Exemplary Professional Practice: Accountability, Competence and Autonomy

EP15   Nurses at all levels engage in periodic formal performance reviews that include a self-appraisal and peer feedback process for assurance of competence and continuous professional development.

EP15b: Provide an example, with supporting evidence, of nurse leaders using periodic formal performance review that includes a self-appraisal and peer feedback process to enhance competence or professional development.

Introduction

The commitment to professional development and competence is a key reason for organizations and regulatory agencies to mandate annual performance evaluations for all members of their staff. For the discipline of nursing, the importance of ongoing professional development and competence is part of the American Nurses Association Code of Ethics, Provision 5.5, “Nurses must maintain competence and strive for excellence in their nursing practice, whatever the role or setting… Continual professional growth, particularly in knowledge and skill, requires a commitment to lifelong learning. Such learning includes continuing education, networking with professional colleagues, self-study, professional reading, specialty certification, and seeking advanced degrees. Nurses must continue to learn about new concepts, evolving issues, concerns, controversies, and healthcare ethics relevant to the current and evolving scope and standards of nursing practice.” The Massachusetts General Hospital (MGH) performance appraisal process provides a structure that allows nurses at all levels to evaluate their practice and identify areas for continued development.

The 2016 MGH Human Resource “Performance Evaluation” policy (attachment EP 15b.a) sets the expectation that performance evaluation is an ongoing process that occurs both informally on a day-to-day basis as well as formally through the use of an evaluation form. The policy states that “The written Performance Evaluation is only one step in this process. It is required that every employee receives this written evaluation of his/her work performance on at least an annual basis. The evaluation shall be based on the employee’s work performance and on expectations/standards communicated to the employee by management.”

The Department of Nursing policy entitled “Registered Nurse Annual Performance Evaluation” (attachment EP 15b.b) states that “nurses who are organizationally accountable for this process (i.e. “nurse manager”) evaluate Registered Nurses This process applies to nurses at all levels of the organization”. The required components of each performance appraisal are: self-evaluation, peer review and manager evaluation. In reviewing these three components the nurse manager and the employee develop and agree on professional development goals for the upcoming year.

The elements of the Nurse Leader performance evaluation include:
  • Self-evaluation
• Goal-setting
• Peer Review
• Standards of Behavior—MGH Mission, Credo and Boundaries, confidentiality agreement
• Chief Nurse (or nurse evaluator) evaluation and agreement on goals

A brief review of each element of the Leader evaluation follows.

**Utilizing the Magnet Model to Evaluate the Nurse Leader Performance**

Approximately one month prior to the date of their annual performance evaluation, the nurse leader is sent a copy of the evaluation form to complete as part of their self-evaluation. The decision by Jeanette Ives Erickson, RN, DNP, NEA-BC, FAAN, Chief Nurse and Senior Vice President for Patient Care (CNO), to structure the form based on the five components of the Magnet model reflects an organizational commitment to deliver the highest level of nursing care and the accountability of nurse executives for the delivery of that care. The five components and how they are operationalized by nurse executives in Nursing and Patient Care Services (PCS) are:

**Transformational Leadership:**
- **Standard**: Strategic Planning
  **Outcome**: Nurse leader uses strategic planning to design future vision and outcomes.
- **Standard**: Advocacy & Influence
  **Outcome**: Nurse leader seen as highly credible and have successfully changed mental model where needed, at the staff and executive level so that nursing is viewed as critically important. All parties are aligned with future vision.
- **Standard**: Visibility
  **Outcome**: Strong mutual respect and trust exists between staff and leadership. Both influence each other in the design of future practice.
- **Standard**: Transformational Thinking
  **Outcome**: Lead clinical nurses and nurse leaders to “where they need to be” to meet the demands of the future. Listens, challenges, influences and affirms as the organization moves forward. Acknowledges that transformation may create “controlled turbulence” and involve atypical approaches to solutions. Advances MGH Credo and boundaries.

**Structural Empowerment:**
- **Standard**: Professional Engagement
  **Outcome**: Promotes, protects and advances the professional culture of the organization. Extends Nursing’s positive influence to professional and community groups through professional contributions
- **Standard**: Commitment Engagement
- **Outcome**: Clinical nurses and nurse leaders are highly committed to self-development. They encourage and participate in the development of their peers.
Nurses drive change through their acquired knowledge and align developmental goals with the strategic plan.

- **Standard: Teaching and Role Development**  
  **Outcome:** Clinical nurses and nurse leaders serve as effective mentors, teachers and role models within the organization and the profession. Successfully develops creative and adaptive methods for advancing the role of nursing.

- **Standard: Commitment to Community Involvement**  
  **Outcome:** Clinical nurses and nurse leaders identify community needs, develop appropriate programs and willingly participate.

- **Standard: Recognition of Nursing**  
  **Outcome:** Nursing’s contributions are actively sought and seen as critical to the organization and community in traditional and non-traditional ways.

- **Standard: Collaborative Governance**  
  **Outcome:** Nurse leaders support and facilitate staff’s participation in Collaborative Governance.

**Exemplary Professional Practice:**

- **Standard: Professional Practice Model**  
  **Outcome:** Professional Practice Model is enculturated and serves as a roadmap to guide practice.

- **Standard: Care Delivery System**  
  **Outcome:** Clinical nurses and nurse leaders are able to independently identify trends, issues, and problems in the care delivery system and implement change. Patients and families are fully engaged and innovative models are in place.

- **Standard: Quality care monitoring and improvement**  
  **Outcome:** Clinical nurses and nurse leaders are engaged in collaborating and developing best practices.

- **Standard: Culture of safety**  
  **Outcome:** Clinical nurses and nurse leaders are highly engaged with other disciplines to create a culture of safety. Active peer review processes use near misses or potential harm to drive safety.

- **Standard: Staffing Scheduling and budgeting**  
  **Outcome:** Clinical nurses own and manage staffing and scheduling. There are formal mechanisms in place for staff to participate in the budgeting and staffing planning process.

- **Standard: Interdisciplinary Care**  
  **Outcome:** Clinical nurses and nurse leaders develop interprofessional networks to develop new approaches and solutions across the continuum of care.

- **Standard: Accountability, Competence and Autonomy**  
  **Outcome:** Clinical nurses and nurse leaders are highly competent and accountable for practice and seek new approaches. Both are able to provide feedback in formal and informal ways.

- **Standard: Ethics, Privacy, Security and Confidentiality**  
  **Outcome:** Clinical nurses and nurse leaders are engaged with other disciplines in developing and maintaining systems that ensure consistent ethical conduct.

- **Standard: Diversity and Workplace Advocacy**
**Outcome:** Supports and helps create programs that enhance diversity and ensure delivery of equitable and culturally appropriate care.

- **Standard:** Clinical Recognition Program  
  **Outcome:** Nurse leaders promote, support and facilitate staff advancing in the program.

**New Knowledge, Innovation and Improvements**

- **Standard:** Research  
  **Outcome:** Clinical nurses and nurse leaders are actively involved in generating and disseminating research on a national and international level.

- **Standard:** Evidence-based Practice  
  **Outcome:** Clinical nurses and nurse leaders are developing and testing evidence and translating new knowledge into practice.

- **Standard:** Innovation  
  **Outcome:** Clinical nurses and nurse leaders identify, develop, implement and disseminate innovative approaches through publication and presentations. A culture exists where innovation is valued, encouraged and supported.

**Empirical Outcomes**

- **Standard:** Nursing makes an essential contribution to patient, nursing workforce, organizational, and consumer outcomes.  
  **Outcome:** The empirical measurement of quality outcomes related to nursing leadership and clinical practice is imperative and is evident in the above the above four components.

**Goal setting**

Given the central role the nurse leader plays in implementing PCS strategic goals, vision, and values through their work with unit based nursing leadership and interprofessional colleagues, the development and attainment of goals is an important component of their performance evaluation. Goal setting also allows for the identification of opportunities for professional development. Goals are mutually agreed upon by the nurse leader and CNO (or nurse reviewer).

**Peer Review**

Peer review is defined by the American Nurses Association as, “the process by which practicing registered nurses systematically assess, monitor, and make judgments about the quality of nursing care provided by peers as measured against professional standards of practice.” The MGH Nursing Peer Review Tool requires the nurse leader to ask a peer to complete the review. The peer evaluator is asked to select one component that they identify as a strength in the nurse executive practice and one component where there is a practice development opportunity. The form is signed by both the peer evaluator and the nurse executive being reviewed.
Standards of Behavior—MGH Mission, Credo and Boundaries/Confidentiality Agreement

All MGH employees annually attest that they will adhere to the hospital's mission, credo, and boundaries and confidentiality agreements. In doing this, employees commit to the well-being of our patients by providing high-quality, compassionate and culturally-sensitive care and to adhere to all MGH policies and procedures. All MGH employees annually attest that they will uphold their ethical and legal responsibilities to maintain the confidentiality of patients and their health information.

Chief Nurse/Nurse Evaluator Evaluation and Agreement on Goals

The CNO/Nurse Evaluator receives and reviews the nurse leader’s performance evaluation and writes her comments and reviews the nurse leader’s goals.

An example of a performance evaluation of an Associate Chief Nurse (ACN) follows. The ACN is a nurse leader and a member of the nursing executive leadership team who is responsible for ensuring that competent and compassionate patient care is uniformly provided to patients in inpatient, ambulatory, and community settings through development, implementation, and evaluation of policies, programs and services consistent with the hospital’s mission and department’s vision and philosophy. The ACN actively participates in the development of the Department’s strategic plan and provides direction and support to patient care unit leadership toward attainment of short- and long-term goals and objectives.

Example

Self Evaluation

In September 2016, Debra Burke, RN, DNP, NEA-BC, Associate Chief Nurse (ACN), Oncology, Pediatric, Women's Health & Community Nursing Services, was notified by Ives Erickson that her annual performance evaluation was due and she was asked to submit it one week prior to the review scheduled for October 12, 2016 (attachment EP15b.c).

In her self-evaluation Burke rated her performance over the past year a five in all components of the performance appraisal. A five is defined as “exceeding expectations, the employee’s performance is outstanding and extends beyond expectations.”

Reflecting on her performance in Transformational Leadership and Structural Empowerment, the Burke wrote, “I focus on being a visible and accessible leader. I empower my nurse leaders and role model my expectations. I manage day-to-day operational business, while also keeping the strategic direction and goals ever present so as to move the organization forward.” Burke led the PCS Support Coordination Center for eCare implementation and included an email she received from a colleague on her leadership in that role, “I know I said this to you on Sunday, but you were
masterful in your leadership role. I have been involved in lots of MGH events both planned and unplanned, so I know leadership excellence when I see it.” Burke also noted that at her urging, two of her Nursing Directors had applied to DNP programs.

In Exemplary Professional Practice, Burke addressed her attention to Nurse Sensitive Indicators (NSI) writing, “We are constantly addressing all NSI and looking for best practices whenever needed. For example two of my units are collaborating on how to improve patient falls with injury – both had been working independently and now see opportunities for synergy”.

In New Knowledge Burke completed her Doctorate in Nursing Practice (DNP), and “has submitted my research for publication and have received certification as a Nurse Executive, Advanced”.

Woven throughout her self-evaluation Burke identifies achievement of multiple outcomes including:

- Receiving her DNP
- Certification as a Nurse Executive-Advanced
- Successful implementation of eCare
- Encouraging her NDs to return to school to pursue their doctoral studies.

This thoughtful self-evaluation demonstrates Burke’s engagement with activities which promote professional development through her completion of her doctoral education, submission of her research for publication and becoming certified as a Nurse Executive-Advanced. As a nurse leader, she is committed to the professional development of Nursing Directors who report to her by encouraging them to pursue doctoral studies.

In reviewing her goals for the previous year, which were:

- Support and drive PCS goals for FY’16
- Advance Autism work
- Participate in Palliative Care Unit development
- Complete DNP

Burke identified, and the CNO agreed, that she had achieved all of these goals.

**Peer Review**

Burke asked her ACN colleague, Dawn Tenney, RN, MSN, Associate Chief Nurse, Perioperative Nursing Service to complete her Peer Review, which Tenney completed on September 19, 2016. Tenney chose to review Burke’s strength in Exemplary Practice focusing on interdisciplinary care. Tenney wrote that Burke has been the MGH liaison to such entities as Spaulding Rehabilitation Hospital, Dana Farber Cancer Center and a number of long term care facilities. Tenney wrote that the Burke “is a role
model to those who work with her on how to be collaborative across disciplines, how to achieve the goals and objectives. Her team looks to her for leadership, support, and knowledge on how to navigate through our systems to assure continuity of care for our patients and families.”

Tenney identified an opportunity for practice development in Transformational Leadership regarding strategic planning. She wrote that Burke has “the opportunity to use the resources available at MGH and outside MGH to further develop her ability to do strategic planning for her team/group/service and be able to articulate and present how nursing in those areas can help shape the future.” Tenney encouraged Burke to create forums where she can “present Nursing’s goals and objectives for this (Oncology) service not just for the overall service direction but specifically to nursing.” Burke and Tenney signed the Peer Review form on September 19, 2016.

Standards of Behavior—MGH Mission, Credo and Boundaries/Confidentiality Agreement

On October 12, 2016 Burke attested that she will abide by the MGH mission, credo and boundary statement and attested that she will abide by the confidentiality agreement.

Chief Nurse Evaluation and Agreement on Goals

In her evaluation, Ives Erickson recognized the many achievements Burke has had over the past year including the completion of her doctoral education, in recognizing this professional achievement she wrote, “This degree positions Burke well for the future as we work together to give her more hospital-wide opportunities.”

Ives Erickson highlighted Burke’s work on two hospital wide initiatives: her leadership of the PCS Support Coordination Center for eCare implementation and her work developing the future organizational structure for Advanced Practice Nurses noting that “with benchmarking completed the hard work of defining staffing models, infrastructure and payment will be complex, but achievable.”

Ives Erickson recognized Burke’s many accomplishments including her work with the interprofessional team both within and outside of the MGH, her mastery of the budget process, and the positive response from clinical nurses to her presentation of her capstone, “Characteristics of Nurse Directors that Contribute to High Registered Nurse Satisfaction Scores” during Nurse Recognition Week.

Ives Erickson and Burke reviewed and came to agreement on the ACNs goals for 2017 which were:

Burke’s N&PCS 2017 Goals:
  • Participate in PCS and MGH goals for 2016-2017 (lead initiatives as appropriate)
  • Expand infusion chair practice on Lunder 9/10 Hematology/Oncology
• Work with the Cancer Center on patient placement and enhance care to off-site locations when possible
• Work with Obstetrics to enhance the postpartum care of women while reducing costs by utilizing a new NP/Midwife practice model

Burke’s Personal 2017 Goals
• Seek opportunities to present research
• Increase opportunities to present to large and small audiences to increase comfort level and improve skill

Ives Erickson agreed with Burke’s goals and signed her performance evaluation on October 12, 2016.

The example provided above demonstrates how the various component of the performance evaluation promotes self-reflection through self-evaluation, peer feedback and the evaluation by the CNO supports the nurse leaders’ competence and professional development.

References
