

## **NURS D735 Clinical Epidemiology and Statistics: Epidemiology in Nursing**

Course information | Faculty | Description | Course competencies | Topical Outline  
|Texts/readings | Teaching strategies | Evaluation

### **Course information**

- 3 credit hour course [distance accessible]
- Placement in curriculum: Post master's and admission to DNP
- Co-requisites: D749 DNP Practicum (1 credit)

**Faculty:** TBA

### **Course Description**

Providing students with intermediate epidemiologic concepts of populations and biostatistical techniques for understanding and using health research is the focus. Principles and methods of data analysis central to understanding health-related indicators for population health management will be used. Students will be prepared to function as members of a research team.

### **Course Competencies**

Upon completion of this course, the student will be able to:

1. Identify a broad range of sources of data applicable to a specific question/problem;
2. Determine the strengths and weaknesses of the data sources;
3. Select appropriate epidemiological techniques for addressing question/problem of interest;
4. Use epidemiological databases to explore risk factors and health outcome relationships;
5. Demonstrate the ability to critically evaluate health and epidemiological literature;
6. Demonstrate the ability to appropriately formulate research hypotheses and use biostatistical methods to test hypotheses;
7. Accurately interpret results for clinical applications;
8. Understand advanced issues related to clinical trials, including pharmacological risk, product safety, and pharmaco-vigilance; and
9. Understand effective ways to explain the results of health and epidemiological studies to various audiences.

### **Topical Outline**

1. History and scope of epidemiology
2. Practical applications of epidemiology
  - a. Applications for the assessment of the health status of populations and the delivery of health services

- b. Applications relevant to disease etiology
- 3. Descriptive epidemiology: person, place, and time
- 4. Biostatistical measures of morbidity and mortality
- 5. Sources of data for use in epidemiology
- 6. Study designs
  - a. Ecologic, cross-sectional, and case-control
  - b. Cohort
  - c. Experimental
- 7. Measure of effects
- 8. Data interpretation issues
  - a. Internal validity
  - b. External validity
- 9. Risk assessment/adjustment
  - a. Screening for disease
  - b. Measures of the validity of screening tests
  - c. Sensitivity and specificity
- 10. Epidemiology
  - a. Infectious disease
  - a. Work and environment
  - b. Molecular and genetic
  - c. Psychologic, behavioral, and social

### **Required Texts and other Resources**

- Friis, R. H., & Sellers, T. A. (2009). Epidemiology for public health practice (4<sup>th</sup> ed.). Boston, MA: Jones and Bartlett.
- Gravetter, F. J., & Wallnau, L. B. (2007). Statistics for the behavioral sciences (7<sup>th</sup> ed.). Belmont, CA: Thompson/Wadsworth. (Students should have this hardback book from R505.)
- Harris, M., & Taylor, G. (2007). Medical statistics made easy. London, UK: information Healthcare. (Students may have this paperback book from R590.)

### **Teaching Strategies**

Web-based interaction using Adobe Acrobat Connect  
 Assigned readings  
 Forum postings  
 Class participation  
 Research critiques  
 Population-focused, health management project  
 Oral presentations to classmates and clinical partners

### **Evaluation and Grading**

There are several evaluation methods for this course. The course grade will be calculated in consultation with the clinical mentor and based on the School of Nursing grading scale:

1. Class participation and forum postings (graded by rubric)	10%
2. Research critiques	20%
3. Biostatistical problems	15%
4. Project	40%
5. Oral presentations	15%

Letter grades are calculated based on the School of Nursing grading scale below. Attainment of an average of B- is required to successfully pass the course.

A+ 97 - 100    B + 87 - 89    C+ 77 - 79    D+ 67 - 69    F Below 60

A 93 - 96    B 83 - 86    C 73 - 76    D 63 - 66

A- 90 - 92    B- 80 - 82    C- 70 - 72    D- 60 - 62

### **Academic Integrity**

This course complies with Indiana University School of Nursing policies and standards, and those delineated in the *IU Code of Student Rights, Responsibilities, and Conduct*: <http://www.dsa.indiana.edu/Code/> and [http://www.dsa.indiana.edu/Code/Part\\_2acad.html](http://www.dsa.indiana.edu/Code/Part_2acad.html).

### **Americans with Disabilities Act**

*If you need any special accommodations due to a disability, please contact Adaptive Educational Services at (317)-274-3241. The office is located in CA 001E.*

## **NURS D736 Inquiry I: Evidence-based Research and Translational Science**

Course information | Faculty | Description | Course competencies | Texts / readings | Teaching strategies | Evaluation

### **Course information**

- 3 credit hour course [distance accessible]
- Placement in curriculum: Post master's and admission to DNP
- Co requisites: D749 DNP Practicum 1-3 credits

**Faculty** D. Cullen, D. Stiffler

### **Description**

This course focuses on advanced applications of evidence-based practice. The course emphasizes foundational and advanced concepts of evidence-based practice and requires application of principals of EBP, thorough literature searches, appraisals of literature and formulation of plans. Clinical problems will be the basis of EBP literature searches and analyses.

### **Course competencies**

Upon the successful completion of the course, the student will be able to:

1. Frame clinical problems and devise a literature search protocol
2. Differentiate between three comprehensive EBP models
3. Demonstrate the process for conducting a systematic review and meta-analysis
4. Carry out a meta-synthesis and economic evaluation

Search scholarly evidence for initial and potential interventions or innovations for a community of practice

5. Construct an evidence synthesis as related to the clinical problem
6. Incorporate evaluation of EBP experiences into your evolving personal-professional development

### **Course Content Topical Outline**

This content is based on the Iowa Model of Evidence-based Practice to Promote Quality Care (2001). *Critical Care Nursing Clinics of North America* 13(4), 497-508.

### **Iowa Model of Evidence-based Practice to Promote Quality Care**

1. Triggers
2. Priority of the Topic
3. Forming a Team
4. Assemble Relevant Research and Related Literature
5. Critique and Synthesis of Research
6. Is there Sufficient Research to Guide Practice
7. Insufficient Research to Guide Practice
8. Adoption in Practice
9. Institute the Change in Practice
10. Monitor and Analyze Structure, Process and Outcome Data

This content is based on the Essential Competencies for Evidence-based Practice in Nursing. (2005). *Academic Center for Evidence-based Practice*. San Antonio: UTHSCSA.

### **Ace Star Model for Evidence-Based Practice in Nursing**

1. Primary Research
  - a. New knowledge is discovered through traditional research methodologies and scientific inquiry
2. Evidence Summary
  - a. The corpus of research is synthesized into a single, meaningful statement of the state of knowledge
3. Translation
  - a. Research evidence is translated into clinical recommendations
  - b. Expert opinion and other sources of knowledge are incorporated
4. Integration
  - a. Individual, organizational, and environmental practices are changed through formal and informal channels
5. Evaluation
  - a. Endpoints and outcomes are evaluated
  - b. Evaluation of impact of EBP on patient health outcomes, provider and patient satisfaction, efficacy, efficiency, economic analysis, and health status impact

This content is based on the Joanna Briggs Institute Model of Evidence-based Healthcare (JBI, 2008) and *Will it Work Here? A Decisionmaker's Guide to Adopting Innovations* (AHRQ, 2008).

### **Joanna Briggs Institute Model:**

1. Evidence-based Practice
  - a. Evidence
  - b. Context
  - c. Preference
  - d. Judgment
2. Healthcare Evidence Generation

- a. Healthcare Interventions/activities
  - b. Methods of utilization/implementation
- 3. Evidence Synthesis
  - a. Theory
  - b. Methodology
  - c. Systematic Review
  - d. Search and appraise
- 4. Evidence (Knowledge Transfer)
  - a. Education
  - b. Information
  - c. Systems
  - d. Summarize and embed
- 5. Evidence Utilization
  - a. Evaluation of Impact on systems/process/outcomes
  - b. Practice change
  - c. Embed system organizational change
  - d. Use and evaluate

## **Required Texts**

Students are expected to build their own bibliography and to read deeply and widely as related to their Doctoral of Nurse Practice project.

DiCenso, A., Guyatt, G. Ciliska, D. (Eds.). (2005). *Evidence-based nursing: a guide to clinical practice*. St Louis, MO: Elsevier Mosby

Mathews, D. E. & Farewell, V. T. (2007). *Using and understanding medical statistics*. New York, NY: Karger.

## **Recommended Readings**

Readings may include but are not limited to the following sources:

Adams S. & Titler MG. (2007). Strategies for promoting the development of evidence-based practice in an allied health profession. *Annual in Therapeutic Recreation*. 15, 1-11.

Caldwell K., Coleman K., Copp G., Bell L., & Ghazi F. (2007) Preparing for professional practice: How well does professional training equip health and social care practitioners to engage in evidence-based practice? *Nurse Education Today* 27(6), 518-528.

Doherty S. (2006). Evidence-based implementation of evidence-based guidelines. *International Journal of Health Care Quality Assurance* 19(1): 32-41.

Feldstein AC., Glasgow RE. (2008). A Practical, Robust Implementation and Sustainability Model (PRISM) for integrating research findings into practice. *Joint Commission Journal on Quality and Patient Safety* 34(4), 228-243.

Fineout-Overholt E., & Johnston L. (2006). Teaching EBP: implementation of evidence:

- Moving from evidence to action. *Worldviews on Evidence-Based Nursing*, 3(4): 194-200.
- Fineout-Overholt E., Melnyk B. M., & Schultz A. (2005). Transforming health care from the inside out: Advancing evidence-based practice in the 21st century. *Journal of Professional Nursing*, 21(6): 335-344.
- Pearson, A., Wiechula, R., Court, A., & Lockwood, C. (2005). The JBI model of evidence-based healthcare. *International Journal of Evidence-based Healthcare*, 3(8), 207-215.
- Rycroft-Malone J., Bucknall T., & Melnyk B. M. (2005). Getting evidence into practice: A "contact sport". *Worldviews on Evidence-Based Nursing*, 2(1): 1-2.
- Salyers, M. P., McKasson M., Bond G. R., McGREW, J. H., Rollins, A. L., & Boyle C. (1997). The role of technical assistance centers in implementing evidence-based practices: lessons learned. *American Journal of Psychiatric Rehabilitation* 10(2), 85-101.
- Steib, S. D., & Blome, W.W. (2008). Walking the walk, not just talking the talk: eight steps toward implementing evidence-based practice. *Children's Voice*, 17(1), 26-8.
- Stevens, K. (2005). *Essential Competencies for Evidence-Based Practice in Nursing. First Edition. San Antoinios, TX: Academic Center for Evidence-Based Practice, UTHSCSA.*
- Titler, M. G., Steelman, V. J., Budreau, G., Buckwalter, K. C., & Goode, C. J. (2001). The Iowa model of evidence-based practice to promote quality care. *Critical Care Nursing Clinics of North America*, 33(4), 497-509.
- Welk, D.S. (2007). How to read, interpret, and understand evidence-based literature statistics. *Nurse Educator*, 32(1), 16-20.

## **Teaching Strategies**

Web-based interaction

Negotiated learning contracts

Self-directed learning assignments

Online discussion forums

Reflective self-analysis

Student-clinical mentor- faculty conferences

## **Evaluation and Grading**

There are several evaluation methods for this course. The course grade will be calculated in consultation with the clinical mentor and based on the school of nursing grading scale:

- |   |            |
|---|------------|
| 2. Problem & evidence presentation                      | 20 percent |
| 3. DNP project  | 60 percent |
| 4. Participate in discussion forums ( graded by rubric) | 10 percent |
| 6. Reflective narrative related to DNP inquiry          | 10 percent |

Letter grades are calculated based on the School of Nursing Grading Scale below. Attainment of an average of B- is required to successfully pass the course.

A+ 97 - 100    B + 87 - 89    C+ 77 - 79    D+ 67 - 69    F Below 60

A 93 - 96    B 83 - 86    C 73 - 76    D 63 – 66

A- 90 - 92    B- 80 - 82    C- 70 - 72    D- 60 – 62

#### **Academic Integrity:**

This course complies with Indiana University School of Nursing policies and standards, and those delineated in the *IU Code of Student Rights, Responsibilities, and Conduct*:

<http://www.dsa.indiana.edu/Code/> and  
[http://www.dsa.indiana.edu/Code/Part\\_2acad.html](http://www.dsa.indiana.edu/Code/Part_2acad.html).

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## **NURS D737 Inquiry II: Evidence-based Research and Translational Science**

Course information | Faculty | Description | Course competencies | Texts / readings | Teaching strategies | Evaluation

### **Course information**

- 3 credit hour course [distance accessible]
- Placement in curriculum: Post master's and admission to DNP
- Co-requisite: D749 DNP Practicum 1-3 credits

**Faculty:** J. Burrage and ME Riner

### **Course Description:**

Synthesis of knowledge regarding implementation models and strategies used for translating evidence into practice is the focus of this course. Students explore organizational aspects of change influencing innovation, quality improvement, and program evaluation. Developing and preparing to implement and evaluate a translational science project is a component of the course.

### **Course Competencies:**

1. Students will critique and apply theoretical, conceptual, and operational perspectives relative to translational science as a basis for developing a project proposal.
2. Write an integrated review of the literature that addresses key components of the project proposal.
3. Review and critique multiple evaluation strategies for incorporation into the plan.
4. Project how the evaluation results will be utilized and disseminated.
5. Utilize reflective practice concepts in understanding and implementing the role of change agent.
6. Project IRB application submitted to IUPUI Institutional Review Board.

### **Course Content Topical Outline**

1. Organizational Change Theory
  - A. Decision Makers Guide to Adopting Innovation(s)
  - B. Change and Innovation: Utilization of Reflective practice concepts

2. Mid Range Theory to inform project
  - A. Communication Theories
  - B. Behavioral Theories
  - C. Systems Theories
3. Translational Science Models
  - A. Translational Science: Conceptual Overview
  - B. Core Implementation Components
    1. Staff Selection
    2. Staff Training
    3. Staff Coaching
    4. Evaluation and Fidelity
  4. Evaluation models
    - A. Designing Performance Monitoring Systems and Evaluation Studies
    - B. Data Collection Procedures
    - C. Analyzing Evaluation Data
    - D. Getting Evaluation Results Used
      1. Further Implementation
      2. Dissemination

## **Required Texts**

Students are expected to build their own bibliography and to read deeply and widely related to their Doctoral of Nurse Practice project.

Wholey, J., Hatry, H., Newcomer, K. (Eds). (2004) *Handbook of Practical Program Evaluation* 2<sup>nd</sup> Ed. Josey Bass Co., San Francisco, CA.

Brach, C., Lenfestey, N., Roussel, A., Amoozegar, J., Sorensen, A. (2008). *Will It Work Here? A Decisionmaker's Guide to Adopting Innovations*. Rockville, MD: Agency for Healthcare Research and Quality., U.S. Department of Health and Human Services.

Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M. & Wallace, F. (2005). *Implementation Research: A Synthesis of the Literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231).  
<http://nirn.fmhi.usf.edu>

## **Teaching Strategies**

Web-based interaction  
 Negotiated learning contracts  
 Self-directed learning assignments  
 Online discussion forums  
 Reflective self-analysis

Student-clinical mentor-faculty conferences

### **Evaluation and Grading**

There are several evaluation methods for this course. The course grade will be calculated in consultation with the clinical mentor and based on the school of nursing grading scale:

- |   |            |
|---|------------|
| 3. Organizational assessment                              | 20 percent |
| 4. DNP project<br>implementation and<br>evaluation plan   | 60 percent |
| 5. Participate in discussion<br>forums (graded by rubric) | 10 percent |
| 7. Reflective narrative related<br>to inquiry project     | 10 percent |

Letter grades are calculated based on the School of Nursing Grading Scale below. Attainment of an average of B- is required to successfully pass the course.

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**INDIANA UNIVERSITY SCHOOL OF NURSING**  
Indianapolis Campus  
**D751 Relationship-centered Leadership in Complex Systems**  
Course Syllabus  
Fall Semester

[| Course information](#) | [Faculty](#) | [Description](#) | [Course competencies](#) | [Course Content](#)  
[Required text](#) | [Required readings](#) | [Supplemental resources](#) |  
[Teaching strategies](#) | [Evaluation and Grading](#) | [Special needs](#) |

**Course information**

- Credit hours: 3 credits
- Placement in curriculum: admission to the PhD and/or DNP program or faculty permission
- Pre-requisites: none
- Co-requisites: none

**Faculty:** TBA

**Course Description**

**Analysis and evaluation of theories and research that influence leadership in complex systems.** Leadership is explored in the complex system domains of education, health service, research, informatics, and public policy. Internal and external sources of knowledge are evaluated and used to enhance leader behavior/s. Core competencies and strategies for leadership effectiveness are examined and evaluated.

**Course competencies**

This course assumes (a) that leadership is a transactional process whereby both the formally designated leader and the emergent leader influence others in order to achieve both individual and institutional goals, (b) that all doctorally-prepared healthcare professionals will be expected to function as leaders, and (c) that the process will involve interaction and engagement between and among individuals who are informed by attributes/competencies, environmental influences, team relationships, organizational culture, strategic planning and achievement of performance outcomes. Core competencies such as self-knowledge, strategic vision, risk taking and creativity, effective engagement, and inspiring and leading change will be discussed in terms of how they play out within complex systems. In this course, students will be expected to:

- Evaluate key leadership theories and themes
- Appraise personal leadership profile through ongoing reflective analysis
- Demonstrate effective engagement with others through the use of contemporary leadership strategies, such as conscious awareness processes, action inquiry, systems thinking, and others

- Synthesize internal and external sources of knowledge to effectively shape meaningful leader behavior/s.
- Examine the processes and strategies used to effectively lead in the following complex systems domains – health services, education, research, informatics, and public policy.

### **Course Content:**

Complex Systems Defined  
 Contemporary Leadership Theories  
 Relationship-centered Leadership  
     Relationship with self (reflective analysis, self knowledge, evolving professional development)  
     Relationships with others including groups and communities  
     Interprofessional relationships  
     Academic/Service Partnerships  
 Relationship-building Strategies  
     Systems Thinking  
     Communication  
     Collaboration  
     Accessibility, Accountability and Credibility  
     Engaging stakeholders and constituents  
     Conflict resolution  
     Valuing diversity  
     Action Inquiry  
 Shared Visioning and Strategic Planning  
 Effective Governance and Decision-making  
 Leading Sustained Change, Innovation, and Improvement  
 Advancing New Knowledge  
 Leadership Ethics  
 Organizational Culture

### **Required Text/s**

Bolman, L.G. & Deal, T.E. (2008). Reframing organizations: artistry, choice, and leadership. (4th ed.). San Francisco: Jossey-Bass.  
 George, B. (2007). True North: Discover Your Authentic Leadership. San Francisco, CA: Jossey Bass  
 Northouse, P.G. (2007). Leadership. Theory and Practice (4th edition). Thousand Oaks, CA: Sage Publications.  
 Torbert, B. (2004). Action Inquiry: The secret of timely and transforming leadership. San Francisco, CA: Berrett-Koehler.

### **Supplemental Resources**

\_\_\_\_\_ (2005). *Academic leadership in nursing: making the journey*. Washington, DC: American Association of Colleges of Nursing.

American Nurses Credentialing Center (2008). *Application manual: Magnet Recognition Program*. Silver Spring, MD: author.

Allan, G. (1999). *Resource handbook for academic deans*. Washington, DC: American Conference of Academic Deans (ACAD).

American Academy of Nursing. (2003). *Proceedings of the American Academy of Nursing conference on using innovating technology to decrease nursing demand and enhanced patient care delivery*. *Nursing Outlook*, 51, S1-S41.

Aroian, J. (2002). Leader as visionary. *Nursing Leadership Forum*, 7, 53-56.

Buckingham, M., & Coffman, C. (1999). *First, break all the rules*. New York: Simon and Schuster.

Carter, L., Nelson, J. L., Stevers, B. A., Dukek, S. L. Pipe, T. B., & Holland, D. E. (2008). Exploring a culture of caring. *Nursing Administration Quarterly*, 32 (1): 57–63.

Chemers, M. M. (1997). *An integrative theory of leadership*. Mahwah, NJ: Lawrence Erlbaum.

Cook, M. (2001). The attributes of effective clinical nurse leaders. *Nursing Standard*, 15(35), 33-36.

Collins, J. (2002). *Good to great*. New York: HarperCollins Publishers.

Collins, J. (2005). *Good to great and the social sectors*. Boulder: Jim Collins.

Cooperrider, D. & Whitney, D. (2005) *Appreciative Inquiry: A positive revolution in change*. Berrett-Koehler: San Francisco.

Covey, S. (1990). *Seven habits of highly effective people*. New York: Simon and Schuster.

Dienemann, J. (2002). Leader as achiever. *Nursing Leadership Forum*, 7, 63-68.

Drenkard, K. N. (2004). The clinical nurse leader: A response from practice. *Journal of Professional Nursing*, 20, 89-96.

Duffy, J. (2009). *Quality caring in nursing: Applying a middle range theory to clinical practice, education, and leadership*. New York, NY: Springer Publishing.

- Eisler, R. (2007). *The real wealth of nations*. San Francisco, CA: Berrett; Koehler Publishers, Inc.
- Fagin, C. (2000). *Essays on nursing leadership*. New York: Springer Publishing.
- Feldman, H. R. & Greenberg, M. J. (eds.). (2005). *Educating nurses for leadership*. New York: Springer Publishing.
- Frank, B. (2002). Leader as expert. *Nursing Leadership Forum*, 7, 57-62.
- Fralic, M. (1999). Nursing leadership for the new millennium: Essential knowledge and skills. *Nursing and Health Care Perspectives*, 20, 260-265.
- Gardner, H. (2004). *Changing minds: the art and science of changing our own and other people's minds*. Cambridge: Harvard Business School Press.
- Gardner, H. & Laskin, E. (1995). *Leading minds: An anatomy of leadership*. New York: Basic Books.
- Grey, M., & Connolly, C. A. (2008). "Coming together, keeping together, working together": Interdisciplinary, to transdisciplinary research and nursing. *Nursing Outlook*, 56 (3): 102–107.
- Grossman, S. & Valiga, T. (2000). *The new leadership challenge. Creating the future of nursing*. Philadelphia: F. A. Davis.
- Haynor, P. (2002). Leader as communicator. *Nursing Leadership Forum*, 7, 77-82.
- Havens, D., Wood, S. O., & Leeman, J. (2006). Improving nursing practice and patient care: Building capacity with appreciative inquiry. *Journal of Nursing Administration*, 36 (10): 463–470.
- Heifetz, R. A. (1994). *Leadership without easy answers*. Cambridge, MA: Harvard University Press.
- Hesselbein, F., & Goldsmith, M. (Eds.). (1999). *Leading beyond the walls*. San Francisco: Jossey-Bass.
- Huber, M. T., Hutchings, P., Gale, R., Breen, M., & Miller, R. (2007). Leading initiatives for integrative learning. *Liberal Education*, 93 (2), 57–60.
- Institute of Medicine. (2001). *Crossing the quality chasm: A new health system for the 21<sup>st</sup> century*. Washington, DC: National Academy Press.

- Institute of Medicine. (2004). In K. Adams & A. C. Greiner (eds.), *The 1<sup>st</sup> annual crossing the quality chasm summit: A focus on communities*. Washington, DC: The National Academies Press.
- Jacobs, J. A. & Gerson, K. (2004). *The time divide. Work, family, and gender inequality*. New York: Harvard University Press.
- Jennings, B. M. (2004). The intersection of nursing administration research and health services research. *Journal of Nursing Administration*, 34, 213-215.
- Kastor, J. A. (2004). *Governance of teaching hospitals. Turmoil at Penn and Hopkins*. Baltimore: The Johns Hopkins University Press.
- Kenner, C., Androwich, I., & Edwards, P. (2003). Innovative educational strategies to prepare nurse executives for new leadership roles. *Nursing Administration Quarterly*, 27, 172-179.
- Kohles, M. K., Baker, Jr., W. G., & Donaho, B. A. (1995). *Transformational leadership. Renewing fundamental values and achieving new relationships in health care*. Chicago: American Hospital Publishing.
- Lemire, J. A. (2002). Leader as critical thinker. *Nursing Leadership Forum*, 7, 69-76.
- Lemire, J. A. (2002). Preparing nurse leaders: A leadership education model. *Nursing Leadership Forum*, 7, 47-52.
- Lindberg, C, Nash, S, and Lindberg, C. (2008). *On the Edge: Nursing in the Age of Complexity*. Plexus Press: Bordentown NJ
- March, J.G. (1988). *Decisions and organizations*. Oxford: Basil Blackwell, Ltd.
- March, J. G. (1994). *A primer on decision making: how decisions happen*. New York: The Free Press.
- Mathena, K. (2002). Nursing manager leadership skills. *Journal of Nursing Administration*, 32, 136-142.
- Maxwell, J. C. (2002). *Leadership 101: What every leader needs to know*. Nashville, TN: Nelson Books.
- McBride, A. B. (comp.). (2000). *Nursing & philanthropy. An energizing metaphor for the 21<sup>st</sup> century*. Indianapolis: Sigma Theta Tau International.
- McBride, A. B. (in press). Nursing and the informatics revolution. *Nursing Outlook*.

McDaniel, C. & Wolf, G. A. (1992). Transformational leadership in nursing service. A test of theory. *Journal of Nursing Administration*, 22, 60-65.

McDaniel, E. A. (2002). Senior leadership in higher education: An outcomes approach. *Journal of Leadership & Organizational Studies*, 9(2), 80-88.

National Advisory Council for Nursing Research. (2003). *Research themes for the future*. <http://ninr.nih.gov/ninr/research/themes.doc>.

National Advisory Council on Nurse Education and Practice. (1997). *A national informatics agenda for nursing education and practice*. <http://bhpr.hrsa.gov/nursing/nacnep/informatics.htm>.

Newbergh, C. (2005). The Robert Wood Johnson Foundation's commitment to nursing. In S. L. Isaacs & J. R. Knickman (eds.), *To improve health and health care*, Vol. VIII, 73-98. San Francisco: Jossey-Bass

Newbold, S. K., Kuperman, G. J., Bakken, S., Brennan, P. F., Mendocna, E. A., Park, H-A., & Radenovic, A. (2004). Information technology as an infrastructure for patient safety: Nursing research needs. *International Journal of Medical Informatics*, 73, 657-662.

O'Connor, M. & Walker, J. K. (2003). The dynamics of curriculum design, evaluation, and revision: Quality improvement in leadership development. *Nursing Administration Quarterly*, 27, 290-296.

Olson, E.E., Eoyang, G.H., Beckhard, R. and Vaill, P. (2001). *Facilitating Organization Change: Lessons from Complexity Science*. San Francisco, CA: Jossey Bass.

Pearce, C. L. (2004). The future of leadership: Combining vertical and shared leadership to transform knowledge work. *Academy of Management Executives*, 18 (1): 47-57.

Presser, H. B. (2003). *Working in a 24/7 economy: Challenges for American families*. New York: Russell Sage Foundation.

Porter-O'Grady, T., & Malloch, K. (2003). *Quantum leadership: A textbook of new leadership*. Sudbury, MA: Jones and Barlett.

Reeves, S., & Lewin, S. (2004). Interprofessional collaboration in the hospital: Strategies and meanings. *Journal of Health Services Research and Policy*, 9, 218-225.

Ropers-Hillman, B. (Ed.). (2003). *Gendered futures in higher education*. State University of New York Press.

Safran, D. G., Miller, W., & Bechman, H. (2006). Organizational dimensions of relationship-centered care. *Journal of General Internal Medicine*, 21 (S1): S9-S15.

- Sanders III, J. E., Hopkins, W. E., & Geroy, G. D. (2003). From transactional to transcendental: Toward an integrated theory of leadership. *Journal of Leadership & Organizational Studies*, 9(4), 21-32.
- Schlitz, M. M., Vieten, C., & Amorok, T. (2007). *Living deeply: The art and science of transformation in everyday life*. Oakland, CA: New Harbinger Publications, Inc.
- Scoble, K. B. & Russell, G. (2003). Vision 2020, Part I: Profile of the future nurse leader. *Journal of Nursing Administration*, 33, 324-330.
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**Web Sites: Examples of resources to be accessed for learning purposes**

American Conference of Academic Deans (ACAD): <http://www.acad-edu.org>.

American Governance and Leadership Group: <http://www.americangovernance.com>.

Healthcare Leadership Council (HLC): <http://www.hlc.org>.

Institute of Medicine: <http://www.iom.edu>

Long Term Care Nursing Leadership and Management:  
<http://ltcnurseleader.umn.edu/resource.html>.

National Business Coalition on Health: <http://www.nbch.org>

Nursing Leadership Institute: <http://www.fau.edu/nli/about.html>.

Society for Human Resource Management (see particularly materials on value of diversity): <http://shrm.org>

The Business Forum: <http://www.bizforum.org> (see particularly whitepaper on the Balanced Scorecard)

The Institute for Nursing Healthcare Leadership:  
<http://home.caregroup.org/templatesnew/departments/CG/INHL>

The Leadership Challenge Web Site: <http://www.josseybass.com/WileyCDA/Section/id-9638.html>.

### **Links to decision making information and tools:**

[http://www.mindtools.com/pages/main/newMN\\_TED.htm](http://www.mindtools.com/pages/main/newMN_TED.htm) Business oriented site?lots of information and links to decision making tools

[http://www.managementhelp.org/prsn\\_prd/decision.htm](http://www.managementhelp.org/prsn_prd/decision.htm) Information on various management topics, including decision making

<http://www.sjdm.org/> Society for Judgment and Decision Making?links to their journal?can access full text articles from the first volume

<http://www.virtualsalt.com/crebook5.htm> Interesting introduction to decision making

### **Links to leadership and complex systems:**

<http://web.mit.edu/sdg/www/D-4620-2.Leadership.Weeks> Lecture on leadership in a changing society

[http://www.dau.mil/pubs/dam/05\\_06\\_2006/ree\\_mj06.pdf](http://www.dau.mil/pubs/dam/05_06_2006/ree_mj06.pdf) Article on leadership and systems thinking

<http://www.goalsys.com/systemsthinking/> Set of articles on systems thinking, complex systems, and leadership

[http://www.liv.ac.uk/ccr/2005\\_conf/subject\\_areas/mngt\\_files/papers/PublicLeadershipEt c.pdf](http://www.liv.ac.uk/ccr/2005_conf/subject_areas/mngt_files/papers/PublicLeadershipEt c.pdf) Article on public leadership and complex systems

[http://www.plexusinstitute.org/edgeware/archive/think/main\\_filing2.html](http://www.plexusinstitute.org/edgeware/archive/think/main_filing2.html) article on leadership innovations in complex systems

### Teaching strategies

- Discussion
- Required and Supplemental Readings
- Required Learning Activities

### Evaluation and Grading

**Reflective Analysis of Leadership Skills** – ongoing reflective analysis of leadership strengths and challenges; using this growing self-knowledge, begin to construct an integrated profile of engaged leadership in a complex system. Weekly journal entries culminating in an analysis of evolving leadership capacity (using what you have learned in the course including engagement with self and faculty, peers and mentor), and future goals related to ongoing leadership development.

**Leadership Ethics Case Study** - Select one of the leadership ethics case studies (13.1, 13.2, or 13.3) presented in Northouse, pgs. 319 - 323. Briefly answer the questions associated with the case study you have selected

**Analysis of Organizational Culture** – complete a brief analysis of the culture in your current organization, addressing shared history, symbols, rituals and ceremonies, language and dress, overt and implicit norms of behavior, paying particular attention to the nature of relationships.

**Leadership Paper** – using one of the systems domains as a background, choose a leadership strategy to effect change/ innovation/improvement or advance new knowledge. Include a *relevant* review of the literature on the nature of the problem or desired change, including its importance/significance. Clearly describe the method/s for implementation (who, what, when, where) and address how you would ensure that all opinions and ideas were heard. Incorporate how you would evaluate its success and ensure sustained change. Write a 15 page paper using the format of a professional journal (of your choice).

Course Participation	30%
Reflective Analysis of Leadership Skills	20%

Analysis of Organizational Culture	10%
Leadership Ethics Case Study	10%
Leadership Concept Paper	30%
<b>TOTAL</b>	<b>100%</b>

### **Grading Scale (IUPUI CAMPUS SCALE)**

A+=	97-100
A =	93-96.99
A- =	90-92.99
B+ =	87-89.99
B =	83-86.99
B- =	80-82.99
C+ =	77-79.99
C =	73-76.99
C- =	70-72.99
D+ =	67-69.99
D =	63-66.99
D- =	60-62.99
F =	0-59.99

### **Academic Integrity:**

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If you need any special accommodations due to a disability, please contact Adaptive Educational Services at 274-3241. The office is located in CA 001E.

### **Note About Inclement Weather:**

In case of inclement weather the university may need to cancel classes. An announcement will be made on many Indianapolis TV and radio stations. You can also get information about the campus closing by dialing 317-278-1600. If classes are canceled, the School of Nursing will also cancel classes. If you live in a county that has declared a “Snow Emergency” do not try to come to class whether the campus closes or not. Use your best judgment: if you feel it is dangerous for you to drive, stay home.

## **NURS D743 Influencing Health Public Policy**

Course information | Faculty | Description | Course competencies | Texts / readings |  
Teaching strategies | Evaluation

### **Course information**

- 3 credit hour course
- Placement in curriculum: Graduate status
- Prerequisites: Graduate standing or permission of instructor

**Faculty** C.A. Wheeler, M.B. Riner, J. Martin

Other: Invited faculty and guest speakers

### **Course Description:**

Designed for nurses and other professionals interested in influencing public policy related to the health system and resources; this course focuses on policy-making at the state/national level. Participants engage in interactive discussions with policy makers, learn about the forces that influence health policy decisions and apply health services research.

### **Course Competencies:**

1. Upon the completion of the course, the student will be able to:

1. Articulate the development and interplay of the health systems issues of access, cost and quality in the United States.
2. Understand the U.S. and State public policy-making process.
3. Discuss U.S. and State health policy issues including, quality, mental health, equity and health disparities, aging, disability, and health system reform.
4. Analyze and articulate the competing interests and actors, as well as historical factors which have created and perpetuated the "health system" in the U.S.
5. Develop and evaluate policy options related to major health policy issues at the state or national level.
6. Articulate your disciplines role in the legislative/political process, including consumer and advocacy aspects of practice.
7. Discuss the US health care system today, including Medicare, Medicaid, S-CHIP, as well as employer-based health benefits and the health insurance system.
8. Recognize the comparative advantages of your home discipline to make important contributions to interdisciplinary research teams.
9. Describe the forces that influence health policy decisions.
10. Understand how health care professionals can influence and participate in formulating, advocating and implementing policy.

11. Identify health services research that could be used as evidence in policy formulation or policy evaluation.

### **Course Content Topical Outline**

1. OVERVIEW HEALTH POLICYMAKING
  - A. Public Policy-Making Process
  - B. Role of Government
  - C. Introduction to U.S. Health Care
  - D. Determinants of Health
2. ETHICS
  - A. Justice and Health
  - B. Responsibility for Health
  - C. Priority Setting and Fair Process
3. POLITICS OF HEALTH
  - A. Public Opinion and Health Politics
  - B. The History of US Health Reform
  - C. Special Interest Groups
  - D. Forces that Influence Policy Decisions
4. QUALITY
  - A. Quality of Care
  - B. Organizations & Quality
  - C. Patient Safety
5. ECONOMICS OF HEALTH CARE
  - A. Health Care Financing
  - B. Regional Variations in Health Care
  - C. Payment Systems & Provider Incentives
  - D. Health Care Reform Proposals
6. SPECIAL POPULATIONS
  - A. Aging and Long-Term Care
  - B. Mental Health
  - C. Disparities in Health
7. INTEGRATING RESEARCH, PRACTICE, AND POLICY
  - A. Communication skills for Political Success
  - B. Using Health Services Research as evidence in policy decision making

### **Required Texts**

Students are expected to build their own bibliography and to read deeply and widely related to their Doctoral of Nurse Practice project.

Almgren, G. (2007). *Health Care Politics, Policy, and Services: A Social Justice Analysis*. New York: Springer Publishing Company. ISBN 0-8261-0236-0

Birkland, T. A. (2005). *An Introduction to the Policy Process: Theories, Concepts, and Models of Public Policy Making*. New York: M.E. Sharpe. ISBN 0-7656-1489-8

Magee, M. (2005). *Health Politics: Power, Populism and Health*. New York: Spencer Books. ISBN 1-889793-17-5

## Teaching Strategies

Lecture  
Interactive Discussion  
Guest Speakers  
Participation in legislative event  
Internet Forums  
Reading assignments

## Evaluation and Grading

There are several evaluation methods for this course. The course grade will be calculated in consultation with the clinical mentor and based on the school of nursing grading scale:

Self Analysis	20%
Policy Paper	25%
Legislative Testimony	35%
Class Participation	20%

Letter grades are calculated based on the School of Nursing Grading Scale below. Attainment of an average of B- is required to successfully pass the course.

A+ 97 - 100    B + 87 - 89    C+ 77 - 79    D+ 67 - 69    F Below 60

A 93 - 96    B 83 - 86    C 73 - 76    D 63 - 66

A- 90 - 92    B- 80 - 82    C- 70 - 72    D- 60 - 62

## Academic Integrity:

This course complies with Indiana University School of Nursing policies and standards, and those delineated in the *IU Code of Student Rights, Responsibilities, and Conduct*:

<http://www.dsa.indiana.edu/Code/> and  
[http://www.dsa.indiana.edu/Code/Part\\_2acad.html](http://www.dsa.indiana.edu/Code/Part_2acad.html).

## Americans with Disabilities Act:

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## **NURS D744: Strategic Resource Management in Nursing and Health Systems**

[Course Information](#) | [Faculty](#) | [Course Description](#) | [Course Competencies](#) | [Course Topical Outline](#) | [Texts / Readings](#) | [Teaching Strategies](#) | [Evaluation](#)

### **Course Information:**

- 3 credit hour course
- Placement in curriculum: Post master's and admission to DNP
- Co-requisites: D749 DNP Practicum (1 credit)

**Faculty:** TBA

### **Course Description:**

This course is about the design and execution of strategies to manage human and financial resources within complex health systems. The course has two central themes: (1) How to think systematically and strategically about managing an organization's human and financial assets, and (2) How to implement these strategies to achieve the organization's objectives.

### **Course Competencies:**

1. Incorporate principles of human and financial resource management for planning and implementation of change within complex health systems.
2. Recognize the competitive and strategic advantage associated with effective human resource practices.
3. Examine key human resource levers to enhance the value of people in organizations.
4. Apply basic principles of accounting & budgeting for health care entities.
5. Evaluate decision making and strategy development using financial analysis.
6. Synthesize key financial and human resource management concepts and apply to various case studies throughout the course.

## **Course Topical Outline:**

1. Complexities influencing alignment between human and financial resource management
  - A. Strategic importance of the balance between human and financial resource management
  - B. External influences impacting alignment
  - C. Internal influences impacting alignment
2. Human Resource Management
  - A. Role of nurse executive in human resource management
  - B. Levers that influence human resources
  - C. Translating levers to practice
3. Financial Management
  - A. Accounting framework
  - B. Developing a budget strategy
  - C. Using financial metrics to improve decision making
4. Concept integration and application of learning to case studies

## **Texts | Readings:**

Dunham-Taylor, J., Pinczuk, J. (Eds). (2006) *Healthcare Financial Management for Nurse Managers*. Jones & Bartlett Publishers, Sudbury, MA.

Collins, J. (2001). *Good to Great in the Social Sector*. Harper Collins, New York, NY.

Huber, D. L., (2006). *Leadership and Nursing Care Management, 3<sup>rd</sup> Ed.* Saunders-Elsevier, Philadelphia, PA.

## **Other readings to be added.**

## **Teaching Strategies:**

Problem-based learning  
Case studies  
Reflective learning assignments based on required/supplemental readings  
Online discussion forums  
Class discussion

### **Evaluation and Grading:**

There are several evaluation methods for this course. The course grade will be calculated based on the school of nursing grading scale:

- |  |            |
|--|------------|
| 4. Class participation   | 30 percent |
| 5. Reading assignments and reflective exercises posted on online forum | 30 percent |
| 3. Case study (group assignment)                                       | 40 percent |

Letter grades are calculated based on the School of Nursing Grading Scale below. Attainment of an average of B- is required to successfully pass the course.

A+ 97 - 100    B + 87 - 89    C+ 77 - 79    D+ 67 - 69    F Below 60

A 93 - 96    B 83 - 86    C 73 - 76    D 63 - 66

A- 90 - 92    B- 80 - 82    C- 70 - 72    D- 60 - 62

### **Academic Integrity:**

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## **D749: DNP Practicum**

### **Course Information**

Variable 1-3 (DNP students will take a total of 7 credits over the course of their program). Clock hour to credit hour ratio: 5 clock hours to one credit hour per week (total 75 clock hours per credit per semester). Concurrent enrollment in DNP didactic course required.

**Faculty** TBA

### **Course description:**

Provides opportunities to develop knowledge and skills in specific area of advanced nursing practice or professional role, building on didactic courses. Includes in-depth work with experts from multiple disciplines, and engagement within communities of practice. Enables students to synthesize and integrate leadership, policy, inquiry, evidence-based practice, and clinical expertise in selected settings.

**Course outcomes:** At the end of each practicum, the student

1. Articulates successful negotiation of the experience with an agency or mentor.
2. Clearly summarizes how the experience promoted achievement of specified program outcomes.
3. Integrates the experience with past didactic work and the individual inquiry project.
4. Completes a practicum-related project or product, as negotiated with advisors.

### **Teaching Strategies:**

Student keeps a reflective journal of practicum experiences that is discussed with the academic advisor and becomes part of the student's electronic portfolio.

The student will initiate and engage in timely consultation involving the academic advisor, inquiry advisor, and practicum mentor.

### **Evaluation and Grading**

Advisors review and evaluate achievement of specified and individual goals established at the beginning of each practicum semester.

Timely conferencing with advisors	10%
Reflective Journal	20%
E-Portfolio	20%
Project/product	50%

**GRADING SCALE:** in graduate nursing experiential courses, the lowest passing grade is B-

A+ = 100 – 98

A = 97-95

A- = 94-91

B+ = 90-88  
B = 87-85  
B- = 81-84

**Academic Integrity:**

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[http://www.dsa.indiana.edu/Code/Part\\_2acad.html](http://www.dsa.indiana.edu/Code/Part_2acad.html).

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Indiana University Purdue University Indianapolis

School of Public and Environmental Affairs  
SPHA-H 615  
PBHL-H 615

School of Nursing  
D615

**Health Outcomes and Decision Making  
Spring 2009**

**Wednesdays 6P – 8:40P**

Instructors

Patricia Ebright DNS, CNS, RN  
Associate Professor, IUSON

Office: NU 410  
Phone: 274-7912  
Email: [prebrigh@iupui.edu](mailto:prebrigh@iupui.edu)

Betsy Lee RN, MSPH  
Director, Indiana Patient Safety Center

Phone: 423-7795  
Email: [blee@ihaconnect.org](mailto:blee@ihaconnect.org)

Jamie Workman  
Associate Professor, School of Engineering  
/Technology

Office: ET 301  
Phone: 274-3091  
Email: [jkworlma@stvincent.org](mailto:jkworlma@stvincent.org)

Invited Faculty

Office Hours: Email or call faculty above to arrange individual appointments

**Course Description and Learning Outcomes**

Health care leaders of the future will be judged increasingly on their ability to achieve positive quality outcomes and safe patient care through working together in interdisciplinary leadership teams. This course is designed for graduate level learners in medicine, nursing, public health, informatics, health administration and other health related disciplines. The course content is an introduction to evidence-based quality and patient safety programs. Included will be content and practical application about the current science and best practices, essential leadership skills, and techniques and tools for measurement and analysis.

At the completion of this course, the learner will be able to:

- Discuss the history and present state of the evidence base for health care quality and patient safety
- Describe team leadership competencies necessary to continuously improve patient care and safety through integrating emerging evidence
- Describe vital interdisciplinary communication strategies to reduce harm to patients
- Articulate the characteristics of high reliability organizations and how they contribute to a just culture
- Describe methods and techniques to engage front-line staff and patients in patient safety efforts
- Apply tools and techniques for monitoring, measuring, and analyzing patient safety improvements
- Identify high risk areas in health care and describe strategies for reducing risks and improving patient outcomes
- Discuss spread strategies for disseminating successful improvement

#### **Required text:**

Weick KE, Suttcliffe KM. (2007). *Managing the unexpected: Resilient performance in an age of uncertainty*. Jossey-Bass, San Francisco.

#### **Other Readings and Suggested Texts:**

Morath JM, Turnbull JE, Leape LL. (2004). *To do no harm: Ensuring patient safety in health care organizations*. J-B AHA Press, San Francisco.

Ransom ER, Maulik SJ, Nash DB, Ransom SB. (2008). *The Healthcare Quality Book: Vision, Strategy, and Tools, Second Edition*. Health Administration Press.

Journal articles pertinent to assigned class projects and presentations.

Texts are available at the IUPUI bookstores, at amazon.com or barnesandnoble.com.

<b>Grading</b>	<b>Percent</b>	<b>Points</b>
Project Grades		
3 Interim reports 10% each	30%	
Final Report and project presentation	30%	
Total Project Grade	60%	60
RCA/FMEA Assignment	20%	20
Group class presentation – On assigned topic	20%	20
Total Class Points	100%	100

Grades will be awarded on the following scale:

93 – 100 = A	90 – 92 = A-
87 – 89 = B	83 – 86 = B
80 – 82 = B-	77 – 79 = C+
73 – 76 = C	70 – 72 = C-
Below 73 – Does not meet course requirements.	

Final Project Assignment Summary:

The class project will provide students with the opportunity to work with a healthcare facility mentor to identify a patient safety/quality issue, choose contributors to the problem, and develop a plan for improvement by incorporating the tools and techniques being taught.

The final Project Paper will be a 10 to 12 page paper with two parts:

**Part one:**

Summary of content in three previous interim reports

**Part two:**

Plan selected for making improvements related to problem/issue identified and rationale/theoretical basis for planned solutions. This discussion should include the following:

- Solutions and effort impact for improvement considered by group and rationale
- Final set of solutions and effort impact selected after meeting with facility mentor and rationale
- Plan for implementation of solutions.
- Incorporation of relevant concepts/theoretical basis from class content into rationale for solutions and implementation plan.

**Attendance Policy:**

All students are expected to attend all classes. Students must notify instructors regarding the unavoidable need to deviate from the published schedule before missing class and make arrangements for completion of all course requirements.

**Course Content:**

Patient Safety and Quality -Overview

History of health care quality and patient safety

Legal-Health Policy Perspective

Indiana Serious Adverse Event reporting

Transparency – Disclosure

Federal regulations for patient safety organizations

## Leadership for Patient Safety

Leadership for improving quality

### Complex Adaptive Systems

Introduction to Reliability

Reliability science

### Methods and Tools to Improve Reliability

---

Workflow Analysis

Root cause analysis

Healthcare Failure Modes and Effects Analysis

Error-proofing

### Human Factors

Limitations

Technology

### Patient Safety Culture

Characteristics of effective safety cultures

Measurement of safety culture

New accountabilities for patient safety

### Communication in Complex systems

Communication for patient safety essentials

Communication techniques

Team Communication

### Transformational Change and Spread

Incorporating new evidence into practice

Dissemination and spread

Role of informatics and decision support

Coalitions and collaborations

Positive Deviance

### High reliability organizations

Characteristics

### Work Complexity

Understanding real work

Implications for safety and improvement

### **Academic Integrity:**

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