Self-Assessment of Nursing Practice Standards

Maggie Siler

Ferris State University

Abstract

Professional nursing is defined by standards of practice. These standards describe criteria for the competent, professional practice of nursing. Each nursing specialty builds on the template of standards defined by the American Nurses Association (American Nurses Association [ANA], 2013) and they include specific competencies for each specialty. Scope-of-practice-definitions are dependent on level of licensure and the state where the practice of nursing is being undertaken (Michigan Nurses Association [MNA], 2010). Professional practice standards are characterized by “the application of relevant theories, research, and evidence based guidelines” (Bell, 2008, p. 10). They should be utilized for routine assessment of one’s professional practice. The following paper offers a critical analysis of the author’s application of the nine Standards of Professional Performance as defined by the American Association of Critical Care Nurses (AACN). A specific, measurable, achievable, relevant, and time bound (SMART) plan for future professional development will be included.

Self-Assessment of Nursing Practice Standards

Nursing is an interesting and challenging profession for those who wish to commit themselves personally as well as professionally. The most vulnerable populations rely primarily on nurse’s to ensure the highest quality of care. High quality communication and collaboration result in the best outcomes for each patient as well as the entire healthcare system. High quality nursing requires a knowledgeable, intuitive, and caring person. In today’s healthcare environment, continued education and a professional nursing practice focused on evidence based outcomes is crucial to sustainable healthcare. This paper will provide evidence of the author’s journey toward the highest quality, acute and critical care nursing through application of the AACN Standards of Professional Practice in her daily work.

Self-Assessment of the American Association of Critical Care Nurses Standards of Professional Performance

Standard 1

Quality of Practice – The Nurse caring for the acutely and critically ill patient systematically evaluates and seeks to improve the quality and effectiveness of nursing practice.

Ongoing quality improvement and research form the basis for evidence based care. Evaluation of processes and application of the most current evidence to the improvement of those processes can be achieved through work on various committees. The author is involved in the Unit Action Council (UAC) for the cath lab. Currently work is being undertaken to improve moral on the department, as low morale is proven to directly affect patient outcomes (Schmalenberg & Kramer, 2009). The AACN has written standards regarding Healthy Work Environments (American Association of Critical Care Nurses [AACN], n.d.) and the committee is using those as a platform. The author attempts to come to work daily with a positive attitude and work in a manner that supports a healthy work environment. The author is also part of the regional ST elevated infarction (STEMI) initiative. Comparing local data to national benchmarks, and working to improve various processes is an important quality initiative (American Heart Association, 2011). It has been found that during times of increased public education, activation of 911 for cardiac symptoms greatly increases. The author currently chairs the STEMI public education committee and does primarily volunteer activities at various local venues to raise public awareness of cardiac risk factors, symptoms, and the importance of activating 911 for the fastest care and best outcomes.

Standard 2

Professional Practice Evaluation – The nurse caring for the acutely and critically ill patient evaluates his or her own nursing practice in relation to professional standards, institutional guidelines, relevant statutes, rules, and regulations.

A current, highly competent practice is of great personal and professional importance to the author. The author is currently on the Clinical Ladder supported by Munson Medical Center where annual and ongoing review of practice standards, goal setting, and evaluation of progress toward previously set goals must be analyzed. This is a very beneficial tool for professional development. It is also used in conjunction with annual performance appraisals where strengths and weaknesses can be discussed with the manager. Routinely, the author will ask respected peers and physicians for performance reviews, especially after a particularly challenging situation. The author strives to work competently, confidently, and collaboratively with physicians, peers, and with the multiple highly technical tools used in the cath lab setting daily. Personal introspection is an important part of evaluating ones practice. It is personally helpful to review both the good and bad of each day to take credit when due, or revise one’s approach to improve personal and professional performance.

Standard 3

Education – The nurse acquires and maintains current knowledge and competency in the care of acutely and critically ill patients.

Nursing is both an art as well as a science and is based on a critical thinking framework for decision making and evidence based practice (Winters & Echeverri, 2012). A truly evidence based nursing practice can only be achieved through continued formal as well as informal education. The author demonstrates accountability to this standard by completion of the Ferris State University RN to BSN Program Fall of 2013. Thus far the author has maintained a 4.0 grade point average! On-going education and competency testing for the multiple highly technical procedures/equipment used in the cath lab is done on a routine/daily basis. Continued certification in both basic as well as advanced life support requires bi-annual recertification. General continuing education credits are readily available online through the AACN and Medscape. These credits help support recertification for the authors Critical Care Registered Nurse (CCRN) and Registered Cardiac Invasive Specialist (RCIS) specialty certifications.

Standard 4

Collegiality – The nurse caring for the acutely and critically ill patient interacts with and contributes to the professional development of peers and other healthcare providers as colleagues.

Most of the team in Munson Medical’s cath lab has worked together for over twenty years, so work is intuitive, well-coordinated, collegial, and highly collaborative. Being a trusted and knowledgeable resource person qualifies the author as fulfilling this standard. Quality, friendly, informative interactions with the prep/recovery area and receiving units can make all the difference for patients and staff. It is especially fun when students come through the lab for observation, and the light of interest comes on after a small sample of a day’s work in the lab with a quality mentor.

Standard 5

Ethics – The nurse’s decisions and actions are carried out in an ethical manner in all areas of patient care.

Among the legal and ethical concerns that nurse’s face daily are confidentiality, provision of nonjudgmental/equal/respectful care for diverse populations, and a commitment to self-care in order to achieve necessary professional goals (American Association of Nurse’s [ANA], n.d.). In the cath lab ethical care can be as simple as recognizing a breach in sterile technique, and righting that breach. This author has always demonstrated ethical care by considering how she would wish family or friends to be cared for, and reflecting that to each patient encountered.

Standard 6

Collaboration – The nurse caring for the acutely and critically ill patient uses skilled communication to collaborate with the team of patient, family, and healthcare providers in providing patient care in a safe, healing, humane, and caring environment.

High quality communication and collaboration form the basis for a healthy work environment (Schmalenberg & Kramer, 2009). Critical information regarding each patient can be obtained from the simplest interaction with the patient, family, peers, physicians, and other healthcare providers. Truly listening is a good share of this process. Review of the information using critical thinking skills and passing that knowledge on to the team can greatly impact outcomes. Working cooperatively and pleasantly with others leads to improved communication and collaboration. The author demonstrates this standard daily as she is a trusted part of the cath lab team and physicians and peers seek her opinion and help in various situations.

Standard 7

Research/Clinical Inquiry – The nurse caring for the acutely and critically ill patient uses clinical inquiry and integrates research findings into practice.

Appropriate questions raised in procedure can make all the difference in patient outcomes. There is a great deal of research available on various devices used in the cath lab setting, such as bare metal and drug eluting stents. There are many variables which determine the best choice. Often research must be done to determine the best course of treatment based on the most current evidence. It is not uncommon for a good deal of collaboration between team members, physicians and family members before deciding on the best treatment option. Advanced life support measures are all evidence based and under continuous evaluation for best practice. Further study about healthy work environments for the UAC and inquiry into public education for the STEMI committee are several examples of how the author integrates the standard for research and clinical inquiry into her practice.

Standard 8

Resource Utilization – The nurse caring for the acutely and critically ill patient considers factors related to safety, effectiveness, cost, and impact in planning and delivering nursing services.

Supplies and equipment in the cath lab, as well as staff time, are all very expensive. Being a good steward of available resources is crucial to reducing the cost of healthcare today. A few examples of evidence for meeting this standard in the author’s daily work are noted below. The author carefully observes sterile technique and uses care when handing off sterile supplies. The author also forms collaborative relationships with patients and families on initial meeting which improves trust, communication, and outcomes for each patient as well as all staff involved. Being aware of healthcare costs and taking a few “house request” hours of unpaid time when census is low is another way resource utilization can be considered in the authors practice.

Standard 9

Leadership – The nurse caring for the acutely and critically ill patient provides leadership in the professional practice setting as well as the profession.

The author evidences attainment of this standard through committee involvement, continued formal and informal education, specialty certification, and active membership in three professional organizations. Creating a healthy work environment can start with just one or two individuals coming to work with a positive attitude. Eventually the tide will turn and nurse job satisfaction and patient outcomes will only improve. Being flexible and focused on patient care demonstrates a good example to peers and students. Awareness of patient status for subtle changes and physical work surroundings promotes a culture of safety.

Professional Development Plan based on the AACN Standards of Professional Performance

Standard 1 – Quality of Practice

Goals: Continue active involvement with regional STEMI quality improvement initiative, with focus on improving public education efforts. Continue active involvement in the UAC to continue work toward a more healthy work environment.

Action plan: Regular attendance at quarterly STEMI meetings providing feedback both to and from the cath lab. Continue development of Munson branded public educational materials. Continue regular attendance at UAC meetings where healthy work environment quality initiatives can be advanced.

Evaluation plan: Measurable improvements can be attained through continued decreases in STEMI response times as well as an increase in patients seeking care by activating 911. Evaluate progress toward a more healthy work environment by using the AACN Healthy Work Environment Assessment Tool (American Association of Critical Care Nurses [AACN], n.d.). Both of these measurements should be conducted quarterly and annually, which is realistic for today’s practice.

Standard 2 – Professional Practice Evaluation

Goals: Continue to fulfill Munson Medical’s Clinical Ladder criteria as it is an important part of maintaining magnet hospital status. Routinely request feed-back from physicians and respected peers. Daily introspection of what was right/wrong and how to improve personal practice should never be overlooked.

Action plan: Revise and update Clinical Ladder Portfolio due by November, 2013. Daily introspection and improving one’s personal best is ongoing.

Evaluation plan: Continued approval of Clinical Ladder information will be confirmed by December, 2013. Make a list of personal performance and professional goals. Evaluate progress in three months.

Standard 3 – Education

Goals: Continue toward successful completion of the Ferris State University RN to BSN program fall 2013. Review available and apply to MSN/NP programs that best suit the author’s needs. Maintain competencies in the cath lab setting. Maintain continuing educational requirements for specialty certifications of CCRN and RCIS.

Action plan: Continue to allocate disciplined time for educational activities. Cath lab competencies are proven through daily work as well as formal check offs. Complete interesting online credits through AACN and Medscape.

Evaluation plan: Proudly graduate December 2013 with BSN degree. Choose and apply to MSN program by spring 2014. Maintain role as a competent, trusted resource person in the cath lab by peer assessment. Maintain specialty certifications through ongoing formal/informal education.

Standard 4 – Collegiality

Goals: Continue role as a trusted resource person. Provide and receive constructive feedback to/from peers and colleagues to enhance professional practice and promote optimal outcomes for each patient.

Action plan: Maintain a positive attitude through personal introspection and incorporation of physician/peer feedback. Take thirty minutes daily for self-care.

Evaluation plan: Evaluate personal job satisfaction daily. Have a trusted peer evaluate the author’s collegial behaviors monthly (at a minimum).

Standard 5 – Ethics

Goals: Represent each patient’s best interests in daily work. Maintain confidentiality not only for patients, but for peers as well. Treat everyone encountered in daily work with equal respect and consideration.

Action plan: Apply the most current evidence in daily work. Speak in a low voice in the most private setting available when providing report, consider including the patient whenever possible.

Evaluation plan: Daily self-assessment of ethical practice and respected peer review at a minimum of bi-weekly is the best way to assess ongoing achievement of this standard.

Standard 6 – Collaboration

Goals: Continued use of high quality communication and collaboration to ensure the best outcomes for patients, staff, and physicians.

Action plan: Ensure understanding by asking qualifying/clarifying questions. Listen carefully when others speak.

Evaluation plan: Superior collaboration can be measured by quality outcomes and the satisfaction of all involved at the end of each case/day. Patient and staff satisfaction scores measured quarterly and annually directly reflect achievement of this standard.

Standard 7 – Research/Clinical Inquiry

Goals: Continued data gathering and research to provide the highest quality of care and therefore best outcomes for all STEMI patients in the Northwest Lower Michigan area.

Action plan: Active participation in Munson’s regional STEMI committee. Evaluate current/historical data and revise regional standards as needed to reduce time to definitive care.

Evaluation plan: Meet all national benchmarks for STEMI care 99% of the time within two years. Initial evaluation of current plan in three months with re-evaluation/policy changes every three months

Standard 8 – Resource Utilization

Goals: Increase public awareness of the risk factors for and symptoms of cardiovascular disease. Emphasize the importance of seeking care by activating 911.

Action plan: Continue work with the STEMI public education committee. Set up an educational table at a minimum of three events annually with literature regarding cardiac risks. Offer blood pressure screening to raise interest. On a daily basis, when caring for patients/families, use any opportunity to focus on raising awareness of these topics.

**Evaluation plan:** Demonstrate a measurable increase in patients activating 911 for care over the course of one year. Review and update educational material and approaches bi-annually and as needed to ensure the most current evidence is used.

Standard 9 – Leadership

Goals: Completion of BSN program December 2013. Mentor and assist peers in continuation of formal education. Demonstrate active participation in hospital committees and professional organizations.

Action plan: Openly and regularly discuss the benefits of continued education with peers. Offer information regarding the ability to fit online programs into nearly any schedule. Prepare for and attend all meetings and bring thoughtful input to all venues. Bring a guest to local AACN chapter meetings.

Evaluation plan: Observe one or two peers annually continue formal education. Continue work toward measurable improvements in all STEMI times demonstrated by data gathered from each case with quarterly and annual review. Observe measurable growth in the Traverse Bay Chapter of the AACN.

In conclusion, the only way to meet personal or professional advancement is to honestly, and regularly evaluate one’s current practice. Assessment of progress toward current goals, revising action plans that are not effective, or resetting to a loftier goal when the initial goal has been met are necessary steps to professional growth. Use of evidence based general/specialty professional nursing standards for this evaluation process helps assure competence in one’s role as a professional nurse.

References

American Association of Critical Care Nurses. (n.d.). Healthy work environment assessment tool. Retrieved August 5, 2013, from http://www.aacn.org/DM/HWE/HWEViewQuestions.aspx?menu=HWE

American Heart Association. (2011). http://www.americanheart.org/HEARTORG/HealthcareResearch/MissionLifelineHomePage/STEMISystems/STEMI-System-Strategies\_UCM\_313656\_Article.jsp

American Nurses Association. (2013). Professional standards. Retrieved August 1, 2013, from http://nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/NursingStandards

American Nurses Association. (n.d.). Code of ethics for nurses with interpretive statements. Retrieved August 4, 2013, from http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses/Code-of-Ethics.pdf

Bell, L. (Ed.). (2008). AACN Scope and standards for acute and critical care nursing practice. Retrieved August 1, 2013, from http://www.aacn.org/wd/practice/docs/130300-standards\_for\_acute\_and\_critical\_care\_nursing.pdf

Michigan Nurses Association. (2010). Nursing practice. Retrieved June 17, 2013, from http://www.minurses.org/nursing-practice

Schmalenberg, C., & Kramer, M. (2009, February). Nurse-physician relationships in hospitals: 20,000 nurses tell their story. *Critical Care Nurse*, *29*(1), 74-83. http://dx.doi.org/10.4037/ccn2009436

Winters, C. A., & Echeverri, R. (2012, June). Teaching strategies to support evidence-based practice. *Critical Care Nurse*, *32*(3), 49-54. http://dx.doi.org/doi: 10.4037/ccn2012159