



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

Provide a description, with supporting evidence, of the development of the nursing professional practice model and how clinical nurses were involved.

Introduction:

In 2008, UVA developed its first nursing professional practice model (PPM). Over time and through organizational changes, the model became less meaningful and identifiable than it needed to be. Nurses were unable to identify the image as the nursing PPM or articulate how the elements related to their care. While it was a recognizable image, it did not carry the association of professional identity and purpose needed in a PPM. It simply did not resonate with UVA nurses.

Development and Evaluation:

In August 2013, CNO Lorna Facteau appointed a task force of direct care nurses to lead an evaluation of the professional practice model. An invitation was issued for all interested nurses to participate. ([Exhibit EP1.a: Call for Participants to Help Evaluate the UVA Nursing Professional Practice Model](#)) Several nurses responded and joined the appointed task force to begin this important work. ([Exhibit EP1.b: You Have Been Selected for the Professional Practice Model Task Force](#)) The group was facilitated by Jenny Dixon, MSN, RN, 2013 President-Elect of the PNSO and Jennifer Thomas Hall, MSN, RN, CNL, Magnet Program Manager.

Participants:

EP1 Table 1: Participants, Professional Practice Model Task Force

| Name | Discipline | Title | Department |
|------------------|------------|---|-----------------------------|
| Jenny Dixon | Nursing | Clinician III, PNSO President-Elect | Cardiology Clinic / PNSO |
| Penny Kidd | Nursing | RN Clinician II | Renal Unit |
| Debra Miller | Nursing | RN Clinician II | 6 East |
| Juanita Day | Nursing | RN Bed Coordinator | Bed Center |
| Susan Card | Nursing | RN Clinician IV | NICU |
| Daniele Ottinger | Nursing | Advanced Practice Nurse 2-Nurse Practitioner | NICU |
| Amy Simpkins | Nursing | RN Clinician III | 3 West |



| | | | |
|----------------------|----------------|---|-----------------------------|
| Julius Dizon | Nursing | RN Clinician III | TCH |
| Anne Rindge | Nursing | RN Clinician II | Electrophysiology Lab |
| Emily Shelton | Nursing | RN Clinician III | CCU |
| Raymond Davis | Nursing | RN Clinician II | 5 East |
| Jenny Kutch | Nursing | APN | NICU NP |
| Adrienne Banavage | Nursing | Nursing Education Coordinator 2 | ECCCC |
| Catherine Deane | Nursing | RN Clinician III, Ambulatory | Endocrine Clinic |
| Diane Gaspa | Nursing | RN Clinician III | Cardiac Catheterization Lab |
| Clara Winfield | Nursing | RN Clinician IV | SAS |
| Barbara Trotter | Nursing | RN Clinician IV | 3 Central |
| Carmen Borges | Nursing | RN Clinician II | 5 West |
| Nancy Addison | Nursing | RN Clinician IV | PICU |
| Jennifer Thomas Hall | Nursing | Magnet Program Manager | Nursing Governance Programs |
| Holly Hintz | Nursing | Director, Nursing Practice and Research | Nursing Governance Programs |
| Mike Miller | Administration | Project Coordinator | Nursing Governance Programs |
| Reecye Modny | Marketing | Manager, Marketing Creative Service | Marketing |
| Susanna Brent | Marketing | Manager, Internal Communications | Marketing |

The task force used electronic and live sessions to participate in the several phases of this process.

Prior to the first live session, the group reviewed several journal articles on professional practice models. The group then considered the current PPM to answer several questions about this model:

1. In five to eight sentences, how would you explain what a PPM is to a colleague?
2. What is good about our current PPM?
3. Are any concepts missing from our current PPM?



See Exhibit EP1.c: Professional Practice Model Task Force Session Prework.

The first live session was held on September 11, 2013, and included the entire task force, as well as two colleagues from our Marketing department, who provided valuable design feedback and support.

The objectives for the first session included:

- Receive charge from CNO
- Review definition of PPM
- Discuss articles and concept of PPM; task force members will offer their ideas of what it should include
- Critique current model

The task force members arrived prepared, eager and engaged. Discussion was robust, and many ideas were offered about what should be included in PPM. The group agreed that the current model did not portray the vision of nursing at UVA nor guide nursing practice, so it was discarded. The group expressed their desire to anchor a new PPM design with a star image already used in many of our organization's nursing materials. It was an image that was meaningful to nurses. The group felt strongly that the PPM language should match that of our nursing vision statement (Figure 1) and should reflect the concept of our care delivery system, relationship-based care.



EP1 Figure 1: UVA Nursing Vision Statement

Partnership in Practice. Leadership in Action.

We Make the Difference

UVA nurses are leaders empowered to **make the difference**:

- **We make the difference** by leading in the provision of expert, compassionate care in partnership with the patient, family and healthcare team.
- **We make the difference** by leading innovation in the development of new nursing knowledge.
- **We make the difference** by leading in the education of new healthcare professionals and inspiring the pursuit of lifelong learning.
- **We make the difference** as internationally recognized leaders for achieving the highest outcomes for our patients.
- **We make the difference** by constantly striving to optimize the health of the local and global communities entrusted to our care.





UVA Nurses ... We Make the Difference

On September 13, 2013, a small subgroup met to distill the ideas offered from the task force and drafted specific words and phrases that would be used to capture the essential concepts. Marketing used the feedback from this group to develop draft images.

On September 24, 2013, the entire task force reconvened for session two, addressing the following objectives:

- Review schematic drafts developed using task force original concepts and ideas
- Develop education and implementation plan

The group reviewed the draft schematics and further refined the images and wording to fully convey the intended message. The group was very clear about the shape to use



and approved the wording that the small group suggested. They explored ideas about education, communication methods and activities to engage nurses in understanding the PPM.

Following session two, another small group was convened to take the ideas from the task force and develop an initial implementation plan and timeline that would be utilized once the final image was determined.

Final Decision-Making:

Based on task force feedback from session two, the Marketing department further revised the images and produced three draft images. The task force participated in an electronic vote to narrow the choices to two images.

On November 5, 2013, the PNSO held its annual Nursing Summit. It offered an opportunity to educate nurses about PPMs and gather additional clinical nurse feedback. The 268 Summit attendees were presented with the two images that had been approved by the task force and were walked through the process used by their clinical nurse peers to develop the draft models. Attendees used “clicker technology” (Turning Point) to conduct a live electronic vote.

Using the feedback from the task force and Nursing Summit attendees, the PNSO Cabinet reviewed the entire process and voted its final approval of the new PPM (Figure 2) on November 7, 2013. ([Exhibit EP1.d: 110713 Cabinet Minutes](#))



EP1 Figure 2: Current Professional Practice Model



Implementation:

A multiphased implementation was led by 2013 PNSO President-Elect Jenny Dixon, MSN, RN. The plan was based on the ideas and feedback of the PPM Task Force and was put into action following the November 7, 2013, Cabinet vote. Dixon worked with members of the task force to create materials and tools with the PPM image and interactive methods to orient nurses.

Each month, the PNSO sends out a shared governance topic of the month to unit-level shared governance committee chairs. Committee chairs and members spend a portion of their meeting reviewing this tool and related materials on the shared topic. This approach provides consistency in messaging and an avenue for education and information sharing. In December 2013, unit chairs received a PPM shared governance topic tool. ([Exhibit EP1.e: Dec 2013 Shared Agenda Topic – Year In Review](#))

This served as the first broad exposure to the newly revised PPM. Each subsequent month, the new UVA PPM has been included in the top corner of the shared



governance worksheet, highlighting which concept of the model is addressed by that month's topic.

New nurses orienting after November 2013 are introduced to the UVA PPM during their PNSO orientation. They receive a description of how it was developed, both in relationship to the nursing vision statement and in the spirit of shared governance.

In January 2014, additional activities were provided to continue staff nurse education and interaction with the new PPM:

- Large posters of the PPM were printed for each unit. Custom sticky notes were printed that prompted nurses to describe how they live each element. Magnet champions and unit leaders encouraged nurses to fill out a note and place it on their unit poster.
- PPM-themed roaming carts further promoted interaction with the posters and sticky notes while engaging nurses in dialogue.
- Jenny provided educational presentations to the PNSO Cabinet, nurse managers, Magnet champions and all of the central PNSO committees. These key audiences helped disseminate information to their home units using unit huddle talking points provided during these presentations.
- An article appeared in the January 2014 edition of the PNSO Practice News publication, and the new PPM was also featured in UVA Connect, an online UVA Health System publication with a dedicated nursing content section.
- Each month, CNO Lorna Facteau records Nurse Talk, a brief video that serves as a mechanism for her to be visible to nurses throughout UVA Health System. In the February 2014 edition, Lorna interviewed Adrienne Banavage, MSN, RN, OCN, Nursing Education Coordinator II, in the Cancer Center. Adrienne served on the PPM Task Force and shared her experience of participating in the development of the new PPM.
- Additional education and exposure were gained through scrolling cafeteria information screens about the PPM.
- The image of the new PPM was placed on mouse pads, pens and other items and distributed to staff.

In May 2014, during Week of the Nurse activities, clinical nurse volunteers took a mobile cart with PPM activities throughout UVA Health System. A spinning wheel was outfitted with the PPM image, and when participants spun the wheel and it landed pointing to one of the elements, each was asked to relate that element to his or her practice. With little prompting, UVA nurses were able to easily draw connections to their PPM and their practice. This validated the process used for the design and implementation of the new PPM.