This is the third article in the column series describing the revision of the Nursing Professional Development: Scope and Standards of Practice (Harper & Maloney, 2016). The purpose of this installation is to describe and operationalize the revised Nursing Professional Development (NPD) Practice Model.

The Nursing Professional Development: Scope and Standards of Practice (Harper & Maloney, 2016) describes the essence of the NPD specialty, particularly by defining and elaborating on the who, what, where, when, how, and why of nursing practice for the NPD practitioner. The NPD Practice Model is nested within the scope and standards and provides a visual depiction of the relationships among key concepts of NPD practice (see Figure 1).

This column describes the model and each section of the model. Concepts from the model will appear in italics for ease of reference. After the description of the model, an example of how the NPD Practice Model is relevant and helpful in guiding NPD practice is included.

DESCRIPTION OF THE NPD PRACTICE MODEL

Before 2010, models that appeared in the scope and standards were models of professional development as opposed to NPD practice (American Nurses Association [ANA], 2000). The original NPD Practice Model was released in 2010 (ANA & National Nursing Staff Development Organization, 2010). In this initial model, the scope and standards workgroup identified the fluid and cyclical nature of NPD work consisting of interrelated concepts and therefore selected an open systems model as the conceptual framework. Open systems models characterize and operationalize the fluid and cyclical nature of NPD work consisting of interrelated concepts and therefore selected an open systems model as the conceptual framework. Open systems models characteristically describe structures, relationships, and interdependencies using three categories: inputs, throughputs, and outputs (Katz & Kahn, 1978). Inputs are the external items that are brought into the organization and initiate the work cycle in the model. Throughputs describe the work involved in transforming inputs, and outputs are the products of the work that are exported back into the environment. These outputs may influence the environment and reinitiate the process again as inputs. The 2016 model revisions were informed by evidence on the roles of the NPD practitioner, evolution of the practice as described by experts, and alignment of concepts with the Nursing: Scope and Standards of Practice (ANA, 2015).

Environment

The interprofessional practice and learning environment reflects the “where” of NPD practice and is depicted by the rectangular background in Figure 1 (Harper & Maloney, 2016). The definition of environment was expanded to more accurately reflect the breadth of opportunities in today’s healthcare settings. The interprofessional practice environment refers to any setting in which health care is delivered to individuals, families, and communities, and examples include acute care, long-term care, community, and virtual settings. The learning environment refers to any environment in which NPD practice is delivered, including traditional examples such as classrooms and conferences as well as virtual and self-directed learning settings.

NPD Practice Model Inputs

NPD practitioners refer to those “who” provide NPD practice (Harper & Maloney, 2016). NPD practitioners initiate the NPD work cycle with the important step of continuously scanning the interprofessional practice and learning environment for opportunities or threats, both within and external to the organization, which may signal a potential professional practice gap. Therefore, the “when” of NPD practice is anytime. NPD practitioners conduct an assessment (such as comparison of current practice to national guidelines or benchmarks) to identify potential
needs of the learner related to a practice gap. Analysis determines whether the practice gap is best addressed through NPD responsibilities or other organizational channels.

**NPD Practice Model Throughputs**

Once needs are identified by the NPD practitioner, the next step is the work of NPD practice described by the throughputs in the NPD Practice Model (Harper & Maloney, 2016). Three components are embedded within this section: the NPD standards of practice, the NPD roles, and the NPD responsibilities. The NPD standards of practice describe “how” NPD practitioners conduct practice, delineating the specific critical thinking and behavioral competencies of our specialty. These fundamental expectations are reflected as the core of practice in the NPD Practice Model.

The NPD roles and responsibilities describe “what” is the work of NPD practice. NPD practitioners use a variety of roles to engage learners and conduct practice and are therefore reflected in the NPD Practice Model as cogs in the central gear. Seven unique NPD roles emerged from recent research and include learning facilitator, change agent, mentor, leader, champion for scientific inquiry, advocate for the NPD specialty, and partner for practice transitions (Warren & Harper, 2015). NPD practitioners may use any combination of these roles to address identified practice gaps. The specific mechanisms used to provide the NPD practice are described by the NPD responsibilities surrounding the central gear. These responsibilities are the ways in which NPD practitioners can apply the standards of practice and NPD roles into a deliverable output and consist of education, role development, collaborative partnerships, research, Evidence-based practice/Quality improvement (EBP/QI), onboarding/orientation, and competency management.

**NPD Practice Model Outputs**

The ultimate goals for all nursing practice are to provide optimal care, promote health, and protect the public (ANA, 2015). The NPD practice specialty contributes to these goals by promotion of learning, which positively changes practice. Healthcare providers are enriched with professional role competence and growth that impact our ultimate nursing practice goals for the public.

**APPLICATION OF THE MODEL**

In the face of a conceptual framework, it is helpful to show a real-life example to bring the model to life. Consider this
example of an NPD practitioner addressing an organizational concern.

The NPD practitioner is actively engaged in evaluating trends and innovations in today’s healthcare environment by participating in conferences, keeping current in practice journals, and networking with colleagues throughout the country. Within the organization, the NPD practitioner keeps abreast of important quality outcomes and practice opportunities. This environmental scanning led the NPD practitioner to identify an opportunity for improvement in Health Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores related to the patient experience. The NPD practitioner recognizes the importance of the patient experience in driving patient outcomes and in organizational reimbursement.

Analysis of organizational HCAHPS scores revealed low scores for patients’ understanding of discharge care, specifically related to discharge medications. This specific practice gap prompted the NPD practitioner to continue with the next steps in the NPD Practice Model. Using the competencies in the NPD standards of practice to guide processes and behaviors, the NPD practitioner assumed a variety of NPD roles to address the practice gap using a variety of activities (NPD responsibilities) to effect change. Note that every role is used in this example as an oversimplification for the sake of demonstration; however, that is not an expectation of all NPD projects.

The NPD practitioner advocated for a project team with senior leadership using the organizational strategic plan to support the immediacy of this need (NPD roles: leader and advocate for NPD specialty). Upon approval, the NPD practitioner formed an interprofessional team of staff who assist with or are impacted by patient’s understanding of discharge medications, including clinical nurses, respiratory therapists, pharmacists, physicians, and discharge coordinators (NPD role: leader, NPD responsibilities: collaborative partnerships).

The NPD practitioner led the team in creating a strategy for conducting a needs assessment to identify the gaps in knowledge, skills, and practice. The team described the current process; reviewed published literature and internal evidence; interviewed staff, patients, and families; and observed patient discharges across multiple patient populations (NPD roles: mentor, leader, and champion for scientific inquiry; NPD responsibilities: role development and research/EBP/QI). The team compared recommended practice with actual practice and found a practice gap with patient education about the reasons for taking medications upon discharge and when to contact the medical team for further assistance. Together, the team created quality outcome goals for the patient’s experience with understanding discharge medications and process outcome goals for key steps in the discharge process related to distribution of patient educational materials and verification in the teach-back process.

Next, the team defined new standardized practice expectations and created supporting structures, such as updates to policy, patient educational materials, and the electronic medical record (NPD roles: mentor, leader, and change agent). When the structures were ready to support the practice change, the team emphasized the importance of the practice change while supporting the integration of new practices with education for all existing and new staff, validation of competencies by peer review, and frequent feedback about the process and quality outcomes (NPD roles: learning facilitator and change agent; NPD responsibilities: education, competency management, and onboarding/orientation).

The team continued to meet regularly (less often over time) to ensure sustained practice change and improvements in HCAHPS survey scores. One of the team members expressed particular enthusiasm in working with unit practice councils to support the practice change, and the NPD practitioner connected this individual with the organizational program lead for shared governance to provide the opportunity for future career development (NPD role: partner for practice transitions; NPD responsibility: role development). The NPD practitioner also assisted multiple team members in presenting the project findings in both internal and external conferences (NPD role: mentor and champion for scientific inquiry; NPD responsibilities: research/EBP/QI).

Multiple tiers of measureable outputs resulted from this comprehensive project:

- Demonstrated learning of the practice updates as evidenced by return demonstration of the teach-back method (output: learning)
- Validation of practice changes using peer review (output: change)
- Staff improvements in ensuring patient understanding utilizing the teach-back method as evidenced by documentation in the medical record (output: professional role competence and growth)
- Improvement in HCAHPS scores improved promoting organizational strategic goals and reimbursement (output: optimal care, health, and protection of the public)

SUMMARY

In summary, the NPD Practice Model provides clarity to the work of NPD practice and can be used to guide NPD practitioners in valuable strategies and tools available for ensuring optimal outcomes. Future research validating model relationships is important in ensuring efficient and effective strategies for NPD practice and continuing the growth of our specialty.
References