Building on a legacy of excellence

BIDMC nurses embrace the teaching role

Lauren Call, RN, a clinical nurse IV on Reisman 12, has been taking care of patients at the medical center for 33 years. At this stage of her career, she feels particularly drawn to share what she’s learned. “I feel a responsibility to share my knowledge with other nurses and other clinicians,” she says. “There is always a teaching moment in anything you do.” Nurses throughout BIDMC, from novice to expert, share this sentiment. Across every nursing role and nursing unit, the commitment to education is evident. “Teaching peers or students is no longer something ‘extra;’ it’s become embedded into the nursing role at BIDMC,” says Laurie Bloom, RN, associate chief nurse for professional development and research. “We’ve really created an environment where sharing knowledge is the norm. It’s an important part of how we build on our legacy of excellence in practice.”

Teaching the next generation

Bloom says the medical center has affiliations with more than a dozen schools of nursing, providing clinical sites for some 600-700 students per year who need hands-on clinical training. Bloom provides oversight of the affiliations, while the details are expertly managed by Jaime Levash, project manager for quality improvement and professional development, and Nina Headley, project coordinator for professional development and the emergency cardiac care program. “Jaime and Nina do an amazing job managing the complex logistics involved in bringing students on board,” says Bloom.

Bloom explains that once the students are on the units, the commitment of BIDMC nurses to the teaching role begins to shine. In some cases, this comes in the form of clinical nurses who function on their off hours as clinical instructors at area schools of nursing. Although the number varies by semester, Bloom says in any given academic term, up to 20 or more BIDMC nurses are working as clinical instructors. Call is one example. She teaches students from Curry College who are in their medical-surgical nursing courses, and has been doing so for the last 11 years. Call clearly loves the work, which she says is much broader than teaching specific tasks. She says, “My goal is to help my students develop critical thinking skills so that they have a strong foundation to continue their learning.”

Luci Lima, RN, a clinical nurse IV in the trauma-SICU who is also a clinical instructor at Curry, has a similar approach. Says Lima, “I try to teach my students to always look for the ‘why’ of what they are seeing. I tell them we can always learn tasks and my goal is not to make them taskmasters. It’s...
that critical thinking piece I want them to learn from me.” Like Call, Lima has spent decades at the bedside and imparts this love of direct patient care to her students. “The bedside has always been my true passion,” she says.

According to Bloom, staff functioning as clinical instructors represent just one of countless ways BIDMC nurses impart knowledge and wisdom to others. She says nurses across all units and departments are involved in educating younger nurses. “There are so many ways in which our nurses educate the next generation,” says Bloom. She says this includes nurses stepping up to be preceptors for new staff or for senior nursing students doing intensive clinical practicums. It also involves an awareness on the part of all staff about their daily responsibility to teach and mentor others. Kate Orsillo, RN, a clinical nurse III on Farr 2, says she’s always looking out for the educational needs of newer staff on the unit. She related a recent example where she sought out an orientee when a patient on the unit had a critical change in status, known as a Trigger. She recalls, “I brought her in and walked her through what we do in a Trigger. Triggers don’t always happen when a nurse is on orientation. To see it when you’re under the watchful eye of someone else is good.” Call also relates examples of how clinical nursing staff are eager to ensure that students have a good experience. She says, “It’s not uncommon for staff to come to me and tell me about a patient who has an interesting diagnosis or treatment and ask if a student would like to observe them provide care. They really take the students under their wing.”

**Nurse specialists**
The teaching role of BIDMC nurses is not limited to teaching students or new nurses. Peer education is a critical component of professional nursing practice at BIDMC and is central to the role of the nurse specialists on staff. Ann Marie Darcy, RN, CNS, the clinical nurse specialist (CNS) for Reisman 12 and Stoneman 8, says that she’s had a longstanding interest in working on professional development goals with staff but also has an affinity for bedside nursing. “The CNS role really piqued my interest,” says Darcy. “It has a direct care component but also has that element of professional development.” Darcy stays in touch with the educational needs of the staff by working with unit-based leadership and also by being present on the unit to just observe and listen to what is occurring. “A lot of my job is being present with the staff on the unit and tuning in to the needs,” she explains. “What are the themes? What are people asking about? What do I think people need more support with?” Darcy works directly with staff to meet identified needs, using both formal and informal teaching. Her work often involves going to the literature to make sure practice is evidence-based.

Barbara Donovan, RN, nurse specialist for Farr 2 and Farr 7, relates a similar approach. “I really enjoy working with staff and with patients,” she says. Like Darcy, Donovan combines formal and informal education into her role. She particularly enjoys what she calls “just-in-time-training,” when she’s asked to consult on a complex patient or help a bedside nurse with a particular assessment or skill. Says Donovan, “It’s a wonderful feeling to be able to connect with the bedside nurse and to be able to give back to younger nurses the
things that someone gave to me – that support, confidence, and education.”

**Unit-based education**

Other educational supports are available in the form of unit-based resources. Unit educators are clinical nurses who have been designated by their directors as resources for peer education. They help organize orientation for new staff and work with nurse specialists to answer broader educational needs. Kari Phillips, RN, clinical nurse III, is the unit educator for the inpatient psychiatry unit on Deaconess 4. She says she always has to stay flexible, ready to meet whatever educational needs may arise. Recently, that has meant working with staff on the skills required to care for more medically complex patients now being admitted to Deaconess 4. Phillips, who has a background in emergency as well as psychiatric nursing, was up for the task. “I’ve taken my knowledge of emergency nursing and brought it to Deaconess 4,” she says, “We want to meet the needs of patients with psychiatric disorders who also have medical or surgical problems.” In recent months, Phillips has worked with staff on things like managing feeding tubes, giving intravenous medications, and caring for complex wounds. This is in addition to making sure staff are up to date on standards of psychiatric nursing practice. “I do a lot of hands-on teaching,” she says. “I’m willing to drop anything to help a staff member solve a problem.”

Resource nurses also fulfill an important educational role on the units. These are clinical nursing staff who have been identified as having leadership qualities, and who work with the nursing director to help manage daily unit operations. With their unit-level view on a particular shift, they are in a great position to identify learning needs, and, as experienced nurses, in a good position to address them. Mary Mulry, RN, clinical nurse IV, is a resource nurse on Reisman 12. She explains, “My job has many responsibilities but I would say that helping to support and teach the nurses and patient care technicians is my favorite part. Taking the time to share the knowledge I have learned over the years is very rewarding.”

**Hospital-wide resources**

Bloom explains there are myriad other ways that BIDMC supports nursing education. For example, Bridgid Joseph, RN, is program director for emergency cardiovascular care and functions as the liaison for simulation education for the department of nursing. She coordinates basic lifesaving and advanced cardiac life support training for all BIDMC clinicians, including nurses, and has worked to maximize the nursing department’s use of BIDMC’s Shapiro Simulation and Skills Center. Joseph recently worked with nurse specialist Jenny Barsamian, RN, CNP, to resurrect a nursing continuing education course on bedside emergencies. They looked at the previously lecture-based course and breathed new life into the content by moving it to the sim lab using a concept called a flipped classroom, which has novice nurses doing preparatory work before the session and coming to the sim lab to practice what they’ve learned. Joseph and Barsamian recently completed a train-the-trainer session with 11 unit educators so that the course could be offered more frequently.

“We would need volumes to describe all the educational activities that nurses are involved in or have access to,” says Bloom. She says this includes a busy continuing education calendar, with offerings led by BIDMC nurses, and scholarships for academic advancement in nursing that are given out each year during National Nurses Week and that topped $130,000 in 2018. Bloom adds that BIDMC nurses at all levels seem to appreciate that teaching/learning is a two-way street; that teaching others can invigorate one’s own practice and can be immensely satisfying as well. Lima shares, “I love working with students. They grow and learn from me, and I learn from them.” Orsillo adds, “I like to watch someone grow from their first day through their first six weeks, and to see the things they’ve learned that they didn’t know at the start. To see that flower bud is amazing.”