

**Education Council Toolbox**

**Introduction:**
This tool box identifies nine areas to structure and guide the council. The nine areas are:

- Mission/Goals/Objectives
- Purpose and Function
- Membership and Application
- Leadership
- Authority
- Decision Making and Voting
- Meetings
- Evaluation
- Communication

1. **Mission/Goals/Objectives**
   A. Integrate organizational and nursing goals into education program content.

   B. Stimulate professional growth and engagement via education.
      1. Obtain end user feedback about orientation and continuing education programs
      2. Assist & support Staff Development (SD) with nursing competency assessments.

   C. Involve nursing personnel in their education.
      1. Include staff RNs on the Education Council.
      2. Use marketing strategies to increase nursing awareness & participation in education opportunities.

   D. Use a variety of formats for continuing education.
      1. Network with the Librarians to use online resources now available.
1. Establish an email newsletter type of communication tool to keep faculty up to date about CCH and Nursing information that is relevant to clinical practice.

2. **Purpose and Function**
The Education Council is composed of Staff Development (SD) Director and Educators, nursing management and staff. The Council provides SD an opportunity to work side by side with our “customers” to promote 2 way communication for input and feedback. Relationships are critical in the creation and implementation of meaningful education programs. The Council provides a means of mutual communication to discuss challenges and opportunities.

A. **The Council collaborates with SD:**
   1. The Education Council serve as a representation of our “customers” to get the quantity and quality of feedback SD desires.
   2. Work with SD to develop education that is directly linked to performance goals and outcomes. This will prevent the perception that “training” is a waste of time and money.

The Education Council provides a supportive role for the Educators in Staff Development. The Council does not necessarily prepare curriculum or present information. Staff Development maintains the responsibility for providing Nursing Education. The Council may coordinate or provide programs that have an identified need.

A. **The Council assesses learners’ needs via:**
   1. Informal peer discussions: e.g. staff RN Council member: peers on unit
   2. Input from Staff Development Educators
   3. Input from Nursing Management
   4. Input from other Councils
   5. Review of quality data
   6. Review of literature for current EBP

B. **The Council provides an objective assessment for the current education plan established by Staff Development (SD).** Provides input on aspects such as:
   1. Scheduling programs to attain the highest possible attendance.
   2. Matching the learners who most need the education with the program.
   3. Topic selection based on learners’ needs
   4. Method of learning based on audience preference and budget
5. Identifies areas of staff performance that are problem prone and need emphasis for orientation, precepting, competency assessment or continuing education
6. Suggestions for internal and external speakers

Members of the Council encourage and support RNs to earn specialty certification. Council Members also, if qualified and competent, may assist Staff Development with projects such as competency assessments.

3. Membership/Application Process
   A. Candidates will apply for membership. Candidates are interviewed by the Chair and Co-Chair of the Council.
   B. All members must:
      1. Make a dedicated commitment to attend meetings and be active contributing members. Must attend 80% of the meetings.
      2. Demonstrate an interest in developing staff via education.
      3. Be role models and personally practice professional development e.g. via attendance at programs, reading journals, pursuing a degree in nursing or related field.
      4. Currently actively participate in continuing education, evidenced by Knowledge Link records and/or home records for outside education.
      5. Be in a job role that is congruent with professional development
      6. Make a commitment to at least a 2 year membership
   C. Strongly desired:
      1. Currently certified or plan to attain certification within 12 months
   D. Membership may include but is not limited to:
      1. Staff RNs from any shift from ED, &/or In-Patient Areas within the Hospital.
      2. Staff Development Educators
      3. Nurse Directors or Managers
      4. Human Resource Specialists
   E. Membership Maintenance & Length of Membership
      1. New applications will be accepted when vacancies occur.
      2. It is desirable to provide staff RNs an opportunity to join the Council, therefore, staff RNs on Council may rotate every 2 years.
      3. Optimally, at the 1st 2 year anniversary, ½ of the original staff members will stay for one more year, (they will serve a 3 yr term) and ½ of staff members will be replaced. In the future, membership will be set up so that ½ of members rotate each year, preventing an entire turnover of council members at one time. This will provide staff members a 2 year term.
      4. Core members should always include the Director of Nursing Education, & Staff Development Educator(s). The SD Educators may rotate in Council every 2 years.
5. A 2 year membership is optimal for project continuity, however, if a strong candidate can give one year that will be acceptable.

F. Ad Hoc Representation: Due to the nature of education needs, there may be times when a temporary member may need to join the Council, or at least be a regular guest during the project discussion. Examples of guest(s) include nursing school faculty, a nursing assistant, tech, or unit secretary, staff member or manager of a unit experiencing large turnover with high orientation needs.

4. Leadership
   A. The Council Co Chair will be the Director of Nursing Education, and the Co-Chair will be a staff RN. Optimally, both co-chairs will be staff RNs.

5. Authority
   A. The Council collaborates with the SD Educators. SD Educators are the recognized specialists for nursing education. The Council provides suggestions for, but not limited to:
      1. Staff education and competency
      2. Orientation content
      3. Preceptor education
      4. Communication to nursing school faculty
      5. Education re CCH processes for nursing school faculty
   
   B. The Council functions within CCH Dept. of Nursing policies and procedures and adheres to current organizational goals, opportunities and constraints.
   
   C. The Council adheres to principles of adult learning, and standards established by organizations such as PA State Nurses Association (Contact hours) and NNSDO (National Nursing Staff Development Organization).
   
   D. Unresolved recommendations/decisions from the Council are forwarded up the chain of command within the Council system.

6. Decision Making/Voting
   A. All members vote.
   B. Formal decision making process by majority rules with 2/3 of voting members.
   C. Voting may be by present or absentee ballot.
   D. Many decisions may be attained via methods such as discussion.

7. Meetings
   A. Meetings are scheduled every month.
   B. The calendar shall be set for one year in advance to allow for scheduling.
   C. Length of meeting: at least 2 hours as the Council is established. Meeting length may be adjusted later.
8. **Evaluation**
   A. Minutes of previous meetings will be reviewed at each meeting.
   B. Persons assigned to responsibilities will report on the progress and status of the project.
   C. SD outcomes based on Council feedback will be reported.
   D. An annual report of accomplishments will be completed annually for the Executive Coordinating Council and presentation at the Nursing Retreat.
   E. If members are not a good match for the Education Council, they will have an opportunity to leave this council.

9. **Communication**
   A. Minutes will be recorded at each meeting. Responsibility for Minutes will be assigned and rotated among members.
   B. Records for Minutes and Attendance will be kept by the Chair.
   C. Members will submit items for the next meeting agenda to the Chair
   D. Email and or Outlook is used to communicate:
      1. Meeting schedule
      2. Items for consideration in between meetings
      3. Issues relevant to the Council
      4. Meeting Minutes and next Agenda
Council Ground Rules

- “Be Present” i.e., actively engaged and prepared to participate
- Be on time
- Begin and end the meeting on time
- No backing up to catch up late members
- No hidden agendas
- Members must notify Chairperson if unable to attend meeting
- Council members will speak freely and will listen attentively to others
- No interrupting each other
- All comments should be phrased in a positive manner
- Each council member gets their say, not necessarily their way
- Silence equal agreement
- Once we agree, we will speak with one voice
- Members must respect the confidentiality of the council
- All council members are equally important
- No sidebar conversation
- Processes will be discussed, analyzed or attacked, not people
- Always have a timekeeper, facilitator and minute taker
- Purpose identified on the agenda
- Get agenda and assignment out prior to council meetings
- Must fiscally responsible and consistent with the CCH budget

5/9/17