“A Professional Practice Model is the overarching conceptual framework for nurses, nursing care, and interdisciplinary patient care. It is a schematic description of a system, theory or phenomenon that depicts how nurses practice, collaborate, communicate, and develop professionally to provide the highest quality care for those served by the organization (patients, families, community). The professional Practice Model illustrates the alignment and integration of nursing practice with the mission, vision, philosophy, and values that nursing has adapted.” Taken from page 46 of the Magnet Application Manual.

The Loyola University Health System Nursing Professional Practice model encompasses the Magnet components of Transformational Leadership, Structural Empowerment, Exemplary Practice, and New Knowledge and Innovations as seen in the outer circle.

The second circle represents the attributes, competencies and role expectations of the nurse within the magnet components. Included in the second circle are Collaboration/Communication, Professional Development, Shared Governance, Autonomy, Quality/Safety, Evidence-Based Practice, Research, and Advocacy/Influence.

The third circle and center of our model describes our Care Delivery Model or our Patient/Family Magis Model of Care. The Care Delivery Mode is integrated within the Professional Practice Model. Practicing within this framework results in meaningful interactions with the patient/family, positive experiences and quality outcomes.
Nursing Theories

The theories that are involved in the Nursing Professional Practice Model include Relationship-Based Care, Synergy Model, Transformational Model, Parse’s Humanbecoming School of Thought and the John Hopkins Nursing Evidence-Based Practice Model and Guidelines.

**Relationship-Based Care**

The Relationship-Based Care model places the patient/family at the center of care and has been shown to provide a positive patient experience. This model incorporates the use of caring while acknowledging patients’ cultural background with a focus on healing and a caring environment.

*This model connects to the Magis value of Care.*

**Advocacy and Influence** - Nurses advocate for patients’ rights and needs by providing culturally competent care and have a healthy working relationship within the healthcare team. They use various resources to meet the unique needs of patients and families. Nurses influence patient care and have a direct impact on patient outcomes.

**The Synergy Model**

The Synergy Model comes from Boston via the American Association of Critical Care Nurses and addresses the competency of the nurses in caring for the patient. There is emphasis on interactions of the nurse and patient in identifying the patient’s needs. Nurses are expected to develop professionally, demonstrate caring relationships, promote health and be an advocate for the patient once their needs are identified. It is believed that when patient characteristics and RN competencies are in synergy, best patient outcomes occur.

*This model connects to the Magis value of Concern.*

**Professional Development** - Nurses possess clinical knowledge and skills through evidence-based practice. Knowledge is continually developed through advanced degrees, certification, and continuing education programs. They follow the ANA as well as their own professional organization’s standards of practice. There is an emphasis on self-knowledge development.

**Transformational Model**

The Transformational Model comes from the University of Pittsburgh and was developed by the former ANCC Commissioner. Nurses function as part of a high performing team as a result of professional growth and participation in decision making.

*This model connects to the Magis value of Cooperation.*

**Shared governance/autonomy** - All staff participate in decisions related to professional growth and patient care. There is a forum for all professionals to problem solve together and offer solutions. Nurses are accountable for their professional practice and standards for clinical decision making.
Parse Theory of Humanbecoming School of Thought

Parse was a professor emeritus from Loyola Marcella Niehoff School of Nursing. She states humans co-create reality that is unique in personal meaning and these patterns are always changing. This theory requires nurses to be present with persons as they live their health, to include the patient in their care, and to see the patient from their perspective.

This model connects to the Magis value of Respect.

Collaboration/Communication – Nurses work within the healthcare team to collaborate and communicate the patient’s plan of care. By including the patient/family in their care and respecting their wishes, nurses are proactive in communicating the patient and family needs by sensing their ever changing needs and implementing the best care possible.

John Hopkins Evidence-Based Practice Model

This model emphasizes quality outcomes through critical thinking and application of evidence based practice.

This connects to the Called to Care theme with Presence, Practice and Purpose

Quality and Safety- Safe and effective patient care enhances the quality of patient outcomes. Outcomes are nationally benchmarked to strive to achieve excellent results. Through detailed analysis of data and improvement of performance, an environment of safe practice is maintained.

Research and Evidence Based Practice- With a commitment to improving practice, nurses continually strive for better practice through involvement with and the use of nurse-led research and evidence based literature.
At the center of the LUHS Professional Practice Model is the Patient Family Magis Model of Care, because it relates to our organization’s Magis values. Magis is Latin for “to do more” that serves as a foundation for Jesuit philosophy. The values are care, concern, respect and cooperation and they surround the Celtic cross in the middle. In addition, the ‘Patient Expectations during Healthcare Encounters Theory’ (Clementi, 2006) provides the foundation to the Patient Family Magis Model of Care. This theory provides empirical evidence that patients maintain healthcare at an institution if their care expectations are met (i.e., being treated with respect, healthcare provider presence, being listened to, receiving informative truthful information, developing a relationship with healthcare providers and feeling assured).

The Called to Care theme illustrated by the words found within the outer segments of the Celtic cross, presence, purpose and practice, describe the dedication that nurses have to the profession as they flourish and extend themselves to help others. They also exemplify that Loyola nurses have presence in their practice whose purpose is to focus on the patient and family at all interactions. Found in the center of the Celtic Cross are those who benefit from the care delivered at Loyola, the patient, family and community.

**Patient Family Magis Model of Care Strategies**

Following our Practice Model and Delivery of Care Model several strategies have been embedded into the patient care experience and where appropriate, adapted across the care spectrum.

**Hourly Rounding** – This involves teamwork between RNs and PCTs, where RNs round on the even hours and PCTs round on the odd hours. During Rounds staff members assess the needs in any of the four P’s (personal hygiene, pain, personal belongings and position).

Staff is encouraged to ask the patient if he/she needs any assistance with toileting or pain management, as well as ensuring that the call lights and the telephones are within patient’s reach. RNs recognize that hourly rounding allows them to spend more time with their patients.

{PRESENCE, RELATIONSHIP BUILDING, FEELING ASSURED, LISTENING}

**Shift-to-Shift Bedside Safety Report** – This involves nurse-to-nurse report in the patient’s room. Nurses provide updates about the patient to the incoming nurse while including the patient and family in the discussions. This has been seen to enhance patient/family involvement in their care, provide continuity of care, team rapport & communication, as well address patient issues regarding pain management & status changes quickly. {PRESENCE, RELATIONSHIP BUILDING}

**Daily Huddles** – These are performed at the beginning of every 12 hour shift. Daily huddles provide an opportunity to update staff on changes in processes and procedures, share important and new information on the current situations pertinent to the department, provide the staff the time to ask questions, and to establish priorities for the shift. They enhance communication, give staff time to connect and share
experiences, create a venue for new grads to express their concerns and seek help from their peers, build team resources to enhance patient care, and discuss what could have been done better. {TEAM, COMMUNICATION}

Teamwork – All staff members are encouraged to participate in team collaboration. Telephones were purchased for the RNs and PCTs to improve communication among team members. {CARE, COOPERATION, CONCERN}

Reviewing the Plan of Care and Patient Priorities for the Day – addresses the practice of sitting down with the patient for 5 minutes early in the shift to establish a nurse-patient relationship through review of the plan of care for the day. Ask the patient for their priority of the day based on Parse’s theory that emphasizes the idea about the quality of life from person’s perspective. We incorporated a practice of writing “your priorities for today” on the white boards in the patient’s room at the time of reviewing the plan of are and priorities. Nurses feel more informed and involved in their patients’ care, and nurses believe patients are more satisfied with their care. This can increase trust and confidence and decrease patient anxiety. {LISTENING, PRESENCE, RESPECT, RELATIONSHIP BUILDING, FEELING ASSURED}

True Presence – This addresses the expectation that nursing staff be present in the moment and be available to patients and families. True presence according to Parse’s Theory is a way of being with persons as they live their health. This includes centering oneself and being focused in the moment, asking persons to ‘tell me more about that’. The person is the expert of their own health and by talking about the issue at hand the patient often comes up with the best solution for them. Nurses describe the experience of being present for their patients as very rewarding. {LISTENING, PRESENCE, RESPECT, RELATIONSHIP BUILDING }

Multidisciplinary Rounds – This addresses the practice of health professionals from a variety of disciplines conduct rounds on all patients. The goal of such rounds is to enhance team communication regarding discharge planning and to involve patient and families in the decision-making process regarding patient care. These rounds allow patients to ask questions of the team and provide another venue for their concerns to be heard. {TEAM, COMMUNICATION, RECEIVE INFORMATIVE TRUTHFUL INFORMATION}

Patient Safety – The patient care team’s priorities include: hand washing, fall prevention, skin care and zero pressure ulcers. {CARE, CONCERN}