

Academic/Service Integration Advances APRN Practice

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Practice-academic partnerships represent an opportunity to integrate resources to promote scholarly nursing practice at the level of clinical nursing care. The focus on integrating evidence-based practice and research in clinical

nursing practice, performance improvement initiatives, and a focus on the Magnet Recognition Program® are several of the current driving forces that have led to increased interest in practice-academic partnerships.

The teacher–practitioner model is a unique practice–academic partnership that evolved at Rush University Medical Center, formerly Rush Presbyterian St. Luke’s Medical Center, in the 1970s. This model was developed by Luther Christman, PhD, RN, FAAN, who was the founding dean of the college of nursing and vice president of nursing from 1972 to 1987. The teacher–practitioner role evolved from the unification of service and practice to focus on the full professional nursing model integrating practice, education, research, and consultation.¹ Today, the teacher–practitioner model continues as an academic service role for advanced practice nursing. At Rush University Medical Center, a growing number of advanced practice registered nurses (APRNs) serve in the teacher–practitioner role. Some are unit-based, functioning as clinical nursing experts to guide evidence-based practice and clinical research projects, as well as promote the education of clinical nurses and nursing students. Others function in specific roles such as clinical practitioners with a specific clinical program or service (e.g., neurology) who also teach nursing students on content related to their expertise and precept APRN students. As part of the medical center’s shared governance model, a separate APRN committee exists to oversee aspects of APRN practice and provide resources to APRNs.

OVERVIEW OF THE SHARED GOVERNANCE MODEL OF THE PROFESSIONAL NURSING STAFF AND THE ADVANCED PRACTICE NURSING COMMITTEE

At the core of nursing at Rush University Medical Center is the philosophy that staff nurses participate in decision-making pertaining to the nursing practice standards and quality of care.

Under the leadership of Luther Christman, PhD, RN, FAAN, Rush became one of the first organizations to have a shared governance model developed from a professional practice perspective. At that time, the innovation of staff nurses sharing decision making with administrators was an exemplar for other institutions. The Professional Nursing Staff (PNS) bylaws were first approved in 1983 by the Rush Board of Trustees, with election of the first officers in 1984. All Rush nurses, including staff, managers, and faculty, are PNS members.

The purpose of PNS is to promote excellence in professional performance among the nursing staff, provide high-quality and cost-effective nursing care for patients, establish and monitor standards of clinical practice, and to facilitate the quality of professional life of its members.

The advanced practice nursing (APN) committee is an organization of APRNs under the PNS shared governance structure. The committee began as an informal group working to address issues specific to the APRN role. Over the years, the work of the committee expanded, a charter was formalized, and the PNS bylaws were edited to include the APN group as a formal committee. The APN committee continues to identify and address the needs of APRNs working in the hospital and outpatient settings. Members include

nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and college of nursing faculty.

Most recently, the APN committee was integral in helping develop the Advanced Practice Provider (APP) Institute. The Institute will be key in helping guide contemporary practice among APRNs, as well as physician assistants (PAs) throughout the medical center. One activity of the APN committee was creating the job description for the director of the institute, as well as participating in the interview and selection process.

In January 2008, The Joint Commission introduced a new standard mandating that privileged practitioners performing diagnosis and treatment be evaluated regularly to ensure competency. This mandate required that a process should be developed to evaluate the competence of a practitioner when granted privileges, both initially (Focused Professional Practice Evaluation [FPPE]), as well as periodically (Ongoing Professional Practice Evaluation [OPPE]). Also included in this process is the granting of a new privilege to an existing practitioner and when there is concern regarding the competency of an existing privileged provider (both in the form of an FPPE). This evaluation can be completed in various ways, ranging from chart review and data extraction to proctoring, simulation, and mentoring. The APN committee has been an active part in the initial development and ongoing evolution of this process. From the beginning, the committee identified that APRNs privileged and working at Rush span a wide variety of areas: from the inpatient areas (e.g., intensive care) to outpatient clinics to community based practices (e.g., school clinics). Recognizing this diversity in practice, the committee partnered with nursing senior leadership to identify common practices and activities among all APRNs that would be valuable in the evaluation of their practice. Once thresholds were established, the APN committee worked with the medical staff office (MSO) in the initial implementation of the process in 2008. This process has been an important part of granting privileges to APRNs for procedures that once might have not been considered part of our practice (e.g., placement of central lines). Through this process (FPPE and OPPE), APRNs demonstrate competence in such privileges. The committee continues to work with the MSO to refine this process. As a result of the active involvement in peer review and partnership with the MSO, the APRNs have representation on the credentials committee at Rush and continue to be an active part in the ongoing evolution. The work of the PNS APN committee provides an example of how an academic–practice partnership can help to promote peer review for professional nursing practice at an advanced level.

GARNERING STAKEHOLDER SUPPORT FOR NEW MODELS OF APRN CARE

The stability of the academic–practice partnership also provides a stage for innovations in both clinical practice and models of care. This integration is further strengthened when the partnership provides a platform for APRN training. Academic training and clinical practice partnership came

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