MEDICAL UNIVERSITY OF SOUTH CAROLINA
VALUE INSTITUTE
Evidence-Based Practice Brief
TITLE

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ASK THE QUESTION

Question(s): What tactics are most effective for evaluating a nursing Professional Practice Model to ensure consistency with other Magnet designated academic medical centers?

SEARCH FOR EVIDENCE

Databases: PubMed, CINAHL

CINAHL search: "Professional Practice Model" AND (values OR goals)

PubMed search: "Professional Practice Model" AND (values OR goals OR develop* OR evaluat*)

Filters: English, Published last 10 years

CRITICALLY ANALYZE THE EVIDENCE

There were four research studies found addressing the evaluation of a nursing Professional Practice Model (PPM). Two studies (Basol et al., 2014; Morgan et al., 2015) evaluated the same PPM at St. Cloud Hospital in Minnesota. Basol et al. (2014) described the development, implementation and evaluation of the St. Cloud Hospital PPM, called The Compass. The evaluation used an internally validated tool called The Compass Assessment Tool (see Appendix A) before (n=1253) and after (n=1319) implementation of the PPM. Basol and colleagues found that The Compass was correlated with significant increases in almost all components of nursing care. Morgan et al. (2015) described the process that clinical nurse leaders used to re-evaluate The Compass PPM. The authors conducted focus groups with ~80 nurses, asking them to discuss the following question: “What are three things that define your practice as a nurse?” The results (n=240) were then categorized based on the four tenets of the PPM and “other” to evaluate for potential changes to the PPM. Large-scale changes were not needed, but definitions of the model components were refined to reflect nurses’ actual views of their professional practice (see Appendix C). The evaluation team established biennial PPM evaluations based on these findings. Nursing leaders also updated nurse job descriptions to reflect the new definitions and further connect job duties to the PPM.
Wadsworth et al. (2016) described how Main Line Health, a 5-hospital system in Pennsylvania, evaluated their PPM using the SOAR (strengths, opportunities, aspirations, results) planning model and the appreciative inquiry approach. They used the appreciative inquiry approach’s four steps below to establish a “Journey to Excellence” strategic plan for nursing:

- Discovery: what gives meaning and purpose
- Dream: envision possibilities
- Design: create ideal state
- Destiny: action planning

Use of these two planning tools led to the creation of a nursing vision, a revised PPM, and greater council alignment. This resulted in significant positive changes and ongoing advancement throughout the system (attained 34/36 goals in 2 years; 2013 to 2015).

Hitchings et al. (2010) evaluated the validity and reliability of an assessment tool for the PPM at Lehigh Valley Hospital in Pennsylvania. Each of the 5 PPM elements represented by at least 1 question (see Appendix B for an excerpt), and was deemed both valid and reliable after comprehensive psychometric testing. However, broad applicability of this instrument is minimal, as it can only evaluate the impact of this particular PPM.

While all four studies focus on evaluation of specific PPMs at other Magnet-designated institutions, these published tools can be used to inform next steps in re-evaluating the MUSC PPM evaluation. The SOAR planning model (Wadsworth et al., 2016) and use of targeted focus groups to look for shifts in nursing professional practice (Morgan et al., 2015) offer qualitative options for evaluation. Additionally, the surveys by Hitchings et al. (2010) and Basol et al. (2014) offer avenues for quantitative assessment, though internal validation would be advised.

<table>
<thead>
<tr>
<th>Author/Date/ Journal</th>
<th>Purpose of Study</th>
<th>Study Design</th>
<th>Sample&amp; Setting</th>
<th>Outcomes</th>
<th>Design Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basol et al., 2014, The Journal of Nursing Administration</td>
<td>To describe the development, implementation, and evaluation of a professional practice model (PPM)</td>
<td>Descriptive (pre-post)</td>
<td>St. Cloud Hospital in Minnesota</td>
<td>Development: -literature review (4 core PPM framework components) -no existing PPMs aligned with nursing practice at facility so developed own -patient and family-centered care strongly embedded -embeds hospital’s mission (Catholic hospital)</td>
<td>Study Limitations = None</td>
</tr>
<tr>
<td></td>
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<td>Evaluation:</td>
<td>PPM: The Compass</td>
<td>Non-Experimental/Observational Studies (case-control, cohort, cross sectional, longitudinal, descriptive, epidemiologic, case study/series, survey)</td>
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<td></td>
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<td>-convenience samples: pre (n=1253; 45% response rate) and post (n=1319; 30% response rate)</td>
<td></td>
<td>□ Insufficient sample size</td>
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<tr>
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<td>-using The Compass Assessment Tool; responses converted to a numeric value: 1 (&lt;10%), 2 (~25%), 3 (~50%), 4 (~75%), or 5 (&gt;90%)</td>
<td></td>
<td>□ Sample not representative of patients in the population as a whole</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Variables (confounders, exposures, predictors) were not described</td>
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<td></td>
<td>□ Outcome criteria not objective or were not applied in blind fashion</td>
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<td>□ Insufficient follow-up, if applicable</td>
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<td>□ For prognostic study, sample not defined at common point in course of disease/condition</td>
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<td>□ For diagnostic study, gold standard not applied to all patients</td>
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<td></td>
<td>□ For diagnostic study, no independent, blind comparison between index test and gold standard</td>
</tr>
</tbody>
</table>
Implementation:
- education sessions
- patient story video ("Lynn’s Journey" included as supplement to article)
- changes to leadership practice
- "common language"

Evaluation:
- used internally validated for face and content validity and reliability (See Appendix A for The Compass Assessment Tool below)
- overall mean 3.34 pre- and 3.74 post-implementation
- highest mean score was standards of practice 4.40 pre- and 4.61 post-implementation
- lowest mean score was research 1.83 pre- and 2.02 post-implementation
- The Compass was correlated with significant increases in almost all components
Hitchings et al., 2010, *Nursing Administration Quarterly*

To develop and evaluate an organization-specific professional practice model assessment that reflects unit involvement

Validation study

Survey administered to 200 full- and part-time nurses in 2003 (51% response rate) and 193 full- and part-time nurses in 2005 (48% response rate)

- Inpatient staff only
- Lehigh Valley Hospital (3 hospitals)

Each of the 5 PPM elements represented by at least 1 question (See Appendix B: Excerpt from Assessment Tool below)

Validity:

- Interrater agreement was 96.6%

Reliability:

Broad applicability of this instrument is minimal, as it can only evaluate the impact of this particular PPM

Morgan et al., 2015, *Nursing Management*

To describe the process that clinical nurse leaders used to evaluate the

Descriptive (focus groups)

12-member workgroup from the department-level shared governance committee to create evaluation plan

Large-scale changes not needed

Definitions of model components were refined to reflect nurses’ actual views of their professional practice (See Appendix

Study Limitations =

- None

Psychometric Studies (Validation)

- Instrument was not clearly described
- Protocol for administration and scoring was not standardized
- Data were not collected on a representative sample

Study Limitations =

- None

Non-Experimental/Observational Studies (case-control, cohort, cross sectional, longitudinal, descriptive, epidemiologic, etc.)
| Description | Facility’s professional practice model (PPM) | PPM: The Compass, St Cloud Hospital in Minnesota  
-4 concepts: communications, collaboration, clinical practice, and professional development  
-Single question designed to uncover nurses’ ideas of professional practice and create plan to assess respondents (n > 80) that were representative of the entire nursing department: “What are three things that define your practice as a nurse?”  
-categorized responses into the 4 concepts of the PPM and “other” (n=240)  
-statements reviewed, discussed and re-categorized by workgroup (“is our PPM missing anything?”)  
-PPM components updated and clarified  
-C: “Table 2: Revised PPM model component definitions” below | Workgroup developed a recommendation for bi-yearly evaluation of the PPM, with an evaluation of nurse familiarity with and use of the model in their professional practice during alternating years  
-Workgroup updated nurse job descriptions to align job responsibility categories with the revised 4 PPM concepts and definitions  
-To engage all nurses in strategic planning and goal setting to connect their patient care to the system strategic initiatives  
-To engage all nurses in strategic planning and goal setting to connect their patient care to the system strategic initiatives  
-To engage all nurses in strategic planning and goal setting to connect their patient care to the system strategic initiatives  
-To engage all nurses in strategic planning and goal setting to connect their patient care to the system strategic initiatives  
-To engage all nurses in strategic planning and goal setting to connect their patient care to the system strategic initiatives | Case study/series, survey  
-Insufficient sample size  
-Sample not representative of patients in the population as a whole  
-Variables (confounders, exposures, predictors) were not described  
-Outcome criteria not objective or were not applied in blind fashion  
-Insufficient follow-up, if applicable  
-For prognostic study, sample not defined at common point in course of disease/condition  
-For diagnostic study, gold standard not applied to all patients  
-For diagnostic study, no independent, blind comparison between index test and gold standard  
-Significant positive change and ongoing advancement throughout the system (34/36 goals in 2 years; 2013 to 2015)  
-All eligible staff members received a prorated system patient experience bonus (up to $500) as a result of outcomes reflected as a first step to anchoring change  
-Achieved system-wide Magnet designation in 2015, with 3 hospitals re-designating for the third time and 2 hospitals receiving initial designation  
-Among 19 systems in the country with system Magnet designation  
-5-hospital health system (4 acute care, acute rehab, drug and alcohol rehab and home care/hospice) in Pennsylvania; Main Line Health  
-4 year time horizon  
-Professional Practice Model (PPM): PARTNERS  
-P: PATIENT SAFETY  
-A: ACCOUNTABILITY  
-R: RESEARCH  
-T: TEACHERS  
-N: NURSES AS LEADERS  
-E: EXEMPLARY PRACTICE  
-R: RELATIONSHIPS  
-S: SUPERIOR PATIENT CARE  
-Used the SOAR planning model: strengths, opportunities, aspirations, results  
-Appreciative inquiry approach to participation: change is inevitable and can be used to promote  
-Led to the creation of a nursing vision, a revised PPM and greater council alignment  
-All eligible staff members received a prorated system patient experience bonus (up to $500) as a result of outcomes reflected as a first step to anchoring change  
-Achieved system-wide Magnet designation in 2015, with 3 hospitals re-designating for the third time and 2 hospitals receiving initial designation  
-Among 19 systems in the country with system Magnet designation  | Study Limitations =  
-None  
-Non-Experimental/Observational Studies (case-control, cohort, cross sectional, longitudinal, descriptive, epidemiologic, case study/series, survey)  
-Insufficient sample size  
-Sample not representative of patients in the population as a whole  
-Variables (confounders, exposures, predictors) were not described  
-Outcome criteria not objective or were not applied in blind fashion  
-Insufficient follow-up, if applicable  
-For prognostic study, sample not defined at common point in course of disease/condition  
-For diagnostic study, gold standard not applied to all patients  
-For diagnostic study, no independent, blind comparison between index test and gold standard  |

Wadsworth et al., 2016, Nursing Administration Quarterly
organizational growth (Discovery: what gives meaning and purpose, Dream: envision possibilities, Design: create ideal state, Destiny: action planning)

-Journey of Excellence: capture nursing accomplishments and successes over the years

REFERENCES

APPENDIX A: Basol et al. (2014) - St. Cloud Hospital Nursing Professional Practice Model Assessment Study

Directions: Please complete the survey only if you have been employed as an RN at St. Cloud Hospital for at least one year. Choose the best answer as it pertains to all RNs within your unit, department, or area of nursing practice. If you clinically practice in more than one unit or department, select one unit or department to evaluate. If your area of practice or department includes RNs from multiple units or departments, choose the best answer as it pertains to all RNs within your area of practice and identify your area of practice as “other”. Not all of the identified professional nursing practice components are practiced in all areas of nursing practice. If a component is not an expectation of RN practice within your unit or area, choose “not applicable”. If “not applicable” is not listed as a choice, that practice component is an expectation within your unit or area of practice. Select one of the following responses to each question:

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What percentage of RNs practice coordination of care and case management through all of the following:</td>
<td>A. Less than 10%</td>
</tr>
<tr>
<td>• Providing care based on identification and prioritization of patient needs, complexity, referrals, and level of coordination of care needed</td>
<td></td>
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<tr>
<td>• Assessing, planning, facilitating, and advocating for options and services to meet an individual’s health needs</td>
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<tr>
<td>• Achieving expected patient outcomes using a collaborative process</td>
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<tr>
<td>2. What percentage of RNs provide input on unit or department staffing decisions regarding patient care, patient care delivery model (primary nursing, team nursing, clinic nursing, etc.), staffing, skill mix (RNs, LPNs, PCAs, etc.), or scheduling:</td>
<td></td>
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<tr>
<td>3. What percentage of RNs routinely demonstrate all of the following professional nursing characteristics as described in the Standards of Professional Performance:</td>
<td></td>
</tr>
<tr>
<td>• Quality of Practice</td>
<td>Collaboration</td>
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<tr>
<td>• Autonomy</td>
<td>Ethics</td>
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<tr>
<td>• Education</td>
<td>Research</td>
</tr>
<tr>
<td>• Professional Practice Evaluation</td>
<td>Resource Utilization</td>
</tr>
<tr>
<td>• Collegiality</td>
<td>Leadership</td>
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<tr>
<td>4. What percentage of RNs routinely practice according to the Nursing Standards of Practice by following all components of the nursing process outlined below:</td>
<td></td>
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<tr>
<td>• Assessment: comprehensive collection and analysis of data pertinent to the patient’s health or the situation</td>
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<td>• Diagnosis: analyze the assessment data to determine the diagnosis or issues</td>
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<tr>
<td>• Outcomes Identification: identify expected outcomes for a plan individualized to the patient or the situation</td>
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<td>• Planning: develop a plan that prescribes strategies and alternatives to attain expected outcomes</td>
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<tr>
<td>• Implementation: implement the identified plan, coordinate care delivery, and employ strategies to promote health and a safe environment</td>
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<tr>
<td>• Evaluation: Evaluate progress toward attainment of expected outcomes,</td>
<td></td>
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</tbody>
</table>
5. What percentage of RN clinical practice for patient care is based on relevant evidence (e.g., evidence-based practice):

6. What percentage of RNs participate in research activities, including but not limited to:
   - Reviewing nursing research publications through a Journal Club, Participating in a research study by collecting data or other activities, Initiating or leading a research study, Participation on the Nursing Research Committee

7. What percentage of RNs in my unit or area of practice value innovation by seeking new ideas, methods, or devices that progressively transform nursing:

8. What percentage of RNs actively seek ways to positively impact nursing sensitive indicators, including but not limited to:
   - Falls, Pressure ulcers, IV infiltrations, Health care acquired infections (urinary tract infections, blood stream infections, pneumonia)

9. What percentage of RNs participate in professional growth activities to learn, grow, and develop professionally, including but not limited to:
   - Conferences and seminars, Continuing education, Professional certification, Degree advancement

10. What percentage of RNs in my unit or area of practice consistently demonstrate autonomy by making decisions that are individual and patient-centered within the context of a multidisciplinary approach:

11. What percentage of RNs participate in performance improvement to improve patient outcomes (e.g., Plan-Do-Check-Act, LEAN, Rapid Cycle Change, TCAB):

12. What percentage of RNs practice shared governance through a decision-making model which encompasses a partnership between staff and leaders at the unit/department or hospital level collectively working toward a common goal:

13. What percentage of RNs in my unit or area of practice regularly demonstrate Transformational Leadership using all of the following:
   - Advocating for fiscal and technical resources, Developing and supporting unit or department goals, Improving the work environment, Transforming attitudes, values, and behaviors

14. What percentage of RNs incorporate all of the following Relationship Based Care principles:
   - Develop caring relationships with patient and families, colleagues, and self,
<table>
<thead>
<tr>
<th></th>
<th>Create a caring, healing environment, Understand the other’s experience</th>
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<tbody>
<tr>
<td>15.</td>
<td>What percentage of RNs foster a Healthy Work Environment by incorporating <strong>all</strong> of the following elements into practice:</td>
</tr>
<tr>
<td></td>
<td>• Skilled communication, True collaboration, Appropriate staffing, Meaningful recognition, Authentic leadership, Effective decision making</td>
</tr>
<tr>
<td>16.</td>
<td>What percentage of RNs are committed to <strong>all</strong> Culture of Safety components:</td>
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<tr>
<td></td>
<td>• Strong leadership, Teamwork, Evidence-based care, Effective and structured communication, Culture of learning, Patient-centered care, Just culture: individual accountability is balanced with system improvement</td>
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<tr>
<td>17.</td>
<td>What percentage of RNs in my unit or area of practice take a personal interest in actively coaching and mentoring new RNs to foster growth and development and achieve their full potential:</td>
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<tr>
<td>18.</td>
<td>What percentage of RNs consistently practice collaboration to improve patient outcomes through <strong>all</strong> of the following:</td>
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<tr>
<td></td>
<td>• Respect the knowledge and expertise of others, Understand the interdependence of nursing practice with other disciplines, Coordinate and collaborate with other disciplines to best serve the patient</td>
</tr>
<tr>
<td>19.</td>
<td>What percentage of RNs participate in recognition in the form of both formal and informal acknowledgment of the nursing profession:</td>
</tr>
<tr>
<td>20.</td>
<td>What percentage of RNs are committed to community outreach activities including but not limited to:</td>
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<tr>
<td></td>
<td>• Health care presentations and fairs, Health related community events, Serving as specialty care resources to area healthcare facilities, Rural, national, or global health outreach</td>
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</tbody>
</table>
## APPENDIX B: Hitchings et al. (2010) – Professional Practice Model Assessment Tool

### Table 1. Excerpt from the Lehigh Valley Hospital Professional Practice Model Status Assessment Tool

<table>
<thead>
<tr>
<th>I. Clinical practice and quality</th>
<th>1. No opportunities exist for staff to participate in clinical practice decisions</th>
<th>2. Staff participate in decisions associated with 1 of the following: A. Evidenced-based practice B. Collaborative practice C. Coordination of care D. Performance improvement and outcome measures</th>
<th>3. Staff participate in decisions associated with 2 of the following: A. Evidenced-based practice B. Collaborative practice C. Coordination of care D. Performance improvement and outcome measures</th>
<th>4. Staff participate in decisions associated with 3 of the following: A. Evidenced-based practice B. Collaborative practice C. Coordination of care D. Performance improvement and outcome measures</th>
<th>5. Staff participate in decisions associated with all of the following: A. Evidenced-based practice B. Collaborative practice C. Coordination of care D. Performance improvement and outcome measures</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>II. Research</td>
<td>1. Staff is not involved in any research projects.</td>
<td>2. A few unit staff have participated in data collection for 1 or more research projects.</td>
<td>3. Multiple unit staff have participated in data collection for 1 or more research projects.</td>
<td>4. One or 2 unit staff have been involved in the initiation and conduct of research projects.</td>
<td>5. Multiple unit staff have been actively involved in the initiation and conduct of a research project.</td>
<td>NA</td>
</tr>
<tr>
<td>III. Unit Operations A. Hiring process</td>
<td>1. Staff do not participate in the hiring process.</td>
<td>2. One or 2 staff participate in the interview process for selected unit personnel. (No training for personnel to do this)</td>
<td>3. One or 2 staff participate in the interview process for selected unit personnel. (They have received training to do this.)</td>
<td>4. Multiple staff have been trained and are consistently used in the hiring of selected unit personnel.</td>
<td>5. Multiple staff have been trained and are consistently used in the hiring of all unit personnel.</td>
<td>NA</td>
</tr>
</tbody>
</table>

### Directions: Circle a single number in each row that best describes implementation of the Professional Practice Model on your unit.

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APPENDIX C: Morgan et al. (2015) – Revised PPM definitions

<table>
<thead>
<tr>
<th>Table 2: Revised PPM model component definitions</th>
</tr>
</thead>
</table>
| **Clinical practice:** Describes how nurses provide safe, compassionate care to patients, families, and the community. Nurses practice autonomously to the full scope of their education and license. Nursing practice is professional, evidence-based, individualized, and consistent with established standards and protocols. Nursing practice is continuously evaluated using critical thinking skills to achieve individualized quality patient and family outcomes.  

*Original definition:* The clinical practice domain describes how nurses provide care to patients, families, and the community. Nurses use the nursing process to provide care that’s evidence-based, individualized, and consistent with established procedures to achieve the best outcomes for the patient and family.  |
| **Communication:** Describes how nurses interact with patients, families, and colleagues within and among departments and with local, national, and international colleagues. Nurses use effective verbal and nonverbal communication techniques to exchange thoughts, messages, and information, including immediate and planned communication. Active listening skills are cultivated as nurses express a caring presence with patients and families to better understand their needs. Active participation in shared governance fosters enhanced communication among colleagues within and across nursing units, as well as effective decision-making for achieving excellence in patient care outcomes. Communication among and between colleagues occurs upward and downward the chain of command to evaluate and improve care.  

*Original definition:* The communication domain describes how nurses communicate with patients and families; within and between departments; and with local, national, and international colleagues. Nurses use effective communication as an exchange of thoughts, messages, and information, including “in-the-moment” and planned communication, and communication up and down the chain of command.  |
| **Collaboration:** Describes how nurses work in partnership with patients, families, and the multidisciplinary healthcare team, as well as with local, national, and international colleagues. Nurses collaborate through clear communication, respectful interaction, and dialogue for the mutual purpose of excellence in patient and family care. Effective collaboration is necessary for successful teamwork.  

*Original definition:* The collaboration domain describes how nurses collaborate with patients and families; the multidisciplinary healthcare team; and local, national, international colleagues. Nurses collaborate through clear communication and respectful interaction and dialogue for mutual problem solving.  |
| **Professional development:** Describes how nurses maintain and advance their knowledge, competency, and leadership skills for excellence in patient care. Nurses continually participate in professional development activities to develop and mentor colleagues; use current, high-quality evidence and research findings for best practice; and develop and maintain competencies while incorporating new knowledge and skills.  

*Original definition:* The professional development domain describes how nurses maintain and advance their knowledge and competency. Nurses continually participate in professional development activities to use the best evidence-based practice and nursing research findings, develop and maintain technical competency, and develop new knowledge and skills.  |