Clinical Professional Development (CPD) Model

This Clinical Professional Development (CPD) Model was developed through consultation with the Clinical Nurse Educators (CNE) and other stakeholders of clinical professional development. The model describes what clinical professional development looks like in a quality practice environment. A quality practice environment involves professionals at point of service, managers and educators.

This document serves to inform and guide the practice of CNEs in CDHA with the acknowledgement that CNEs support diverse practice environments. Our learning philosophy is the foundation of clinical professional development. Three pillars are at the heart of what CPD strives to do, they are:

- Build capacity
- Support and advance nursing practice
- Maintain and develop evidence based standards of care.

Learning Philosophy

- The clinical professional development team is a part of the Professional Practice Portfolio. As a team of clinical nurse educators, we are committed to facilitating learning that builds capacity, supports and advances professional practice and maintains and develops evidence based standards of care. A variety of delivery methods are employed to accommodate content, learning styles and access. Our approach is "**learner centered**" and **Person - Centered.**

We believe:
- Adults are accountable to identify learning needs, develop and maintain competencies and seek assistance when necessary.
- Adults are capable of taking responsibility for their own learning
- Learning must draw on and use the experience the adult brings to the learning situation
- Adults are "relevancy oriented". Learning has to be applicable to work or other responsibilities to be of value to them.
- Adults must be actively involved in the learning process
- There must be respect for diversity in the learning environment.

How this model will be operationalized in each clinical setting may vary based on resources; varied supportive roles present for CPD outside of the CNE role; unique clinical professional development needs of service areas and guiding principles established for supporting models of care.

Building Capacity	Advancing Professional Practice	Maintain and Develop Evidence Based Standards of Care
Autonomous and accountable practitioners	Health care professionals / providers demonstrate safe competent ethical patient and family centred care and adapt to the changing context of their work environment.	A proactive approach that supports care; is embedded in everyday practice; is assessed on a consistent basis and evaluated with measurable outcomes.
How Optimize the way educators facilitate knowledge transfer and practice development to enable staff to practice competently and independently Clinical Professional Development : • Supports the development of a competency based orientation (CBO) that clearly defines competencies required to work as a nurse in Capital Health as well as unit specific competencies to be completed as part of an orientation to a clinical area. (**Appendix A**) • Supports the development and maintenance of the knowledge and skills associated with the post-entry level competencies and delegated medical functions for their area(s) of practice. (**Appendix B**) • Facilitates Professional Development opportunities to nurses across the district. When applicable, educational activities will service the inter-professional team. (**Appendix C**) • Responds to clinical consultations in a manner that builds capacity. (**Appendix D**)	**How** Practice leadership - Meeting goals/vision of Capital Health by approaching education from a systems perspective. (**Appendix D**) Offer education programs that support understanding , relevance and facilitate the integration of professional practice into learning activities.(**Appendix C**)	**How** Supports the core values of the Professional Practice Portfolio through incorporating and promoting the sharing of experiential knowledge, best practice, reflective practice, bench marking and research. Clinical Professional Development collaborates on the development of approaches to address: • Unit specific learning needs • Gaps in practice at both the unit and individual level. (**Appendix E**) • Education Programs to support understanding and relevance of professional practice, integrating evidence based practice into learning activities.(**Appendix C**)

Appendix A - Orientation

As part of the Clinical Nurse Educator's practice he/she collaborates to:

Design a competency - based orientation (CBO) that includes:
- An individualized self-assessment of the orientee's learning needs
- Standard clinical and organization competencies (e.g. fire & safety ; WHMIS ; disaster planning)
- Unit specific and client population competencies
- Clearly defined roles and responsibilities
- A documentation framework
- An evaluation component
- A professional development plan will be developed. This process will involve the educator, employee, manager and preceptor (as appropriate)

Orientation will include the following components. *Components will be completed at varying stages/ phases of the orientation process.

Orientee Self- Assessment
- Organization knowledge (information related to working in Capital Health)
- Client population knowledge
- Competencies (Basic; PELC & DMFs)

Orientation Roles & how the roles interface
- Educator
- Preceptor(s)
- Orientee
- Health Service Manager
- Others as applicable

Resource Documents from regulatory bodies i.e. CRNNS (Documentation guidelines; DMFs & Med. Directives and Practice / Standards doc.)

Practice Environment
- Patient & Family Centred Care
- Nurse Client Relationships
- Patient & Family Education
- Discharge Planning
- Care Delivery Model
- Nursing Process

Consultations
- (review types of; who can and how to)

Application of standards

Physical Environment
- Facility and work area nurses Stations
- Equipment & supplies
- Patient rooms
- Medication area
- Utility areas (clean & dirty)

Organization & Leadership
- Critical Thinking; organizational skills; priority setting; problem solving
- Delegation
- Nursing roles (RN, LPN, HSM, Charge Nurse, CNS , NP, and others)
- Interdisciplinary teams roles & relationships and communications (Rounds, team meetings & consultations)
- Accountability

Support Roles (i.e. Porters; Unit clerks)

Practice Supports

- Policy and Procedures (Clinical & System - *i.e. ITCS; confidentiality; advance directives; disclosure of adverse events; occurrence reporting)
- Accessing and communication of expectations for accessing resources
- Professional practice website
- Practice councils
- Admin. coordinator
- Duty administrator
- Professional practice leaders
- Chief Nursing Officer
- Education
- Potter and Perry – adopted Fundamentals

Medication Practices (i.e. narcotics; interface with pharmacy; orders; TPN etc)

Documentation

- Paper Based
- Electronic (i.e. HPF; EDIS; HSM)

Patient & Employee Safety

- Infection Control
- WHMIS
- Fire Safety
- Back Safety
- Disaster Planning (call back process)
- Electrical Safety (per orientation / policy)
- Medication Administration
- Radiation Safety
- Safe Line
- Safety related policies:
  - Least Restraint
  - Drugs & Alcohol in the workplace policy: http://142.239.154.201/policies/documents/adminpolicies/alcoholDrugsWorkplace.doc)
  - Managing Aggressive Behaviors Policy - new
- New product evaluation *may be unit specific?

Patient population Overview – unit specific

Communications
- Interpersonal
- Email
- Unit (i.e. communication books)
- Intranet
- Telephone
- Telehealth

Emergency Response (crash cart; BLS; Code Blue Team)

Accessing and Requesting Reports (i.e. Lab; DI)

Clinical Consults

Competencies & Delegated Medical Functions (PELC & DMFs)
- Assessment
- Policies and related learning modules
- Frequency (Annual Reviews)
- Accountability / expectation
- Resources (i.e. the W5 of how to meet needs)

Ongoing professional development
- Expectations
- Resources
- Online
- Intranet information Education related
- Telehealth

Appendix B - PELC & DMFs

Post-entry level competencies and Delegated Medical Functions

Clinical Professional development will support the development and maintenance of the knowledge and skills associated with the post-entry level competencies and delegated medical functions for their area(s) of practice.

Related definitions:

Post-entry level competencies (PELC): Those skills that are within the scope of practice of a Health Discipline (HD) but beyond the entry-level competencies of that HD. They require additional education (formal or informal) and demonstration of competency prior to an individual being authorized to perform.

*Role expectations and certification process are outlined in related policy & procedure.

Delegated Medical Function (DMF): Those functions that are unique to the discipline of medicine as defined by legislation. A medical function may be delegated to a (HD) in the interest of client/patient care; delegation is dependent on the health discipline's qualifications, experience and competence as well as consideration of the client/patient need, context of practice and the most appropriate provider. A formalized education and certification process is required.

http://142.239.154.201/policies/documents/clinical/delegatedMedicalFunctionscc02004.doc

As part of the Clinical Nurse Educator's practice he/she collaborates to:

- **Develop** and **maintain** policy and procedures to support PELC & DMFs.

- **Develop**, **deliver** and **evaluate** evidence-based learning strategies (i.e. competency reviews; skills days; self-directed learning modules) for initial and ongoing maintenance of competencies.

- **Provide or facilitates** 1:1 clinical coaching when identified as a need.

- **Develop** documentation & tracking tool. (http://cdhaintra/policies/documents/postEntryCertificationForm.doc)

- **Support** staff in their role as preceptors in competency certification.

Appendix C- Education Programs

These programs may be defined as core or sub-specialty dependent on the scope of the need. In response to changes in how we work, how we learn and the geographic and resource constraints that face the clinical professional development team (nurse educators), innovation is explored to facilitate increase access to all or components of these educational offerings.

Professional Practice has been and continues to lead the development and design of eLearning as an approach to facilitate access, delivery and maintenance of learning activities.
See website for current listing of programs

Related definitions:
- **Core programs** may be based on specialty or sub-specialty population/programs or clinical expertise that has more general applicability. Core programs are developed based on identified need(s) that may be ongoing in nature and are offered on a scheduled basis.
- **Sub-Specialty Programs** require clinical expertise associated with specific training knowledge, skills and/or credentials (certification/registration) related to a specialty practice area or population.

The Clinical Nurse Educator's practice is guided by the following approach to the development, delivery and evaluation of education programs:
- Apply a systematic approach
- Apply **project management process & principles**
- **Outcome focused**
- Education programs have **measurable learning objectives**
- Education programs that reflect current best practice (e.g. TIDAL Nursing Model, Mental Health Program)
- Apply **adult learning principles** in design and delivery

Learner Centred teaching environment and strategies (not trainer centred) –Our Learning Philosophy
- Media selection, appropriate and effective for outcome; learners and resources
- Resource analysis and impact (people; time; facility; equipment)
- Multi-generational
- Multi-cultural
- **Evaluation & Quality plan** – level(s) of which will be reflective of :
  - Frequency:
    - Session
    - Program as a whole

Appendix D- Advance Professional Practice

Professional practice refers to the use of specialized knowledge and skills that relate to one's profession as well as area of practice. It involves the professional activities that relate to healthcare and the actual performance of duties essential to performance of a unique professional role – whether that be clinically or through operational/corporate support services.
Website for more information about: Professional Practice

Related definitions:

Knowledge transfer- "a systematic approach to capture, collect and share tacit knowledge in order for transfer it to become explicit knowledge. By doing so, this process allows for individuals and/or organizations to access and utilize essential information, which previously was known intrinsically to only one or a small group of people."
Government of Alberta (http://www.pao.gov.ab.ca/learning/knowledge/transferguide/index.html accessed Jan 24, 2006).

"Successful knowledge transfer involves much more than a one way, linear diffusion of knowledge and skills from a university to industry; it depends on access to people, information and infrastructure." UK Particle Physics and
Astronomy Research Council (PPARC) (http://www.pparc.ac.uk/in/aboutkt.asp accessed Jan 24, 2006).

"Knowledge transfer is about transferring good ideas, research results and skills between universities, other research organizations, business and the wider community to enable innovative new products and services to be developed." UK
Office of Science and Technology (http://www.ost.gov.uk accessed Jan 24, 2006).

Clinical Nurse Educators practice in a manner that:

1. Is consistent with:

   - The Registered Nurses Act (2001) and with own scope of nursing practice.
   - The Standards for Nursing Practice (CRNNS 2003)
   - The values and beliefs in the Code of Ethics for Registered Nurses (CNA 2002: adopted by the CRNNS 2002)

2. Demonstrates:

   - **Accountability** for his/her own actions and decisions at all times
   - **Current clinical knowledge** in area(s) of practice.
   - Knowledge of **adult learning** theories and application of learning strategies and evaluation.
   - Application of **project management** principles
   - **Facilitation** skills to build capacity; achieve change and promote critical thinking and learning
   - Effective **interpersonal** communication and **team building** skills

- **Practice leadership** by:
    - Participating in professional associations
    - Participating in and presenting at conferences
    - Publishing
    - Participating in CNA certification exam process
    - Participating in research

3. Promotes an environment that supports critical inquiry; knowledge transfer and exchange of ideas.

4. Maintains **clinical competence (*)** as defined by service population and practice area(s) by engaging in clinical practice for an equivalent of (5) clinical practice days / year.
(*)= some examples of how this can be met include: attendance at conferences, or education sessions.

5. Models professional nurse behaviors.

6. Engages in reflective practice.

7. Assesses his/her knowledge and skills and will implement plans for ongoing professional development.

8. Mentors, supports and coaches' novice educators and peers.

9. Provides consultation related to area(s) of expertise to staff of CDHA, nurse educators and other health care facilities.

10. Provides:

    a. Timely feedback to peers, staff and management
    b. Support to the multi-disciplinary team to drive performance excellence

11. Facilitates/acts on identified trends and issues that may require systems perspective

12. Represents professional practice on committees, task forces and projects within CDHA and provincially as necessary.

13. Fosters collaborative relationships with peers and key stakeholders.

Appendix E- Maintain and Develop Evidence Based Standards of Care

Clinical Professional Development will support the core values of the Professional Practice Portfolio through:
- Research
- Evidence based practice
- Reflective practice
- Bench-marking

Related definitions:

Evidence Based Practice
The systematic application of the best available evidence to the evaluation of options and to decision-making in clinical management and policy settings (National Forum on Health 1997)

Evidence
"An observation, fact or organized body of information offered to support or justify inferences or beliefs in the demonstration of some proposition or matter at issue"
(Madjar & Walton 2001)

Evidence Based Practice:
A mechanism or approach that aligns clinical and caring practices with the best available knowledge. This involves the blending of diverse knowledge types and builds on the tacit knowledge of nursing (Tolson, McAloon, Hotchkiss & Schofield, 2005).
The RNAO describes evidence based practice as "the systematic application of the best available evidence to the evaluation of options and to decision-making in clinical management and policy settings (National Forum on Health, 1997).

Gap in practice:
Identified knowledge deficit related to the client population and or standards of practice. (Theoretical; application; critical thinking; technical)

Clinical Practice Guidelines or Best Practice Guidelines: "Systematically developed statements (based on best available evidence) to assist practitioner and patient decisions about appropriate health care for specific clinical (practice) circumstances" (Field & Lohr, 1990, p.8).

Staying current on best practices As part of the Clinical Nurse Educator's practice he/she will:	Responding to education needs at the practice level • addressing unit specific learning needs • identified gaps in practice at both the unit and individual level As part of the Clinical Nurse Educator's practice he/she will:

Regularly scan journals and **other sources of information** (i.e. specialty associations; peer networks) relevant to area(s) of practice.
 	
In response to the introduction of a new technology conduct an review of literature and best practice surrounding the adoption of this "new technology" (i.e. equipment / drugs / dressing products / procedural changes)
 	
Conduct a **systematic review** examining emerging evidence that may impact practice by:
 	
Conducting a Literature review
    • Using more than one data base, using similar search terms
    • Using peer-reviewed journal
    • Systematic
 	
Scan other organizations/networks
    • Gathering information around their response to this emerging evidence
 	
Summarize information collected and put forth recommendations to defined peer / leadership group (i.e. resource team; clinical managers; Educator Council; CNO)
 	
Collaborate on the development / revisions of policies and procedures / practice guidelines that may result from the systematic review.
 	
Develop an implementation plan to support the roll-out and adoption of any new practice changes.
 	
Develop an evaluation plan to quantify or qualify the impact / uptake of the practice change.
	Respond to education needs at the clinical level in a **way that is**:
	    • Flexible
	    • Responsive to the situation context (safety issues; unit capacity for addressing gap)
	
	Respond to education needs at the clinical level by **including the following components** in his/her approach:
	    • Assessment
	      o Current (may involve job shadowing ; practice review)
	      o Gap analysis (Outlining the W5 of the situation – what, who, where, when & how-impact care)
	      o Best practice *
	      o Interpretation of practice
	
	    • Engage stakeholders as appropriate
	
	    • Develop plan that may include the following strategies:
	      o Revisions to P&P / guidelines (education; documentation)
	      o Change in process, resources (education; documentation)
	      o Remedial – individual plan development
	      o Workshop / Inservices
	
	    • Implement the plan
	
	    • Evaluate the plan