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A professionalism and safety code of conduct designed for undergraduate nursing students

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ABSTRACT

Nationally, professionalism and safety are key concepts in nursing practice. Although they are traditionally viewed as individual concepts, we believe they are closely linked to and depend on one another. Herein, professionalism and safety are developed as a paired concept with specific indicators. The purpose of this paper is to describe the process used to develop and implement a professionalism and safety Code of Conduct for undergraduate nursing students and to share the end product of this process. Based on input from students, faculty, and health system partners in our academic-service partnership, the current definition and Code include six student behavioral domains: communication, self-awareness, self-care, professional image, responsible learning, and personal accountability. Our Code of Conduct is now a program policy and published in both the Student Handbook and clinical syllabi. Compliance is expected. Still under development are progressive clinical grading rubrics for inclusion in every clinical course.

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Introduction

Demonstration of professionalism and safety are two essential concepts required for all nurses in clinical practice. New graduate nurses are expected to display behaviors of professionalism and safety upon entry into practice (Specter et al., 2015) thus requiring Schools of Nursing to help students develop competencies in internalizing these behaviors. While threaded across the academic program, there is a need for progressive development of these behaviors within the clinical trajectory.

Sprunk, LaSala, and Wilson (2014) recommend the development of policies to include a Code of Conduct for students and faculty. The work of Killam, Montgomery, Luhanga, Adamic, and Carter (2010) and Killam, Luhanga, and Bakker (2011) outlines various unprofessional and unsafe student behaviors and suggest educators become attuned to and develop policies to address these behaviors. This article aims to describe the process used to develop and implement a professionalism and safety Code of Conduct for undergraduate nursing students.

Background

The impetus for developing a professionalism and safety Code of Conduct was not only to align with national expectations but also to meet the needs of the program, faculty and students. From a national perspective, the Institute of Medicine report is designed to expand and enhance the future of the nursing discipline (Institute of Medicine, 2010). The American Association of Colleges of Nursing (AACN) identifies professionalism and safety as an essential of baccalaureate education. Both are based on intrinsic values, such as, autonomy, integrity, and communication within teams (AACN, 2008). The AACN (2008) and American Nurses Association (ANA, 2004) define nursing professionalism within an educational environment as a set of behaviors, practices, and communication styles consistent with the mission, vision and values of the nursing program. The ANA Code of Ethics (ANA, 2004) articulated that nurses have ethical obligation to protect patients from harm and to promote "… a culture of safety" (Winland-Brown, Lachman, & Swanson, 2015, p. 270). Hence, nursing educators carry huge responsibility to shape future nurses so they are both professional and safe.

In 2011, our Midwest research-intensive School of Nursing and a tertiary health system united clinical nursing education, practice, and scholarship around shared vision, mission and values (Svejda, Goldberg, Belden, Potempa, & Calarco, 2012). This academic-service partnership, herein referred to as the Clinical Excellence Initiative (CEI), leveraged resources and sought to increase educational capacity and patient-centered care through evidenced-based practice at the point of care.

As a traditional undergraduate program with an academic-service partnership, the curriculum provides for 1,100 clinical hours of mentored experience beginning in the second year of the Program.

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Students receive a clinical grade for each clinical course. Each clinical course grade is separate from their didactic grade, but must be passed for Program progression. Progression is determined from faculty evaluation of written assignments, presentations, and the ability of the student to achieve performance objectives. All clinical faculty also provide formative and summative evaluative feedback in a Program-specific, computer-adapted evaluation tool that includes common domains aligned with Program outcomes. These common domains include professionalism and safety.

Faculty identified a gap in their ability to quantify student achievement of professionalism and safety outcomes within a clinical course. The Student Handbook and the published Code of Conduct at that time failed to provide detailed descriptions pertaining to accountability, inappropriate communication (verbal and non-verbal), self-care deficits and responsible learning. It did provide specific information on clinical dress code, ethical responsibilities, and plagiarism. Our student population is predominately characterized as Midwestern, female, traditional, non-minority, and aged 18–20. We believe that students and faculty would benefit from clarity on what constitutes discipline-specific professionalism and safety within an academic-service partnership.

Within the clinical setting, all undergraduate nursing students are placed on acute care and specialty units to focus on patient-family centered care and are supported by the patient's assigned Registered Nurse (RN) who serves as the student's mentor. Within this academic- service partnership, there is daily variability in the mentor and patient assignment, yet consistency in clinical faculty and the patient population. One strength of the academic-service partnership is team-based learning connected to faculty collaborations with mentors and students. Throughout the clinical day, this team partners to achieve shared mission and values, clinical goals and evidence-based nursing practices at the point of care. Ultimately, student evaluation resides with the clinical faculty.

In this partnership, faculty and students lacked clarity around progressive expectations of professionalism and safety behaviors resulting in inconsistencies in evaluation of these behaviors. Prior to assessment of best practices, course warnings were issued for unprofessional clinical behaviors, such as, gum chewing, eating in patient care areas, forgetting required supplies, “no-call, no-show”, incivility to faculty, staff and patients, using a loud or inappropriate tone of voice, lack of accountability, and difficulty receiving constructive feedback on their performance. The struggle to adopt the expected behaviors persisted and students perceived these clinical warnings as punitive. Clearly a new policy and process was needed to respond to the issues of mixed interpretation, conflicting instruction, variable enforcement and inconsistent discipline.

In our academic service partnership, freshman students enter the nursing program with their personal expectations and experiences. Such experiences include volunteering, shadowing a nurse, observing various roles, or actually being the recipient of care. Thus, students arrive to our campus with varying expectations of professionalism and limited life experiences. Then didactic courses and in-class discussions around professional behaviors begin but without clinical exposure. As a sophomore, entry into the clinical setting typically involves an emphasis on safety. Students focus on assessments and skills without the inherent application of professional behaviors in the delivery of these foundational practices. The Task Force noted this gap in integrating professionalism with safety in the clinical setting and began the process of defining and describing how professionalism and safety are paired within the program.

Outcomes of this process and the focus of this manuscript are the delineation of indicators of professionalism and safety with behavioral descriptors, and a clear written Code of Conduct for professionalism and safety.

Code of conduct development process

With the full support of the Associate Dean of the Undergraduate Nursing Program a professionalism and safety Task Force was formed to develop a professionalism and safety Code of Conduct for the program. Interested clinical faculty, representatives from the Office of Student Services and health system partners wondered, ‘How did our students learn professionalism and safety and how could demonstration of the desired behaviors be supported?’ Over the course of a semester, the Task Force deliberated about what was needed. During the initial deliberation, nursing students were not invited as the Task Force was mindful that there would be discussion of sensitive information reflecting specific issues involving students' professionalism and safety behaviors. Following the Task Force brainstorming sessions, literature reviews were conducted and similar nursing or health science programs were queried regarding application of professionalism and safety in the clinical setting.

The Task Force did not uncover nursing literature that outlined a comprehensive overview of the key indicators and associated behaviors for professionalism and safety. Still, a working definition of professionalism and safety resulting from the literature review and brainstorming evolved. The Task Force then related core indicators and behavioral descriptors to this working definition. Finally, group consensus determined that the concepts of professionalism and safety should be paired. Although it is not traditional to link two program outcomes together, the benefits to education and evaluation within the clinical setting outweighed the risks. Ultimately, the Task Force agreed upon six core indicators identified as communication, self-awareness, self-care, responsible learning, professional image, and accountability (see Fig. 1). The supporting literature framed the definition of each indicator. Each core indicator includes analyses for content accuracy, relevance and associated behaviors. Further, efforts of this Task Force include the development of a Code of Conduct policy and foundational work for progressive clinical grading rubrics.

Results from an initial presentation of the draft version to our faculty centered on dissemination and implementation. First, current students should provide input to the draft document and its implications. Second, the Student Handbook should contain the entire final version of this Code of Conduct. Third, incoming freshman orientation programs should incorporate the Code of Conduct as part of the on-boarding process. Fourth, the Code of Conduct should be reviewed in all clinical

Fig. 1. Six key indicators of professionalism and safety Code of Conduct.

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