniques and technologies, such as ECMO and LVAD, that now exist? Or that I'd get the chance to travel from Pennsylvania to Texas for a 3-day learning experience at a world-renowned center of excellence? Or that I'd be able to offer a formal presentation about my experience to more than 750 nurses at the ANCC National Magnet Conference®? Most of all, who could have predicted that after 24 years, my passion for nursing would be greater than ever?

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