Walden University
ScholarWorks

Walden Dissertations and Doctoral Studies

Walden Dissertations and Doctoral Studies Collection

12-5-2023

A Credentialing Protocol Education to Enhance Nurse Float Pool Competency

Dalton J. Skipper
Walden University

Follow this and additional works at: https://scholarworks.waldenu.edu/dissertations

 Part of the Nursing Commons

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Nursing

This is to certify that the doctoral study by

Dalton Skipper

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Robert Anders, Committee Chairperson, Nursing Faculty
Dr. Joan Hahn, Committee Member, Nursing Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2023

Abstract

A Credentialing Protocol Education to Enhance Nurse Float Pool Competency

by

Dalton Skipper

Project Submitted in Partial Fulfillment

of the Requirements for the degree of

Doctor of Nursing Practice

Walden University

November 2023

Abstract

Ensuring nurses in the float pool have the right skills and expertise for their assigned patients is significant when providing competent staffing. The float nurses are moved to different units and patient groups frequently. Sometimes, they are moved from their clinical area to somewhere new, so they must be credentialed to care for patients in their assigned unit. The practicum site found that some nurses were assigned without current or appropriate credentials. The staffers who assign the float nurses are also not clinically educated professionals and lack clinical knowledge of properly assessing competencies. This staff development program addresses the gap by teaching the staffing assistants how to use a staff credentialing protocol to ensure nurses are sent to units that match their expertise. Ten content experts reviewed the staff education lesson plan regarding teaching the staffing protocols using Lynn's model to ensure validity. The approved validated lesson plan guided the instruction using an evidence-based staffing plan aligned with the synergy model. Mezirow's theory of transformative learning provided the framework for the education offering. Ten staff registered nurses completed the staff education; 100% rated the 6-item instructor evaluation as "4" or *knowledgeable*, the highest rating, and indicated that the teaching met all of the learning goals effectively. Patient outcomes improve by providing education on the established evidence-based staffing protocol that aligns with the synergy model. This positive impact aligns with Walden University's view of social change as individuals acting within their profession to have influence.

A Credentialing Protocol Education to Enhance Nurse Float Pool Competency

by

Dalton Skipper

Project Submitted in Partial Fulfillment

of the Requirements for the degree of

Doctor of Nursing Practice

Walden University

November 2023

Dedication

I dedicate this Doctor of Nursing Practice (DNP) project to all nurses, at all levels of practice and education, who continue to push to make healthcare safer for the patients they care for.

Acknowledgments

I am beyond thankful for the continuous love and support that my family has surrounded me with as I embarked on this journey to obtain my DNP many years ago. I am grateful to have a very patient partner, Garen, who was always there for support and encouragement. I would only be writing this acknowledgment with the steady hand and guidance of Dr. Robert Anders; thank you for being there. I would also like to extend my largest appreciation to Lisa Johnson, Chief Nursing Officer, who agreed to mentor me as I pursued this project at the very hospital where I began my nursing career almost 15 years ago, meeting three nurses who were highly influential in my professional development: Lynn, Laura, and Jaineen. I appreciate Lisa's team's support and participation in this project.

Table of Contents

List of Tables

List of Figures

Section 1: Nature of the Project

RN credentialing is necessary to ensure practice and patient safety (Bindon, 2017). Credentials include basic life support, advanced cardiac life support, licensure, skills competency validations, and other skill-specific requirements. According to the staffing and credentialing tracking system manager at the project site, not all staff had alerts set to notify staffing system users of expired credentials. In addition, some employees needed a warning of expired credentials. For this project, the identified gap is education on the established evidence-based staffing protocol. There was an identified need for staff education on the written procedure to input float pool staff into the staffing system and ensure staffing system alerts. A staff education program detailing how to use the established written staffing protocol was developed to address this significant gap in practice. The education emphasized the importance of following the staffing protocol. It ensured that verification of the float nurse assignment and review of the RN's credentials occur in the staffing system before deployment of the float RN.

This education occurred through consultation with professional panels and the presentation of oral, written, and visual instructions on the established evidence-based staffing protocol. Learning was measured with a post-education assessment evaluation. The education aligned the health care system's use of the synergy model, reducing patient risk (see Schoenly, 2019) and optimizing patient outcomes (Hardin & Kaplow, 2019). Role setting uses the synergy model for patient care to fill staffing needs. The synergy model recognizes that nurses gain expertise as they move from Level 1. Level 1 focuses on data collection, following decision trees, and using standard protocols, to Level 3,

where the nurse can quickly see the situation's wholeness (Hardin & Kaplow, 2019). All employees in this float pool are Level 3 nurses with at least 2 years of consistent clinical experience. Their hiring manager and human resources department determine their Level 3 designation. The education on the established evidence-based staffing protocol aligned with the synergy model to improve patient outcomes by deploying the Level 3 RNs to their areas of expertise after checking nurse credentials in the electronic staffing system. The established protocol instructs staff system users on verifying credentialing before RN staffing placement, which is necessary to guarantee that the floating RN meets the credentialing requirements set forth by the state of Georgia, the health care system, and the synergy model.

I presented the education on the established evidence-based staffing protocol to the staffing system users. The staff development education provided opportunities to practice the protocol and address the following credentialing requirements. Administration of a post-education assessment of the protocol served to determine the educational program's effectiveness. This project had a positive impact on social change. Patient outcomes can improve by providing education on the established evidence-based staffing protocol that aligns with the synergy model. This positive impact aligns with Walden University's view of social change as individuals acting within their profession to have influence.

Problem Statement

Local Nursing Practice Problem

The Institute of Medicine (IOM) affirmed that using temporary or per diem nurses

may risk patient safety (Adams et al., 2015; O'Connor & Dugan, 2017). Nursing vacancies fluctuate because of patient census and acuity, staff illnesses, family events, vacations, temporary leaves, or lack of nurses in full-time roles. Additionally, vacancies may occur secondary to nursing burnout and poor nursing resilience (Payne-Robinson & Anderson, 2021). A float nurse often fills these vacancies (Srivastava et al., 2019). To reduce staffing problems, the site for the project has implemented an internal resource of float nursing staff of varying specialties.

Local Relevance of the Need to Address the Problem

Approximately 400 RNs are in the float pool at the project site. Two full-time education coordinators facilitate all float pool nurses' onboarding and continuing education. There are also approximately 400 other multidisciplinary enterprise float pool staff. Staffing assistants deploy the floating staff based on unit and hospital needs. But processes and communication related to safeguarding properly credentialed float pool nurses deployed to the respective units often need to be more consistent, present, and properly followed.

The floating staff is remote and siloed into specialties in the academic health care system site for this staff education project. These specialties include medical-surgical, critical care, hemodialysis, clinic, and other clinical units. Within those silos, nursing assignments occur within all 11 hospitals and over 250 clinics of the health care system in the metropolitan area. Hospital units are typically renal, surgical, medical floors, neuro-intensive care units, acute infectious disease units, and sub-specialties. Within these units, specialty staff nurses care for the specific patient population.

The project is meaningful and relevant to the enterprise float pool because it allows for discovering outdated or incorrectly aligned credentials and not assigning those nurses to patients. With proper credentialing, the floating staff can continue working, increasing the float pool's productivity and fulfilling staffing needs within the operating units. Further, many patients in the health care system have complex medical needs and require nurses with specialized skills. The synergy model optimizes patient outcomes by considering their characteristics and matching them with nurse competency (Hardin & Kaplow, 2019). Nurses with similar expertise can communicate better about specific patient populations than those from different backgrounds (Nolan, 2021). For example, a neuroscience RN on an oncology floor may need help understanding the complexities of administering chemotherapy or monitoring oncological emergencies. Therefore, they may not communicate patient issues effectively to other nurses and intervene quickly when subtle signs progress to medical emergencies. An RN may also not recognize the signs and symptoms of medical concerns of a specific patient population. The continuity of patient care is extended through synergy via nurse-to-nurse verbal reports (Nolan, 2021). Thus, the need for RNs to recognize and speak to disease-specific care needs is essential to patient safety and positive patient outcomes. Overall, mismatched patient needs and nurse skills can lead to patient harm at the bedside.

Significance for the Field of Nursing

This staff education project is significant to nursing because it employed the synergy model to improve patient outcomes. The improvement, in part, matched the patients' needs with the nurses' skillsets through providing education on the institution's

established evidence-based staffing protocol. In addition, providing education on the written staffing protocol that aligns with the synergy model ensured minimal harm to the patient due to inappropriate assignment of a nurse. Thus, nurses can better meet their responsibility of not harming any patient.

Purpose

The Gap in Practice

The float pool enterprise that serves a multi-entity academic medical system requires verification of staff credentials. The project site is in the southeastern United States in a large metropolitan area. The float pool enterprise surveys and verifies all RN licenses upon hire and annually. However, the agency needs to identify gaps with other credential verification processes. The practice-focused question for this project contains two phases:

- Will the staff training activity assessment meet evaluation criteria using Lynn's model?
- After attending the educational sessions regarding the staffing protocol, will the staffing assistants meet the learning outcome objectives?

How to Address the Gap in Practice

Float nurse candidates disclose their expertise, skill sets, and qualifications during the interview. Most of the candidate's history is accessible via the applicant's resume. However, there needs to be more consistency in inputting the nurses' credentials into the electronic staffing system. The electronic staffing system is the staffing assistant's tool to deploy nursing staff. The inconsistency in documented credentials negatively impacts the

staffing assistants' workflow because they are still determining where to assign the float nurse. Coded qualifications inform the staffing assistant if the float nurse has experience in cardiac, renal, transplants, or other clinical units. Too frequently, nurses unfamiliar with a specific patient population become deployed to a unit that cares for them. This project closed the gap in practice by creating staff education on the established evidence-based staffing protocol. The protocol addresses RN credentialing by instructing users to set alerts for expired credentials and match qualifications to staffing requests (i.e., use the synergy model). With alerts set, staffing system users may run reports on upcoming credentialing expirations and prevent expiration and non-compliance of credentialing. The outcome of the education on the protocol is reducing RN deployment without proper credentialing and aiding in matching nurse skills to the patient population.

Nature of the Doctoral Project

Sources of Evidence

Reviewed peer-reviewed articles, resources from the Walden University and Emory University libraries, professional organizations, professional and academic websites, textbooks, publications, and subject matter experts were conducted. In addition, databases and search engines, including CINAHL, PubMed, Science Direct, Google Scholar, and Medline, were searched for articles for review. Search terms used for this project are *float pool, float nurse, synergy*, *Synergy Model, float nurses* and *Synergy Model, quality, patient safety, performance, nurses, health care providers, feedback strategies, patient outcomes, competency, nursing competency, skill, qualifications, staffing matrix, staff education, nursing communication,* and *process management*. All

related information and research used were published within the last 5 years.

The Approach Used for the Project

Evidence for this doctoral project was organized and analyzed systematically. It included reviewing the literature on this staff education project's analysis, design, development, implementation, and evaluation (ADDIE). It was not expected that there would be a review of any randomized control trial studies. However, other level-A evidence was used. Level B and Level C evidence were applied to the problem. Analyses and organization of the evidence can lead to fruitful research methods and approaches to implementation (University of Kansas, n.d.).

Significance

Stakeholders

The stakeholders for this project include hospital leadership, the float pool enterprise, unit-based bedside RNs, and patients and their families. The project helped hospital leadership accomplish its mission of improving patient safety and patient outcomes. These accomplishments were done by reducing sentinel events and nursing malpractice incidences and improving the nurses' overall quality of care. In addition, this staff education project was expected to minimize risk exposure from nurses to patients under their supervision.

The project aided in float pool RNs being assigned to patients within their scope of practice. The range of practice varies within the population of nurses in the float pool. For example, not all medical-surgical nurses can read and interpret telemetry readings. However, all float nurses receive assignments on the telemetry floor. This sort of nurse-

skill patient-requirement mismatch is what this project was intended to prevent. By following this protocol, RN assignments were to those patients who are credentialed and validated to administer care. The appropriate assignment aided in risk reduction for the patient and reduce the risk exposure to the float nurses' licensure and employment. In addition, education on the established evidence-based staffing protocol for determining the RN assignment ensured that a qualified nurse cares for the patient.

Unit-based bedside RNs are also stakeholders in this endeavor. The unit-based bedside RNs are the most used reference for the float RNs because float RNs often have questions regarding unit-specific flow or tasks (clinical nurse specialist, personal communication, October 8, 2021). The goal is to ensure the alignment between the float RNs' competencies and the skillsets of the unit-based RNs, minimizing questions specific to patient care or disease process management. By assigning a properly credentialed float RN, the nurse will know what to expect and how to care for patients with specific diseases and illnesses. Their expertise will be in line with the needs of the patients. Unit-based bedside RNs are expected to have limited unit flow-specific questions.

Patients and their families are the most critical stakeholders in this project. The patient and their families are directly affected by this staffing protocol. Patient care partly depends on standards that place the float pool RN in the appropriate unit. Although patients are the most crucial stakeholders in health care, they are often invisible to policy and procedure creators (Kuriakose et al., 2020). Patient and family considerations were front and center in the ongoing use of the protocol by providing education on the existing staffing protocol that incorporates the synergy model.

Contributions to Nursing Practice

Nurses take a 200-year-old oath, the Nightingale Pledge, which states to do anything to elevate the profession of nursing (Cogley, 2021). Nurses have been the most trusted profession for 19 years (American Hospital Association, 2019; Enriquez, 2021). The staffing protocol should be applied to match the nurse's ability and skill set to care for the patient. The skillset should ensure competency in managing complex medical situations. It also included the development of trust and confidence in nursing as a profession, trust that the nursing profession has worked so hard to earn. Additionally, this project aims to reduce risk exposure to the patient. The risk reduction occurs by aligning their care and needs with an RN competent to meet those needs and the standard of nursing care.

Transferability

Commonly used are protocols in the clinical setting, and there is significant literature regarding their use (clinical nurse specialist, personal communication, August 4, 2020). For example, using "time-outs" when preparing for an invasive procedure has significantly reduced procedural errors (Dharmarajan & Snyderman, 2020). When searching the health care system's online policy and procedure manual for *policy* or *procedure*, hundreds of electronic policies and procedure documents appear. However, there is no significant literature regarding protocols in the non-clinical setting. For example, searching for *float staffing* and *synergy* returned fewer than 15 electronic policy and procedure documents, duplicating some search results. Hospitals often implement care protocols to minimize unwanted practice variation, mandating checklists and time-

outs to avoid simple mistakes and improve teamwork (Dharmarajan & Snyderman, 2020). Hence, education on this non-clinical staffing protocol that ensures credential nurses are appropriately assigned supports improved patient outcomes.

Developing the staff education for the established staffing protocol is also useful in the non-clinical health care setting (i.e., environmental and food and nutritional services; chief operations officer, personal communication, April 23, 2020). In addition, the education framework informed end-users of the staffing protocol and how it could be used in other non-clinical health care system areas. It could help to minimize errors while also increasing positive departmental outcomes.

Social Change

The project supports Walden University's mission to advance positive social change because it addresses a practical problem with an applied solution. The education on the established evidence-based staffing protocol that reviews nursing credentialing and skill surveillance aligns with the synergy model (Hardin & Kaplow, 2017). The model aims to improve patient outcomes to increase the patient's health, leading to an increased quality of life (Endalew et al., 2021). Ensuring that nursing staff is qualified and has current credentials promotes patient safety and risk reduction for the healthcare system (Davidson, 2020; Schoenly, 2019). Providing education on the existing staffing protocol for properly staffing the float pool influenced positive social change by supporting a safe nursing care environment and a setting for positive patient outcomes. I expect human and social conditions to improve through this protocol implementation by achieving better patient and nursing staff satisfaction. Patients were matched appropriately to a nurse's

competencies, which leads to nurses' satisfaction because their assigned patients match their skills and are more confident in providing care.

Summary

Patient safety is expected to increase and risk exposure decreased after implementing the education program on the established evidence-based staffing protocol. The education on the protocol included the significance of pairing a validated, credentialed, and especially skilled RN with a patient whose care needs match the RN's skill level and expertise. For example, the education on the protocol eliminated the hypothetical of a telemetry/cardiac RN being floated to the neurology/stroke unit. They may need to be more confident and knowledgeable in the ongoing assessment and care delivery for the patient under the float RN's care. Providing education on the established protocol in the float pool led to less room for error in staffing assignments.

Section 2: Background and Context

This doctoral project closed the significant gap in practice to provide education on the established evidence-based staffing protocol. A survey of the project setting identified the need for education on the established evidence-based staffing protocol for staffing assistants to input float pool staff into the electronic staffing system. There was also a need for appropriate staffing system settings to ensure alerts were enabled to inform staffing assistants of expired credentials. The education on the established evidence-based staffing protocol aligned with the American Association of Critical-Care Nurses (AACN) synergy model. Applying the Synergy model is associated with reducing patient harm and risk (Schoenly, 2019). The synergy model has application to nearly every practice area, from education to clinical settings to leadership (Hardin & Kaplow, 2017). Merzirow's transformative learning theory was also integrated into the project to educate those who use the existing staffing protocol. Further explanation of the synergy model and Merzirow's transformative learning theory is in this section. Further, a systematic literature review summarizes findings and identifies implications and recommendations for nurse staffing practice. This section also discusses the historical background and the project context occurs. The gap in practice is also identified as well as the Doctor of Nursing Practice (DNP) student's role.

Concepts, Models, and Theories

Synergy Model

The primary model that informs this doctoral project is AACN's synergy model. The project uses the synergy model for patient care to fill staffing needs in inpatient units.

The float pool still needs to fully implement the synergy model as a framework to deploy float nurses. The established evidence-based staffing protocol is based on the synergy model. However, a knowledge gap exists on how to apply the model in the existing staffing protocol. The synergy model provides the nursing practice framework for delineating the professional nurses' role in impacting patient outcomes and organizational success (Kollman, 2019).

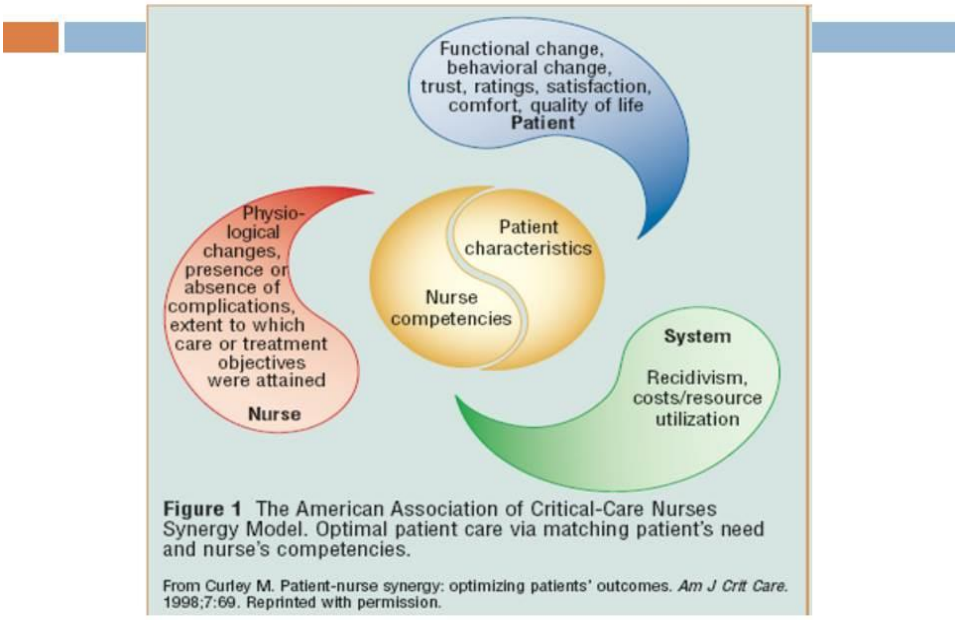
The staff education project aligns with the synergy model by educating system users on deploying RNs to their clinical expertise after verifying their credentialing. This project educated staffing employees on the established evidence-based staffing protocol that is the tool for staffing assistants to deploy RNs throughout the health care system. The education on the established evidence-based staffing protocol aligned credentials to a specific patient population like the synergy model. The instruction on the existing staffing protocol also guided the staffing assistant to ensure that all other credentials are current. Items that should be current are state licensure, basic life support, and other specialty-specific credentials. By aligning this project with the synergy model and providing education on the systematic processes, a reduction in patient risk exposure and an increase in positive patient outcomes is expected (Nania et al., 2021). In addition, the project bridged the gap of staffing assistants not knowing RN credentialing before deploying the RN.

Figure 1 depicts the synergy model. At the center of the model are nurse competencies and patient characteristics. The RN competencies fit and flow with the patient's characteristics, symbolizing a balanced relationship. The RN competencies must

fit into the needs of the patient's characteristics. There are several benefits depicted in the synergy model, such as the patient developing a higher trust in the RN, demonstrating competency in the patient's care, top-quality assessment and intervention, quicker care treatment from the provider, and being discharged sooner with a higher quality of life. The hospital resources are less strained, and there is a reduction in expenditure on inpatient care.

Figure 1

Synergy Model



Note. Synergy model. Emory Healthcare nursing care delivery model. (n.d.)

Before this project, the staffing assistant was unfamiliar with the synergy model and needed to be more familiar with RN credentialing. The float nurses' assignments must align with the synergy model through a staffing protocol to match the patient's needs to the float nurse's skill set to reduce patient risk. As the complexity of patient

illnesses increases and the multiple demands and challenges inherent to the nursing profession, staffing protocols are needed to ensure the patient's need matches nursing competency (Boston-Fleischhauer, 2020; Van et al., 2020). This project aims to prevent float nurses from having assignments with unverified or inappropriate credentials for their patient population.

How Synergy Model Applied to the Project

Many staffing models focus on core competencies, such as (a) focusing on patient population versus unit or nurse focus, (b) focusing on the continuum versus unit-focused, and (c) emphasizing a lifetime of health or health model versus a moment (McEwan, 2021). The validated written staffing protocol considered patient needs and matching the identified need with a nurse with a validated skillset. Applying the synergy model helped match nursing skills to patient characteristics and needs. The literature reveals a need to apply the synergy model to a staffing process (Hardin & Kaplow, 2019). When the synergy model was sed and implemented with a staffing protocol, positive patient and family outcomes resulted (Halm, 2019). Many other references indicate that the synergy model improves nursing patient care (American Association of Critical Care Nurses, n.d.; Hardin & Kaplow, 2019). Therefore, aligning a float nurse staffing protocol with the synergy model is essential. Doing so helps ensure that nurse skills match the patient's needs and characteristics (clinical nurse specialist, personal communication, March 19, 2019).

Merzirow's Transformative Learning Theory

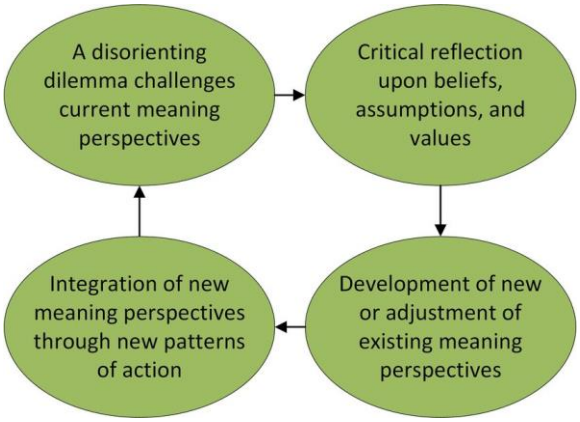
The project involved the education of adults, so the transformative learning theory

was integrated. The transformative learning theory says that the process of shifting consciousness has three dimensions: psychological (changes in the understanding of the self), convictional (revision of belief systems), and behavioral (lifestyle changes; Honneth, n.d.; Taylor, 2017). These dimensions create a climate that supports transformative learning. The environment needs to be trusting, empathetic, caring, authentic, sincere, and of high integrity (Farrow & Leathem, 2021). The project incorporated all learner needs so that the adult learner, given the validated staffing protocol, is conducive to learning. The theory helps adult educators understand that social structures and belief systems influence adult student learning (Boonphadung, 2021). Merzirow's theory also helps adult learners make meaning of their experiences in various ways. The process affects the sort of value systems that develop.

In Figure 2, the illustration demonstrates the flow of transformative learning. First, the disorienting dilemma symbolizes the project, implementing the new validated written staffing protocol aligned with the synergy model. Disorienting dilemmas often challenge one's values and assumptions, such as failure or fear of change (Boonphadung, 2021).The staffing assistant is an adult learner who has not utilized the staffing tool before. The staffing assistant needs to critically reflect on their previous means of RN staff deployment and search for the value in the implemented change. Next, the staffing assistant adjusts to the implemented change and understands the synergy model staffing protocol's perspective. Lastly, the lower-left oval demonstrates integrating the new process and its meaning through independent action of the new staffing protocol without educator advisement or instruction.

Figure 2

Merzirow's Transformative Learning Theory



Note. Merzirow's Transformative Learning Theory (van Bruggen, Nikolic, & Kwakkel, 2019).

Term Clarification

Terms used within the doctoral project have no alternative meanings. Throughout the project, words such as "*Synergy model*," "*staffing protocol*," "*staffing assistant*," "*credentialing*," and "*skillset*" were used. The Synergy model emphasizes aligning patient needs and nurse competencies to achieve optimal outcomes and nurse satisfaction (AACN, n.d.). The model lends itself to a broader application within the nursing practice world, focusing on context and the patient-nurse relationship (AACN, n.d.). The theory of transformative learning refers to the learning theory for adult learners. It expands the consciousness by transforming underlying worldviews and specific capacities to the self (Taylor, 2017).

Relevance to Nursing Practice

History of Broader Problem

Overall, the significance of the validated written staffing protocol project to nursing practice is to keep patients safe and improve patient outcomes, which is the goal of the Synergy model (Schoenly, 2019). Patient safety is a significant problem in nursing. Nurse-related patient outcomes improve with staffing interventions (Kushemererwa, Davis, Moyo, Gilbert, & Gray, 2020). Staffing interventions include staffing protocols that align with the synergy model. The AACN states that appropriate staffing pervades the nursing work environment (AACN, n.d.). Critical staffing elements depend on the organization's staffing policies and procedures and how they support the nurses' professional obligation to provide high-quality care (AACN, n.d.). The AACN suggests that organizations develop systems to facilitate staffing and outcomes to build more effective staffing models (AACN, n.d.).

Nursing skills and nurse staffing levels have increased patient satisfaction scores. Nursing skills and nurse staffing levels have increased patient satisfaction scores (Delhy, Dor, & Pittman, 2020). Patient outcomes improve when the Synergy model exists in nursing practice. Patients are also less likely to acquire physical restraints while in the hospital when paired with a nurse with validated credentials for the patient's specific needs (Endalew et al., 2021; Tonkikh, Zisberg, & Shadmi, 2021). Improving patient satisfaction and outcomes is relevant to nursing practice. Hospitals often need better performance patient reviews and less than 30-day readmissions of core measure patients, such as congestive heart failure patients. Heart failure is the most frequent diagnosis

associated with 30-day hospital readmission in the United States (Fuerniss, 2020). A positive relationship exists between nurse staffing and positive patient outcomes (Fuerniss, 2020). Nursing assignments aligning with the Synergy model allow nurses to deliver high-quality patient care, optimizing patient outcomes (Fuerniss, 2020).

Patient outcomes improve when the Synergy model exists in nursing practice (Hardin & Kaplow, 2019). Patients are also less likely to acquire physical restraints while in the hospital when paired with a nurse with validated credentials for the patient's specific needs (Endalew et al., 2021; Tonkikh, Zisberg, & Shadmi, 2021). Improving patient satisfaction and outcomes is relevant to nursing practice. Hospitals often need better performance patient reviews and less than 30-day readmissions of core measure patients, such as congestive heart failure patients. Heart failure is the most frequent diagnosis associated with 30-day hospital readmission in the United States (Fuerniss, 2020). A positive relationship exists between nurse staffing and positive patient outcomes (Fuerniss, 2020). Nursing assignments aligning with the Synergy model allow nurses to deliver high-quality patient care, optimizing patient outcomes (Fuerniss, 2020).

Current State of Nursing Practice

The setting in which this staff development project occured uses a multidisciplinary float pool of medically trained employees. The float pool assists in daily staffing needs within the hospital system and core staff needs that have yet to be met by full- or part-time employees. The float pool consists of certified medical assistants (CMAs), licensed practical nurses (LPNs), certified nursing assistants (CNAs), and RNs. In this project, I focused on float RNs. Afloat nurse is available for any assignment

within their scope of practice and experience. They are generally not linked or employed by one nursing unit (clinical nurse specialist, personal communication, August 4, 2020). These nurses are remote and siloed into specialties (i.e., medical-surgical, critical care, hemodialysis, clinic, and other clinical units.). Within those silos, the nurses may only have assignments in a few of the 11 hospitals and over 250 clinics in the metropolitan area of the project site. In the hospitals, units are divided up into subspecialties. For example, there are renal medical floors, neuro-intensive care units, acute infectious disease units, and many other sub-specialties. The staff nurses within these units are specially trained to care for the specific patient population.

Patients placed in medical-surgical units are vulnerable because of large nurse caseloads, a more significant percentage of new nursing staff, and higher patient acuity levels (Sobaski & Abraham, 2018). Assigning an inappropriately credentialed float nurse can lead to poor patient outcomes (Pearce et al., 2018). When float nurses are deployed to unfamiliar units or given to patients with unfamiliar health conditions, it adds to the unit-based nursing staff's workload. The unit-based employees must provide care to the float nurses' patients when the float nurse is not knowledgeable of what care to provide.

For example, the unit staff's patient care is interrupted to explain where supplies are located or specific documentation requirements of the unit to the float pool RN. According to the unit director, float nurses are a huge help when appropriately screening for their assignment's appropriateness (unit director, personal communication, October 4, 2021).

A validated protocol that deploys float nurses to units where their skills match the

patient conditions should reduce the float nurse burden on unit-based nurses. In addition, float nurses deployed to a unit whose skills match the patient's characteristics are anticipated to help the unit nurses, patients, and families more effectively.

Gap in Practice

Appropriate staffing ensures a match between the needs of the patients and their families and the nurse's knowledge, skills, and abilities (Halm, 2019; Sobaski & Abraham, 2018). The identified gap in practice is that the float pool needs a standardized protocol to ensure such valid matches are complete. Dangers of mismatching the needs of the patients and their families include the increased risk of nursing care omission due to a lack of experience or knowledge (Halm, 2019). Additionally, mismatching impacts nursing well-being, further eroding the quality and safety of care (Halm, 2019).

Filling the Gap in Practice

This doctoral project advances nursing practice by filling this gap in practice by providing education on an existing evidence-based staffing protocol to minimize patient-nurse mismatches. This project created a step-by-step protocol that addresses float nurse credentialing. The protocol instructed the user to set alerts for expired credentials and match nurse qualifications to staffing requests. The process aligns with the Synergy model by matching nurse skill sets with patient characteristics. With alerts set, system users may generate reports on upcoming credentialing requirements. The report displayed credential expirations and non-compliance of credentials. The staffing system user only allowed the float nurse to work once the credential is renewed and validated. The verification validates that the staffing protocol is expected to eliminate nurse deployment

without proper credentialing and aid in matching nurse skills to the patient population through alignment with the Synergy model.

The gap-in-practice mismatches float nurses' skills to patient needs (Halm, 2019). Too frequently, nurses unfamiliar with a specific patient population are deployed to a unit that cares for that population. Bridging the gap in practice benefits nurses by allowing them greater autonomy and control over their practice and identifying patient crises sooner based on their skilled nursing assessment (Halm, 2019). Faster identification of patient crises results in quicker nursing intervention, improving patient outcomes (Hardin & Kaplow, 2019).

Local Background and Context

Local Evidence

RN credentialing is necessary to ensure practice and patient safety (Bindon, 2017). Credentials include basic life support, advanced cardiac life support, licensure, skills validations, and other skill-specific requirements. A review of staffing and credentialing revealed that not all float nurse staff had alerts to notify users of the staffing system of expired credentials. Some RNs who did not set alerts were discovered to have expired credentials. Consisting of following a standardized staffing protocol to ensure credentials are appropriate for an assignment to the respective unit is the identified gap in this project. Therefore, there is a need for a validated written staffing procedure. The written protocol aligned the healthcare system's use of the Synergy model, reducing patient risk (Schoenly, 2019). The doctoral project closed the gap in float nurses' staffing practice, and the patient needs mismatch. The project produced a validated staffing

protocol verifying the float nurse's credentials.

Institutional Context

The setting in which this staff development project occurred uses a multidisciplinary float pool of medically trained employees who assist in daily staffing needs within the hospital system. The float pool also supplements core staff needs that must still be met with full-time or part-time employees. The float pool consists of CMAs, LPNs, CNAs, and RNs. This project focused on the inpatient float RNs. In this context, Remote describes the location where the RNs are assigned. Not all RNs are in one operating unit but are deployed over a vast enterprise. Within the silos, the nurses may only have assignments in one of 11 hospitals and over 150 clinics in the metropolitan area. In the hospitals, units are divided up into sub-specialties. For example, there are renal medical floors, neuro-intensive care units, acute infectious disease units, and various sub-specialties. The staff nurses within these units are specially trained and possess validated skills to care for the specific patient population.

The setting uses the Synergy model for patient care to fill staffing needs. The Synergy model recognizes that the nurse gains expertise. Nurses move from Level 1, which focuses on data collection, following decision trees, and using standard protocols, to Level 3, where the nurse can quickly see the wholeness of the situation (Hardin & Kaplow, 2019). The Synergy model optimizes patient outcomes by advancing nursing skills and matching patient needs (Hardin & Kaplow, 2019). All employees in this float pool are Level 3 nurses with at least two years of consistent clinical experience in their area of expertise. Their hiring manager and the human resources department determine

their Level 3 designation. The written staffing protocol aligned with the Synergy model. The theory should improve patient outcomes by deploying the Level 3 RNs to their areas of expertise by systematically checking nurse credentials in the electronic staffing system. The protocol instructed staff assistants and system users on verifying credentials. The protocol guarantees that the floating employee meets the credentialing requirements set forth by the state, the healthcare system, the specific unit, and the Synergy model.

State and Federal Contexts

Federal and state contexts that apply to this project are related to the Centers for Medicare and Medicaid Services (CMS) and hospital reimbursement. The development of a staffing protocol aligned with the Synergy model. There is a focus on the context of the patient/nurse relationship. It emphasizes the importance of alignment between patient needs and nurse competencies in achieving optimal outcomes and nurse satisfaction (AACN, n.d.). The Synergy model links improved patient and family satisfaction in inpatient nursing care. Nursing skills and nurse staffing levels have increased patient satisfaction scores (Delhy, Dor, & Pittman, 2020). Patient outcomes improve when the Synergy model exists in nursing practice. Patients are also less likely to acquire physical restraints while in the hospital when paired with a nurse with validated credentials for the patient's specific needs (Endalew et al., 2021; Tonkikh, Zisberg, & Shadmi, 2021). Improving patient satisfaction and outcomes is relevant to nursing practice. Hospitals often need better performance patient reviews and less than 30-day readmissions of core measure patients, such as congestive heart failure patients. Heart failure is the most frequent diagnosis associated with 30-day hospital readmission in the United States

(Fuerniss, 2020). A positive relationship exists between nurse staffing and positive patient outcomes (Fuerniss, 2020). Nursing assignments aligning with the Synergy model allow nurses to deliver high-quality patient care, optimizing patient outcomes (Fuerniss, 2020).

CMS measures patient satisfaction through the Hospital Consumer of Healthcare Providers and Systems (HCAHPS) survey (CMS, 2019). Reports of the information obtained in the HCAHPS survey are available to the public. There is an incentive for inpatient hospitals to participate in the HCAHPS survey. Inpatient hospitals subject to the Inpatient Prospective Payment System, such as the hospital setting where the project occured, receive full annual payment updates (CMS, 2019). Inpatient HCAHPS scores must maintain the CMS-indicated benchmark, or higher, ratings for the facility to receive maximum reimbursement from CMS for patient services rendered. Full compensation is an incentive for improved quality of care. It enhances public accountability in healthcare by increasing transparency (CMS, n.d.). Using the Synergy model to guide the staffing protocol potentially leads to increased patient and family satisfaction, improved patient outcomes, and theoretically decreased costs (CMS, 2019; Delhy, Dor, & Pittman, 2020; Hardin & Kaplow, 2017)

Assigning an RN with valid credentials in the specific disease, illness, or injury the patient is experiencing improves the patient's outcome (Endalew et al., 2021). Assigning a competent RN to their area of expertise is essential. Doing so may mean the patient has a higher chance of not being readmitted to the hospital within 30 days, which maximizes the hospital's reimbursements and reputation as a center of excellence.

Improved patient outcomes keep patients from being readmitted within 30 days of discharge; the hospital receives the maximum federal payment for services rendered (CMS.gov, 2019). Appropriately credentialed and experienced RNs must care for the specific patient populations monitored by CMS (Hardin & Kaplow, 2019). They are credentialed and experienced RNs considered experts in patient population practice clinical measurements and core measures that CMS holds institutions accountable for in that patient population. By pairing RNs credentialed and familiar with experiences in the patient population and category, the patient should experience better outcomes, expectedly exceeding 30 days past the discharge date (Recio-Saucedo et al., 2018).

The American Nurses Credentialing Center (ANCC) also recognizes that the project location has four Magnet hospitals. The Magnet Recognition Program designates organizations worldwide where nursing leaders successfully align their strategic nursing goals to improve organizational patient outcomes (ANCC, n.d.). Magnet recognition is a local context for the project. Eight Magnet-recognized hospitals are within the project location site; four belong to the enterprise where the project was completed (W. Health Sciences Center, 2018). In addition, the project was conducted in five Magnet-recognized facilities within the metropolitan area (ANCC, n.d.). The four Magnet-recognized facilities of this healthcare enterprise are all located in the metro area. Benefits of Magnet recognition include excellence, the highest standard of care for patients, business growth and financial success, and staff who feel motivated and valued (ANCC, n.d.).

The project aided in maintaining Magnet recognition, considering the required factors for a facility to become Magnet-recognized. The project also benefited the

healthcare system's operating units that still need Magnet recognition. By aligning a validated staffing protocol with the Synergy model, maintenance or improvement of nursing care and patient satisfaction occured (Nania et al., 2021).

A Magnet facility means the hospital provides high-quality care in a safer environment and produces better patient outcomes (Anderson, 2021; ANCC, n.d). In addition, magnet recognition positively impacts the healthcare facility's business, thus attracting more patients (ANCC, n.d.). As a result of the increased attraction of patients to the areas, the healthcare system impacts and serves. As a result, economic growth occurs within the community and even the state (Guimaraes, do Carmo Caccia-Bava, & Geist, 2020). In addition, the project delivered a higher quality of care to patients admitted within the healthcare system, positively impacting the state.

Role of the DNP Student

In the doctoral project, I examined the literature for information on staffing protocols and the Synergy model. The information created a staffing protocol that aligns with the Synergy model. My background is in critical care and nursing education leadership. I have a master's in nursing science with an acute care nurse practitioner certification. I currently work as a manager of the nursing education role for an extensive healthcare system's nursing float pool.

This approach aims to prevent float nurses from having assignments with unverified or inappropriate credentials. I am responsible for developing, administering, and tracking the post-education assessment. Motivations for this doctoral project are patient safety and improved patient outcomes. While not explicitly addressed, this project

is the anticipation that patient safety and patient outcomes improved. Patient risk exposure decreased because of a validated written staffing protocol aligned with the Synergy model.

Summary

Creating a validated written staffing protocol to deploy float nurses aligned with the Synergy model improves patient outcomes and increase patient quality of life (Endalew et al., 2021). A validated and credentialed skilled RN paired with a patient that matches the RN's skill level and expertise. Although this concept seems natural, staffing assistants may only sometimes follow the Synergy model thought process. Staffing assistants often need to be more clinical and must know the nurses' exact skill sets and match them with patients' needs. The staffing protocol created from this project instructed staffing assistants, even those with limited healthcare knowledge, to place nurses based on their nursing qualifications. The process of the RN staffing protocol is the quintessential definition of the Synergy model.

Section 3: Collection and Analysis of Evidence

A survey of the project setting identified the need for a written procedure to input float pool staff into the electronic staffing system. A second need was for a staffing system to enable appropriate alerts. In the electronic staffing system, alerts inform staffing assistants of expired credentials and aid in preventing a nurse from being assigned to a patient while currently uncredentialed. During the staffing system survey, it was also discovered that RNs need to have their qualifications coded into their profile. Qualifications are entered as a code to inform the end-user, primarily a staffing assistant, whether the RN is a cardiac, neurology, or surgical nurse, among other varying skill sets.

This doctoral project closed a significant gap in practice regarding creating a validated written protocol. The written protocol aligns with AACN's synergy model. Using the synergy model reduces patient harm and risk by matching patient care needs to nurse skill sets (Schoenly, 2019). Incorporating professional practice models, such as the synergy model, has been shown to improve nursing quality of care, peer interactions, decision-making, autonomy, job enjoyment, and patient satisfaction (Hardin & Kaplow, 2019). The validated written staffing protocol includes step-by-step instructions on the workflow of assigning an RN to an inpatient unit with a specific patient population. The protocol certified the verification that the float nurse assignment and the credentialing of the RN occur in the staffing system before deployment of the float RN. Alignment occurred through implementing a protocol, consultation with an expert panel, and staff development. Included in this section is evidence generated for the doctoral project. Also addressed is an analysis and synthesis of the evidence.

Practice-Focused Question

This doctoral project closed the significant gap in practice to produce a validated written staffing protocol. Before deployment, the protocol verified the float nurse's assignment and credentialing in the staffing system. The validated staffing protocol instructed staffing assistants and any other staffing system user on verifying nursing credentialing. The verification guarantees that the float nurse meets the credentialing requirements set forth by the state, the health care system, the specific unit, and the synergy model. With the validated written staffing protocol, staffing assistants also accurately deployed float RNs, which ensured that the RN skillset is appropriate for the patient population. The practice-focused questions for this project were:

- Will the staff training activity assessment meet evaluation criteria using Lynn's model?
- After attending the educational sessions regarding the staffing protocol, will the staffing assistants meet the learning outcome objectives?

Operational Definitions

The DNP project involves collecting and analyzing stakeholder participant data during the formative evaluation, hence operationally defined variables. The definition and ordinary meaning of these words apply. In any instance, a term is used in an alternative interpretation, a notation occurred for thorough understanding and clarity for the reader. Definitions of essential terms follow.

Credentialing: This verifies RN qualifications and skill background to validate suitability for a patient care assignment.

Evidence-based practices: Practices and guidelines are supported by valid, reliable, peer-reviewed sources of evidence (Schalock et al., 2017). For this DNP project, such practices pertain to health care staffing.

Float nursing staff: An employee of the float pool.

Float pool: A group of registered nurses designated within the health care enterprise with no inpatient unit but an outside department that surveys the organization's staffing needs. RNs possess 2 years of experience within this enterprise within their specialty or skill. This group is deployed among the enterprise's 11 hospitals.

Skillset: The person's range of skills or abilities. The term *staffing intervention* is when the float pool staffing assistant deploys an RN to assume a patient assignment.

Staffing protocol: A series of instructions outline an official procedure governing the deployment of float RNs within the healthcare enterprise's inpatient areas.

Sources of Evidence

Participants

Using Lynn's model, the expert panel validated the lesson plan's content validity and written staffing protocol. The six experts were members of the departmental leadership. Cumulatively, the expert panel has over 70 years of varying experience within nurse staffing. Each group member possesses a different perspective regarding staffing while remaining grounded in the goals and objectives of the enterprise's nursing float pool and applying the synergy model to patient care. They were selected based on their role within the float pool leadership team and their vast knowledge of the subject matter.

The expert panel's individual and comprehensive experiences guided the DNP project, closing the float nurse assignment gap and aligning with the synergy model.

The ten full-time float pool staffing assistants were the learners of the lesson plan and end-users of the staffing protocol. Their daily activities include collecting nurse staffing needs throughout the health care enterprise, consolidating the nursing needs in a centralized staffing system, and resourcing and deploying nurses based on each health care entity's level of need. The lesson plan validated using Lynn's model taught how to align float nurse staffing practices with the synergy model. Once the staffing assistants' training activity is completed, the staffing assistants completed a post-education assessment of the program. Analysis of the post-education evaluation determined the success of the staffing assistants in meeting the learning objectives of the staff development project.

Procedure

The project was a two-step process. First, an expert panel evaluated the staffing protocol (see Appendix A) for validity. The lesson plan (including the learning objectives) was validated after the validation to teach the staffing assistants how to use the staffing protocol. Both validations used Lynn's validation model. After approval of the lesson plan, training was conducted with the staffing assistants. The RNs' understanding of the protocol was assessed with a post-education assessment evaluation tool.

The expert panel must agree that all components of the staffing protocol and lesson plan are relevant to the learning objectives (Rutherford-Hemming & Alfes, 2017).

Lynn's model computed the content validity index (CVI; see Table 1). The content validity score was calculated by the number of experts who felt the lessons are relevant to the learning objectives (Rutherford-Hemming & Alfes, 2017). The calculation is derived by dividing the number of experts who agree that the content is accurate by the total number of panel members. For example, if nine out of ten experts felt the lesson components were valid, the content validity would be 0.83. The determination of the CVI in each lesson item is individually rated on its relevance. The lesson plan includes PowerPoints, handouts, and post-education assessments for the presentation. More on this is offered in the analysis and synthesis of the data section.

Table 1

Lynn's Model

	Number of experts endorsing course items as content Valid					
Number of Experts	1	2	3	4	5	6
1	1.00					
2	0.50	1.00				
3	0.33	0.66	1.00			
4	0.25	0.50	0.75	1.00		
5	0.20	0.40	0.60	0.80	1.00	
6	0.16	0.33	0.50	0.66	0.83	1.00

Evaluation Plan

If the scores are low, the lesson plan was examined to determine areas lacking the criteria for a successful evaluation. According to the literature, modifying, adapting, or excluding some content is acceptable based on expert opinion. For example, there may be restructuring of the items to improve understanding and clarity (Paz de Oliveira & Teixeira de Lima, 2017). The minimum score for a valid assessment for this project is

0.75 (see Table 1). The results of the evaluation tool were reported by descriptive analysis. After a positive evaluation, the staffing assistants were educated using the validated staffing protocol's lesson plan.

The staff development program occurred at the study site's nursing float pool central office. The goal was to increase the float pool staffing assistants' knowledge of using the synergy staffing protocol. Learning objectives for the staff development program are included

1. To orient the float pool staffing assistants regarding the synergy staffing protocol components.
2. To enhance the float pool staffing assistants' knowledge of the synergy staffing protocol to assess staff's credentials.
3. To improve the float pool staffing assistants' skills in using and implementing the synergy staffing protocol.
4. To build confidence in the staffing assistants' ability to use the synergy staffing protocol.
5. To independently develop the staffing assistants' ability to use the synergy staffing protocol.

The education program focuses on staffing assistants who resource and deploy float nurses. The team was informed about the educational program via email and printed flyers. The evaluation of the staff development plan includes the expert panel assessment. In addition, the project consisted of learning objectives, PowerPoint slides, staffing protocol handouts, and an open discussion to answer questions related to the content.

Post-education assessment results were presented using descriptive statistics.

Protections

The Walden University Institutional Review Board (IRB) protected those involved with this project. Names and scores of participating individuals were not a part of this project. The expert panel also remained anonymous in the project, reporting only their title within the enterprise. Departmental employee involvement was on a volunteer basis. The role of the Walden University IRB in approving this doctoral project is to ensure that all research completed complies with the university and Federal ethical standards.

Analysis and Synthesis

After obtaining IRB approval (approval no. 08-01-23-0504813), the evaluation of the staff development project was completed using two-step implementation processes using Lynn's model. First, using Lynn's model, ten expert consultations were obtained to analyze the lesson plan and the staffing protocol. A CVI of 0.75 is the minimum acceptable score for the instructor evaluation tool. Any lesson plan component that does not meet the criterion was reanalyzed. The expert panel performed an overall evaluation of the lesson plan and staffing protocol.

A handout of the validated staffing protocol, a PowerPoint, and an oral presentation was given. After providing the education, the staffing assistants completed a post-evaluation of the instructor. The post-education assessment results were analyzed to determine that learning has occurred through the instructor's effectiveness. The post-education assessment was based on the lesson plan's objectives. The expectation is to see

improved test scores on the post-test. Feedback from the learners regarding the education event was used to enhance future educational endeavors to address any gaps in the education provided. Descriptive statistics assessed the staff development activity's formative and summative evaluation data.

Summary

The project was in two phases. The first was to validate a written staffing protocol to ensure the proper credentials of RNs assigned to the float pool to deploy to specific nursing units. The second phase was to approve the lesson plan to teach the staffing assistants who make RN float pool assignments how to use the protocol. Content experts utilized Lynn's model to validate the process. The protocol uses the synergy model as its framework. The synergy model optimizes patient outcomes (Nania et al., 2021). Opportunities where the Synergy model was not used and implemented with a staffing protocol were shown to have good outcomes for patients, their families, nurses, and physicians (Halm, 2019). Additionally, Merzirow's transformative learning theory was used, as it creates an environment that supports transformative learning using psychological, convictional, and behavioral components. (Lampaki & Papadakis, 2018). Dangers of mismatching the needs of the patients and their families include the increased risk of nursing care omission due to a lack of experience or knowledge (Halm, 2019). Additionally, mismatching impacts nursing well-being, further eroding the quality and safety of care (Halm, 2019). Too frequently, nurses unfamiliar with a specific patient population become deployed to a unit that cares for them. Bridging the gap in practice

benefits nurses by allowing them greater autonomy and control over their practice and identifying patient crises sooner based on their skilled nursing assessment (Halm, 2019).

Section 4: Findings and Recommendations

This doctoral project fills the gap in practice within a nursing float pool regarding assigning nurses' skill sets to the patient population they are trained and knowledgeable to care for based on the synergy model. The partner organization did not have an existing education program that outlines how to match nurses to manage areas, which has led to patient-need and nurse skillset mismatch. These mismatches have meant overlooked critical patient assessments and findings and potential delays in care. I identified this practice gap and made the following practice-focused questions to address it:

- Will the staff training activity assessment meet evaluation criteria using Lynn's model?
- After attending the educational sessions regarding the staffing protocol, will the staffing assistants meet the learning outcome objectives?

Findings and Implications

The project was completed by presenting PowerPoint slides with verbal instruction, staffing protocol handouts, and an open discussion to answer questions related to the content. During the presentation, participants were allowed to ask clarifying questions. The participants' questions were limited and primarily focused on how else the synergy model could be applied in the health care setting.

A post-education session instructor evaluation was presented to the learners. The questions in the instructor evaluation tool were developed using recommendations from Lynn's model (1986) and Medina et al.'s (2019) domains of teaching such as "quality of teaching" and "clarity of goals." The population who received the education and

instructor evaluation tool were ten in-house supervisors at the project site. Evaluation questions enabled the participants to give feedback on how effective the teaching of the content was for the learners.

The instructor evaluation data suggests that the educational series satisfied project participants. Lynn's model prescribed the value of 1= *Strongly Disagree*, 2= *Disagree*, 3= *Neutral*, 4= *Agree*, and 5= *Strongly Agree* (Lynn, 1986). Questions 1–3 had a CVI of 1, indicating that the participants strongly agreed that the instructor delivered the content effectively and that their learning objectives were met with high confidence in the staff education activity (see Table 2). Thus, the audience strongly agrees that I effectively explained the lesson's objectives, expectations, and desired outcomes. The audience agreed that I delivered the educational content efficiently and effectively. The audience also strongly agreed that the learner's needs were met most effectively.

Table 2

Evaluation of the Staff Education Instructor (N = 10)

Objectives	CVI	Other comments
Objective 1: To orient PMHNs on utilizing the SBAR Communication Tool during handoff.	1.00/1.00	
Objective 2: To enhance the knowledge of the PMHNs on using the SBAR Communication Tool during handoff.	1.00/1.00	
Objective 3: To improve the PMHNs' confidence using the SBAR Communication Tool during handoff.	1.00/1.00	
Objective 4: To bridge the gap created by the lack of standardization during hand-off communication.	1.00/1.00	
Objective 5: To improve the quality of communication between PMHNs during handoffs.	1.00/1.00	Relevant, clear, and succinct
Overall rating	1.00/1.00	

Overall, participants rendered positive verbal feedback regarding the presentation

and materials and felt that their additional knowledge would enhance their ability to make decisions regarding nurse staffing. Participants also verbalized how the synergy model, although often used informally, is a real-life tool that can be applied in many different scenarios where there is a task and a set, or group, of individuals to complete the needed job. The consensus of the 10 RNs participating in the project was that teaching the staffing protocol that aligns with the synergy model was highly effective. All participants rated their knowledge level as 4: knowledgeable. This rating is the highest rating available and expresses that the instructor conveyed all learning objectives of the project succinctly and effectively. Please refer to the data in Table 3.

Table 3

Results of Post-Education Instructor Evaluation

Staff	To orient the float pool staffing assistants' regarding the Synergy Staffing Protocol components.	To enhance the float pool staffing assistants' knowledge of the Synergy Staffing Protocol to assess staff's credentials.	To improve the float pool staffing assistants' skills in using and implementing the Synergy Staffing Protocol.	To build confidence in the staffing assistants' ability to use the Synergy Staffing Protocol.	To develop the staffing assistant's ability to use the Synergy Staffing Protocol independently.	Understand the staffing assistants and how the Synergy Staffing Model reduces nursing assignment mismatches.
	Post Assessment	Post Assessment	Post Assessment	Post Assessment	Post Assessment	Post Assessment
1	4	4	4	4	4	4
2	4	4	4	4	4	4
3	4	4	4	4	4	4
4	4	4	4	4	4	4
5	4	4	4	4	4	4
6	4	4	4	4	4	4
7	4	4	4	4	4	4
8	4	4	4	4	4	4
9	4	4	4	4	4	4
10	4	4	4	4	4	4

Recommendations

Based on the verbal responses and questions addressed in the staff education

activity, an identified recommendation is to broadly enhance awareness and understanding of the synergy model throughout the nursing workforce at the project site. The synergy model should be incorporated into new leader training for charge nurses, in-house supervisors, and the above. Incorporation of education on the synergy model in leader courses would bring awareness to the model and increase the use of its application.

Contribution of the Project Team

The project team was influential in developing, implementing, and evaluating the staff education program. Although I was the leader responsible for the development and implementation of the project, the project site's executive leadership team supported problem identification. It offered continued support and direction throughout the project. The organization provided the electronic means to present the educational program to staff. The organization's house supervisors completed the educational program to expand their knowledge about the synergy model and how to apply it when a nurse needs to be floated to care for a patient with a specific care need.

Strengths and Limitations

The project's strengths included collaborating with the site's executive leadership team and the in-house supervisors who volunteered to participate in the educational program to improve patient-need and nurse-skillset matching. This project was limited due to the small number of in-house supervisors who completed the educational program; the sample size was ten. Another limitation was that, based on a needs assessment, the knowledge gap was present only at the project site. There should be further evaluation of the staff education program to determine if the program would meet the expectations of

other healthcare institutions and care settings.

Summary

This project focused on evaluating the instructor of a staff education activity that spotlighted the synergy model, matching float nurse skillsets to patient needs. Education on a pre-existing staffing protocol was delivered using learning objectives, PowerPoint slides with oral presentation, staffing protocol handouts, and an open discussion to answer questions related to the content. The educational activity was delivered to the project site's in-house supervisors. The panel of supervisors found the educational activity was clear and concise and presented positive regard on how following an established staffing protocol that aligns with the synergy model would enhance patient safety and the overall patient experience. Section 5 includes the project dissemination plan and analysis of self.

Section 5: Dissemination Plan

The results of this project were shared with the project site's executive leadership team, and it was supported to disseminate the educational activity among other clinical leaders involved in making patient assignments. The staff education program is an ongoing requirement for new in-house supervisors and charge nurses. There were discussions regarding disseminating the education project to other sites within the state-wide organization.

The project's ongoing goal is to educate nursing clinical leaders on the established staffing protocol that aligns with the synergy model to enhance patient safety and the patient experience. Once the project has been adopted and implemented throughout the project site and across the health system, the next steps would include incorporating other health systems and care settings that staff nurses. The project could be presented at local nursing chapter meetings like the AACN or national conferences like NTI.

Analysis of Self

This project has allowed me to grow within the professional nurse role by expanding my skills and abilities to educate and empower nurses using evidence-based practices. This has also shown the importance of collaboration and teamwork. Skillful thought and communication with project stakeholders provided advanced avenues of cooperation at a higher level of professional nursing development. Through this self-discovery and evolution, I have gained tools important to achieving my future nursing leadership and scholarly aspirations.

Summary

Reducing unnecessary harm is the hallmark of safe, effective, high-quality care (WHO, 2019). This DNP project evaluated the effectiveness of an instructor on the topic of a pre-existing evidence-based staffing protocol that aligns with the synergy model to create safe nursing assignments for patients. After presenting an educational PowerPoint and handouts, 10 in-house supervisors evaluated my ability to effectively explain lesson objectives and outcomes. The audience agreed that I delivered the educational content efficiently and effectively. The project has the potential to positively influence and impact patient outcomes and nursing satisfaction.

References

Adams, J., Kaplow, R., Dominy, J., & Stroud, B. (2015). Beyond a Band-Aid [R] approach: An internal agency solution to nurse staffing. *Nursing Economics*, *33*(1), 51–59.

American Association of Critical Care Nurses. (n.d.-a). AACN synergy model for patient care. https://www.aacn.org/nursing-excellence/aacn-standards/synergy-model.

American Association of Critical Care Nurses. (n.d.-b). Appropriate staffing. https://www.aacn.org/nursing-excellence/healthy-work-environments/appropriate-staffing.

American Nurses Credentialing Center. (n.d.). ANCC Magnet recognition program. https://www.nursingworld.org/organizational-programs/magnet/.

American Hospital Association. (2019). For the 17th year, nurses top Gallup's poll for the most trusted profession. https://www.aha.org/news/insights-and-analysis/2019-01-09-17th-year-row-nurses-top-gallups-poll-most-trusted-profession.

Anderson, J. (2021). *Impact of magnet recognition on hospital nursing culture* [Doctoral dissertation, The College of St. Scholastica].

Bindon, S. L. (2017). Professional development strategies to enhance nurses' knowledge and maintain safe practice. *AORN Journal*, *106*(2), 99–110.

Boonphadung, S. (2021). Development of learning and classroom management competencies of student teachers using the transformative learning concept. *Turkish Journal of Computer and Mathematics Education (TURCOMAT)*, *12*(12), 2016-2025.

Boston-Fleischhauer, C. (2020). Next-generation staffing models: Are you ready to innovate? *JONA: The Journal of Nursing Administration*, *50*(1), 9–11.

Centers for Medicare and Medicaid Services. (n.d.) The HCAHPS survey- frequently asked questions. https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Downloads/HospitalHCAHPSFactSheet201007.pdf

Centers for Medicare and Medicaid Services. (2019a). HCAHPS: Patients'perspectives of care survey. https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalHCAHPS.html.

Centers for Medicare and Medicaid Services. (2019b). Hospital readmissions program. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Readmissions-Reduction-Program.html

Cogley, K. (2021). Journey Into 2021. *Journal of Pediatric Surgical Nursing*, *10*(1), 1.

Davidson, B. T. (2020). Certified heart failure nurse: A commitment to excellence. *Nursing2020 Critical Care*, *15*(4), 40–42.

Delhy, R., Dor, A., & Pittman, P. (2020). The impact of nursing staff on satisfaction scores for US hospitals: A production function approach. *Medical Care Research and Review*, *78*(6), 672–683. https://doi.org/10.1177/1077558720950572

Dharmarajan, H., & Snyderman, C. H. (2020). Tracheostomy time-out: New safety tool in the setting of COVID-19. *Head & Neck*, *42*(7), 1397–1402.

Srivastava, S, Sudheendra, S., Straus, E., & Zhou, A. (2019). Float pool staffing needs.

https://websites.umich.edu/~ioe481/ioe481_past_reports/19F07.pdf

Emory Healthcare. (n.d.). EHC nursing care delivery model. http://www.ourehc.org/departments/nursing/synergy-model/.

Endalew, H. L., Liyew, B., Kassew, T., Tarekegn, G. E., Tilahun, A. D., & Alamneh, T. S. (2021). Health-related quality of life among myocardial infarction survivors: Structural equation modeling approach. *Journal of Multidisciplinary Healthcare*, *14*, 1543.

Enriquez, M. (2021). Every year is the "year of the nurse." *Hispanic Health Care International, 19*(1), 2–3. https://doi.org/10.1177/1540415320979451

Farrow, C. B., & Leathem, T. (2021). The syllabus as a tool to enhance teaching & learning in construction education. *International Journal of Construction Education and Research*, *17*(3), 201–221.

Flemming, T. (n.d.) Mezirow's theory of transformative learning in dialogue with the critical theory of Axel Honneth. https://www.researchgate.net/profile/Ted-Fleming-2/publication/351083149_Mezirow's_Theory_of_Transformative_Learning_in_Dialogue_with_the_Critical_Theory_of_Axel_Honneth/links/608406298ea909241e1f4b39/Mezirows-Theory-of-Transformative-Learning-in-Dialogue-with-the-Critical-Theory-of-Axel-Honneth.pdf

Fuerniss, E. A. (2020). *We are improving acute care heart failure patient education to reduce readmission rates* [Doctoral dissertation, Grand Canyon University].

Guimaraes, T., do Carmo Caccia-Bava, M., & Geist, M. (2020). The moderating effect of

organization culture on competition intensity and hospital quality. *International Journal of Healthcare Information Systems and Informatics (IJHISI), 15*(3), 47–64.

Halm, M. (2019). The Influence of Appropriate Staffing and Healthy Work Environments on Patient and Nurse Outcomes. *American Journal of Critical Care, 28*(2), 152-156.

Hardin, S. R., & Kaplow, R. (2017). Synergy for clinical excellence: The AACN synergy model for patient care (2nd ed.). Burlington, MA: Jones & Bartlett Learning.

Hardin, S. R., & Kaplow, R. (2019). *Cardiac surgery essentials for critical care nursing*. Jones & Bartlett Learning.

Kollman, S. (2019). Acuity-based Nurse Staffing and the Impact on Patient Outcomes.

Kuriakose, R., Aggarwal, A., Sohi, R. K., Goel, R., Rashmi, N. C., & Gambhir, R. S. (2020). Patient safety in primary and outpatient health care. *Journal of family medicine and primary care*, *9*(1), 7.

Kushemererwa, D., Davis, J., Moyo, N., Gilbert, S., & Gray, R. (2020). The Association between Nursing Skill Mix and Mortality for Adult Medical and Surgical Patients: Protocol for a Systematic Review. *International Journal of Environmental Research and Public Health*, *17*(22), 8604.

Lampaki, A., & Papadakis, V. (2018). The impact of organizational politics and trust in the top management team on strategic decision implementation success: A middle-manager's perspective. *European Management Journal*, *36*(5), 627-637.

Lynn, M. (1986). Determination and quantification of content validity. Nursing Research,

35(6), 382-385. doi:10.1097/00006199-198611000-00017.

McEwan, K. K. (2021). Improving the Nurse-Patient Assignment Process on a Medical-Surgical Unit. Boise State University. Doctor of Nursing Practice Projects.

Medina, M. S., Smith, W. T., Kolluru, S., Sheaffer, E. A., & DiVall, M. (2019). A review of strategies for designing, administering, and using student ratings of instruction. *American Journal of Pharmaceutical Education*, *83*(5), 7177. https://doi.org/10.5688/ajpe7177

Nania, T., Barello, S., Caruso, R., Graffigna, G., Stievano, A., Pittella, F., & Dellafiore, F. (2021). The state of the evidence about the Synergy Model for patient care. *International Nursing Review*, *68*(1), 78-89.

Nolan, A. M. (2021). *Nurse-to-nurse communication: a case study of modes, meanings, and content* (Doctoral dissertation, Monash University).

O'Connor, K., & Dugan, J. L. (2017). Addressing floating and patient safety. *Nursing2020*, *47*(2), 57-58.

Payne-Borden, J., & Anderson, R. (2021). Leadership: Mental Health and Resilience. *UAB School of Nursing Visionary Leaders*, 10.

Paz de Oliveira, S. K., & Teixeira de Lima, F. E. (2017). Content validation of the self-care assessment scale for heart failure patients. Revista Da Rede de Enfermagem Do Nordeste, 18(2), 148–155. Retrieved from https://doi.org/10.15253/2175-6783.2017000200002.

Pearce, P. F., Morgan, S., Matthews, J. H., Martin, D. M., Ross, S. O., Rochin, E., & Welton, J. M. (2018). The value of nurse staffing: ANA principles redevelopment

and direction for the future. *Nursing Economics*, *36*(4), 169-176.

Recio-Saucedo, A., Dall'Ora, C., Mariotti, A., Ball, J., Briggs, J., Meredith, P., ... & Griffiths, P. (2018). What impact does nursing care left undone have on patient outcomes? Review of the literature. *Journal of clinical nursing*, *27*(11-12), 2248-2259.

Rutherford-Hemming, T., & Alfes, C. M. (2017). The use of hospital-based simulation in nursing education—a systematic review. *Clinical Simulation in Nursing*, *13*(2), 78-89.

Schalock, R. L., Gomez, L. E., Verdugo, M. A., & Claes, C. (2017). Evidence and evidence-based practices: Are we there yet? *Intellectual and Developmental Disabilities*, *55*(2), 112-119.

Schoenly, L. (2019). Credentialing and competency management increase patient safety in correctional practice. Retrieved from https://correctionalnurse.net/credentialing-competency-management-increase-patient-safety-correctional-practice/.

Sobaski, T. & Abraham S. (2018). Nurse competencies and optimization of patient outcomes: the Synergy Model. Retrieved from https://www.researchgate.net/publication/326904512_Nurse_Competencies_and_Optimization_of_Patient_Outcomes_The_Synergy_Model.

Taylor, E. W. (2017). Transformative learning theory. In *Transformative learning meets bildung* (pp. 17-29).

Tonkikh, O., Zisberg, A., & Shadmi, E. (2021). The role of nurse staffing in the

performance of function-preserving processes during acute hospitalization: A cross-sectional study. *International Journal of Nursing Studies*, 103999.

University of Kansas. (n.d.). The community toolbox. Center for community health and development. Retrieved from https://ctb.ku.edu/en/table-of-contents/evaluate/evaluate-community-interventions/collect-analyze-data/main.

Van, T., Annis, A. M., Yosef, M., Robinson, C. H., Duffy, S. A., Li, Y. F., ... & Sales, A. (2020). Nurse staffing and healthcare-associated infections in a national healthcare system that implemented a nurse staffing directive: multi-level interrupted time series analyses. *International journal of nursing studies*, *104*, 103531.

van Bruggen, Nikolic, & Kwakkel. (2019). Modeling stakeholders for transformative change. Retrieved from https://www.researchgate.net/publication/330908093_Modeling_with_Stakeholders_for_Transformative_Change.

Walden University (2019). Manual for systematic review. Doctor of nursing practice (DNP) scholarly project. Retrieved from https://academicguides.waldenu.edu/ld.php?content_id=50652223.

Walden University (2019). Staff education manual. Retrieved from https://drive.google.com/file/d/0B1_8mknkC0j1dU0xR19EbUtoanc/view.

Walden University. (2020). Center for research quality. Research ethics & compliance. Welcome to the IRB. Retrieved from https://academicguides.waldenu.edu/researchcenter/orec/welcome

World Health Organization (WHO). (2019, September 13). *Patient Safety*. https://www.who.int/news-room/fact-sheets/detail/patient-safety

Woodruff Health Sciences Center. (2018). Emory news center. Emory university hospital achieves Magnet recognition for a second time. Retrieved from https://news.emory.edu/stories/2018/09/euh_magnet_redesignation_2018/index.html.

Appendix A: Lesson Plan for Staff Development Project

<table>
<tr><td colspan="4">Staff Development Project for Synergy Staffing Protocol</td></tr>
<tr><td colspan="4">Goal: Increase the staffing assistant's knowledge of using a validated Synergy Staffing Protocol to deploy the float RN workforce from a remote float pool within a large academic medical center.</td></tr>
<tr><th>Objectives</th><th>Methods/Strategies</th><th>Timeframe</th><th>Outcome Measurement</th></tr>
<tr><td>1. To orient the float pool staffing assistants' regarding the Synergy Staffing Protocol components.</td><td rowspan="5">We are sharing a full explanation of the gap in practice.

Summative evaluation using the post-education assessment.

Instructional tool: PowerPoint slides with oral presentation

Evaluation method: descriptive statistics</td><td rowspan="5">Four Weeks</td><td rowspan="5">They have improved knowledge, skill, and attitude to use the validated Synergy Staffing Protocol to deploy the float RN workforce from a remote float pool within a large academic medical center.</td></tr>
<tr><td>2. To enhance the float pool staffing assistants' knowledge of the Synergy Staffing Protocol to assess staff's credentials.</td></tr>
<tr><td>3. To improve the float pool staffing assistants' skills in using and implementing the Synergy Staffing Protocol.</td></tr>
<tr><td>4. To build confidence in the staffing assistants' ability to use the Synergy Staffing Protocol.</td></tr>
<tr><td>5. To independently develop the staffing assistant's ability to use the Synergy Staffing Protocol.</td></tr>
</table>

Appendix B: Lynn's Assessment for the Staff Development Project

The assessment evaluates the staff development tool for using and implementing the Synergy Staffing Protocol. *Please review the staff development tool, application scenarios, and proposed staffing protocol and provide evaluations and recommendations. Please check next to the box: one is irrelevant, two cannot assess relevance without item revision, three is relevant but needs minor alterations, and four is very relevant and succinct.*

Introduction, Background, and Clinical Correlation

How relevant is the introductory background information?

- ☐ 1 = not relevant
- ☐ 2 = unable to assess relevance without item revision
- ☐ 3 = relevant but needs minor alterations
- ☐ 4 = very relevant and succinct

Does the staff development tool address the noted clinical gap in practice?

- ☐ 1 = not relevant
- ☐ 2 = unable to assess relevance without item revision
- ☐ 3 = relevant but needs minor alterations
- ☐ 4 = very relevant and succinct

Does the staff development tool address the noted practicum site's relevance and include objective data?

- ☐ 1 = not relevant
- ☐ 2 = unable to assess relevance without item revision
- ☐ 3 = relevant but needs minor alterations
- ☐ 4 = very relevant and succinct

The staff development tool addresses the Synergy Staffing Model. In addition, it provides evidence-based information to support its use within the practice setting.

- ☐ 1 = not relevant
- ☐ 2 = unable to assess relevance without item revision
- ☐ 3 = relevant but needs minor alterations
- ☐ 4 = very relevant and succinct

Open Comments:

Synergy Staffing Protocol: Education and Application Scenarios

How relevant is the history and background of the BVC?

- ☐ 1 = not relevant
- ☐ 2 = unable to assess relevance without item revision
- ☐ 3 = relevant but needs minor alterations
- ☐ 4 = very relevant and succinct

The staff development tool addresses the relevance to and defines each of the four (4), potentially five (5), steps in the Synergy Model Staffing process.

- ☐ 1 = not relevant
- ☐ 2 = unable to assess relevance without item revision
- ☐ 3 = relevant but needs minor alterations
- ☐ 4 = very relevant and succinct

The staff development tool addresses the relevance and defines how staff should use the Synergy Staffing Model.

- ☐ 1 = not relevant
- ☐ 2 = unable to assess relevance without item revision
- ☐ 3 = relevant but needs minor alterations
- ☐ 4 = very relevant and succinct

The staff development tool application of scenarios is relevant to the practice setting. It increases the staffing assistants' understanding, skill, and comfort in using the Synergy Staffing Protocol.

- ☐ 1 = not relevant
- ☐ 2 = unable to assess relevance without item revision
- ☐ 3 = relevant but needs minor alterations
- ☐ 4 = very relevant and succinct

Open Comments:

Synergy Staffing Protocol: Practice Setting Operationalization

How relevant is the proposed Synergy Staffing Model to the practice setting?

- ☐ 1 = not relevant
- ☐ 2 = unable to assess relevance without item revision
- ☐ 3 = relevant but needs minor alterations
- ☐ 4 = very relevant and succinct

How relevant is the immediate intervention practice of alerting the RN's manager per the protocol to the practice setting?

- ☐ 1 = not relevant
- ☐ 2 = unable to assess relevance without item revision
- ☐ 3 = relevant but needs minor alterations
- ☐ 4 = very relevant and succinct

How relevant is the proposed Synergy Staffing Protocol to the practice setting?

- ☐ 1 = not relevant
- ☐ 2 = unable to assess relevance without item revision
- ☐ 3 = relevant but needs minor alterations
- ☐ 4 = very relevant and succinct

Open Comments:

Overall Rating

How relevant are the components of the staff development tool in meeting the overall learning objective?

- ☐ 1 = not relevant
- ☐ 2 = unable to assess relevance without item revision
- ☐ 3 = relevant but needs minor alterations
- ☐ 4 = very relevant and succinct

Open Comments:

Appendix C: Educational Intervention Post-Education Assessment

Lesson Objective: To orient the float pool staffing assistants' regarding the Synergy Staffing Protocol components. Please rate your degree of knowledge regarding the details of the Synergy Model, RN-patient matching, and credentialing verification. Please mark the square that corresponds to your answer.

- ☐ Knowledgeable
- ☐ Somewhat knowledgeable
- ☐ Little knowledge
- ☐ Not knowledgeable

Lesson Objective: To enhance the float pool staffing assistants' knowledge of the Synergy Staffing Protocol to assess staff's credentials. Please rate your degree of knowledge regarding the Synergy Staffing Protocol and the process of determining RN credentials. Please mark the square that corresponds to your answer.

- ☐ Knowledgeable
- ☐ Somewhat knowledgeable
- ☐ Little knowledge
- ☐ Not knowledgeable

Lesson Objective: To improve the float pool staffing assistants' skills in using and implementing the Synergy Staffing Protocol. Please rate your degree of knowledge regarding using the Synergy Staffing Protocol in placing RNs in staffing needs. Please mark the square that corresponds to your answer.

- ☐ Knowledgeable
- ☐ Somewhat knowledgeable
- ☐ Little knowledge
- ☐ Not knowledgeable

Lesson Objective: To build confidence in the staffing assistants' ability to use the Synergy Staffing Protocol. Please rate your degree of knowledge regarding using and applying the Synergy Staffing Protocol. Please mark the square that corresponds to your answer.

- ☐ Knowledgeable
- ☐ Somewhat knowledgeable
- ☐ Little knowledge
- ☐ Not knowledgeable

Lesson Objective: To develop the staffing assistant's ability to use the Synergy Staffing Protocol independently. Please rate your degree of knowledge regarding using the Synergy Staffing Protocol independently in your daily work. Please mark the square that corresponds to your answer.

- ☐ Knowledgeable
- ☐ Somewhat knowledgeable
- ☐ Little knowledge
- ☐ Not knowledgeable

A gap exists in the current practice of RN deployment for the large remote float pool of a multi-hospital academic medical center. Please rate your degree of knowledge regarding the current gap in practice. Please mark the square that corresponds to your answer.

- ☐ Knowledgeable
- ☐ Somewhat knowledgeable
- ☐ Little knowledge
- ☐ Not knowledgeable

Where is the Synergy Staffing protocol able to be viewed? Please rate your degree of knowledge regarding where the Synergy Staffing Protocol may be located. Please mark the square that corresponds to your answer.

- ☐ Knowledgeable
- ☐ Somewhat knowledgeable
- ☐ Little knowledge
- ☐ Not knowledgeable

Appendix D: Staff Evaluation Results

Staff	To orient the float pool staffing assistants' regarding the Synergy Staffing Protocol components.	To enhance the float pool staffing assistants' knowledge of the Synergy Staffing Protocol to assess staff's credentials.	To improve the float pool staffing assistants' skills in using and implementing the Synergy Staffing Protocol.	To build confidence in the staffing assistants' ability to use the Synergy Staffing Protocol.	To develop the staffing assistant's ability to use the Synergy Staffing Protocol independently.	Understand the staffing assistants and how the Synergy Staffing Model reduces nursing assignment mismatches.
	Post Assessment	Post Assessment	Post Assessment	Post Assessment	Post Assessment	Post Assessment
1	4	4	4	4	4	4
2	4	4	4	4	4	4
3	4	4	4	4	4	4
4	4	4	4	4	4	4
5	4	4	4	4	4	4
6	4	4	4	4	4	4
7	4	4	4	4	4	4
8	4	4	4	4	4	4
9	4	4	4	4	4	4
10	4	4	4	4	4	4

1= Not knowledgeable 2= Little knowledge 3= Somewhat knowledgeable 4= Knowledgeable