

Implementation of a Professional Portfolio: A Tool to Demonstrate Professional Development for Advanced Practice

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KEY WORDS

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It is well documented that promotion and retention are key aspects of a professional career. Yet recognition and reward for professional growth and expertise remains a challenge for advanced practice registered nurses (APRNs), with little in the literature to provide guidance on this important issue. In the 1970s in the United States, health care organizations implemented the use of clinical ladder programs to recognize and reward progressive and increasingly effective nursing practice for registered nurses (American Nurses Association Cabinet on Nursing Service, 1984; Balasco & Black, 1988). In some organizations, APRNs are included in

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the clinical ladder program. If APRNs are included in ladder programs, it is only at the highest level, leaving limited opportunities for APRNs to advance. In general, few opportunities exist for an APRN to be promoted and advance professionally in a practice-based role. To address this issue, the Advanced Practice Service (APS) at Children's Medical Center of Dallas (CMC) established a task force to further investigate professional development and advancement.

BACKGROUND AND PURPOSE

In 2005, CMC established the APS Department within the Division of Nursing. The goals of the department were to establish an equitable pay scale for advanced practice, devise a process for APRN billing for services provided, and promote professional development. Today, the APS employs more than 280 advanced practice professionals (APPs), including nurse practitioners, clinical nurse specialists, and physician assistants. APPs work in both inpatient and outpatient settings such as specialty care, critical care, ambulatory care, perioperative care, and the emergency department. The majority of APPs practicing at CMC are employed by the hospital. Leadership of the APS is provided by a director and clinical managers. Each APP employed by CMC directly reports to an APS clinical manager.

To support the development of policies that guide and affect advanced practice, the APS instituted an Advanced Practice Advisory Group (APAG). From the beginning, professional development for advanced practice was an APAG priority focus area. To facilitate development of this important work, including employee recognition, reward, and retention, as well as professional advancement, the APAG convened a Professional Advancement Task Force. Initially, the task force sought to define professional growth and expertise for advanced practice. Using Benner's Novice to Expert Model (Benner, Tanner, & Chesla, 1996), a Performance Excellence and Accountability (PEAC) tool was developed and implemented (for a detailed review of the PEAC Tool, see Dale et al., 2013). The PEAC tool evaluates professional performance based on the advanced practice roles of practitioner, consultant, researcher, and educator, along with evidence of professional accountability. Since implementation, the PEAC Tool has been used as a part of the advanced practice annual performance evaluation. Components of the advanced practice annual performance evaluation include (a) assessment of progress related to professional goals, (b) documentation of completed continuing education, (c) peer and physician feedback on performance, and (d) an up-to-date curriculum vitae (CV). All components are used to evaluate individual APP performance using the PEAC tool.

Together, the components of the performance evaluation are designed to provide an overall assessment of individual professional growth and expertise from

year to year. Annually, APPs create one to three professional goals using the specific, measurable, attainable, relevant, and time-bound (SMART) goal template (Pearce, 2007). Professional goals are developed on the basis of unit, service, and/or organizational goals. For example, "To submit a manuscript for publication that outlines the development and implementation of the Professional Portfolio for the APS Department at CMC by December 31, 2013" is a SMART goal. Progress with SMART goal achievement is assessed each year. To demonstrate progress in lifelong learning, APPs must provide evidence of participation in continuing education from year to year. Feedback on individual performance by peers and physicians is provided routinely throughout the year via Ongoing Professional Performance Evaluation, which is based on the six core competencies established by the American Council on Graduate Medical Education. This evaluation includes patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. These evaluations are mandated by the Joint Commission for credentialing and privileging. These three components, together with submission of an updated CV, were designed to provide an overall summary of an individual's professional accomplishments.

Prior to the development of the portfolio, APPs expressed dissatisfaction with the annual performance evaluation, stating that the *essence* of their advanced practice was not adequately captured. Progress with achievement of professional goals, evidence of continuing education, and physician and peer evaluations do provide important information about performance. However, evidence about the specifics of one's individual advanced practice was lacking. It was believed that the CV did not adequately capture the overall character of an individual's advanced clinical-based role; given that the CV is targeted for use in academic or scientific settings or to foster further education, its use for an advanced clinical role is somewhat limiting.

To improve the APPs' ability to demonstrate professional growth and expertise and to improve the opportunity for recognition of performance excellence, a professional portfolio was developed and implemented. The portfolio provides a systematic way for APPs to showcase their unique advanced clinical work and leadership skills. At CMC, the APP portfolio is based on our professional practice model (PPM), the Synergy Model for Patient Care. The central premise of the Synergy Model is that patients' characteristics drive advanced practice competencies (Curley, 1998). When patients' characteristics and advanced practice competencies match and synergize, outcomes for the patient are optimized (see Figure). Using a PPM gives APPs the opportunity to illustrate progressive development in an advanced practice role. Evidence of this development is best suited to be showcased in a professional portfolio.

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