



# CLINICAL ADVANCEMENT PROGRAM

---

## INTRODUCTION TO PROFESSIONAL PRACTICE JOURNAL



# C.A.P.

## CLINICAL ADVANCEMENT PROGRAM

Grow professionally, earn recognition and reap rewards for your excellence as a nurse in the University of New Mexico Hospitals C.A.P. When you choose to participate in this program, you'll focus on:

- Professional Accountability
- Professional practice competence
- Educational growth
- Practice excellence
- Research use and generation

Depending on your experience, certifications and education, you'll work toward one of five CAP levels that offer increasing compensation over base pay. Help improve nursing practice in your unit and at UNM Hospitals overall as you:

- Contribute to or lead hospital and clinic councils, task forces and initiatives.
- Complete classes.
- Provide peer review
- Participate in shared Governance and decision-making Continually learn how to better assess,

diagnose and treat patients and evaluate their outcomes

- Submit entries to nursing conference and publications

### By end of Probation:

CAP Verification Record (annual requirement)  
CAP Into to Professional Practice Journal

### 1st Anniversary:

CAP Verification Record  
CAP Self-assessment and Action Plan RNs  
CAP Self Assessment and Action Plan RN Supervisors  
CAP Portfolio requirements verification checklist for staff  
Annual Shared governance log

### 2nd Anniversary:

Narratives (Date with year)  
Learning Needs Assessment (from Learning Central)  
CAP Verification Record  
CAP Portfolio Requirements Verification checklist  
Annual Shared Governance Log

C.A.P Level	Level Requirements Completion/ Maintenance of Cap I and II required for levels III, IV, & V	Compensation
I	<u>New Employees</u> : CBO/Orientation, Annual Competencies & Life Support. <u>Incumbent Employees</u> : Annual competencies, on-line competencies, life support, and unit change	\$2.00/hr over base pay
II	Professional practice portfolio required to change levels: update annually <b>AND</b> Accountability for professional practice competence: Peer Review, Just culture, shared governance, professional practice model.	\$4.00/hr over base pay
III	National approved nursing certification <b>OR</b> Bachelors in Nursing <b>OR</b> In school for BSN (Three-year time limit, one time)	\$6.00/hr over base pay
IV	National approved nursing certification <b>AND</b> BSN or in school for BSN (Three-year time limit, one time)	\$7.00/hr over base pay
V	National approved nursing certification <b>AND</b> Masters in Nursing, or in school for MSN (Three-year time limit, one time) <b>AND</b> one pertinent project annually approved by the area Executive director.	\$8.00/hr over base pay

# CLINICAL ADVANCEMENT PROGRAM

---

## Introduction to Professional Practice Journal

At UNMH, we value nursing professional practice and development. This journal is meant to help you begin your nursing professional practice journey. It is an expectation that this journal is to be completed before the end of your new hire probationary period at UNMH. You will only complete this journal once.

### **Activities in Support of CAP II (required for CAP II, III, IV & V)**

**Professional Practice Competence Self Assessment:** Review the ANA Standards of Practice & Performance, Shared Governance, Just Culture, Evidence-based practice, the Compass of Care Delivery Model, and The Compass of Nurse Professional Practice Model



# ANA SCOPE AND STANDARDS OF PRACTICE

The ANA Scope and standards of practice guide nurses by describing and delineating minimal competencies and behaviors that define the parameters of safe and effective care. Nursing practice must observe the ANA Scope and Standards of practice that ranges from competent clinical knowledge to navigating complex healthcare systems. Nurses must advocate for their patients and colleagues, innovate, and serve as leaders throughout their careers.

The Scope of Nursing Practice acts as the guide for nurses in their professional careers. It sets 18 standards of professional practice that all registered nurses are expected to perform competently. They describe the who, what, where, when, why, and how of nursing practice:

- Who: nurses who have been educated, titled, and maintain active licensure to practice nursing.
- What: "Nursing integrates the art and science of caring and focuses on the protection, promotion, optimization of health and human functioning; prevention of illness and injury; facilitation of healing; and alleviation of

suffering through compassionate presence. Nursing is the diagnosis and treatment of human responses and advocacy in the care of individuals, families, groups, communities, and populations in recognition of the connection of all humanity" (American Nurses Association, 2021).

- Where: Wherever there is a need for nursing care.
- When: Whenever there is a need for nursing knowledge, compassion, and expertise anytime, anywhere.
- Why: To achieve optimal patient outcomes in keeping with nursing's social contract and obligation to society.
- How: the ways, means, methods, and manners that nurses use to practice professionally.

The Standards of Professional Nursing Practice are definitive statements of the actions and behaviors that all registered nurses, regardless of role, population, specialty, or setting, are expected to perform thoroughly.

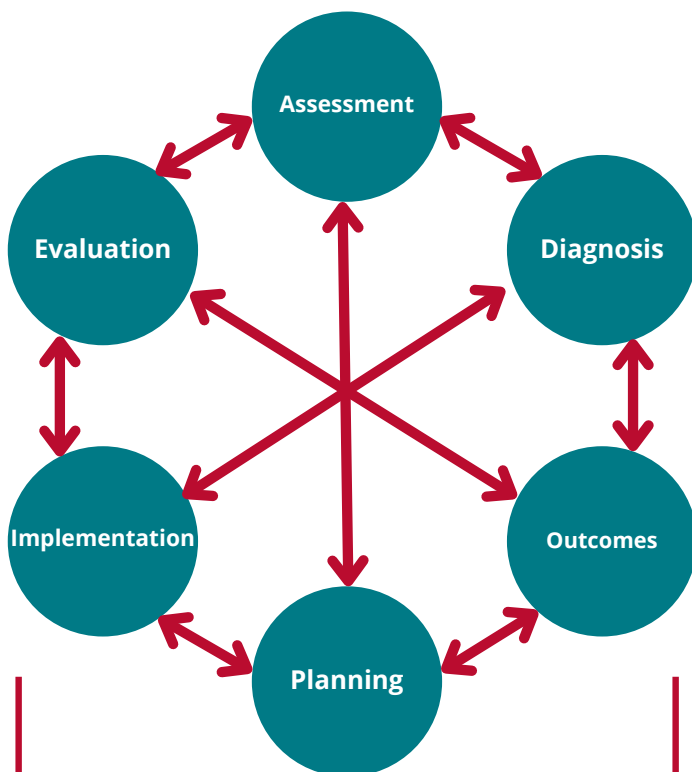


# ANA SCOPE AND STANDARDS OF PRACTICE

## The Standards of Practice

Describe a competent level of nursing practice through the critical thinking model known as the nursing process. The nursing process contains consequential actions completed by registered nurses and forms the basis of the nurses' decision-making.

### The Nursing Process



(American Nurses Association, 2021)

Standard 1. **Assessment:** The registered nurse collects pertinent data and information relative to the healthcare consumer's health or the situation.

Standard 2. **Diagnosis:** The registered nurse analyzes the assessment data to determine actual or potential diagnoses, problems, and issues.

Standard 3. **Outcome Identification:** The registered nurse identifies expected outcomes for a plan individualized to the healthcare consumer or situation.

Standard 4. **Planning:** The registered nurse develops a plan of care that prescribes strategies and interventions to attain expected outcomes.

Standard 5. **Implementation:** The registered nurse implements the interventions identified in the plan.

Standard 5A. **Coordination of care:** The registered nurse coordinates care delivery

Standard 5B. **Health Teaching and Health Promotion:** The registered nurse employs strategies to teach and promote health and wellness

Standard 6. **Evaluation:** The registered nurse evaluates progress toward attainment of goals and outcomes.



# ANA SCOPE AND STANDARDS OF PRACTICE

## The Standards of Professional Performance

Describe a competent level of behavior in the professional role. All registered nurses are expected to engage in professional role activities, including leadership, reflective of their education, experience, and position.

Standard 7. **Ethics:** The registered nurse integrates ethics in all aspects of practice.

Standard 8. **Advocacy:** The registered nurse demonstrates advocacy in all roles and settings.

Standard 9. **Respectful and Equitable Practice:** The registered nurse practices with cultural humility and inclusiveness.

Standard 10. **Communication:** The registered nurse communicates effectively in all areas of professional practice.

Standard 11. **Collaboration:** The registered nurse collaborates with the healthcare consumer and other key stakeholders.

Standard 12. **Leadership:** The registered nurse leads within the profession and practice setting.

Standard 13. **Education:** The registered nurse seeks knowledge and competence that reflects current nursing practice and promotes futuristic thinking.

Standard 14. **Scholarly inquiry:** The registered nurse integrates scholarship, evidence, and research findings into practice.

Standard 15. **Quality of Practice:** The registered nurse contributes to quality nursing practice.

Standard 16. **Professional Practice Evaluation:** The registered nurse evaluates one's own and others' nursing practice.

Standard 17. **Resource Stewardship:** The registered nurse utilizes appropriate resources to plan, provide, and sustain evidence-based nursing services that are safe, effective, financially responsible, and used judiciously.

Standard 18. **Environmental Health:** The registered nurse practices in a manner that advances environmental safety and health.



# JUST CULTURE



Just culture is a concept that promotes a process to uncover the source of an error (a deviation in the standard of care) in an effort to identify contributing systems and behavioral issues that can be addressed. Increased reporting of errors or deviations in the standard of care can lead to revisions in care delivery systems, creating safer environments for patients and individuals to receive services, and giving the nurses and other workers a sense of ownership in the process.

Any individual involved in a situation where there is a deviation in the standard of care will result in support for the individual's indolence by coaching, counseling, and/or educating. No nurse intentionally wishes to hurt a patient. There are times, however, when a nurse may make a conscious decision to circumvent a patient safety system, this puts the patient at risk.

A just culture, an environment in which errors are disclosed, is an important element for patient safety to become a reality. Transparency within an organization increases the likelihood that staff and leaders will detect and address systems problems, thus preventing potential harm.

***"The work environment improves as nurses and workers deliver services in safer, better-functioning systems and that the culture of the workplace is one that encourages quality and safety over immediate punishment and blame"***

(ANA Position statement)

# SHARED GOVERNANCE

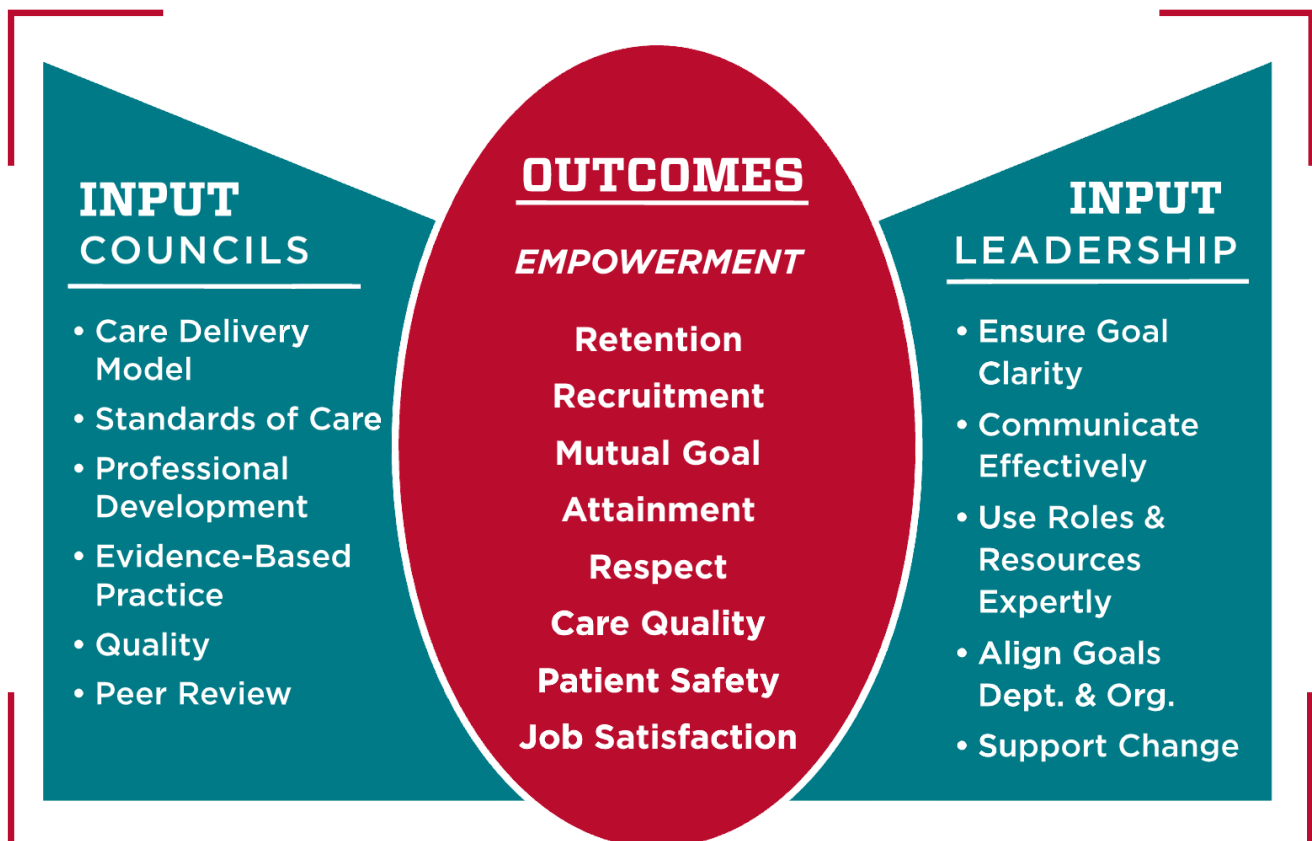
Shared Governance is an organized structure for shared decision-making between staff and management. UNM Hospitals believes that a well-structured organizational shared governance model empowers staff closest to the bedside to own their practice and become closely engaged with leadership, other disciplines, and their patients to work on the common organizational, area, and unit goals. Shared governance councils, both unit and system-wide, are a way for staff to collaborate to review best practices regarding healthy work environments, nurse satisfaction and review current evidence for patient-centered care practices.

## *Shared Governance is:*

- a model that ensures that decisions are made by the people working at the point of care
- a leadership development strategy
- a way to identify future positional leader
- a tenant of professional practice; or
- a key expression of organizational culture.

## *Shared Governance is NOT:*

- the replacement or elimination of positional leadership
- a strategy to support downsizing of leadership
- self-governance
- abdication of leadership responsibilities





# SHARED GOVERNANCE

Shared Governance is frequently referred to as shared decision-making or shared leadership. Shared governance is a structure and process for partnership, equity, accountability, and ownership.

**Partnership**, which is essential to building relationships, involves nurses at every level in decisions and processes, inferring that each interprofessional and interdisciplinary team member is key in fulfilling the mission and purpose of the organization and is critical to safe, effective, efficient care of patients at points of service and care.

**Equity**, which maintains a focus on services, patients and staff, is the foundation and measure of value. Equity does not mean equality in terms of scope of practice, knowledge, authority, accountability, or responsibility. However, it does mean that each team member is essential to quality patient care outcomes

and that no role is more important than another.

**Accountability** is a willingness to invest in decision-making and express ownership in those decisions. Accountability is the core of shared governance and is often used interchangeably with responsibility. It supports partnerships and is secured as all stakeholder groups on campus produce positive outcomes.

**Ownership** is the recognition and acceptance of the value of the profession's work and how well individual staff members perform their professional roles. It designates where work is done and by whom to enable participation and contributions from all team members.



*Own your  
practice.*

*Turn your voice,  
into our voice.*

# Evidence Based Practice



## Evidence-based practice (EBP)

A problem-solving approach to clinical practice that integrates the conscientious use of best evidence in combination with a clinician's expertise as well as patient preferences and values to make decisions (Melnyk et al., 2010).

RESEARCH	EBP	QI
"What is the best thing to do?"	"Are we doing the best thing?"	"Are we doing the best thing right every time?"
Focused on discovering new knowledge that can be generalized to large groups of people	Focused on implementing knowledge through practice change in a narrow population and measuring outcomes	Focused on generating internal evidence about process and outcome in the setting/environment that generated it.
Directional and based on theory	Not directional and based on clinical inquiry; outcomes focused	Directional and about fixing problems; process focused

(Melnyk et al., 2010)

- **Evidence:** The best available information gathered from the scientific literature (external evidence) and from data and observations collected in your practice. (internal evidence)
- **Clinician's expertise:** The knowledge, judgment, and critical reasoning acquired through your training and professional experiences.
- **Patients preferences:** The unique set of personal and cultural circumstances, values, priorities, and expectations identified by the patient and their caregivers.

### Steps of EBP

**0) Cultivate a Spirit of Inquiry & EBP Culture**

**1) Ask the PICO (T) Question**

**2) Search for the be Best Evidence**

**3) Critically Appraise the Evidence**

**4) Integrate the Evidence with your clinical expertise and patient preferences to make the best clinical decision**

**5) Evaluate the outcomes of the EBP practice change**

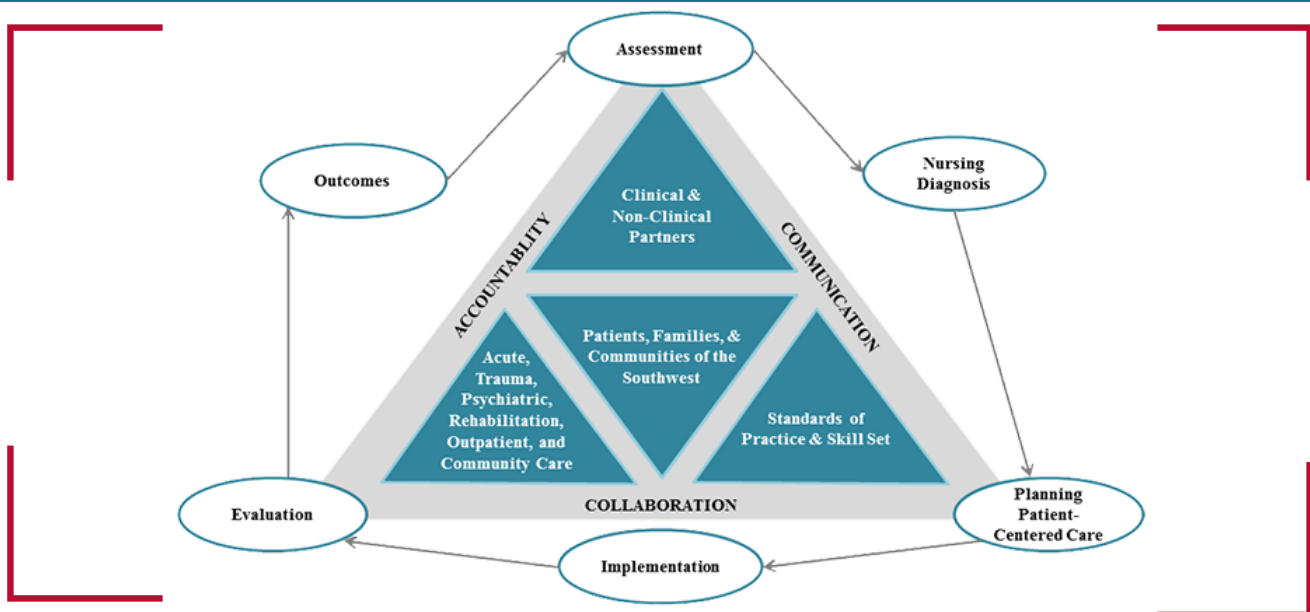
**6) Disseminate the out comes**

(Melnyk et al., 2010)

# THE COMPASS OF CARE DELIVERY MODEL

The Delivery of Care Model at UNMH is called the “Compass of Care”. It was developed in 2005 by a committee of staff nurses, nurse educators, RN supervisors, Executive Directors and the Chief Nursing Officer. The model was last updated in

March of 2016. With the ever-changing healthcare environment, it is important that the model be re-evaluated. It is currently under review to determine if this model still meets the needs of our nurses and patients



Based on Florence Nightingale’s value system of patient care, the foundation of our model is the patient, which can include an individual, a family and/or a community. The model is surrounded by the steps of the Nursing Process. The Nursing Process is also the foundation of the American Nurses Association’s Standards of Nursing Practice. This powerful model supports the most autonomous level of nursing practice in which accountability is intertwined. The State of New Mexico has one of the most autonomous Nurse Practice Acts in the country.

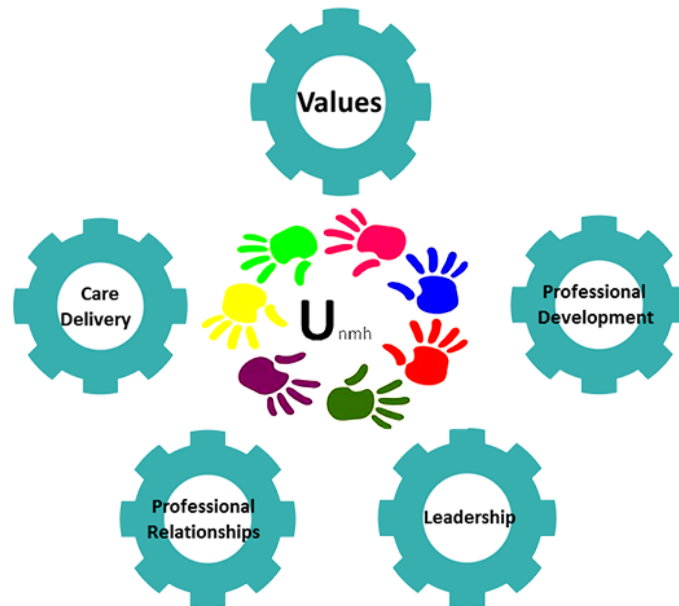
The strength of our model rests on foundational nurse concepts in which every nurse uses the Nursing Process and communicates and collaborates with clinical and non-clinical partners to meet the needs and requests of the patient, their family, and community and to deliver high quality care. Each nurse safely practices to their highest skillset and meets the standards of practice. Care is provided to patients in several settings across UNMH, which includes the following care: acute, trauma, psychiatric, rehabilitation, outpatient, and community.

# COMPASS OF NURSE PROFESSIONAL PRACTICE MODEL

A Professional Practice Model is a schematic description of a theory, phenomenon, or system that depicts how nurses practice, collaborate, communicate, and develop professionally to provide the highest quality care for those served by the organization.

The Professional Practice Model at

UNMH is the “Compass of Care – Professional Practice Model”. It was developed in 2015-16 by a committee of nurses at all level and professional from other disciplines, at a 2-day retreat. It is re-evaluated formally on an annual basis. The current model is a combination of the top 2 models that were voted on.



The Compass of Nursing Professional Practice Model is based upon UNMH’s Nursing Mission, Vision and Values, Professional Development, Leadership, Professional Relationships and the Care Delivery Model.

The “U” in UNMH is at the center of the model to represent the value of the individual nurse in the care that is provided to UNMH’s diverse patient population. “U” put the “U” in UNMH!

## Behaviors of Excellence:

- We Care
- We Do Good Work
- We Need Each Other
- We Share
- We Look After Things
- We Keep It Safe
- We Show Our Pride By How We Look

# COMPASS OF NURSE PROFESSIONAL

## PRACTICE MODEL

### Professional Development

UNMH nursing leadership supports the professional development by providing several services that are available to all nurses. The Organizational & Professional Development Department supports healthcare professionals through training and development to achieve healthy work environments and to give the best healthcare experience possible to our patients. The Clinical Education Department and the BATCAVE offer innovative, collaborative educational opportunities that promote ethical standards of practice, foster excellence in patient care, encourage a culture of safety, and sustain professional growth and support of the institution's strategic goals. The Department of Nursing Excellence offers access to professional development of nurses by providing professional practice standards through Peer Review, Shared Governance, professional recognition, and quality standards in clinical outcomes, patient satisfaction, and job satisfaction.

### Professional Relationships

At UNMH, we're passionate about delivering care with the highest standards of quality and safety that are also efficient, innovative, and compassionately centered on our patients. Our care is delivered by expert interdisciplinary teams who adhere to evidence-based guidelines, policies and procedures, and who are dedicated to their personal and professional growth to better serve their patients.

### Servant Leadership

The nursing leaders at UNMH follow the scope and standards of practice outlined by the American Nurses Association (2021). Nurse leaders set the tone of the work environment by role modeling positive behaviors, encouraging

professional and personal growth, and advocating for nurse autonomy, high-quality care delivery, patient safety, and health outcomes as defined by the patient. Through a shared vision, nurse leaders promote innovation and provide support to staff, peers, and patients to create a culture of open communication, collaboration, accountability, and safety. Nurse leaders have a dedication to the organization and to the nursing profession, which is executed through mentorship, education, quality improvement, evidence-based practice, and research. Nurse leaders use emotional intelligence in their roles and are guided by servant leadership principles. Nurse leaders at UNMH uphold the Code of Ethics for Nurses, as defined by the American Nurses Association, in their work at the organization and in interactions with the community. Nurse leaders have a commitment to excellence and encourage shared decision-making. Nurse leaders at UNMH are at the forefront of change and healthcare policy to advocate for the organization, the profession, and the community.

## NURSING EXCELLENCE

*Professional Development*  
+  
*Integrated practice with the ANA  
Scope & Standards*  
+  
*Active Participation in Shared  
Governance*  
+  
*Professional Relationships*  
+  
*Servant Leadership*  
+  
*Evidence-Based Practice*

# ACTIVITIES IN SUPPORT OF JUST CULTURE COMPETENCY

**Definition:** The concept promotes a Process where mistakes or errors may not result in automatic punishment, but rather a process to uncover the source of an error. Errors that are not a deliberate circumvention of a patient safety system often result in coaching, counseling, education around the error, ultimately decreasing the likelihood of repeated error. Increased error reporting can lead to revisions in care delivery systems, creating safer environments for patients and individuals to receive services and giving the nurses and other workers a sense of ownership in the process. "The work environment improves as nurses and workers deliver services in safer, better-functioning systems and that the culture of the workplace is one that encourages quality and safety over immediate punishment and blame" (ANA Position statement)

## Knowledge Attainment (Any 1 Activity):

**Classes:**

---

---

**Online Competency:**

---

---

**Conference:**

---

---

**Articles:**

---

---

**Policies Procedures & Guidelines:**

---

---

**Other Activities:**

---

---

**Just Cultures in Unit Practice (How I participate in Just Culture in my Work):**

---

---

---

---



# ACTIVITIES IN SUPPORT OF SHARED GOVERNANCE COMPETENCY

**Definition:** Shared governance is collaboration, whether scheduling staff, educating new staff, or implementing evidence-based practice. It involves partnership accountability, equity, and ownership with the goals of improved outcomes for both patients and the workforce. It is working together to make decisions that affect nursing practice and patient care. It is working with other disciplines for the patient's good; It is collaborating to improve nursing practice; shared governance is a journey, not a destination. Organizations pursuing shared governance move incrementally from past orientations where the few rule to an orientation where many learn to make a consensual decision. Organizations that implement shared governance are in a constant process of revitalization and renewal. There's always more power to share and more members to bring along on the journey.

## Knowledge Attainment (Any 1 Activity):

**Classes:**

---

---

**Online Competency:**

---

---

**Conference:**

---

---

**Articles:**

---

---

**Policies Procedures & Guidelines:**

---

---

**Other Activities:**

---

---

**Shared Governance in Unit Practice (How I participate in Shared Governance Culture in my Work):**

---

---

---

# ACTIVITIES IN SUPPORT OF EVIDENCE BASED PRACTICE COMPETENCY

**Definition:** Evidence-Based Practice (EBP) is a problem-solving approach to clinical practice that integrates the conscientious use of best evidence in combination with a clinician’s expertise as well as patient preferences and values to make decisions.

## Knowledge Attainment (Any 1 Activity):

**Classes:**

---

---

**Online Competency:**

---

---

**Conference:**

---

---

**Articles:**

---

---

**Policies Procedures & Guidelines:**

---

---

**Other Activities:**

---

---

**EBP in Unit Practice (How I participate in Evidence-Based Practice in my Work):**

---

---

---

---

# ACTIVITIES IN SUPPORT OF PROFESSIONAL PRACTICE CARE MODEL COMPETENCY

**Definition:** A professional Practice Model contains the values structures, and processes that support registered nurses' control of the delivery of nursing care and the environment in which care is delivered, Our model at the University of New Mexico Hospitals is the Compass of Care. It gives us direction for our professional practice. Based on Florence Nightingale's vision of holistic patient care, it encompasses the nursing process.

## Knowledge Attainment (Any 1 Activity):

**Classes:**

---

---

**Online Competency:**

---

---

**Conference:**

---

---

**Articles:**

---

---

**Policies Procedures & Guidelines:**

---

---

**Other Activities:**

---

---

**Professional Practice in Unit Practice (How I participate in Professional Practice in my Work):**

---

---

---

---



Remember there are classes on these topics and we urge you to continue your learning and involvement in your professional practice.

If there is a new class or competency that you would like to have considered for addition to our CAP program, please add here :

---

---

---

---

## Acknowledgement

I acknowledge that I have completed my self-assessment of my professional practice competence, including the ANA standards of practice and performance.

**Name:**

---

**Signature:**

**Date:**

---

**Supervisor Name:**

---

**Supervisor Signature:**

**Date:**

---

# R e f e r e n c e s

---

American Nurses Association. (2021). *Nursing: Scope and standards of practice (4th ed.)*. American Nurses Association

American Speech-Language-Hearing Association. (n.d.). *Evidence-based practice (EBP)*. American Speech-Language-Hearing Association. Retrieved January 23, 2022, from <https://www.asha.org/research/ebp/>

Guanci, G., & Medeiros, M. (2018). *Shared governance that works*. Creative Healthcare Management.

Hospitals.health.unm.edu. (n.d.). Retrieved January 23, 2022, from <https://hospitals.health.unm.edu/nursingexcellence/nursing-models/>

Melnyk, B. M., Fineout-Overholt, E., Stillwell, S. B., & Williamson, K. M. (2010). Evidence-based practice: Step by step: The seven steps of evidence-based practice. *AJN, American Journal of Nursing*, 110(1), 51–53. <https://doi.org/10.1097/01.naj.0000366056.06605.d2>

Miller, V. B., & Jones, T. L. (2011). *Creating a just culture : a nurse leader's guide*. HCPro. Retrieved January 23, 2022, from <https://search-ebSCOhost-com.libproxy.unm.edu/login.aspx?direct=true&scope=site&db=nlebk&db=nlabk&AN=493936>.