

FRAMING THE FRAMEWORK

Presentation Notes: Nurse Action Days (2006)

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Objectives:

- 1) Relate elements of the Professional Development Framework (PDF) to your own practice
- 2) Identify opportunities by which the PDF serves to enhance one's career
- 3) Correlate PDF implementation with patient care delivery outcomes and environmental enrichment

Philosophy and Program Overview:

The UMHS Professional Development Framework (PDF) for Nursing at Michigan depends upon creating a practice environment with no barriers where nurses flourish and prosper in extraordinary ways in the delivery of outstanding patient care that is innovative, grounded in science, guided by our core values, and driven by compassion.

Our model sparks a passion and an awakening that empowers nurses to pursue professional development that promotes excellence. Nurses know their daily work brings value to their patients, profession, and organization. We embrace the principle of abundance and never ending growth. Talent is bountiful and possibilities are endless.

Guiding Principles:

- 1) Culture
 - a) Supportive
 - b) Rewards/recognizes professional achievement
- 2) Collaborative creation
 - a) Continuous evolution
 - b) Engage in creation/innovation
 - c) Open processes/community involvement
- 3) Opportunity
 - a) Accessibility
 - b) Life-long learning and professional development
- 4) Retention
- 5) Communication
 - a) Respectful
 - b) Open and supportive

- 6) Shared responsibility
- 7) Work life
 - a) Ever-changing
 - b) Opportunities
 - c) Leadership
- 8) Nursing practice
 - a) Accountable for outcomes
 - b) Evidence-based practice (EBP)
 - c) Standards
- 9) Leadership (Note: Leadership does NOT refer to administration in this context)
- 10) Diversity
- 11) Fiscal responsibility
- 12) Maintenance/sustainability
 - a) Continuous quality improvement
 - b) Integrity
 - c) Dynamic
- 13) Empowerment

The power of the PDF:

- 1) Recognizes the centrality of practice
- 2) Focuses on accomplishment, abundance and aspiration
- 3) Encourages creativity and joy in the workplace

NOVICE TO EXPERT: The model underlying the progression of clinical nursing practice embedded in the PDF:

- 1) The novice-to-expert framework reflects four major changes that are observed as nurse progress and grow towards expertise in their practice
 - a) Movement from an exclusive reliance on abstract principles (theory) and rules to inclusion/integration of those with past, concrete experience
 - b) Shift from an exclusive reliance on analytical, rule-based thinking to inclusion/integration of intuition
 - c) Movement from detached observer, standing outside of the situation, to one of a position of involvement, fully engaged in the situation
 - d) Change in the perception of the situation, from one in which it is viewed as a compilation of equally relevant bits to a complex whole in which certain parts are relevant
- 2) NOVICE
 - a) Have no experience (e.g., nursing students)
 - b) Practice is rule governed
 - c) Behavior is limited and inflexible because they have no experience to draw upon
 - d) Following the rules is good practice
 - e) Most new grads entering hospital practice are beyond this stage

- 3) **ADVANCED BEGINNER**
 - a) Temporal focus is on the immediate present:
 - i) Long term focus is the end of the shift
 - ii) Limited anticipatory thinking
 - b) Perceptual grasp
 - i) Acutely aware of the patient's current status and what needs to be done
 - ii) Trying to match textbook descriptions with the actual situation
 - c) Excitement, enthusiasm and thrill of learning
 - d) Works to organize the task world (will not be a strong patient advocate at this time)
 - e) Multiple and competing tasks show up as an overwhelming list of things that must be done. Unexpected procedures, extra/unanticipated family visits show up as interruptions/annoyances
 - f) Distressed by their limited capacity to understand the patient situation
 - g) Working on the edge of safety/knowledge
 - h) Will delegate up
 - i) Relies on rules and protocols
 - j) Feels responsible for completing tasks
 - k) Describes clinical situations in terms of what it demands of them
- 4) **COMPETENT**
 - a) Establishing a sense of responsibility
 - b) Crisis of trust and confidence
 - c) Understanding that one is responsible for consequences
 - d) Begin to realize that they need to trust self
 - e) Frequently hyper-responsible and increasingly vigilant
 - f) Moving toward patient-focused goals (vs. tasks) and nursing process
 - g) Choices of actions are driven by accomplishing goals
 - h) Work focuses to limit the unexpected
 - i) Do not readily see changing relevance in clinical situations
 - j) Discover the limits of formal knowledge
- 5) **PROFICIENT**
 - a) Patient becomes the focus of the clinical world
 - b) Patient is *person*
 - c) Skill of seeing changing relevance
 - d) Develop engaged reasoning in transitions
 - e) Emotionally attuned to situations
 - f) Socially skilled sense of agency
 - g) Can now read the situation and notice when the patient's condition has changed sufficiently to warrant a redefinition of the situation, a change of perspective and action
 - h) Direct recognition
 - i) Can discern subtle differences
 - j) Numbers and data have meaning – are used to verify clinical observations
 - k) Direct understanding of the whole situation
 - l) Grasps the significance of a situation immediately
 - m) Skill of involvement:

- i) Learns how to read the patient
 - ii) Perceived as being helpful (by all)
 - iii) Learns how to be with another person
- 6) EXPERT
 - a) Fusion of thought and action
 - b) Diagnosis inseparable from action
 - c) Attention and actions are driven by patient's needs, changing responses and demands
 - d) See the unexpected
 - e) Fluid, skillful (smooth) maneuvering in very complex/difficult situations
 - f) Focus on the particular (important aspects of the situation stand out as salient while less important aspects stay in the background)
 - g) Make qualitative distinctions
 - h) Full engagement – make the impossible possible
 - i) Strong moral agents
- 7) EXPERIENCED, NON-EXPERT CLINICIANS
 - a) Accumulated years of experience do not necessarily mean that the clinician is an expert
 - b) The presence of certain key characteristics likely exemplify a disengaged stance in practice:
 - i) Objectification of patients
 - ii) Defensiveness
 - iii) Omission of ethical perceptions
 - iv) War stories
 - v) The loss of a story

Domains of Practice:

The trajectory of career development and advancement is defined within the PDF as domains of practice:

- 1) Clinical skills and knowledge
 - a) Nursing process
 - b) Technology
 - c) Patient/family education
 - d) Policy/procedures/protocols
 - e) Promoting a culture of safety
 - f) Documentation
- 2) Therapeutic relationships
 - a) Therapeutic communication
 - b) Empowerment – nurse, patient, family
 - c) Compassion
 - d) Advocacy and ethics
 - e) Valuing of diversity

- 3) Professional relationships
 - a) Collaboration with the health care team
 - b) Valuing teams/teamwork
 - c) Delegation
 - d) Valuing of diversity
- 4) Professional development
 - a) Self
 - b) Contribution to others
- 5) Advancing practice through innovation and research

Conclusion:

The PDF serves to enrich one's professional experience:

- 1) Self-direction; self-actualization
- 2) Intellectual growth and discovery
- 3) Interpersonal relationships
- 4) Meaningful contribution