

Professional Development Framework

Implementation Team Chronicles



Day 4: Decisions from Diversity

Honing in on some key decisions for how the Framework rollout will actually proceed made for an interesting day for the Implementation Team. "Diverse and unique" perspectives were what the Team members were chosen for, and they did justice to their commitment to use their creativity and passion to discuss, clarify, and decide a Framework element by not holding back those views. How pleasant it was, too, when occasionally, a consensus was reached relatively quickly because of the "boundless commitment to excellence" as described in their purpose. The unequivocal goals of nurse satisfaction, patient satisfaction and the care of the patients and families can actually serve to make some decisions easy.

The Team asked themselves: What are we hearing from the 3,000-plus nurses here to date about the Framework? "Not much," was a common response, although a few mentioned excitement and anxiety. The Communication task group had already anticipated the need to engage all nursing staff now. So to move their particular creative idea along, the entire Team met early to make one critical decision: what, if anything, about the new levels-i.e., the different classification scheme that is the Framework-would appear on a nurse's badge? Robust discussion occurred in small groups, and when all were together again, the consensus was remarkable: patients and families (and all others) need to see the "RN." Everything must promote confidence in the nurse. In addition, the system must unify nurses themselves, rather than separate them. So while there may well be reasons for nurses (and perhaps others) to know one another's practice classification level, there will be nothing to distinguish that on a badge. Seeking out mentors from other levels; proudly recognizing movement from one level to the next-worthy purposes for identifying one another's level--will drive innovation for other means, yet to be devised (colors and pins were a few speculations).

Having decided that, the task subgroups grappled with other details for the remainder of the day. The sheer numbers of nurses who may want to apply for a different level classification when the new system goes into effect, July 1, 2006, motivated the Applications group to conclude that the application process needs to work smoothly and efficiently; be simple, not complex; and must be hammered out now, rather than later-to make it easy for the "Central Committee," cited by contract, that will handle applications. What goes into the application? Among items thoughtfully considered were portfolios, with a few descriptions of patient care. Generating most discussion was the notion of the annual performance evaluation (which, of course, later must be aligned with the Framework); specifically, should it articulate with the application, and if so, how? Because it has been considered private, between individual staff and manager, with purposes other than promotion-for these and other reasons, the sense was that only if staff wanted to insert the manager's evaluation would it be included.

The Evaluation group continued to delineate data to be collected both about the Framework as it becomes implemented and the larger impact on nursing, patient care, and culture. Much is expected and hoped for, in terms of improvement, in all realms. Over the work of the day, the Education group drafted an initial timeframe for education that included the possibility of informational sessions for everyone before the new year, with sequenced special sessions for "coaches" (to help any nurses with the advancement process) once they are solicited and identified. Watch any time now for the option created by the Communication team that will enlist the involvement of any interested nurse!

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