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DEMONSTRATION: DEVELOPMENT OF A MINIMUM SET OF PARISH NURSE EDUCATIONAL OUTCOMES AND BEHAVIORAL OBJECTIVES

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Demonstration Project: The Process of Developing State Parish Nurse Educational Standards

Education objectives are developed to elicit an expected learning outcome. Educational standards are established to help educators ensure their students have the skills and knowledge they need to be successful (Ramsden, 2003) and drive curriculum content delivery. The purpose of this article is to demonstrate the development of standardized educational outcomes and objectives for parish nurses (PNs), now referred to as Faith Community Nurses, in the state of Wisconsin. **The Wisconsin Minimum Parish Nurse Education Outcomes and Behavioral Objectives** Ziebarth, 2010) identify the knowledge and skills essential to prepare PN students for future work. Sharing of this demonstration project may provide a roadmap for other states.

The development of state PN educational standards in Wisconsin proceeded through a four-stage process. Stage one contained the "fact-finding" activities necessary as underpinnings for development of state-wide educational standards. These activities will be detailed in the results section. Activities included: analysis of the strengths, weaknesses, opportunities and threats (SWOT) of PN training programs in the state, discussions with the state's nursing leaders and legal consultant, procurement and comparisons of all PN training curricula to a standardized curriculum and the Scope and Standards of Practice specific to PN practice, facilitation and analysis of a PN Coordinator survey, and research that explored PNs perceptions of training.

For a number of years, the Wisconsin Nurses Association (WNA) recognized the need to nurture Wisconsin's PNs. In 2001, the WNA honored a request for PNs to be recognized as a Special Interest Group (SIG). The SIG's title is the Wisconsin Parish Nurse Coalition (WPNC). Currently the WPNC holds a preconference education day as

part of the WNA Annual Conference and has a quarterly newsletter that reaches more than 350 practicing PNs in Wisconsin. As part of the WPNC, the Wisconsin Parish Nurse Educators (WPNEs) is a working committee led by the Education Chair of the WPNC. It is in that position that the author facilitated and performed this work with the full acknowledgement and support of the WNA, WPNC, and WPNEs. This work helps to facilitate the goals of the WPNC, which are to promote regular dialogue between the state's WPNEs, improve access and content of the state's basic PN training programs, improve the state's professional image of parish nursing, and elevate the role as a specialty practice.

In 2003, the WPNC finalized a position statement of the role of the PN. It stated that "the parish nurse possesses a valid state of Wisconsin nursing license and performs in accordance with both the Wisconsin Nurse Practice Act and the American Nurses Association Scope and Standards of Parish Nursing Practice. The practicing parish nurse will have completed a basic training course that integrates [a standardized parish nurse curriculum] that is not less than 35 contact hours. The parish nurse maintains current knowledge of nursing practice and possesses an understanding of both legal and ethical issues as it is related to professional practice" (WNA, 2003). To meet the stated requirements, the registered nurse who wants to work as a PN in Wisconsin must attend a basic parish nurse training program.

The Faith Community Nursing Scope and Standards of Practice states that "appropriate and effective practice as a Faith Community Nurse requires the ability to integrate current nursing, behavioral, environmental, and spiritual knowledge with the spiritual beliefs and practices of the faith community into a program of wholistic nursing

care. Such integrative practice is required regardless of the academic education of the nurse" (American Nurses Association & Health Ministry Association, 2012, p. 10-11). As each PN student brings unique formal and personal experiences standards are important in providing core competencies of the practice.

The spectrum of PN learning in the state of Wisconsin is wide with students exposed to different educational experiences. At the beginning of this effort there were four academic institutions in Wisconsin that provided a basic parish nurse training program. The programs ranged from two to five days in length and consisted of 36 to 53 continuing education credits (Ziebarth), 2005). Three of the four programs used the International Parish Nurse Resource Center's (IPNRC) Basic Parish Nurse Preparation Curriculum, (Ziebarth, 2005). This program is now referred to as the *Foundations of Faith Community Nursing Course* (Jacobs, 2014). In addition, other parish nurse training venues with varying content and length are available to registered nurses via on-line and long-distance formats.

One of the WPNEs questioned the financial obligations and time commitment necessary for contractual use of the IPNRC curriculum and posed the question, "… who has the authority to say what is parish nursing in the state of Wisconsin and what are the key elements of a parish nurse training curriculum?" These questions, along with the differences in training programs, led to this exploration and the eventual development of state educational standards for PNs.

Since the early 1990's, literature has consistently shown that the PNs provide a recognized and reliable resource of primary health care and health related services (Atwood, Peterson & Yates, 2002Austin et al., 2013; Brown, 2005; Blanchfield &

McLaughlin, 2006; Artal, Catanzaro, Gavard, Mostello, & Friganza, 2007; Bobinskie & Evanson, 2009; Carson, 2002; Chase-Zioleck & Gruca, 2000; Connor & Donohue, 2010: Dyess, Chase & Newlin, 2010; Hughes, Trofino, O'Brien, Mack, & Marrinan, 2001; King & Pappas-Rogich, 2001; McCabe & Somers, 2009; McDermott & Burke, 1993; McGinnis & Zoske, 2008; Mendelson, McNeeese-smith, Koniak-Griffin, Nyamathi, & Lu, 2008; Monay, Mangione, Sorrell-Thompson, & Baig, 2010; Nelson, 2000; Nyamathi et al., 2013; O'Brien, 2003; Rydholm, 1997; Scott & Summer, 1993; O'Brien, 2003; ;).

According to the Faith Community Nursing Scope and Standards of Practice, the PN role has emerged as a ". . .specialized practice of professional nursing that focuses on the intentional care of the spirit as part of the process of promoting wholistic health and preventing or minimizing illness in a faith community" (ANA & HMA, 2005, p. 2). In 2012, the statement was revised to say that it is". . .specialized practice of professional nursing that focuses on the intentional care of the spirit as well as on the promotion of wholistic health and prevention or minimization of illness within the context of a faith community" (ANA & HMA, 2012, p. 5). In 2014, the American Nurse Credentialing Center developed a nursing certification by portfolio. Despite the recognition of this specialty nursing practice, training program length and content vary substantially. The nurse may not be adequately prepared to meet the full set of competencies required for the PN role. Insufficient educational preparation can result in inadequate delivery of health care services to the patient. In a similar light, nurse retention depends upon education that addresses role clarification (Armstrong-Stassen & Cameron, 2005). Therefore, it is important to provide a standardized and quality educational experience to promote successful retention of PNs.

The Scope and Standards of Faith Community Nursing (ANA & HMA 2005; 2012) has very little to say about formalized basic parish nurse training programs. "Identifying the preparation needed for this evolving specialty practice, this discussion is ongoing. When educational resources for this specialty were difficult to obtain, nurses had minimum opportunities. With the clarification of minimum standards and an increasing awareness by nurse educators and practicing nurses of requirements for this specialty practice, both educational expectations and opportunities are increasing at all levels of nursing education" (ANA & HMA, 2005, p 9).

Even though the Scope and Standards of Faith Community Nursing gives us little direction, this six-year project provides insight into what is most meaningful for effective education of PNs in the state of Wisconsin. This information may be helpful to other nursing organizations both nationally and globally in establishing essential education standards for basic parish nurse training programs (BPNTP). In addition, this information may be helpful to educators and PN Coordinators in offering insight regarding gaps or inconsistencies in PN training. This project's outcomes may ultimately be used to assist PN Educators in developing or updating current BPNTPs to support safe and effective practice by new PNs.

Methods

The methods encompass a variety of meaningful activities presented in three stages. Stage one includes "fact-seeking" activities. These activities occurred in order of mention: a SWOT analysis with PN stakeholders was undertaken; discussions with a number of Wisconsin nursing leaders and the WNA's legal consultant were held;

BPNTP curricula was collected and compared to a "standard or best practice" curriculum and the Faith Community Nurse Scope and Standards (ANA & HMA, 2005); a survey or PN Coordinators was completed; and a an integrative literature review was completed and published (Ziebarth & Miller, 2010). The aim of the published study was to explore PNs perceptions of education preparation for practice.

Stage two of the project included: the presentation of results to WPNEs, PN stakeholders and the WNA board and endorsement of the standards the by the WNA.In addition, WNA funded the initial printing of the PN outcome booklets. Stage three included the publication and distribution of the educational standards. Stage four is ongoing with communication regarding the standards to faith denominational leaders, nursing educators, and Wisconsin PNs.

Results

      Stage One: Strengths, weaknesses, opportunities and threats analysis.
The WNA leadership facilitated a SWOT analysis with WPNE and other key PN stakeholders. Analysis of SWOT related to current PN educational programs identified key areas needing further exploration. In addition, results of the SWOT analysis were synthesized and shared with other PN stakeholders for validation. These stakeholders included WPNEs, faith community leadership, and PNs, Educators felt that there was a lack of standardized PN education standards (various programs with different content, length, and CEUs) and barriers existed in using the IPNRC curriculum. Faith community leadership said that they had little knowledge of Scope and Standards of Parish Nurse

Practice (2005) and competencies, which admittedly lead to unclear PN expectations. The PNs expressed that they had little or no job orientation and experienced transitional stress coming from a structured environment (i.e. hospital) to working in an unstructured one (i.e. community setting). Their knowledge and comfort in performing PN roles varied based on previous professional nursing training (ADN vs. BSN) and previous nursing experiences. They also commented on the variations in PN training programs (content, length, and CEUs). See Appendix A for a summary of the SWOT analysis.

Meetings with Wisconsin's key nursing leader's and legal consultant.

Clarifications regarding licensure, accreditation, certification and education issues were essential before the development of PN education standards. Scheduled meetings allowed for discussions regarding the interpretation of the Wisconsin Nurse Practice Act State Statute in regards to the PN practice. There was a consensus between the WNA President, Advanced Practice Nurse leadership, WPNC leaders, and the WNA legal consultant that the development of minimum education standards could impact PN education. In order to achieve standardized PN education in the state of Wisconsin it was suggested that the following be considered: acceptance of standardizing BPNTP with key stakeholders (i.e. academic institutions, faith leaders, etc.); development of measureable learner competencies to ensure valid and reliable education outcomes; exploration of certification of the parish nurse; and differentiations in practice between the Associate Degree Nurse and the Baccalaureate Degree Nurse as it relates to PN education. It was suggested that the next step be a comparison of the state's PN training curricula to a standardized curriculum and any national guidelines in order to identify differences.

Comparisons of PN educational objectives to a standardized curriculum and the Faith Community Nurse Scope and Standards of Practice.

All of the learning objectives of the BPNTP in Wisconsin were compared to the International Parish Nurse Resource Center (IPNRC) Basic Parish Nurse Preparation Curriculum in order to identify essential components. There was consensus to use the IPNRC curriculum since all but one of Wisconsin's BPNTP used it in some manner. Comparisons were also made between BPNTP, to the PN Scope and Standards of Practice document (1998). Later the comparison was completed using the Faith Community Nurse Scope and Practice Standards (ANA & HMA, 2005). See Appendix B.

The comparisons of Wisconsin BPNTP, to the IPNRC curriculum and the Scope and Standards resulted in identifying gaps in content or "other content suggestions" for BPNTPs. The "other content suggestions" were grouped under three headings: Roles, Skills, and Clarification. Under the Roles heading the "other content suggestions" were: (a) the role of the nurse in a specialized independent/isolated practice; (b) the role of the nurse working in multiple sites; (c) the role of the APRN in PN; (d) role boundaries with other health professionals; (e) the nurse's role with adult children; and (f) the role of the nurse in conversion or salvation. Under the heading Skills the "other content suggestions" were: (a) how to do a community assessment; (b) how to address occupational health issues with spiritual leaders, staff members, and volunteers; (c) how to recruit and train volunteers; (d) how to support and reward volunteers; (e) how to contribute to the professional development of peers and colleagues; (f) how to mentor; (g) how to evaluate accuracy of health information; (h) how to explore the student's beliefs as value underpinnings; (i) how to document referrals and provision of primary

care; (j) how to evaluate educational events; (k) how to use a nursing standardized language system for documentation; (l) how to incorporate evidence-based practice; (m) how to address knowledge gaps (ADN vs. BSN); (n) how to develop teaching plans; (o) how to evaluate one's own practice; (p) how to obtain feedback for evaluation; (q) how to guide a non-nurse in providing a formal review of PNs; (r) how to demonstrate and communicate value of outcomes; (s) how to measure and evaluate patient engagement; and (t) how to do motivating interviewing. Under the Clarification heading the "other content suggestions" were: (a) what does it mean to be a spiritual leader; (b) rationale for using volunteers; (c) legal issues applicable to working with volunteers; (d) meaning of facilitating "support services"; (e) the different structures/models of PN programs based on size of congregation; (f) definition of restoration to community; (g) problem solving tools; (h); emotional intelligence; (i) cultural competence; j) environmental safety issues; and k) meaning of wholistic health care. These results were presented to the WPNEs. The next activity aimed to find out what PN Coordinators were experiencing regarding new PN's readiness-to-practice.

Wisconsin parish nurse coordinator survey.

Wisconsin PN Coordinators responded to a survey that was developed to explore perspectives of educational preparation of new PNs. The survey was sent to ten PN Coordinators and seven responded by completing the survey (n=7). There were six questions. See Appendix C: Survey for PN Coordinators. The results from the PN survey supported the work of developing standardized educational objectives.

The PN Coordinators felt that PNs are adequately trained for beginning the practice and specifically for delivering direct patient care. In addition, they offered suggestions for

content inclusion of conflict resolution, working in multiple sites, evaluating outcomes, developing programs for population health, support group facilitation, case management in chronic illness, and documenting using the nursing process. Some PN Coordinators did not feel that they had sufficient insight to answer where gaps existed in BPNTP. Instead, they offered suggestions for education based on the needs of their PNs such as case management, advocacy, population health, disease surveillance, community building skills, setting up a program, and professionalism issues including self-reliance, reflection, change agent, and boundary setting. The PN Coordinators felt that PNs were trained adequately in the areas of spiritual assessment, locating resources and giving referrals. It was acknowledged that each nurse brings experiences and strengths from previous training received. Continuing education was suggested as a method for gaining more knowledge around topics such as communication styles, conflict resolution and difficult personalities.

The PN Coordinators reported that PNs degrees included ADN, Diploma in Nursing, BSN, and MSN. One survey participant wrote that the higher the nursing education degree of the PN, the greater ability to apply population health principles with ease. Participants reported that their PN's years of experiences ranged from 5 to 40 years and practice areas consisted of acute care, administration, education, and/or community. It was noted that the PN's personality and those of their pastor's, had an impact on the success of the nurse's role transition.

Most PN Coordinators felt that developing state PN educational standards would make a significant difference. It was stated that PN training programs have different foci and strengths. One coordinator wrote that the PN practice needs to be seen by other

nursing as professional and state PN education standards would help to achieve this. It was suggested that standards should be basic and general enough to allow for diversity in curriculum and that continuing education for PNs should be offered in addition to basic training available at the annual WNA PN Conference (Ziebarth, 2010, p. 66).

Parish nurse perceptions of training.

The author of this article was the primary investigator in a qualitative descriptive design study describing PNs perceptions of training. This perspective was an important insight into what is most meaningful in PN role preparation. A qualitative descriptive design is often used as a first step towards improving practice by providing evidence to support the fact that certain variables exist and that they have construct validity (agreement) (Maxwell, 2012). A qualitative descriptive method is a necessary precursor to quantitative research by operationalizing and defining variables. In describing perceptions of new PNs regarding their preparations for the practice, factors were identified that might influence behaviors. In-person interviews were conducted, recorded, and transcribed. Data were coded using a thematic analytical process and results published.

Interventions identified as most helpful that occurred during training and outside of training included: lectures by individuals with firsthand experience; group activities such as group sharing; reading; peer support and mentoring; and observation of role models. In addition, previous nursing experiences were useful. Challenges to learning and successful early role transition included: infrequent course offerings; lack of depth/length of training; lack of time to attend peer group meetings; lack of time to

practice the role; lack of knowledge of the role; lack of a role model; and perceived lack of value of the role.

Discussions

Despite the professional recognition of the PN practice, BPNTP length and content vary substantially in Wisconsin, which could impact readiness to practice or lead to inadequate delivery of health care services to the patient. In addition, one WPNE in Wisconsin questioned the financial obligations and time commitment necessary for contractual use of the IPNRC curriculum. As part of the WPNC, the Education Chair facilitated this six-year project to develop standardized educational outcomes and objectives for PNs in the state of Wisconsin. In addition, this work aimed to promote regular dialogue between the state's WPNEs, improved access and content of the state's BPNTPs, and improved the state's professional image of PN as a specialty practice.

The findings of this 6-year project suggest that a standardized set of education outcomes and behavioral objectives may benefit BPNTPs by increasing clarification of role expectations, improving the quality and safety of patient care, and codifying the specialized skill set and expertise needed to practice as a parish nurse in the state of Wisconsin. In addition, transparency of the activities performed in the development of the PN education standards may be helpful to other states and PN organizations in their endeavor to establish similar standards.

Continuous communication to WPNE, PN Coordinators, denomination leadership, insurance companies, and other PNs is needed. The WPNEs and PNs may

benefit from further scientific exploration, which may lead to the development of core parish nurse competencies and validation (testing) methods based on this work.

Conclusion

The BPNTPs in Wisconsin varied in length, contact hours, and content. This six-year project provided insight into what is most meaningful for effective education of PNs in the state of Wisconsin. This demonstration may provide a roadmap for other organizations both nationally and globally in establishing essential outcome and behavioral objectives for BPNTPs. In addition, this information may be helpful to educators and parish nurse coordinators in offering insight regarding gaps or inconsistencies in BPNTPs. Employers will have essential role elements in which to develop competencies and evaluate. The adoption of state wide educational objectives may standardize and optimize BPNTPs. Standardized educational objectives could lead to content driven practice competencies for training participants, which in turn could be evaluated. Parish Nurse educational standards in Wisconsin were developed to help educators ensure their students have the skills and knowledge they need to be successful. To obtain a copy, please contact the Wisconsin Nurses Association at 6117 Monona Drive, Monona, WI 53716 or call (608) 221-0383.

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Appendix A

SWOT Analysis

What do you see as strengths of the current Parish Nurse training programs in use in Wisconsin?

1. Derived from the same source, (IPNRC curriculum) with virtually same conceptual framework/ philosophy. Frequent input from multiple diverse partners with revisions. Access to national educators (IPNRC) Curriculum encourages group-centered learning. Mentoring / Preceptor expectation.

2. Flexibility and freedom in program offering.

3. Diversity in theology / spirituality – interfaith

4. Educators are prepared at a variety of levels (Masters and Doctorate)

5. Networking among state educators and linkage / relationship to state Nurse Association through WPN SIG

What are the areas of weaknesses with the training programs in use in Wisconsin?

1. Contact hours vary from 51.6 to 36. Not standardized and competencies may vary.

2. Curriculum is not competency-based. No pretest or posttest.

3.   Current programs rely on the IPNRC Curriculum, which is costly and inconvenient. Education Affiliate status that provides the Instructor's Manual. Little focus of conceptual framework of theology. "Theology is overview of world religions" that may lead to stereotyping "other" religions.

4.   Not enough Cont. Ed. after "Certification of Completion" of program.

5.   May be gaps in current curriculums

6.   Faith sites unaware of education preparation needs. Without competencies, faith sites may be misrepresented.

7.   Does not lead to a board certification.

8.   Northern Wisconsin PN education absent. Access issues.

9.   PN education is CEU based and not academic based

What are the opportunities for the WNA Parish Nurse SIG in relation to developing state standards for PN education?

1.   Create minimal education standards using national supported standards. (ANA)

2.   A basic framework that can be expanded to produce in-depth, higher quality program standards.

3.   Create a flexible platform from which various programs can create specific curriculum.

4.   State group of PN taking ownership.

5.   Create collaboration/ networking that recognizes diversity

6.   Statewide strategy for program offerings to avoid duplication of effort and efficiencies.

7.   Promote unity by providing "meaningful and significant work" with client outcomes.

8.   Board certification ultimate – with minimum competencies as a state certification exam.

9.   Formal relationships with physicians, insurance companies could be seen as "case manager".

10. Expansion into underserved areas/communities.

11. Quality not based on paid vs. unpaid.

What are the barriers, obstacles or threats related to the WNA Parish Nurse SIG successfully developing an alternative "best practice" model of state standards for Parish Nurses?

1.   Time – To develop standards. Rely on volunteers.

2.   Money

3.   Need all colleges to participate

4.   Expertise and Competency measurements (valid & reliable)

5.   Trying to make this a "one size fits all" may dilute the care competency.

6.   Creating care competency will take a lot of work. Core measurement. Ongoing measurement. Peer review. Performance expectations.

7.   Church education and acceptance

8.   Lack of academic partners.

9.   Lack of reimbursement partners. (Family Care, HMOs)

So What? - Next steps - Plan

1.   Synthesize this work and share with other key stakeholders for validation

       and possible revision.

2.   Establish care competencies that would drive standards.

3.   Establish minimal criteria for educational offerings (education, training

       and experience.)

4.   Collection of important data: best practice, perception of students,

       comparative curriculums, perspectives of sites (churches), perspectives of

       coordinators, etc.

5.   Develop assessment tools that determine core competencies.

6.   Develop standardize student assessment tool for use at conclusion of

       course.

7.   Identify contacts/ representatives for each area and from each college of

       the state.

8.   Explore legal issues with this work or work product (WNA Attorney Bert

       W. and IPNRC) at next meeting. Look at contract with IPNRC.

9.   Explore education resource expertise (Vivien De Back) at next meeting.

Appendix B

COMPARISONS

Wisconsin Basic Parish Nurse Training Programs compared to the endorsed

International Parish Nurse Resource Center Curriculum and the Faith Community

Nurse Scope and Standards of Practice.

I.   All the Wisconsin PN training programs (WI) find these objectives to be

essential:

•   Health, Healing, and Wholeness

•   Role of Faith Community in health, healing and wholeness

•   Theological perspective

•   A perspective from a faith tradition

•   Relationship of various faith traditions to PN

Scope:

Defines the integration of faith and Health and wholeness in the five assumptions

of faith comunity nursing (p. 2-3).

Encourages investigation into the "unique spiritual beliefs and practices of the

faith community" (p. 4).

*Possible additions (relate to potential additions to consider):

•   Some of the state curriculums encourage exploring faith traditions other

than the PN student. This is not mentioned in the S&SP.

•   From conversations with the WPNE it was suggested that the nurse

examine their own belief system and are able to state beliefs as value

underpinnings.

II.   Most WI PN training programs find these objectives to be essential:

•   Historical events that have contributed to the development of PN

•   Relationship between ministry and PN

•   Reverend Granger Westberg

•   Five key concepts from the philosophy of PN

•   PN role functions

Scope:

Faith Community Nursing is a specialized independent practice (p. 9), may have one or more faith community, and may be an Advanced Practice Registered Nurse (APRN).

*Possible additions:

•   Explore the role of the nurse in a specialized independent practice, working in multiple sites, and the role of the APRN as a FCN.

III.   All WI PN training programs find these objectives to be essential:

•   Define ethics, ethical dilemma, applied ethics, values, and morals

•   Discuss ethical principles

•   The elements of value based ethics

•   Characteristics of applied ethics in PN

•   Ethical decision-making using case studies

#12 Standard of Practice

•   Code of Ethics for nurses (ANA 2001)

•   Acknowledges and respects tenets of faith and spiritual beliefs of pt.

- Maintains a therapeutic and professional patient-nurse relationship within professional role boundaries

- Reports illegal, incompetent, or impaired practices

- Participates on multidisciplinary teams that address ethical risks, benefits, and outcomes

*Possible addition:

- Further exploration of role boundaries (Refer to FCN definition on p. 2) …FCN possesses a depth of understanding of the faith community's traditions, as well as competence as a registered nurse using the nursing process so that the nursing care integrates care of the spirit with that of the body and mind.

IV.   All WI PN training programs find these objectives essential:

- Professional accountability in PN

- Legal issues between the PN and employer; and the PN and the client

- Four elements of negligence

- Malpractice defined

- Legal topics specific to PN

- Avoid malpractice liability

- Professional liability coverage

- Major areas of accountability in the PN Scope and Standards of Practice

- State Nurse Practice Act

Scope:

•   In the last paragraph of the summary (p. ix) …Scope and Standards of Practice reflects current FCN practice from national and ethical standards of the nursing profession, and the legal scope and standards of professional nursing practice. They are dynamic and subject to testing and change.

•   Recognize the state's authority in confidentiality but the S&SP does not detail legal issues for the PN.

*No additions noted

V.   Most WI PN training programs find these objectives to be essential:

•   Self-nurturing for an effective PN ministry

•   Self-nurturing as a goal

•   Signs and symptoms of body, mind, and spirit distress

        S&SP does not mention "self-nurturing" but states that the FCN is knowledgeable about self-care

*No additions noted

VI.   All WI PN training programs find these objectives essential:

•   Needs and asset assessment methods

•   Evaluate effectiveness of methods in order to build partnerships

•   Assessment process as a beginning and ongoing opportunity to generate support

Scope:

Refers to Community assessment and occupational health issues of spiritual leaders, staff members, and volunteers.

*Possible additions:

- Congregational vs. Community assessment

- Access occupational health issues of spiritual leaders, staff members, and volunteers

VII. All WI PN training programs find these objectives to be essential:

- Definitions of the human spirit

- Stages and characteristics

- Factors that influence spiritual assessment

- Spiritual assessment

- Therapeutic interventions for spiritual care giving

Scope:

- Knowledgeable in spiritual practices

- Participation with patients in rituals that support health or healing

- …meditation, prayer, and touch are reported to lengthen life, improve the quality of life, and improve health outcomes…

- ...expanded knowledge base…to be recognized as a spiritual leader

*Possible additions:

- Spiritual leadership

VIII. All WI PN training programs find these objectives to be essential:

- Legal and ethical issues related to role as personal health counselor

- Referral sources for mental health professionals

- Characteristics of therapeutic communication

- Concept of presence

- Communication techniques

Scope:

- Does not explore the role of personal health counselor except in general as an intervention on p 1.

- There is no discussion of therapeutic communication or communication techniques.

- The FCN should provide a healing supportive presence for the patient and their loved ones as death occurs.

- The practice may overlap with other professions.

*Possible addition:

- Explore how role overlaps with other professions

IX.   All WI PN training programs find these objectives to be essential:

- Role of the PN as educator

- Methods to assess health related learning needs of individuals and congregation

- Steps in education process

- Teaching strategies and resources

- Factors that facilitate learning

- Planning process for health education programs

Scope:

- Does not explore the FCN role of educator beyond that of health teaching as an intervention and that of the FCN responsibility for own educational need.

Standard 5B: Health Teaching and Health Promotion

- Facilitates programs that strengthens the Wholistic health needs

- Uses Health promotion appropriately

- Evaluates health information for accuracy

- Evaluation of effectiveness

*No additions noted

X.   All WI PN training programs find these objectives to be essential:

- Define health advocate

- Identify skills

Standard # 5A: Coordination of Patient Care

- Advocates for the desired plan of care

- Advocates with other professionals

- Documents in a secure and retrievable format

Standard # 5 C: Consultation

- Consultation and influence plan of care

- Involve pt. In decision making

- Scope:

- Advocacy for health care that is congruent with spiritual beliefs and

  practices of the patient.

- Adult children of aging parents may seek guidance in how to talk with or

  determine…. or assistance…

- How practice overlaps with other professions

*Possible addition:

- Explore consultation role

- Explore role with adult children

XI. All WI PN training programs find these objectives to be essential:

- The function of PN as referral agent

- Identify major resources

- Effective referral process

Standard # 11: Collaboration

- Collaborates with patient, spiritual leaders, members, and others in the
  conduct of practice.

- Partners with and through worship, prayer, education, management of
  resources, program development, or research opportunities.

- Documents referrals, including provision of continuity of care

Standard #14: Resource Utilization

- Considers safety, cost effectiveness, and impact on practice in the
  planning and delivery of services.

- Assist the patient in becoming an informed consumer about the options,
  cost, risks, and benefits of various interventions

*Possible additions:

- Documentation of referrals and provision of continuity of care

- Explore the role of collaboration

XII. All WI PN training programs find these objectives to be essential:

- Rationale for using volunteers

- Recruiting and preparing volunteers

- Legal issues applicable to working with volunteers

• Methods of supporting and rewarding volunteers

Scope:

• …FCN is most often supported and guided by a committee of faith community members and assisted by lay volunteers (p. 8).

*No additions noted

XIII. All WI PN training programs find these objectives to be essential:

• Three characteristics of a faith based support group

• Organizing principles for developing support groups

• Process of development

• Managing support groups

Scope:

• Facilitates special interest groups and support groups.

• Support services such as soup kitchens

*Possible addition:

• Explore "support services".

XIV. All WI PN training programs find these objectives to be essential:

• Essential materials for a beginning practice

• Position of the PN in the organizational structure of the faith community

• Steps in creating a beginning practice

• Three realistic expectations and priorities for the first six-months

Scope:

• The size and the expectations of the church will determine how the program is structured and the role…

*Possible addition:

- Explore the different structure of a PN program depending on size of congregation

XV.   All WI PN training programs finds these objectives to be essential:

- Identify characteristics of ministerial teamwork

- Describe how her/his own personality type impacts functioning within a ministerial team

- Apply group process functions to working on a church staff

- Describe the practical issues related to working on a ministerial team

Standard #10: Collegiality

- Interacts with and contributes to the professional development of peers and colleagues

- Shares knowledge and skills

- Provides peers and colleagues to enhance one's own professional practice

- Maintains compassionate and caring relationships with peers and colleagues

- Develops a plan for on-going wholistic health of self

- Mentors others nurses

*Possible additions:

- Contributes to the professional development of peers and colleagues

- Shares knowledge and skills

- Provides peers and colleagues to enhance one's own professional practice

- Mentors other nurses

XVI. All WI PN training programs find these objectives to be essential:

- Discuss concepts related to health and wellness

- Discuss the levels of disease prevention, the related strategies, and the role of the parish nurse to promote health and wholeness

- Discuss interventions appropriate for parish nurses to use for health promotion

- Discuss at least 5 factors that influence health promotion.

Standard 5B: Health Teaching and Health Promotion

- Facilitates programs that strengthens wholistic health needs

- Uses Health promotion appropriately

- Evaluates health information for accuracy

- Evaluation of effectiveness

*Possible additions:

- Recognition of patterns (Margaret Newman's Theory of Expanded Consciousness)

- How to evaluate accuracy of health information

- Explore the reason/benefits/tools of evaluation of educational events

XVII. All WI PN training programs find these objectives to be essential:

- Discuss how prayer and worship leadership by the parish nurse may assist a faith community to integrate faith beliefs with health practices

- Identify background information and research that reveals the implications of prayer in health care

- Describe forms of prayer that can be offered with individuals and with the faith community

- Identify a process and resources that facilitate leadership in worship

Scope:

- Seek research to support best practice and ascribes to having familiarity of faith practices.

*Possible addition:

- What is the role of the PN in conversion or salvation?

- Explore restoration to community

XVIII. All WI PN training programs find these objectives to be essential:

- Discuss key perspectives of grief

- Discuss manifestations of grief

- Recognize when healing from grief is occurring

- Assess for risk of complicated grief

- Discuss role of the parish nurse when facilitating healthy grief

- Evaluate personal risk for burnout or compassion fatigue

Scope:

- Provide a healing supportive presence for the patient and their loved ones as death occurs.

*No additions noted

XIX. One WI PN training program finds these objectives essential:

- Discuss the risk factors for family violence

- Describe the Cycle and Violence as it pertains to intimate partner violence

- Describe methods to assess and screen for intimate and domestic partner abuse, child and adolescent abuse and neglect, and elder abuse and neglect

- Identify interventions for family violence

- Explore appropriate spiritual interventions for those experiencing family violence

Scope:

- Victims of domestic violence or other forms of abuse may seek solace or sanctuary

*No additions noted

XX. All WI PN training programs find these objectives essential:

- Discuss why nurses document from philosophical, legal, quality improvement, and clinical perspectives

- Describe professional issues and unique characteristics of parish nursing that affect documentation

- Discuss how documentation is consistent with the Scope and standards of parish nursing practice

- Describe how to set up a documentation system

- Describe areas of policy and procedure development, including confidentiality, maintenance of health records, and ownership of the health record

Standard #1 Assessment

- Collects comprehensive data pertinent to the patients wholistic health or situation

- Set priorities

- Ongoing

- Involves others

- Uses analytical models and problem solving tools

Standard #2 Diagnosis

- Based on wholistic assessment

- Identifies strengths that enhance health and spiritual well being

- Identifies actual, perceived, or potential threats to health and spiritual well-being

- Documents DX in a manner that facilitates the determination of expected outcomes and plan.

Standard #3 Outcomes

- Documents expected outcome and plan

- Validates the issue with the pt.

- Identifies threats, cost, benefits, scientific evidence based practice

- Realistic time frame

- Modifies based on changes

- Documents as measurable goals

- Retrievable format

- Identifies patterns

- Involves others in formulating outcomes

- Culturally and spiritual appropriate

Standard #4 Planning

- Consider spiritual beliefs

- Involves others

- Include strategies for promotion and restoration of health, spiritual enhancement, and prevention.

- Integrate current trends and research

- Consider economic impact and resources

- Realistic timeline

- Provides for continuity of care

- Uses recognized terminology

- Standard #5 Implementation

- Involves others

- Empowers pt.

- Documents with modification

- Utilizes evidence based interventions

- Interdisciplinary

- Fosters support system

Standard #6 Evaluation

- Evaluates progress towards attainment of outcomes

- Conducts a wholistic systematic on-going evaluation of outcomes in relation to the structure and processes described by the plan and indicated timeline

- Evaluates the effectiveness of planned strategies to pt. responses and attainment of outcomes

- Documents the results of evaluation

- Uses ongoing assessment data to revise the dx, the outcomes, the plan, and the implementation.

- Uses the results of evaluation in analyses to make or recommend process of program changes in the faith community, as appropriate, to improve the provision and outcome of care.

Scope:

- Knowledgeable about and documents the nursing process

- Interventions focus on the protection, promotion, and optimization of wholistic health and the maximization of abilities.

*Possible additions:

- What to document (State Standards reference sheet)

- Documentation of the nursing process including evaluation (DIARYS)

- Use of a classification system (NANDA, NIC, and NOC)

- Most frequently used NANDAs, NICs, and NOCs by the PN

- Explore tools for episodic and ongoing documentation

- Explores analytical models and problem solving tools

- Explore cultural competent care

- How to do literature searches and application of evidence based practice

- Consider previous nursing experience (ADN vs. BSN) and adjust teaching objectives to include gaps of knowledge

- Use of teaching plans with learner objectives

XXI. One WI PN training program finds these objectives essential:

- Define Humor: identify two elements and two types of humor

- List three health benefits of laughter

- Explain the relationship of joy and laughter to spiritual health

- List three benefits of using humor to manage stress

- List three resources to use in humor ministry.

The S&SP does not mention humor specifically

*No Additions Noted

XXII. One WI PN training program has objectives for the evaluation of practice

Standard # 9 Professional Practice Evaluation

- Evaluates one's own practice

- Provides age appropriate wholistic care

- Regular basis with identifying areas of strength as well as areas in which professional development are needed.

- Obtains feedback

- Systematic formal review

- Sets goals and takes action to achieve goals

- Provides rationales for practice

*Possible additions:

- How to evaluate one's own practice

- What is the provision of age appropriate wholistic care

- Evaluate on a regular basis with identifying areas of strength as well as areas in which professional development are needed.

- Obtains feedback for evaluation

- Describe and provide tools for a systematic formal review

XXIII. No WI PN training programs has objectives for PN Education

Standard # 8 Education

- Participates in ongoing educational activities related to spiritual care, professional nursing practice, and related professional issues.

- Demonstrate a commitment to lifelong learning through self-reflection and inquiry to identify learning needs.

- Seeks learning experiences that reflect current practice in order to maintain knowledge, skills, and competence in all dimensions of faith community nursing.

- Acquires knowledge and skills appropriate to faith community nursing practice.

- Maintains professional records that provide evidence of competency and lifelong learning in the specialty.

- Seeks experiences and formal and independent learning activities to maintain and develop the necessary professional skills and knowledge to provide spiritual care.

- Uses current research findings and other evidence to expand knowledge and enhance role performance.

*Possible addition:

- Define lifelong learning

- Explore motivation for learning

XXIV. One WI PN training program has objectives for Resource Utilization

Standard # 14 Resource Utilization

- Considers safety, cost effectiveness, and impact on practice in the planning and delivery of services.

- Assist the patient in becoming an informed consumer about the options, cost, risks, and benefits of various interventions

XXV. No WI PN training program has objectives about environmental issues

Scope:

- …environmental safety issues

*Possible addition:

- Discussion of environmental safety issues

XXVI. No WI PN training programs has objectives for the quality of practice

Standard # 7 Quality of Practice

- Systematically enhances the quality and effectiveness of practice

- Uses the results of QI activities to initiate changes in the practice and in the interaction between the church and the health delivery system

- Uses new knowledge to initiate changes in the practice

- Participates in QI activities

- Analyzing factors related to safety, satisfaction, effectiveness, and cost-

  benefit options

*Possible addition:

- How to do QI activities to show value of practice

- Client evaluation tools

XXVII. One WI PN training program has this objective:

- Analyze research Studies on education and spiritual care in nursing

  Standard #13 Research

- Integrates research findings into practice

- Participates and conducts

*Possible additions:

- The PN role in conducting research: types

XXIII. No WI PN training programs had objectives for professional leadership

Standard # 15 Leadership

- Provides leadership in the professional practice setting and the profession

- Works to provide healthy work environment

- Willingly accepts mistakes by self and others, thereby creating a culture in

  which risk taking is not only safe, but also expected.

- Inspires loyalty by valuing people

- Serves in key roles in the faith community

- Mentors

Possible additions:

- Define professional leadership

- Facilitate membership into professional nursing organizations

- Leadership resources (Book: James Hunter's Servant Leader)

Appendix C

Coordinator Survey

Handed out ten surveys, received seven completed (N=7)

Have you felt that your PNs have been adequately trained for the position/

ministry? In what way?

1.   Yes, took PN basic courses. Trained them to provide individual care.

2.   Yes, PN training prepared them adequately to begin.

3.   Minimally. They all took PN training but lack the ability to reflect on their

        practice that affects realizing the value of their work.

4.   Lacked conflict resolution training to work with difficult pastors and in

        multiple sites.

5.   Basics of training. Missing important parts of evaluating outcomes,

        population health, including community in decision making, sustainability,

        strengths and capacity identification and building, support group

        facilitating, case management in chronic illness…etc.

6.   All attended prep program. Also had hospital and program specific

        orientation. Several have difficulty with documentation using the nursing

        process and DIARY format.

7.   All had basic training but lack the ability to reflect on practice and see

        value of interventions.

Summary:

PN trained for individual care and for beginning practice with novice skills.

Lacked training to reflect on practice and see practice as value added, conflict

resolution, work in multiple sites, evaluating outcomes, population health,

community decision-making, sustainability, strengths and capacity identification

and building, support group facilitation, case management in chronic illness, and

documenting using nursing process (DIARY).

Do you see any gaps in the PN education your nurses have received?

1.   No basis for comparisons to other nursing practices. (?)

2.   More emphasis on the professional role of the PN and creativity in

       practice.

3.   Case management of chronic illness in the community, advocacy,

       population health, surveillance, community building skills, and self-

       reliance.

4.   Professional boundary setting

5.   Professional role of leadership. Being an agent of change. Advocacy,

       chronic illness, and behavior health.

6.   Difficulty in setting up initial program in congregation. Not sure regarding

       content in training program.

7.   Professional boundary setting and documenting.

Summary:

Gaps are professional role and role creativity, case management, advocacy,

population health, disease surveillance, community building skills, self-reliance,

professional boundary setting, agent of change, behavior health basics, how to initially set up program, and documenting.

For those who have received PN training, which areas of training fit best and which did not to adequately prepare them for their role?

1.   All fits.

2.   Needs to be on-going to deal with difficult issues and personality issues. Role modeling or case studies would help.

3.   Provides only basic understanding of the novice PN role.

4.   The education prepared them well for the beginning of their practice. The difference between programs is in depth of discussion.

5.   The training provides a strong focus on education to assess spirituality and provide resources and referrals. Other professional roles are lacking.

6.   It seems content of training is all pertinent to roles of PN. Not sure about content of training. Each PN has strengths and personal gifts. Some nurses are less able to transfer knowledge to the next level of integration (non hands-on and that means never).

7.   Provides only basic education for novice, needs more CEU opportunities.

Summary:

Training needs to be ongoing (CEU) to deal with difficult issues and personality issues using case studies and role-playing. PN basic prep programs are different. Provides strong focus on spiritual assessment and resources and referrals. Each nurse brings own gifts and strengths. Some nurses have difficulty in transferring knowledge to practice.

What types of nursing education and work experience did they have previously and what significance does that play in their adaptability as a PN?

1.   Clinical experience. Most have BSN with some MSN and Masters in other fields –I think personalities and those of pastor's play a greater significance to their adaptability. It's their personal ability to take what they have learned and apply it.

2.   Mixed bag – RN with community experience does well with community outreach and providing services in a home.

3.   Most have diploma, with one each of ADN, BSN, and MSN – Less than BSN lack understanding of congregation as community and therefore lack ability to apply community health principles. Hospital, clinic, community health, and nursing administrator.

4.   Both had over 25 years of experience- comfortable with client assessment and identifying spiritual support for the healing process.

5.   Most have 15-40 years of clinical experiences, which is definitely essential. None had community experience. All but one has BSN with several MSN prepared. They all seem to learn community resources.

6.   Most of them are BSN and MSN with mostly clinical backgrounds of more than 5 years. Some with community experience give credence to their adaptability otherwise starting from novice in exploring community health principles.

7.   Over 25 years experience with most PN having ADN and Diplomas. One

        has MSN. Experiences in homecare, hospital, and community health.

Summary:

ADN, Diploma, BSN, and MSN. Less than BSN preparation lack understanding

of congregation as community and therefore lack ability to apply community

health principles. ADN and Diplomas prepared PN does well with one to one

individual care.

PN have 5-40 years of clinical, administration, education, and community based

nursing experiences. RN with community experience do well with community

outreach and comfortable in providing services in a home. Community

experiences give credence to their adaptability otherwise starting from novice in

exploring community health principles. Over 25 years of experience PN is

comfortable with client assessment and identifying spiritual support for the

healing process.

Personalities and those of pastor's play a greater significance to their adaptability

and their personal ability to take what they have learned and apply it.

Do you feel Standards for PN education would make a significant difference, one

way or the other? Why or why not?

1.   Important and needed. Must be monitored for competence. We need to be

        seen as professional.

2.   How is it different than IPNRC curriculum?

3.   Core Standards for PN education is important. Keep them general and basic. Subsequent CEUs offerings would assist PN who needs advanced training in the specific roles they most utilize.

4.   Having attended two basic prep programs, standardizing PN educational programs would enhance the competency across programs, which would reflect in practice, as well as implementation of programs. PN training programs all have different focuses and strengths.

5.   Yes, standards in education would be important so that I know my PN were all meeting similar education objectives and I could expect similar competencies.

6.   Educational standards in PN education are essential.

7.   Important and needed. Must be monitored for competence. We need to be seen as professional. Do not look at curriculum but at standards for program and student objectives and consider adding CEU opportunities in addition to WNA preconference.

Summary:

PN training programs all have different focuses and strengths. Standardized educational objectives are important, essential, and needed for consistency in PN program content, practice competencies, and outcomes. PN need to be seen as professional. Standards should be basic and general allowing for diversity in curriculum. CEUs should be offered in addition to PN prep training and in addition to WNA preconference. PN should be monitored for competence.

Do you feel that the PN's personal faith background has made a difference on her/his role growth?

1.   All have a strong faith and this helps to identify spiritual needs.

2.   Yes

3.   The denomination makes no difference but the PN passion and commitment to their personal belief does.

4.   Only important to recognize the value and connection between health and faith to assist others in identifying what faith practices they use to support health.

5.   Spirituality plays a bigger role than background. They use their faith practice to support themselves in their work as a PN.

6.   The denomination makes no difference but passion does.

7.   All PN are volunteer or paid by congregation, with exception of PN that has five churches. All PN are comfortable with faith beliefs and practices of congregation.

Summary:

Strong faith helps PN identify spiritual need in others and support them. Denomination makes no difference but passion and commitment to personal belief does. Important for the PN to recognize the value and connection between health and faith to assist others in identifying what faith practices they use to support health.