

THE NURSE TO NURSE PROJECT

“Every Nurse Deserves a Mentor”

THE PRECEPTOR EDUCATION PROGRAM



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THE NURSE TO NURSE PROJECT

BACKGROUND AND INTRODUCTION

California is not only the nation's most populous state, but also among its most diverse. Nearly one-third of Californians now speak a language other than English at home and nearly 750,000 officially recognized refugees, originating from all corners of the world, make their home here.¹ This rich diversity as well as growth is accompanied by a severe shortage of qualified, culturally competent Registered Nurses (RN's) needed to meet the health needs of a rapidly increasing and rapidly diversifying population. The demand for more registered nurses has dramatically increased in order to meet more complex clinical needs of patients, the state-mandated ratios, and to replace the large number of retiring nurses. The problem is further compounded by rapid attrition rates in the hospitals that continue to erode the number of experienced nurses who remain in the field. In the rush to fill positions, newly hired and transitioning RN's are increasingly put into demanding roles without adequate clinical or organizational preparation. A recent nationwide exit interview survey found that more than one third of new employees leave within their first six months of employment and over 50% leave within the first year. Comments from these interviews indicate that ill-prepared, unskilled, constantly rotating preceptors are largely to blame.²

In order to address the problems described above, The Nurse to Nurse RN Program "Every Nurse Deserves a Mentor" was designed as a comprehensive RN retention program that combines model preceptor, mentor, and cultural awareness curricula. However, it is more than three curricula. It is a fully developed implementation program that includes support from staff of the California Nurses Foundation through every phase of integration of the program into the fabric of the organization's culture and overall functioning of the hospital or other health care setting. The program builds staff nurse leadership that is able to work with education and other management staff to guarantee standards, relevance, and on-going problem solving as the program becomes an integral part of the life of nursing within an institution.

The program was developed by and for staff nurses through the auspices of the California Nurses Foundation (CNF), utilizing the experience and counsel of staff nurses and educators from throughout California. The Foundation operates as a private, non-profit 501(c) (3) organization, governed by an elected Board of Directors, all of who are direct care RN's and who embody California's wide-ranging geographic and ethnic diversity. The CNF is closely affiliated with the California Nurses Association.

1. Unites States Census Bureau, Census 2000 Data, and www.census.gov.

2. January 2003. J. Walter Thompson Specialized Communications. *Why Healthcare Workers Quit: 28,000 former healthcare employees reveal why they left their last hospital.*

THE PRECEPTOR EDUCATION PROGRAM

"I think the transition between the student to a new grad is so overwhelming and so scary and there's so much involved... With (my) preceptor I felt like it was a much easier bridge between the two. So I really appreciate it in that sense and I think it gave a change, at least for me, to develop a little confidence and some skills..."

INTRODUCTION

Preceptor programs are a critical component for new graduate nurses as they begin their transition into the work environment as staff nurses and are important for experienced nurses who may be assuming a position in a new organization or area of specialty. Components for a successful and meaningful program include the preparation of competent preceptors, a well defined and comprehensive program that is consistently implemented and adheres to a set of standards.

COURSE DESCRIPTION

This twelve hour course is offered in two six hour sessions and is designed to prepare Registered Nurses (RN's) to become preceptors who contribute to a supportive learning environment for new staff nurses in order to prepare safe and competent registered nurses. Concepts and practices essential to the preceptor role will be presented with the unifying framework of professional standards, adult learning theories, ethical principles, and cultural awareness.

"There were particularly some things- (like) adult learning, which was very good. We talked about different generations and how they learn. That's good."

COURSE OBJECTIVES – SESSION 1

At the conclusion of the first session of the Preceptor Program, the preceptors will be able to:

- Describe the responsibilities of the role of a preceptor and its relationship to other support roles.
- Create a culture of safety and build and maintain a positive working relationship with a preceptee.
- Demonstrate patient advocacy.
- Understand the dynamics of power within a healthcare organization and assist the preceptee with their understanding as well.
- Assess learning styles and incorporate them into individual work with the preceptee.
- Communicate effectively with different generations.
- Assess and incorporate the appropriate use of technology; assist the preceptee to do so as well.
- Set realistic goals with the preceptee, assess the progress of their clinical skill development, give constructive feedback, and positively resolve any conflicts.

COURSE OUTLINE – SESSION 1

- The Role of the Preceptor.
- Learning Theories and Communication
- Guidelines for Assessing Preceptees
- Critical and Reflective Thinking: Assessing Clinical Competence

COURSE OBJECTIVES – SESSION 2


At the conclusion of the second session of the Preceptor Program, the preceptors will be able to:

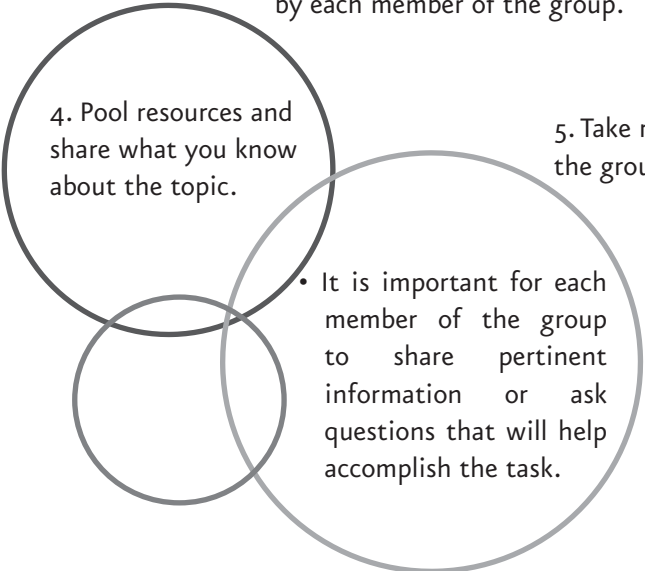
- Work effectively in a multicultural environment.
- Integrate cultural, ethnic, gender, generational, class and religious awareness into the strategies used to prepare nurses from different backgrounds to become effective, competent practitioners.
- Incorporate critical and reflective thinking into the preceptor process.
- Describe professional practice standards and scope of practice for the Registered Nurse under California law and their importance in promoting safe, therapeutic, and effective patient care.
- Demonstrate leadership skills and incorporate them into the coordination of care with other staff members.

COURSE OUTLINE – SESSION 2

- Working as a Preceptor
- Cultural Awareness Education
- Professional Nursing Practice
- Leadership

GUIDELINES FOR GROUP DISCUSSION

- 
1. Listen carefully to what others have to say.
 - Take note of different perspectives among group members.
 - Watch for body language, which may indicate what a group member is feeling.
 2. Build on what others have said.
 - This is a way of expanding and combining ideas in order to achieve the best possible end product. Remember, this is not strictly the job of the group leader. This skill (as well as all the others) should be practiced by each member of the group.




4. Pool resources and share what you know about the topic.

- It is important for each member of the group to share pertinent information or ask questions that will help accomplish the task.

5. Take responsibility for the group process.

6. Keep the task of the group in mind at all times.

- If the group strays too far away from the task, you, as a good group participant, must help to bring the focus back to the task at hand.



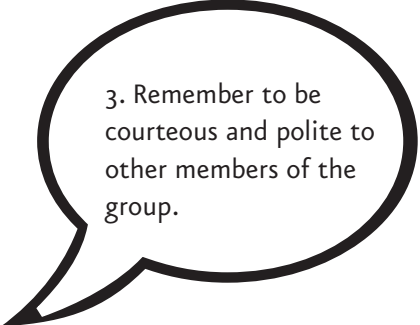

9. Be aware of your own participation and share your best ideas.

- If you think of an interesting story, save it for break and keep the group on task. If you find it easy to talk, be brief and to the point.

Understanding the Purpose of Group Discussion

Group discussion is not a debate:


- It is an effort to bring out a wide variety of ideas and understandings
- It is a process of clarifying the issues faced by all group members.
- It is an effort to form a group opinion on those issues or to formulate better questions with which to find the answers.



3. Remember to be courteous and polite to other members of the group.


7. Be aware of the time limitations for accomplishing the task.

- Watch the clock and remind the group if it seems behind schedule.



8. Keep track of who is participating in the group and who is not, and draw out quiet members.

- In an active group, a quiet person may have difficulty entering into the discussion. You can offer that person an opening by simply asking what she is thinking.



10. Change topics only when it seems the whole group is ready for the change.

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SESSION ONE

PRECEPTOR EDUCATION STANDARDS

LENGTH OF PRECEPTORSHIP

Newly graduated registered nurses are precepted for a minimum of 12 weeks. This time span can be extended or shortened as needed for RNs transitioning to new specialty areas or returning to the workforce after absences. Successful performance is measured by the setting and attainment of specific goals. Monitoring of progress is done by skills maintenance checklists, regular evaluations, and written progress reports.

PRECEPTOR TO PRECEPTEE RATIO

Preceptors work with only one preceptee at a time. Preferably, each preceptee has one primary and one or, at most, two backup preceptors during their time on any given unit. Ideally, preceptors and preceptees work the same schedule, with the preceptor having input into the pair's patient assignment.

PRECEPTOR EDUCATION STANDARDS

REDUCED PATIENT LOAD

The patient assignment must allow a preceptor the time and focus to work with the preceptee effectively to assure that accurate assessment of clinical skills, constructive teaching, and subsequent evaluation of learning can occur. Patient load and acuity is adjusted according to the needs of the preceptee and gradually increased as his/her skills develop.

NORMAL PRECEPTEE SHIFT

Although didactic classes are most often taught on the day shift, RNs should be precepted as much as possible on the shift for which they were hired in order to maximize their practical experience.

MEETINGS

Meeting time (a minimum of once a week) off the nursing unit is essential so that preceptees get constructive feedback on their skills and performance, both positive and negative. They need to be made aware of problem areas and helped to focus on improving in those areas.

PERIODIC ASSESSMENT

Periodic meetings with the responsible nurse manager and/or educator are held. An assessment of the ongoing preceptor/preceptee relationship and monitoring of preceptee clinical progress should take place regularly (at least monthly). Any developing problems should be dealt with immediately.



FORMAL PRECEPTEE EVALUATION

A detailed formal evaluation is performed midway through the preceptorship. This includes both preceptor and preceptee and is geared to determine the preceptee's progress toward the program goals. All involved should know where the preceptee currently stands, his/her areas of strength and weakness, and how development is progressing overall.

If disciplinary action related to poor preceptee performance becomes necessary, the preceptor should not be present. A separate meeting should be held if a specific learning or action plan necessitating preceptor participation is implemented.

PRECEPTOR EVALUATION

At least once during the preceptorship the preceptee evaluates the preceptor. This should take place early in the process. Any problems (communication styles, generational differences, simple misunderstandings, etc.) are better caught and remedied early. If necessary, preceptors can be changed.

PRECEPTOR SELECTION AND QUALIFICATIONS

MODULE I THE ROLE OF THE PRECEPTOR

Preceptors Are Volunteers

Preceptors are selected by managers and/or nurse educators from among the RNs who are willing to precept. Forcing nurses to precept when they are untrained or unwilling generally leads to poor outcomes for all concerned.

Preceptors Are Experienced and Clinically Competent

Preceptors should have at least three to five years of experience (both in nursing and in the institution), possess good critical thinking skills, and be competent based on facility/unit standards and Benner's Novice to Expert Stages of Clinical Competency.

Preceptors Are Patient Advocates

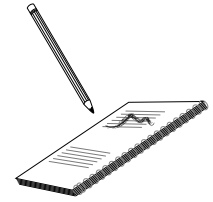
In particular, new graduates need to understand that the California Nurse Practice Act requires that they be able to advocate on behalf of their patients. This philosophy is incorporated into their practice from its beginning, and their ability to advocate is nurtured.

Preceptors Are Socially and Emotionally Suited to Precepting

Among the qualities valued in effective preceptors are the following:

- Patience
- Understanding
- Empathy
- Trust
- Flexibility
- Realistic expectations
- Good communication and interpersonal skills
- Ability and willingness to teach

These qualities can be cultivated and encouraged in willing preceptors.



ACTIVITY

PRECEPTOR RELATIONSHIPS

Full Group Discussion

Ask the following questions and record the answers.

1. Describe the experience you had when you were a new nurse and give some examples of what experience you would like to have had.

2. Give an example of how you experienced “reality shock” as a new nurse, i.e., a situation in practice that differed from what you had expected it would be in nursing school.

3. What do you think are your greatest gifts to the new nurse?



ACTIVITY

WHAT IS YOUR LEARNING STYLE?

Learning styles are different approaches or ways that people learn. Having an awareness of your learning style can help you develop strategies to maximize your ability to learn in a given situation. Also, by knowing the learning style of your preceptee, and jointly discussing your similarities and differences, you can establish a more effective way to work and learn together. Teaching occurs best when the teacher's and the learner's styles match.

As a group, please discuss the following questions:

1. What is your learning style?

2. What ways do you think you learn the best?

3. How do you retain information?

CLINICAL COMPETENCY ASSESSMENT TOOL

Introduction to The Clinical Competency Assessment Tool ²⁶

Critical to the California Nurses Foundation educational programs for assisting new graduate Registered Nurses to move from novice to expert nurses is the need for a way to measure that progression. When we searched for a standardized assessment tool we discovered there really wasn't one that combined the critical thinking aspect of nursing with the nursing process. Through a series of focus groups with expert nurses in the San Francisco Bay Area we heard numerous stories of how they measured competence but the definitions and assessment methods varied considerably.

In the end, we decided to create and test a new clinical assessment tool. The result is the Clinical Competency Assessment Tool or CCAT. The principal designer of the tool, Karen Peifer, is currently an Assistant Professor in the School of Nursing at the University of Colorado. The tool's design allows nurses to self-assess their level of competence according to clinical outcome measures which indicate increasing levels of competence as a nurse moves along Benner's novice to expert continuum.

Based on our research and experience, we recommend that both preceptor and preceptee complete the assessment of the preceptee's skills at the beginning, midpoint and the end of the preceptorship. If the preceptor desires, the tools can then be compared and used for as a basis for discussion and teaching purposes.

We are providing you, as a preceptor, with the tool so that you can become familiar with the document and utilize it for self-assessment. We hope it will help you to look objectively at your own skills, reflect on your own process of skill acquisition, and to remember how you felt along the way.

26. Created by Anna Mullins, Dan Johnston, Joyce Mills & Karen Peifer. © 2006 California Nurses Foundation

Beginning note: In order to become a practicing registered nurse, everyone had to go through a nursing school that included skills lab, theory, process and clinical practice. This assessment tool is an attempt to measure where you are in the process of integrating that knowledge and the skills learned previously into your practice. If you are a new graduate your experiences and skills will differ from a nurse re-entering the profession or a nurse transitioning into a specialty area. Therefore, please remember that:

- ***This is not a test***
- ***There is no right or wrong answer***
- ***To be as honest in your assessment as you can***

It is expected that after a period of preceptorship, mentorship, and work experience you will move forward in obtaining the skills described in this assessment. This tool is an evaluation tool to be used as an indicator of your progress from a novice to an expert nurse.

Instructions: Please rate yourself on a scale of 1-4 according to your experience on the unit you are currently working on. If you are a student or a float nurse, please choose the nursing unit you spend the most time working as a reference. **Please complete all 4 pages and return it to the designated person.**

Name/code _____ Name/code of preceptor or mentor _____
Date of completion _____

MODULE 3
GUIDELINES FOR
ASSESSMENT

1. Please check the approximate time when this assessment was completed:

- | | |
|--|---|
| <input type="checkbox"/> Beginning of the preceptor program | <input type="checkbox"/> After 12 weeks of preceptorship |
| <input type="checkbox"/> 6 months after ending preceptorship OR | <input type="checkbox"/> After 6 months in mentoring relationship |
| <input type="checkbox"/> Early stage in mentoring relationship | <input type="checkbox"/> 12 months in mentoring relationship |
| <input type="checkbox"/> After 18 months in mentor relationship | <input type="checkbox"/> Other |

2. Please check your highest nursing degree

- Diploma Degree Associate Degree BSN MS(N) Doctorate in nursing
 Other non-nursing degrees (if so, what degree(s) _____)

3. What year did you receive your last nursing degree? _____

4. Number of years working as a RN _____

5. Did you ever work as a LV(P)N, ER or Psych Technician Yes No

If yes, for how long? _____ which one? LVN or Technician (circle)

6. Your year of birth _____

7. Please check which one applies to your current situation:

- | | |
|--|---|
| <input type="checkbox"/> New graduate RN | <input type="checkbox"/> New hire with experience |
| <input type="checkbox"/> Returning to nursing practice | <input type="checkbox"/> Transferring to new specialty unit |

**NURSE TO NURSE PROGRAM
CLINICAL COMPETENCY ASSESSMENT TOOL (CCAT)**

	A	B	C	D	E
1. Patient Care Assessment & Planning	Assesses and plans patient care according to individual needs	Assesses and plans patient care using your own nursing beliefs to support patient coping strategies	Assesses and plans patient care by critically evaluating patient needs using nursing skills	Assesses and plans patient care through integrating recent nursing literature into your practice	Assesses and plans a change in treatment culture on your nursing unit
Self-assessment	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
2. Patient Education	Plans for patient health education needs during the hospital stay	Plans and coordinate content of patient education needs with patient and family	Plans patient education needs with patient and family using multi-disciplinary resources	Plans patient and family health education needs that extend beyond hospitalization	Plans and develops new patient education programs for nurses on unit
Self-assessment	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
3. Diagnostic functions	Evaluates patient clinical needs based on clinical signs and symptoms	Evaluates patient well-being from a multi-disciplinary perspective	Evaluates and arranges for expert help when needed for patient care	Coaches other staff in patient assessment and care management skills	Coaches other staff in use of complex diagnostic equipment and patient care
Self assessment	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

Code: 1 = Little Experience 2 = Some experience 3 = Multiple experiences 4 = Experienced and confident



ACTIVITY

CLINICAL COMPETENCY ASSESSMENT TOOL

Fill out the Clinical Competency Assessment Tool (CCAT) and rate yourself currently according to Benner's stages. Compare this to where you were at the beginning of your nursing career. Share with group.

1. Describe an experience you had when you were a new nurse that you would do differently now.

2. Identify a goal for self-development.

3. Describe an aspect of nursing that means a lot to you, and that you would like to have your preceptee learn and appreciate in clinical practice.

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SESSION TWO

SELF assessment TEST

Statement	Strongly disagree	Disagree	Not Sure	Agree	Strongly Agree
CULTURAL SELF-AWARENESS					
I have a strong sense of who I am and where I come from					
I feel comfortable when discussing alternative lifestyles with patients					
I am aware of my own cultural values and how my values play a part in how I provide care to my patients					
I have biases (preconceptions) that I don't like.					
I treat everyone objectively and with respect.					
CULTURAL OTHER-AWARENESS					
I recognize the cultural differences between the members of the same culture					
I acknowledge & support the patients choice to use traditional 'cultural healing' practices while hospitalized.					
I consider the cultural beliefs, age, & sex of my patients when administering medications					
When assessing patients initially, I consider their geographic origins, religious affiliation and occupation as important elements of the plan of care.					
I am sensitive to gay, lesbian, and transgender needs when delivering care.					
CROSS-CULTURAL COMMUNICATION					
I remain calm when my health care values &/or beliefs clash with those of a patient					
I find ways to enhance the way I communicate with patients from diverse cultural backgrounds					
I actively seek ways to provide culturally appropriate care to my patients as I learn about their specific beliefs and values					
I am aware of different non-verbal communication styles among diverse cultural groups, including my own.					
I am comfortable with cross-cultural conflict					
I respect others religious beliefs even when their faith affects my ability to provide medical care.					

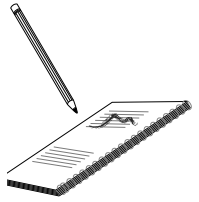
JEOPARDY

DIRECTIONS FOR JEOPARDY

Jeopardy is a popular television game with three contestants and a host. Contestants are presented with an answer and must provide the question that precedes it in order to win a round. The contestant who wins the most rounds is the winner of the game. Responses must be phrased in the form of a question. Example: Capital of California; response would be ‘what is Sacramento?’

Four volunteers will be selected from among the class participants; three to serve as contestants and one to serve as the time/score keeper. Each contestant will have fifteen seconds to offer their response once the answer is flashed on the screen and read by the instructor, the host for the game. No more than eight to ten answers should be included in the game. A contestant will shout out their answer as soon as they know it and the one who answers first, is the winner of that round.





ACTIVITY

LEADERSHIP DISCUSSION

The following are questions to be addressed by class participants:

1. What qualities reflect good leadership?

2. Relate one incident when you experienced what you perceived to be an abuse of leadership or supervision. How did you feel?

3. Relate one experience when you felt you led or supervised something well. How did it feel?

ADDITIONAL READING MATERIALS:

RN Staffing Ratios	119
BRN Standards of Competent Performance	120
BRN Chart: Understanding the Role of the Registered Nurse and Interim Permittee	121
BRN Unlicensed Assistive Personnel	130
BRN The RN as Supervisor	131
BRN The Registered Nurse as Patient Advocate	133
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Protecting your License: How to deal with Practice and Patient Advocacy Issues	135
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Making ADOs work for Nurses and Patients	138
CNA Code of Practice for the International Recruitment of Nurses	139
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THE SAN FRANCISCO FOUNDATION

The Community Foundation of the Bay Area

The San Francisco Foundation has awarded CNF with a \$25,000 / 12 month grant to increase cultural competence of nurses in Bay Area hospitals through development of a cultural diversity training program

The San Francisco Foundation started over 55 years ago by San Francisco's civic and philanthropic leaders, the Foundation is led by Sandra R. Hernández, MD, CEO, and an eleven-member board of trustees, chaired by Tatwina Lee. The San Francisco Foundation is outstanding in its annual grantmaking — in fiscal year 2004, it made grant distributions of \$65 million through 5,000 separate grants. Arts and culture, community health, education, the environment, social justice, and community development are priority issue areas.



The Nurse to Nurse Project was made possible with a grant from the Gordon and Betty Moore Foundation totaling 1.95 million dollars. The grant was used to develop a series of interventions that have proven to not only improve the quality of local nursing care, but are in the process of becoming nationally relevant and replicable models for effective, intensive support for newly-entering and transitioning hospital nurses.

The project utilizes two distinct but integrated components to improve both the quality and impact of nursing care - a model nurse preceptor training and support program and a nurse mentor demonstration program.

The preceptor preparation course consists of a series of modules which may be used in their entirety or selectively arranged to meet the supplementation needs of the individual facility's learning environment. Inherent in the modules are concepts which will address the novice to expert continuum, clinical expertise, patient advocacy, ethics, cultural awareness and adult learning.

The mentor education program pairs specially prepared experienced RNs with new grads, RNs re-entering the workforce and nurses transitioning from other specialties for professional and personal support.

CNF staff continues to work closely with individual nurses, educators and managers to develop an optimally supportive environment.

The Betty Irene Moore Nursing Initiative seeks to create a replicable model for improving nursing-related patient care through a regional system that expands the RN workforce and implements hospital best practices. The success of the initiative will be measured by comparing changes over time in patient outcomes related to nursing care, such as preventable complications, mortality, patient experience and other indicators.



The California Endowment

The California Nurses Foundation, in close collaboration with the statewide network of medical centers operated by Catholic Healthcare West, has reached the final phase of the California Nurse Mentor Project. This project, funded by the California Endowment, is an innovative, three-year demonstration program whose goal was to cost-effectively improve the quality, sensitivity, and effectiveness of patient care in California through enhanced retention of nurses, with a special emphasis on multicultural, multilingual, and male nurses.

The California Nurse Mentor Project explored the impact of pairing experienced nurses with newly graduated nurses, registered nurses (RNs) who are re-entering the workforce, RNs who have completed cross-training, and front-line managers with trained and experienced nurse mentors who, wherever possible, reflect the cultural, linguistic, and gender backgrounds of the nurses they support. The program has been assessing the extent to which the presence of supportive nurse mentors leads to improved outcomes in areas such as retention of nursing staff, increased professional confidence, and enhanced job satisfaction when compared to nurse populations who do not receive mentor support. The project's early data suggests that the goal has been accomplished and the program has resulted in a replicable model intervention that can effectively address the critical shortage and long-term retention of qualified nurses in hospitals throughout California and the nation.

The California Endowment is a private, statewide health foundation that was created in 1996 as a result of Blue Cross of California's creation of WellPoint Health Networks, a for-profit corporation. This conversion set the groundwork for our mission:

The California Endowment's mission is to expand access to affordable, quality health care for underserved individuals and communities, and to promote fundamental improvements in the health status of all Californians.

PRECEPTOR EDUCATION PROGRAM

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PROJECT ADVISORY COMMITTEE

Faye L. Bower, RN, DNSc
Chair Nursing Department
Holy Names College

Vivian Perretti, RN
Cardiovascular &
General Surgery Nurse
Sequoia Hospital

Assembly Member Mary C. Hayashi
18th District
President Iris Alliance Fund

June Hill, RN, MN
Assoc. Professor
Medical Surgical Nursing
San Bernardino Valley Coll.

Dan Johnston
Sr. Research Fellow
Institute for Health &
Socio-Economic Policy

Nancy E. Lewis, RN, MSN, FNP
Assoc. Professor of Nursing
Family Nurse Practitioner Program
Univ. of California San Francisco

Ethel Long-Scott
Executive Director
Women's Economic Agenda Project

Estrella B. Manio, RN, MSN, PNP
Pediatric Nurse Practitioner
South San Francisco

Malinda Markowitz, RN
Staff Nurse
Good Samaritan Hospital San Jose
Secretary, Board of Directors
California Nurses Association

DeAnn McEwen, RN ICU Staff Nurse
Long Beach Memorial Med. Ctr.

Kay McVay, RN
Emeretis President California Nurses Association
Certified Critical Care Nurse
Kaiser Hospital Martinez

Genel Morgan, RN, BSN
Board of Directors
California Nurses Association
ICU Charge Nurse Mills Peninsula Hospital

Kathryn Patane, RN
Bone Marrow Transplant Coord.
City of Hope Nat. Med. Ctr.

Steve Robertson
Vice President
Retention & Recruitment
Catholic Healthcare West

Ruth Ann Terry, RN, MPH
Executive Officer
California Board of Registered Nursing

Barbara Williams, RN
Clinical Nurse Specialist
Emergency Psychiatric Svcs.
Dominican Hospital CNA BOD

Deborah Burger, RN
President
California Nurses Association

LEAD MENTORS

Carol Koelle

Pam Quasney

Anita Leary

Katlin Olah

Sue Whiting

Winnie Knowles

Wendy Vu

Linda Lawrence

Yolanda Correa

Amy Cacabelos

David Ngo

Regina Villalobos

Terre Covington

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For more information, see our website at:
www.CalNursesFoundation.org.

BLUE RIBBON PANEL MEMBERS

Faye L. Bower, RN, DNSc
Chair Nursing Department
Holy Names College

Claudia Benton, RN, PHN
PHN Ventura County

Ruey Forng-Jein RN MSN
Intensive Care Nursery
Kaiser Sacramento

JoAnn Greene, RN, PhD
Dept. of Psychiatry
Kaiser Union City

Pat Hess, RN, PhD
School of Nursing
San Francisco State Univ.

June Hill, RN, MN
Assoc. Professor
Medical Surgical Nursing
San Bernardino Valley College

Nancy E. Lewis, RN, MSN, FNP
Assoc. Professor of Nursing
Family Nurse Practitioner Program
Univ. of California San Francisco

Estrella B. Manio, RN, MSN, PNP
Pediatric Nurse Practitioner
South San Francisco

Genel Morgan, RN, BSN
Board of Directors
California Nurses Association
ICU Charge Nurse Mills Peninsula Hospital

Theresa M. Mostasisa, RN, MS, PHN
Mills Peninsula Health Services

Maria Elena Ruiz, RN, MS
Asst. Clinical Professor of Nursing
Oregon Health and Sciences Univ.

Ann Maree Senan, RN
ICU and TCU Mgr.
So. San Francisco Kaiser
Medical Ctr.

Susan Ullrich, RN, EdD
Professor Emeritus
Nursing Dept.
CSU Sacramento

Edith Jenkins-Weinrub RN Ed.D
Professor of Nursing Holy Names University

CALIFORNIA NURSES FOUNDATION STAFF

Shaun Copeland
Program Assistant

Catherine Kennedy RN, BSN
Project Director

Joyce Mills, RN, MS
Director of Program Development

Anna C. Mullins, RN, DNSc
Director of California Nurses Foundation

Terri Ross, RN
Project Site Coordinator

Geoff Schroder, MSN, RNC
Co-Director, Southern California Nurse Mentor
Project

Molly Ksander, RN
Preceptor Manager

Joan Bloom, RN, FNP
Preceptor Manager

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Kay McVay

San Francisco General Hospital

Trauma Unit RN Staff

Produced by Citizen Film Inc for the

California Nurses Foundation

Director

Sophie Constantinou

Production Company

Citizen Film

Cinematographer

Sophie Constantinou

Sound

Matty Nematollahi

Production Assistance

Emily Downs

Nikki Knight

Editors

Kate Stilley Steiner

Susan Utell

Color Correction

Gary Coates

Sound Mix

Kadet Kuhne

Music

Court & Spark

National Lights

DeWolfe Music

Mellow Vibe

Sunlight

CURRICULUM GUIDEBOOK DESIGN

Producer

Sophie Constantinou

Citizen Film

Designer

Sonja Hernandez

