

# DEVELOPMENT AND PROGRAM EVALUATION OF NURSE PROFESSIONAL DEVELOPMENT PRACTITIONER PEER REVIEW PROCESS

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## Background

Health care environments need to produce better staff, patient and organizational outcomes; however, phases of development are often unclear. Our hospital performed a cultural assessment of nursing practice using Nelson and Burns (2005) framework of High Performance Programming (HPP) Model. The assessment revealed that 47% of the nursing care environment is responsive. A robust action plan was developed which included the implementation of nursing peer review. Peer Review's self regulating principles would increase the culture standard from responsive to proactive.

Nelson and Burns (2005) High Performance Programming model levels are:

- 1. Reactive:** only do the work required; shortcuts to safety
- 2. Responsive:** teams follow the rules but do not challenge the status quo
- 3. Proactive:** leverage skills to improve practice
- 4. High Performing:** Teams are highly committed to self development, innovation and research to drive change.

## Conceptual Nursing Culture Model

We defined and evaluated our nursing culture on 6 dimensions of practice based on the AACN Magnet® Model. These six dimensions define our nursing culture:

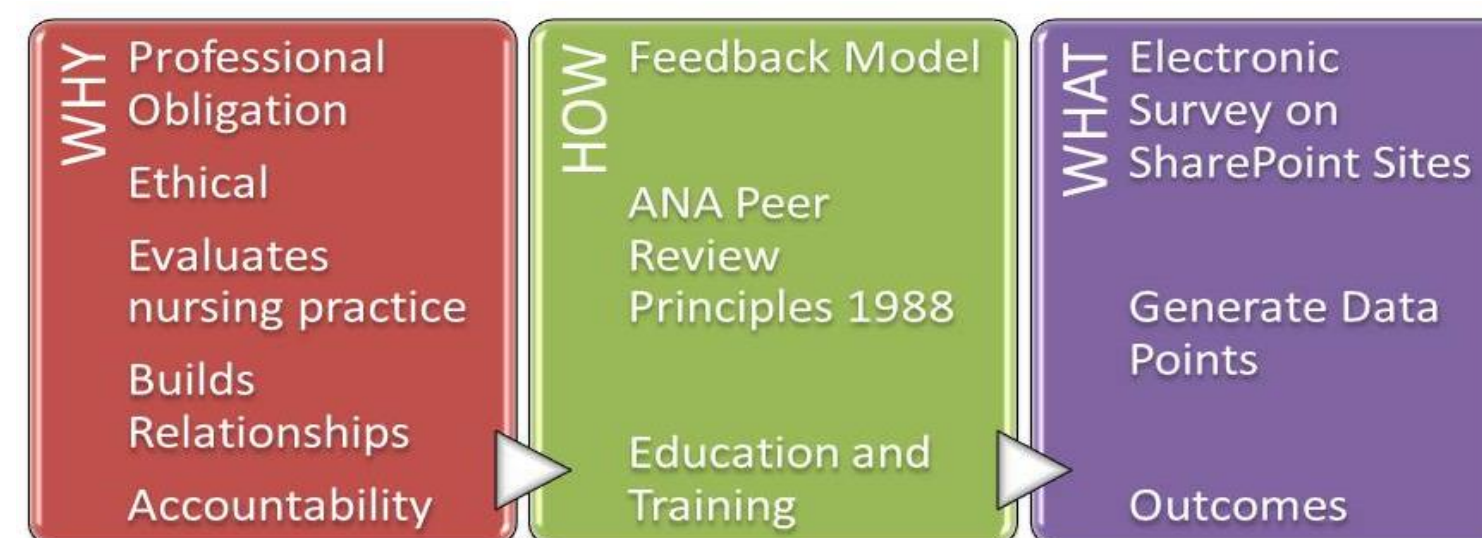
- 1. Unit Nurse Practice Council**
- 2. Unit Leadership**
- 3. Culture of Safety**
- 4. Education and Development**
- 5. Staffing, Scheduling and Budget**
- 6. PI, EBP, Research**

Clinical nurses and leaders from each unit completed the assessment independently and chose the best developmental level associated with each dimension of nursing culture.



## Implementation

It is the intention of the Nurse Professional Development (NPD) practitioners to establish peer review as an ethical commitment that demonstrates nursing's ability to self regulate. The methods chosen were the 1988 ANA principles of peer review. A key principle, nursing peer review at all levels, served as an opportunity for the NPD practitioners to leverage their education skills and sphere of influence. Robust feedback model training was initiated and an electronic survey on the hospital intranet served as the tool model.



## Peer Review Tool

The NPD practitioners developed, implemented and evaluated their own peer review process. The tool was created using essential role functions and has correlations to the ANA Standards of Practice for Nursing Professional Development. Evaluation exemplars were included and designed with Kirkpatrick Evaluation Model and the Logic Model.

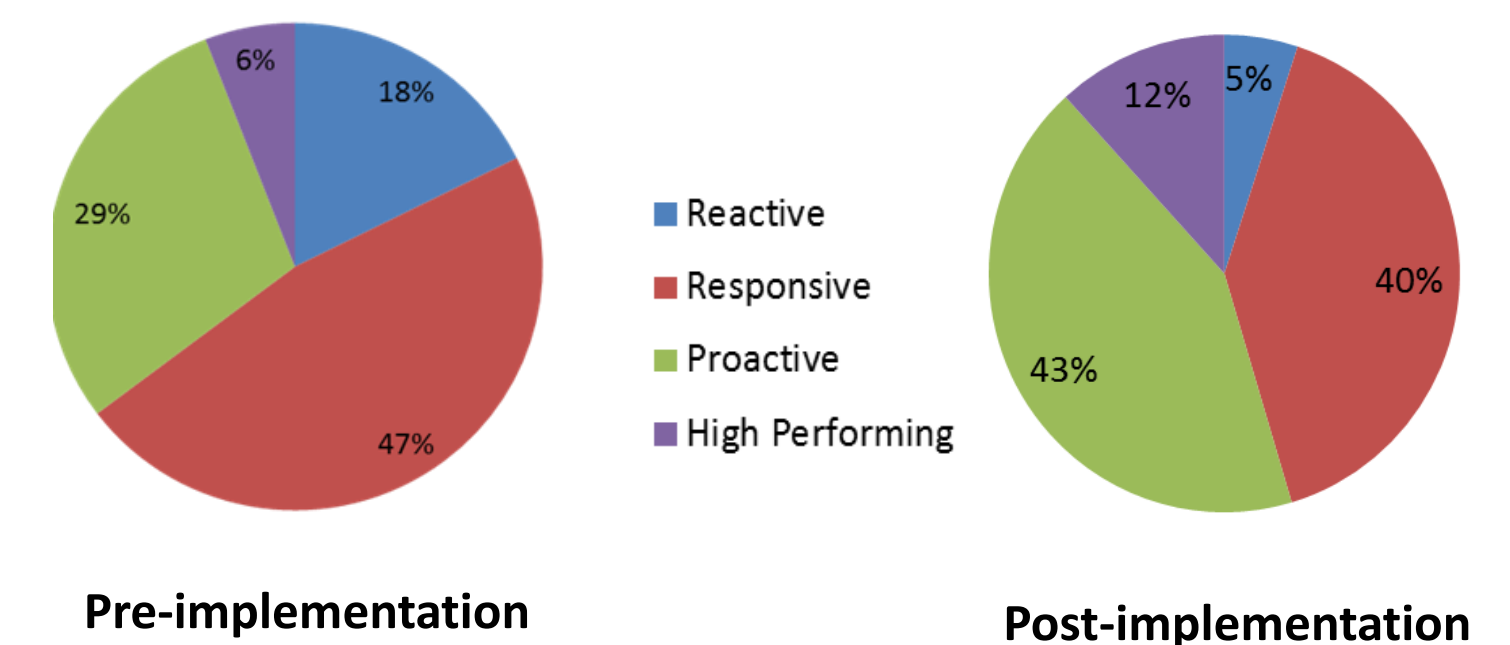
To view the NPD Practitioner Peer Review tool, please scan the QR code.



## Outcomes

Outcomes were the advancement of the HPP developmental model overall assessment: proactive culture increased from 29% to 43%. Reactive culture decreased 47% to 40%. These results were obtained 6 months post implementation of NPD practitioner Peer Review Process.

### Pre and Post Assessment Results



## Discussion

By placing clear definitions on the culture of the healthcare organization, we were able to create an outcome measure that accurately defined the microsystem. The process measure, the NPD Practitioner Peer Review tool, served as a vessel to improve educational activities and programs for nursing by evaluating those programs for effectiveness. This evaluation process had previously not been in place. The NPD practitioner peer review process also served as a starting point for the global implementation of formalized nursing peer review to the clinical nurse level. A repository of education programs and PI projects was also established that can easily be disseminated due to the inclusion of evaluation models within the Peer Review Tool.

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