PROFESSIONAL PRACTICE MODEL (PPM) FOR UHS

Theoretical Basis of UHS PPM (Erickson, Tomlin, & Swain, 1988)

Each patient is an Individual with a cultural identity, set of beliefs and unique perspective who the Nurse actively seeks to understand and appreciate without reservation. (Modeling)

The Nurse facilitates the Unique Individual’s progression toward health by mutually creating a plan of care; coordinating interdisciplinary care and cure resources; promoting the patient’s control; nurturing the patient’s self-esteem, hope and positive orientation; and, affirming his or her strengths. (Role Modeling)

CORE VALUES

Nurses believe in and adhere to the following: “Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy and the care of individuals, families, communities, and populations.” (ANA, 2010)p.3

A. ANA SCOPE AND STANDARDS OF PRACTICE

Standards of Care: Assessment, Diagnosis, Outcome Identification, Planning, Implement, Evaluation

Standards of Professional Performance: Quality of Care, Performance Appraisal, Education, Collegiality, Research, Resource Utilization

B. ANA CODE OF ETHICS

“The nurse, in all professional relationships, practices with compassion and respect for inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through contributions to practice, education, administration, and knowledge development.

The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.
The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.” (ANA, 2008)

C. TEXAS BOARD OF NURSING
Chapter 301 of the Texas Occupations Code (TOC) -- the Nursing Practice Act (NPA), creates the BON giving it the authority to make rules which implement and interpret the NPA, and defines its responsibility for regulating nursing education, licensure and practice. Chapter 303 relates to Nursing Peer Review and Chapter 304 relates to the Nurse Licensure Compact. Nurses practicing in Texas are expected to know and practice in compliance with chapters 301, 303, and 304 of the TOC and with the Board’s Rules ("Nursing Practice Act, Nursing Peer Review Act,& Nurse Licensure Compact," 2011).

D. UHS PHILOSOPHY OF NURSING
“We work as a collaborative team to continuously improve the health and well being of ourselves and the community. We interact with our colleges, other disciplines, and the community with sensitivity, trust, caring, and respect. We strive to provide cost-effective quality care. We accept and respect our patients’ unique view of self and their world. We facilitate holistic patient care by mobilizing resources to address patients’ needs and move them towards health. We support the achievement of the highest level of adaptive potential through critical thinking, autonomous practice, and planned patient care. We believe in the involvement of the professional nurse in shaping and guiding nursing practice through the implementation of shared governance. We incorporate research and evidence based practice in the development of standards of care. We believe nurses are responsible for lifelong learning, accountability for their practice and participation in interdisciplinary activities. We are committed to mentoring the next generation of health care professionals.” (UHS, 2008)

E. UHS MISSION, VISION, AND VALUES
“The mission of the University Health System is to promote the good health of the community by providing the highest quality of care to both inpatients and outpatients, by teaching the next generation of health professionals and by supporting research thereby advancing medical knowledge and improving the delivery of patient care.
We will continuously improve the health and well-being of the people of Bexar County, South Texas and beyond.
Our patients come first.
We work as a team.
We work for the community.
We have the highest regard for respect, dignity, sensitivity and trust when it comes to treatment.
We will be experts at our jobs.
Education and research are important to excellent patient care.“ (UHS, 2011a)

F. **PATIENT CARE SERVICES POLICY 4.0600 Code of Professional Conduct** (UHS, 2011b)

G. **COMMUNICATION:**
The complex nature and demands of the health care work environment requires differing professions, individuals and specialists come together to solve multifaceted and complex patient care problems. Communication is the poly-directional exchange that facilitates sharing of patient information, enhances inter- and intra-disciplinary knowledge about a patient and improves patient care.
Communication has five elements – what, where, when, to whom and how. What, is the content of the message. Where, is the method – written by hand or electronically; or verbal via in-person 1:1 conversations, telephone or teleconference mediums. When, is the timing – immediate, as soon as possible, or whenever possible. To whom, is the target of the communication. How, is the tone and attitude with which the communication is delivered.

In professional nursing practice at UHS:

a. The Electronic Medical Record (EMR) is used at full capacity by each nurse to document provision of care.
b. All verbal communication is therapeutic communication meaning the information/message is delivered in a manner in which the receiver feels respected and thus, can hear the message. To do otherwise limits facilitation of sharing
c. patient information, reduces inter- and intra-disciplinary knowledge about a patient and puts patients at greater risk for human error (Cornett, 2012).

d. Speaking up is valued. Speaking up creates an environment of patient safety.

**LEADERSHIP**

A. **TEAMWORK**
   Individuals with unique skills and knowledge working together towards a shared vision to achieve the best clinical outcomes for our patients and families.

B. **HEALTHY WORK ENVIRONMENT**
   An environment that empowers and encourages employee engagement and organizational commitment. This includes meaningful recognition, adequate staffing and resources, respect and fairness, strong sense of trust between management and employees, and feelings of emotional and physical safety. (Kupperschmidt, 2010; Shirey, 2006)

C. **PROACTIVE FACILITATOR**
   A supportive role model who uses clinical reasoning to anticipate needs, teach, intervene and advocate for patient, family, and staff. The facilitator maintains a positive attitude when engaging staff in learning opportunities, acting as a resource and precepting staff with the intent to improve individual practices (Dartmouth, 2011).

D. **VISIONARY**
   An individual who envisions the future and actively participates to create it resulting in meaningful improvements in the practice environment, outcomes or processes for patient, family or staff.

E. **ACCOUNTABLE**
   Acknowledgement and assumption of responsibility for actions and decisions within the scope of the professional which encompasses the obligation to report, explain, and be answerable for resulting consequences (Merriam-Webster, 2012).
F. **PARTNERSHIPS IN SHARED GOVERNANCE AT UHS**
   A structural model that empowers staff nurses to determine the professional practice environment and supports a partnership between staff and leaders while collectively working towards the goal of providing quality patient care. This Partnership requires participation in decision making councils at the unit, service line or organizational level by all staff members.

G. **PARTICIPATION IN PROFESSIONAL NURSING ORGANIZATIONS**
   Nurses at UHS are members of professional organizations at the local, state, and national levels. In order to foster leadership, nurses are encouraged to participate in leadership opportunities to share best practices and learn about new trends, education and technical advances.

**PRACTICE EXCELLENCE**

A. **RESEARCH**
   Participates actively in formal nursing research projects or actively pursues structure or process changes in quality improvement or evidence based practice initiatives.

B. **EVIDENCE BASED PRACTICE**
   Evidence is the driving force of Practice and guides clinical decision-making that results in positive change in respective unit indicators/outcomes and contributes to cost effective care.

C. **RESPECT OF HUMAN DIVERSITY**
   UHS nurses deliver care in a nonjudgmental manner that is sensitive to the client's diversity. Nurses offer holistic care that meets the needs of body, mind, and spirit of the patient, family and community.

D. **PROFESSIONAL PRACTICE EVALUATION**
   UHS nurses reflect on their own practice and use input from their peers to improve professional practice, patient satisfaction, clinical expertise and team work.
E. **LIFELONG LEARNER**

The nurse stays current with practice standards, skills, policies and procedures to continually promote quality patient care demonstrated by pursuing formal education, obtaining clinical certification, participating in clinical practice education, reading and reviewing emails and memos, and choosing continuing education classes for professional growth (IOM, 2011). The nurse updates the professional portfolio on an annual basis.

**PROFESSIONAL COLLABORATION**

*Collaboration is the process of working together to build consensus on common goals, approaches and outcomes. It requires an understanding of own and others’ roles, mutual respect among participants, commitment to common goals, shared decision making, effective communication relationships and accountability for both the goals and team members.* (Graham & Barter, 1999)

A. **PLAN OF CARE**

The nurse working with the patient creates an individualized plan of care to help direct patients and families through journeys of illness, restoration or end of life to ensure continuity of care by all caregivers.

B. **CONSULTATION**

The nurse collaborates with healthcare providers from multiple disciplines to implement and integrate the plan of care.

C. **CONTINUITY OF CARE**

The nurse working with the healthcare team facilitates transitions along the patient’s journey through the health care system.

D. **INTERDISCIPLINARY ENGAGEMENT**

A process that builds upon contributions of applicable disciplines to create new ways of conceptualizing and solving problems. Nurses seek opportunities and assume the responsibility to share the nursing perspective in inter-professional forums including formal and informal settings.
Nursing Professional Practice Models reviewed in preparation of this model. (Allina, 2012; BIDMC, 2012; MainLine, 2012; OSUMC, 2012; Stanford, 2010; UMMC, 2009; UNC, 2012)

Bibliography


ANA. (2010). Nursing scope and standards of nursing practice (2nd ed.). Silver Spring, Md.: nursesbooks.org The publishing program of ANA.


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Nursing Practice Act, Nursing Peer Review Act, & Nurse Licensure Compact, Chapter 301, 303, 304 (2011 September).


