

# Novice to Expert: The Evolution of an Advanced Practice Evaluation Tool

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## ABSTRACT

Professional performance evaluation provides an opportunity to measure the practice of health providers within healthcare settings. Standardized evaluation can be challenging as a result of diverse practice arenas, multiple evaluators and standards of care. Using Benner's novice to expert model, a Performance Excellence and Accountability tool (PEAC Tool<sup>®</sup>) has been designed to measure advanced practice providers performance based upon facets of professional practice. This article discusses development, practical implementation and evaluation of a PEAC Tool<sup>®</sup>. *J Pediatr Health Care.* (2013) 27, 195-201.

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## KEY WORDS

Advanced practice nurse, physician assistant, performance evaluation tools, SMART goals

The numbers of nurse practitioners (NPs), clinical nurse specialists (CNSs), and physician assistants (PAs), collectively known as advanced practice professionals (APPs), have grown in children's hospitals. This growth was primarily stimulated by the Accreditation Council for Graduate Medical Education (ACGME) work hour restrictions imposed for resident physicians in 2001. The *ACGME Duty Hours Standards (2011)* were recently revised further limiting the time that residents can be scheduled for continuous duty in the hospital thus increasing the need for other providers in children's hospitals. In 2005, the Advanced Practice Service Department (APS) at Children's Medical Center (CMC) was established to create an organized, coordinated approach to manage the number of APPs that grew from 40 in 2001 to 90 in 2005 (and currently over 200). The managerial oversight of APPs is unique in that the role includes the medical management of patients. Therefore the objectives of the APS were to effectively evaluate the APP's medical management skills and knowledge, create a professional development model with defined expectations, comply with the Joint Commission credentialing requirements, and to devise a process of billing for professional services.

APS employees work in outpatient and inpatient settings that include, but are not limited to, intensive care units and specialty care services, emergency departments, ambulatory care clinics, and the perioperative service departments. Although PAs, NPs, and CNSs are uniquely educated, licensed, regulated, and supervised, all three disciplines are required to maintain the

same professional standards of employment as an APP at CMC.

The shared governance vehicle for APS is the Advanced Practice Advisory Group (APAG). The APAG is a representative group of APPs from various services throughout the medical center that was formed to support the discussions and development of polices as they relate to advanced practice. One early challenge for APAG was to create an objective, equitable process for evaluating both the clinical performance of an APP as well as the expected professional activities. Therefore, a subgroup of APAG members developed a professional evaluation tool to complement the hospital annual performance guide. The *Benner (2001) Model* was identified as a theoretical framework to outline advancement based on clinical practice and expertise of APPs from “Novice to Expert.”

## REVIEW OF LITERATURE

A Cochrane review was utilized for search of key terms including “SMART goals” (SMART standing for: Specific, Measurable, Attainable, Relevant, and Time-bound); “evaluations” using NP, PAs, nurses, health care clinicians, and physicians as precedents; “peer review”; “employee performance”; “performance review”; “performance appraisal”; and “constructive feedback.” A secondary source search was utilized from initial articles that were found. This process was repeated in a NCBI PubMed review, as well as a Questia search to include references from economic and business resources.

A review of the literature revealed no specific evaluation process that objectively measured professional and clinical development based on the multi-faceted role of an APP. There is agreement that among advanced practice nurses there are four professional roles: NP, CNS, nurse anesthetist, and nurse midwife (*American Association of Colleges of Nursing, 2011*). However, the roles that these APNs play extend beyond the clinical care they provide and a method for evaluating their non-clinical role is not published. Professions such as teachers, speech therapists, and psychologists have objective forms for evaluation, which are widely published. Several tools are used nation-wide for evaluation of the registered nurse (RN). However, none of these focused on the advanced practice role dimensions and growth of an APP.

### Evaluation Tools

*Crumbie and Kyle (2006)* found that evaluations are often looked at as a valuable tool to allow the employer the opportunity to assess employee contributions to the organization. They also allow employees to share their goals for individual professional development over the next year and should become an important aspect of a higher-quality practice.

When considering employee evaluation approaches, research emphasizes the importance of objectivity throughout the process (*Crumbie & Kyle, 2006; Black, 2001; Capko, 2003*). The process should begin with a written job description and include a point-based rating system reflective of the requirements of that specific job (*Black, 2001; Capko, 2003*). The appraiser must have an objective measurable descriptive range; i.e., meets basic expectations, sometimes exceeds expectations, and always exceeds expectations (*Capko, 2003*). *Black (2001)* recommends identifying goals for the next appraisal period that are specific and measurable. Goal setting is beneficial for the employee’s career path and often improves retention (*Black, 2001*). The SMART goal is often used to help employees devise a set goal and fulfill specific criteria. These guidelines for goal development give employees opportunities to create their own objectives, criteria, and a timescale for their goals (*Pearce, 2007*).

In developing an evaluation form, focus should be on the essential job performance areas while assessing the most meaningful and relevant issues. According to *Capko (2003)* the performance evaluation form should measure five elements of job performance including job knowledge and skills, quality of work, quantity of work, attitude, and work habits. Guidelines set forth by *Crumbie and Kyle (2006)* emphasize incorporating many facets of NP functions within the evaluation. They listed “feedback from colleagues and patients, significant events, audits, study days/conferences, courses, teaching, protocols developed, presentations, and publications” (*Crumbie & Kyle, 2006, p. 15*) as essential components to the NP evaluation. *Fletcher (2004)* suggests an effective appraisal tool includes evaluating performance, how well the work environment supports staff development, a reflective process to look at the employee’s growth, personal learning needs, active participation, constructive feedback, and self-assessment.

Evaluations provide measurement and documentation of the employee’s contribution to the team and overall organization. This protects both the employee and employer in providing appraisal documentation while encouraging a higher level of quality and quantity of work produced (*Capko, 2003*). Employees learn to take pride in their work and will accept new challenges with greater confidence after positive feedback is received (*Capko, 2003*). *Morgan Roberts and colleagues (2005)* point out that while people often focus on criticism, they gain more confidence from praise. Managers should use the employee’s strengths to contribute more to the organization and identify opportunities for growth (*Morgan Roberts et al., 2005*).

For a successful review of an APP, the appraiser needs to understand the unique nature of the APP’s role, which often presents a challenge (*Crumbie & Kyle, 2006*). The importance of a health care team

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