

# **Clinical Advancement Program CAP II Journal**

Required for CAP II, CAP III, CAP IV and CAP V











UHC | AACN Nurse Residency Program<sup>®</sup>

# University of New Mexico Hospitals: Clinical Advancement Program (CAP) Journal

### Activities in Support of CAP II (required for CAP II, III, IV & V): Professional Practice Competence

Self-Assessment: Review the ANA Standards of Practice & Performance, the Peer Review principles, the Shared Governance /Just Culture process, the Coordinating Councils, the Compass of Care PPM, the plan for ensuring Nursing Competency and the Magnet Model.

# ANA: Standards of Practice and Professional Performance

Standard 1. Assessment: The registered nurse collects comprehensive data pertinent to the healthcare consumer's health/ situation.

Standard 2. Diagnosis: The registered nurse analyzes the assessment data to determine the diagnoses or issues.

Standard 3. Outcome Identification: The registered nurse identifies expected outcomes for a plan individualized to the healthcare consumer/situation.

Standard 4. Planning: The registered nurse develops a plan of care that prescribes strategies and interventions to attain expected outcomes.

Standard 5. Implementation: The nurse implements the interventions identified in the plan.

Standard 5A. Coordination of Care

Standard 5B. Health Teaching and Health Promotion

Standard 5C. Consultation (Graduate Prepared Specialty or Advanced Practice Nurse)

Standard 5D. Prescriptive Authority and Treatment (Advanced Practice Nurse)

Standard 6. Evaluation: The registered nurse evaluates progress toward attainment of outcomes.

Standard 7. Ethics: The registered nurse practices ethically.

Standard 8. Education: The registered nurse attains knowledge and competence that reflects current nursing practice.

Standard 9. Evidence-Based Practice & Research: The registered nurse integrates evidence/research findings into practice.

Standard 10. Quality of Practice: The registered nurse contributes to quality nursing practice.

Standard 11. Communication: The registered nurse communicates effectively in a variety of formats in all areas of practice.

Standard 12. Leadership: The registered nurse demonstrates leadership in the professional practice setting and the profession.

Standard 13. Collaboration: The registered nurse collaborates with the healthcare consumer/family/others in the conduct of nursing practice.

Standard 14. Professional Practice Evaluation: The registered nurse evaluates her or his own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules and regulations.

Standard 15. Resource Utilization: The registered nurse utilizes appropriate resources to plan and provide nursing services that are safe, effective and financially responsible.

Standard 16. Environmental Health: The registered nurse practices in an environmentally safe and healthy manner.

# Peer Review: Six Principles

Peer Review serves as the primary mechanism through which any professional, including nurses, exercise their professional accountability for regulation of practice, foster professional practice development, and achieve continuous guality improvement.

Principle #1: A peer is someone of the same rank.

Principle #2: Peer review is practice-focused.

Principle #3: Feedback is timely, routine, and a continuous expectation.

Principle #4: Peer review fosters a continuous learning culture of patient safety and best practice.

Principle #5: Feedback is not anonymous.

Principle #6: Feedback incorporates the nurse's developmental stage.

What Peer Review project has your unit adopted?	
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# **Shared Governance & Just Culture:**

In 2004, UNMH elected to institute shared governance as its organizational decision-making platform. Shared governance, developed by Tim Porter O'Grady, is an organized structure for shared decision-making between staff and management. Shared governance is based on the belief that both people and the nature of work in an organization are all partners in the enterprise. The importance of shared governance in an organization is reflected in a number of ways:

- staff are encouraged to participate in organization-wide decision making and their contributions are recognized
- staff ownership and responsibility for decision-making are encouraged
- staff involvement in policy, procedure, guideline development strengthens the Just Culture environment in agreeing on what constitutes accepted, exceptional care
- staff involvement in identifying educational needs ensures nurses are prepared for their roles



# **Coordinating Councils:**



The House of Councils shows the relationship between the Coordinating Councils in yellow. Note that the platform of the House of Councils rests on Shared Governance Councils at the Unit/Clinic, Area and Hospital-wide Councils, such as the Nurse Staff Forum and the Magnet Champions.

The Coordinating Councils are: Education and Practice, Research, Quality and Peer Review, Nurse Manager, and Advanced Practice Councils. These Councils report thru the Nurse Executive Council (NEC) and the Clinical Executive Council (CEC). The CEC is the interdisciplinary arm of the Councils where Nursing interacts with Radiology, Pharmacy, Therapeutic Services, and others as needed.

Where would a change in the Nurse Practice Act effecting Conscious Sedation be reviewed?

How about a new Competency-Based Orientation (CBO) for managers? \_\_\_\_

If there was a deviation in the standard of care during a patient care situation and there is a need to evaluate for systems issues?

The Coordinating Councils provide a critical platform for Shared Governance.

# **Professional Practice Model:**



The Professional Practice Model (PPM) at UNMH is called the "Compass of Care". It was developed in 2005-7 by a committee of staff nurses, nurse educators, RN supervisors, Executive Directors and the Chief Nursing Officer. It is re-evaluated formally on an annual basis.

Based on <u>Florence Nightingale's</u> values system of patient care, the foundation of our model is the patient, whether that is an individual, a family or a community, surrounded by the steps of the nursing process.

The Nursing Process is also the foundation of the ANA Standards of Nursing Practice. This powerful model supports the most autonomous level of nursing practice, provided accountability escorts it. The state of New Mexico has one of the most autonomous nurse practice acts in the country.

Anticipate an addition to our PPM by the task force this year. We are adding standards from our ANA standards of care and practice to the current model. The current components will not change, but some global additions will come shortly.

The strength of our model rests on foundational nurse concepts, every nurse knows the nursing process.

# **Nursing Practice & Competency Plan:**



4/2012

### Magnet Model:



There is tremendous overlap between the Coordinating Councils and the Forces of Magnetism. The five Coordinating Councils at UNMH correspond strongly to elements in the Magnet Model. The Shared Governance model connects the Coordinating Councils and Leadership to achieve Patient Care Excellence.

### A: Activities in Support of Peer Review Competency:

**Definition:** The first definition of nursing peer review proposed by ANA in 1988 still applies today: "Peer review in nursing is the process by which practicing registered nurses systematically access, monitor, and make judgments about the quality of nursing care provided by peers as measured against professional standards of practice....Peer review implies that the nursing care delivered by a group of nurses or an individual nurse is evaluated by individuals of the same rank or standing according to established standards of practice," (ANA Position Statement).

Classes:		
On-Line Competency:		
Conference:		
Articles:		
P/P &G:	 	 
Other activities:		

### 1. Knowledge Attainment (Any 1 Activity):

2. Peer Review in Unit Practice (How I participate in Peer Review in my Work):

### **B: Activities in Support of Just Culture Competency:**

**Definition:** The concept promotes a process where mistakes or errors may not result in automatic punishment, but rather a process to uncover the source of the error. Errors that are not a deliberate circumvention of a patient safety system often result in coaching, counseling, and education around the error, ultimately decreasing likelihood of a repeated error. Increased error reporting can lead to revisions in care delivery systems, creating safer environments for patients and individuals to receive services, and giving the nurses and other workers a sense of ownership in the process. "The work environment improves as nurses and workers deliver services in safer, better functioning systems, and that the culture of the workplace is one that encourages quality and safety over immediate punishment and blame" (ANA Position Statement)..

### 1. Knowledge Attainment (Any 1 Activity):

Classes:
On-Line Competency:
Conference:
Articles:
P/P &G:
Other activities:
2. Just Culture in Unit Practice (How I support Just Culture in my Work):

### **C:** Activities in Support of Shared Governance Competency:

**Definition:** Shared governance is collaboration, whether in scheduling staff, educating new staff, or implementing evidencebased practice. It involves teamwork, problem-solving, and accountability, with the goals of improved staff satisfaction, productivity, and patient outcomes. It is working together to make decisions that affect nursing practice and patient care. It is working with other disciplines for the good of the patient. It is collaborating to improve nursing practice. **Shared governance is a journey, not a destination**. Organizations pursuing shared governance move incrementally from past orientations where the few rule to an orientation where many learn to make consensual decisions. Organizations that implement shared governance are in a constant process of revitalization and renewal. There's always more power to share and more members to bring along on the journey

### 1. Knowledge Attainment (Any 1 Activity):

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2. Shared Governance in Unit Practice (How I participate in Shared Governance in my Work):

### D: Activities in Support of Professional Practice Model Competency:

**Definition:** A Professional Practice Model contains the values, structures, and processes that support registered nurse control of the delivery of nursing care and the environment in which care is delivered. Our model at the University of New Mexico Hospitals is the Compass of Care. It gives us direction for our professional practice. Based on Florence Nightingale's vision of holistic patient care, it encompasses the nursing process.

Classes:	 
On-Line Competency:	 
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Conference:	 
Articles:	 
P/P &G:	 
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Other activities:	

### 1. Knowledge Attainment (Any 1 Activity):

2. Professional Practice Model in Unit Practice (How I use the Compass of Care in my Work):

Having completed an Annual Review of the ANA Standards of Practice and Performance, the Peer Review principles, the Shared Governance/Just Culture framework, the Coordinating Councils structure, the Compass of Care PPM, the Nursing Plan for Competency and the Magnet Model is there additional information that you would require to complete the CAP II requirements?

Participation + ANA Standards + Coordinating Councils + Peer Review + Shared Governance = Magnet

Remember there are classes on these topics and we urge you to continue your learning and involvement in your professional practice.

If there is a new class or competency that you would like to have considered for addition to our CAP program, please add here:

I acknowledge that I have completed my self-assessment of my professional practice competence, including the ANA standards of practice and performance.

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Supervisor Signature:	1	/201 .
Supervisor Signature.		/201