Exemplary Professional Practice: Professional Practice Model

EP1 Clinical nurses are involved in the development, implementation and evaluation of the professional practice model.

EP1b: Provide a description, with supporting evidence, of the ongoing evaluation of the nursing professional practice model and how clinical nurses are involved.

Introduction

The Massachusetts General Hospital (MGH) Nursing and Patient Care Services (N&PCS) Professional Practice Model (PPM) was first created in 1996 and served as a framework to delineate the work and contributions made by clinical nurses and other health professionals across various settings and levels of care at MGH. The creation of the PPM allowed clinical nurses to feel connected within the context of their relationships to the patient, their practice, roles of other providers, other nurses, and to the institution. It allowed clinical nurses to better plan, manage, and adapt to change through the structures identified in the PPM including: a statement of values and vision; philosophy; standards of practice; collaborative decision-making; professional development; patient care delivery models; privileges, credentialing & peer review; research; and descriptive care theory models. The PPM framework and the structures that ensued from it facilitated the identification of goals and strategies. The MGH PPM supports the salient elements of professional practice first identified in the Magnet Hospital Study (McClure, ML, Poulin, MA, Sovie, MD, et al., 1983): autonomy, control over practice, and collaborative relationships with other healthcare providers.

The 1996 PPM is pictured below.
To ensure that the PPM remains relevant to clinical nurses and the environment in which they practice, it is routinely evaluated by nurses throughout N&PCS. This periodic evaluation ensures that all components of the PPM are in alignment with the strategic goals of MGH, N&PCS, and Partners HealthCare and continue to reflect the needs of our patients and the dynamic and constantly evolving health care environment. These factors led to the evaluation and revision of the PPM in 2007 and again in 2014. In 2016, Jeanette Ives Erickson, RN, DNP, NEA-BC, FAAN Senior Vice President, Chief Nurse identified that the rapidly changing healthcare environment led her to request an evaluation of the current PPM. She engaged N&PCS leadership and clinical nurses in that evaluation. The 2014 PPM is pictured below.

Clinical Nurses Evaluate the Professional Practice Model-2016

In her June 16, 2016 Caring Headlines column (attachment EP1b.a) Ives Erickson wrote, “A professional practice model is only meaningful if it reflects the wisdom and expertise of the clinicians delivering care at the bedside. To ensure that our PPM remains relevant I invite every clinician in N&PCS to review our current model and let us know if you think there should be any changes.” Ives Erickson wanted clinical nurses to evaluate each component and the PPM as a whole.

To assist clinicians with the evaluation process, a description of each of the components was included in the presentation along with a few reflective questions.

- Do the components reflect all that is necessary to ensure that clinicians have the knowledge, skill, and support to care for patients and grow professionally?
- What is missing from our PPM?
- What can be done to ensure that all PCS clinicians know and understand the PPM and its impact on how we care for patients and develop as professionals?
To ensure that clinical nurses across N&PCS were able to participate in the evaluation of the PPM, a communication plan was developed which included:

- Creation of a PowerPoint presentation on the PPM including the reflection questions which would consistently be used to guide discussions at all Collaborative Governance committee meetings and other N&PCS meetings.
- Create a summary document of Collaborative Governance champions’ feedback on the PPM
- Publish a Caring Headlines article by the end of 2016 communicating the clinical nurses’ evaluation of the PPM.

Ives Erickson shared the current PPM with clinical nurses at the July 5, 2016 Staff Nurse Advisory meeting (attachment EP1b.b). Ives Erickson reviewed each component of the PPM and the associated reflective questions. In their evaluation of the PPM, clinical nurses validated each component of the PPM, offered opportunities to strengthen several components such as the Vision and Values and Relationship-Based Care (RBC). Clinical nurses strongly supported the Values and Vision statements but recommended consideration of language which would integrate patient and staff safety as well as patient satisfaction. There was strong consensus that RBC was central to their work and to the PPM, but that less experienced nurses can often struggle with developing therapeutic relationships. While RBC is discussed as part of onboarding for all new N&PCS clinicians, Ives Erickson asked Gaudria Banister, RN, PhD, FAAN, NEA-BC, Executive Director, Institute for Patient Care to work with the Norman Knight Nursing Center for Clinical & Professional Development (Knight Center) to develop programs on RBC for clinical nurses at all levels of practice.

It was clear from the discussion that clinical nurses believed that the PPM reflected their professional practice and that the discussion of the components was useful in strengthening the model and identifying opportunities for its improvement. On July 20, 2016, Ives Erickson presented the PPM at the N&PCS Town Hall meeting. The Town Hall meeting brings together interdisciplinary leadership and clinicians from throughout N&PCS to learn and respond to initiatives and updates that will influence the work of the service, MGH, Partners HealthCare, and the healthcare environment. On July 27, 2016 Ives Erickson presented the PPM at the Patient Care Services Executive Committee (PCSEC). PCSEC is comprised of the executive leaders across N&PCS. Ives Erickson again reviewed each component of the PPM and the associated reflective questions to elicit the group’s feedback.

A critical component of the PPM is Collaborative Decision-Making and one way this component is actualized is through Collaborative Governance (CG). CG is the communication and decision-making structure that ensures decisions are made by those closest to the patient and family. Clinical nurse champions are the majority of members of the eight CG committees. Facilitated discussions that replicated the process used by Ives Erickson at the SNA meeting, occurred at the following meetings:

- Diversity Committee (now the Diversity and Inclusion Committee)
As a representative example of the discussions that occurred at the eight CG meetings, a copy of the minutes from the August 3, 2016 Ethics in Clinical Practice Committee are included as attachment EP1b.c. Mary Ellin Smith, RN, MS, Professional Development Manager, Institute for Patient Care, presented the PPM. A summary document of the themes identified by clinical nurses on all eight Collaborative Governance Committees is included in attachment EP1b.d.

Ives Erickson published an article in the December 1, 2016 issue of Caring Headlines which discussed the process of evaluating the PPM and the recommended changes suggested by clinical nurses (attachment EP1b.e). Those changes included:

Vision and Values Statement reflected in the model components
- Now includes “safety” and “healing”.
- Explicitly addresses our commitment to diversity and inclusion.

Ives Erickson also noted the richness of the discussion that occurred as the PPM was evaluated including whether “reflective practice” was sufficiently captured in the model, though further review found that reflective practice is embedded in all components of the PPM.

Ives Erickson believes that the PPM is only meaningful if it reflects the wisdom and expertise of the clinicians delivering care at the bedside. To achieve that, the PPM must be carefully vetted and evaluated by the clinical nurse. In 2016, clinical nurses evaluated the PPM and identified what needed to be strengthened. As Ives Erickson wrote in her December 1, 2016 article, “Reviewers from all groups felt strongly that “safety” and “healing” needed to be included in our vision and that our philosophy about diversity and inclusion needed to be more explicitly stated. So we revised our Vision and Value statement to incorporate this important feedback”. Clinical nurses’ evaluation confirmed that the PPM remains relevant and reflects their autonomy, control over practice, and collaborative relationships with other healthcare providers.

References