Integrating the Nursing Professional Development Scope and Standards of Practice: A New Education Model

Tammy R. Webb, MS, RN, NE-BC
Arkansas Children’s Hospital
Vice President of Clinical Excellence and Innovation

Objectives

- Describe the application of the ANPD scope and standards to a framework for education and professional development
- Demonstrate the integration of the integrated education model through operationalizing in a large children’s hospital

No disclosures necessary

Strategic Planning

Advance the Provision of Nursing Care through a new education model. Nursing leaders defined the desired outcomes:

1. Create a bridge between education and practice
2. Bring theory into the education plan/program
3. Provide a foundation from which to measure education outcomes
4. Maximize expertise within the system
5. Support a design that blends proactive education (plan/structure) within the needs of a dynamic/fluid system
6. Create collaboration in achieving the plan objectives
7. Build the team and support transparent reporting and create congruent (not competing) objectives
8. Create consistency in education approaches.
Educators’ goals

1. Improve the communication network and relationships among all educators
2. Improve the clinical practice and competence of nurses
3. Promote the professional development of nurses

Goals for an integrated education model to achieve professional excellence

- Assign Clinical Educators to clinical programs or areas similar to Clinical Area Based Council structure
- Align Clinical Education Specialists with clusters of clinical programs similar to Designated Group Council structure
- Create a flexible model designed to be responsive to both organizational changes and clinical area issues
- Provide ongoing assessment and evaluation of educational priorities
- Maintain collaborative relationships between Clinical Education Department and departmental based Clinical Educators
- Provide leadership and educational support to Clinical Educators as well as professional development opportunities.

Educator resources

- When considering allocation of educators, the following factors were addressed:
  - Total number of employees
  - Type of patients
  - Complexity of patients
  - Learning needs of staff
  - Diversity of disciplines
  - Number of hospital areas/sites covered
  - Focus on achieving educational goals, not about power and reporting.
To provide care, love, and hope for children and families.

Model of Care which is Patient and Family Centered Care
- defines care that is compassionate, respectful, comprehensive, collaborative, and individualized

Professional Practice Model supports our Model of Care through
- evidence-based practice, interdisciplinary teamwork, professional development, shared decision-making, and quality.
Framework for Education & Professional Development

A process of education affecting change, behaviors, and decisions of others. A framework that supports centralized and decentralized education initiatives guided by a team of educators including CI, CNS, CES, PCM, Nurse Researchers and Clinical Informatics Specialists.

Professional Role Development Novice to Expert

Life long learning process in which nurses engage to develop and maintain competence, advance through stages of clinical competence (novice to expert), enhance professional nursing practice and support achievement of career goals.

Professional Excellence

A culture that promotes professional nursing practice and quality patient outcomes.

Inputs

Learner: Beliefs, attributes, experiences, education level, career goals, engagement and empowerment.

System: Educators collaborate with each other across the organization and each role has representation in the Education council which serves to assess educational needs and facilitate continuous learning based on the throughputs at the organizational level.

Council: Educators are assigned to the council groups and assess and facilitate continuous learning based on the throughputs of the council groups and specific patient care areas.

Throughputs

Learner needs are assessed and the learner begins the developmental and education processes that revolve around the Model of Care and Professional Practice Model (orientation, competency, continuing education, etc...)

Outputs

The overall outcome of throughput is the acquisition of knowledge, skills and attitudes that support the Patient and Family Centered Model of Care and Professional Practice Model.

Framework for Education and Professional Development

Adapted from the Model of Nursing Professional Development: Specialist Practice, NNSDO, 2010.
Orientation - The educational process of introducing nurses to the philosophy, goals, policies, procedures, role expectations, and other factors needed to function in their work setting. Ex. Core Orientation, Nursing Core Orientation, Unit-based Orientation, Area/role transfer, PCM Orientation.

Competency Program - Process which focuses on the verification and demonstration of knowledge, skill, behavior, or attitude necessary to perform assigned job function of nurses. Ex. initial competencies, annual competencies.

In-services - Training provided in the work setting for the purpose of assisting nurses in performing their assigned function in a specific workplace. Ex. JIT, PIP changes, online updates equipment.

Continuing Education - Learning activities designed to augment knowledge, skills and attitudes of nurses which apply to their practice regardless of employer. The three types of continuing education activities are provider directed, learner directed, and learner paced. Ex. NGR, Telenursing, CHEX, conference attendance, journal/article review.

Career Development and Role Transition - Career development involves identification and development of strategies that meet the career goals, tasks, and challenges in different stages throughout a nurse’s career. Ex. ACHIEVE, mentoring, succession planning, certification, professional organization participation and community involvement.

Research and Scholarship - Nursing research is the use of systematic inquiry to develop or refine knowledge (Pilt & Beck, 2008). Scholarship is being recognized as what works and what does not, measuring outcomes, conducting peer review and public dissemination of information. Ex. Poster development, podium presentations, publishing, research and ERP projects.

Academic Education & Partnerships - Partnerships exist between colleges/schools of nursing and healthcare facilities to support the environment of nursing development and continuous learning. Ex. Schools of nursing partnerships, career counseling and advisement and academic education planning.
**Educator role transition**

- Expand the job role and functions to promote responsibility and accountability based on the ANPD Nursing Professional Development Specialist elements of practice, scope of responsibility, and competencies
- Inclusive of education and certification requirements

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**The New Educator Roles**

Centralized clinical education specialist and Decentralized unit-based clinical educator

- Education
- Project and/or program Management
- Change Agent
- Leadership
- Evidence based practice and consultation
- Career development

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**Creation of an Educator Council**

**Purpose:** Provides direction and guidance for clinical education by:
- promoting collaboration of educators
- facilitating interdisciplinary communication
- evaluating educational outcomes to achieve lifelong learning and professional development

**Membership:** elected clinical area educators and staff nurses, all central educators, nursing leaders all levels, APN's, Clinical Informatics, Quality Coordinators
**Educator Council Functions and Responsibilities:**

- Identify long and short term clinical education goals that support the PCS strategic plan.
- Identify clinical outcomes related to quality and safety that may be improved through clinical educational initiatives.
- Facilitate communication, education and competencies related to new products, equipment, pharmaceuticals, policies and informatics.
- Maintain communication with multidisciplinary departments and strengthen interdisciplinary relationships.

- Apply educational theory to the development of evidence-based clinical education.
- Provide educational support to other councils, committees and hospital initiatives.
- Provide direction and support for the education and professional development of clinical educators.

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**Education Council Education Initiative Evaluation**

1. **The Educator Council determines the need for training and education by:**

   | 1. Assess the need for change by training and education. | Who is bringing this forward (groups/individual)?
   | 2. Determine background information. | What is the change or training/education that is needed?
   | 3. Identify the stakeholders. | What is the desired change/outcome of the training/education?

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**Who needs the training/education?**

Who will be affected by the change as a result of the training/education?

Who are the key groups to be involved?
4. Identify existing resources.

3. Identify any information relative to the training/education (P/P, Mosby information, CHEX, Training System).

Are there similar training/education activities, courses, etc. that already exist externally?

Identify any other groups which may be working on a similar project.

5. Determine if this a training/education need or a compliance issue.

Are there P/P in place which are not being followed?

Are there alternative solutions?

Training/Education Needs
Education Plan Needed

Compliance Issues
Assess accountability.

Education Plan

1. The Educator Council communicates the decision of the Council to the group or individual and provides consultation as needed for the education plan. An education plan should answer:

   - Who are/will be the content experts?
   - Who is developing the actual education content?
   - Who will provide the training?
   - Who will be trained?
   - Will super users be appointed?
   - What are the education methods and teaching strategies being used?
   - Who will review the education content prior to the rollout?
   - What is the timetable?
   - How will the learning be measured?
   - How will the change be measured?
   - Are there other outcomes?

Evaluation Process

10. Evaluation Process for Education Initiatives: Kirkpatrick’s Four Foundation Principles:

1. Reaction/learner satisfaction: To what degree participants react favorably to the learning event.
2. Learning/knowledge acquisition: To what degree participants acquire the intended knowledge, skills, and attitude based on their participation in the learning event.
3. Behavior: To what degree participants apply what they learned during training when they are back on the job.
4. Results/impact: To what degree targeted outcomes occur, as a result of the learning event and subsequent reinforcement.

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<thead>
<tr>
<th>Level</th>
<th>Examples</th>
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<tbody>
<tr>
<td>1</td>
<td>Course Evaluation, participant feedback, Q &amp; A</td>
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<tr>
<td>2</td>
<td>Pre/Post Test, Competency Verification, Recall</td>
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<tr>
<td>3</td>
<td>Audits, Observation, Return Demonstration, Peer Review, Interviews</td>
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<tr>
<td>4</td>
<td>Nurse Sensitive Measures, Patient Satisfaction, Performance Indicators, Costs, Retention</td>
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Education Rounds

A new strategy
1. to reinforce training and education that had already occurred
2. to briefly introduce other initiatives described as “what’s new, what’s changed, what’s coming, and what’s needed.”
3. Participation in Education Rounds includes departmental nurse leaders, educators, interdisciplinary teams, and informatics specialists
4. Education Rounds are time limited and conducted at the point of patient care (in a convenient area for nurses) every other week.

Education Quarterly

A new strategy for more comprehensive education “roll out” to decrease complexity compression
1. Strategic Imperatives for Nursing
2. Defined by the learning needs assessment, quality performance data and regulatory requirements
3. Half day sessions for all educators and frontline nurse leaders to learn standardized education for implementation, required.

A new competence program

Creation of a new competency assessment program driven by data and outcomes, Donna Wright’s, The Ultimate Guide to Competency Assessment in Health Care (Wright, 2010) model was adopted.

Educators, nurse leaders and direct care nurses identified competency needs based on quality data, occurrences and risk analysis.

Historical skills fairs were challenged and new validation approaches tested with success in MS pilots resulting in decrease costs and resources required for competency validation and increased nurse satisfaction with annual educational requirements.
Reflects the key elements of the framework for Education and Professional Development
- Integrates Benner’s Novice to Expert
- Promotes Academic Education Plan toward degree completion
- Promotes certification
- Promotes nurse engagement in clinical ladder
- Succession Planning for organization
Benefits of an integrated education model

- Begins with centralized planning and resource development, but allows customization and implementation at the clinical area
- Strengthens and enhances support for education to achieve more global compliance and measurable outcomes
- Facilitates mentorship and improves communication among all educators
- Prevents the silo effect and improves standardization across departments
- Maximizes educational resources centrally and departmentally thereby conserving resources
- Provides a communication network to assist educators in fulfilling organizational priorities amidst constant change
- Links organization development and clinical education initiatives

The Impact: Achieving Nursing Excellence

Professional excellence is the desired overall outcome and is defined by ACH nurses as “a culture that promotes professional nursing practice and quality patient outcomes” with themes identified as:
- Professional nursing behaviors
- High quality care
- Supportive practice environment
- Patient, family, and nurse satisfaction

References:


Thank you!

- Questions? Suggestions? Share!

Tammy Webb, BSN, MS, RN, NE-BC  
Vice President, Clinical Excellence and Innovation  
Patient Care Services  
Arkansas Children’s Hospital  
1 Children’s Way | Slot 216 | Little Rock, AR 72202  
501.364.3294 office  
webbtr@archildrens.org

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OUR NATURE.  
archildrens.org

FOLLOW ACH:

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