

2015 Magnet Recognition Conference®
Thursday October 8, 2015 at 8am Session C803

**Keys to Exemplary Professional Practice:
Code of Ethics for Nurses & Ethics Blueprint**

The History

2015 **Year of ETHICS**

Laurie Badzek, LLM, JD, MS, RN, FAAN
Director, University of North Carolina
Wilmington School of Nursing
Director, American Nurses Association
Center for Ethics & Human Rights

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Presenters

Laurie Badzek, ANA & UNCW
The History of the Code and Blueprint

Martha Turner, ANA
The 2015 Code: What's New.

Dot Fowler, Christiana Health Care
***Application of the Code in Magnet
Setting: An Exemplar***

Questions

2015 **Year of ETHICS**

Code of Ethics for Nurses

- A statement of the ethical obligations and duties of every nurse
- The profession's non-negotiable ethical standard
- An expression of nursing's own understanding of its commitment to society

To view: **NursingWorld.org**

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The Most Trusted Profession—13 Years in a Row!

Source: Gallup 2014 survey on honesty and ethics

Legacy of the Code

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- A main mission for ANA from the beginning
- The Code is a living document
- Legacy of core values from Nightingale 1850 to 2050 and beyond

Timeline

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For Code Revision: 2015(5 years)

- Process began 2010 EAB discussion
- Spring 2011 EAB formal recommendation to review, 2012-2013 Appointed Code Review Group conducted survey and made recommendation,
- Fall 2013 Steering Committee appointed to revise
- March 2014: Steering Committee sends draft to Ethics Advisory Board for review
- May: Final draft released for public comment
- July: Final edits incorporate feedback from all groups
- October: Final draft to Ethics Advisory Board
- November: Final draft to Board of Directors
- Publication: January 2015
- Dissemination: National Ethics Conference, 2015

Code of Ethics Steering Committee




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- Marge Hegge, SD, Chair,
- Marsha Fowler, CA, Code Scholar, editor of Guide
- Timothy Godfrey, CA,
- Carla Lee, KS,
- Lori Lioce, AL,
- Margaret Ngai, OR,
- Catherine Robichaux, TX,
- Kathryn Schroeter, WI,
- Josephine Shije, NM,
- Elizabeth Swanson, SC,
- Lucia Wocial, IN,
- Karen Zanni, NY,
- Libby Thomas, DE,
- Representing: faculty, acute care, corrections, primary care, ethics consultants, psych, OR, genetics, research, clergy, school nursing, standards, , APRNs, Indian Health Service, staff development, public health,

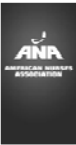


ANA Staff Supporting Code Revision





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- Cheryl Peterson
 - **Senior Director, Nursing Practice**
- Laurie Badzek
 - **Director, Center for Ethics and Human Rights**
- Martha Turner
 - **Assistant Director, Center for Ethics and Human Rights**

Process
Should we Revise?






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- Biggest process change from 2001-2012 technology!!
- A 123 question survey sought input from the nursing community and beyond through an online link that was widely publicized
- Data was collected form Feb 5-March 15, 2013
- 2783 responses were received and analyzed in a detailed report

Survey 1 Results
should we revise?





- Provisions 1-7 were still relevant with minor changes update language
- Provisions 8 and 9 had been substantially affected by developments in healthcare delivery, nursing advocacy, technology, public and global health and thus required major revision
- The Preface needs to be more compelling to all nurses in all settings and roles to commit to the values of the profession



Considerations of Revised Code

- Revisions using comments from 2013 survey
- Not lightening rod for controversial, divisive public debate
- Not political
- Timeless language, avoiding buzz words that may outdate in 10 years
- Succinct, clear and understandable to students, new nurses and nurses in all roles in any setting




Process for Final Revision & approval

- Revised Code was posted again in May 2014 with the opportunity for comment
- 980 responses from individuals and groups
- About 1500 suggested revisions
- Revisions were all reviewed and those with merit were incorporated in the final draft.
- Final Draft was submitted to the Board of Directors at the November 12 meeting & approved
- Working to complete document for printing

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Keys to Exemplary
Professional Practice: Code of Ethics for Nurses and
the Ethics Blueprint.
The 2015 Code: What's New
C803
2015 ANCC National Magnet Conference®
October 8, 2015, 8-9am

Martha Turner, PhD, RN-BC
Assistant Director, American Nurses Association
Center for Ethics and Human Rights
Silver Spring, Maryland

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What's old,


- Patient: Individual, Family, Group, Community, Population
- Basic structure of 9 provisions with interpretative statements, Preface, Afterword
- Non-negotiable
- Retain what you can; change what is necessary

What's new

-

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New elements

- New Preface: Sets the broader context
- Addition of an Introduction:
 - Sets the immediate context
 - Discusses choices of terminology
 - Identifies new components: glossary, links...
 - Discusses the relational framework and the three part division of the provisions
- Index
- Resource list and electronic links coming online for each Provision on NursingWorld.org
- Glossary



New terms and topics,

- Research and evidence-informed practice
- Nursing leadership, advocacy
- Interprofessional work and collaboration
- Moral distress,
- Incivility, bullying and violence
- Nurses' voice in social justice and health policy
- Social determinants of health
- Ethical practice environments
- End of life care
- Social media, genetics
- Nursing as a global unified profession
- Global collaboration to address climate destabilization, violence and other global threats to health



Inclusive throughout

All nurses, all roles, all settings


APRNs
CNOs
Educators
Regulators
Researchers
Students
Clinical Nurses
Nurse Volunteers in Disasters
Nurses in Uniformed Services



The Code addresses

- Our role with patients, colleagues, local and global communities
- Management of our own well-being,
- Our obligation to think and act beyond the boundaries of the practice setting.
- Our responsibility to create an ethical work environment, which supports autonomy of our practice and eliminates interprofessional lateral violence.
- Our role in creating a culture of safety, as well as in taking actions for nursing and health policy changes, locally and globally.

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Code Structure

Nine Provisions:

- 1-3: Fundamental values and commitments
 - compassion, respect, advocacy, protection, safety
- 4-6: Boundaries of duty and loyalty
 - authority, accountability, responsibility, self, ethical environment
- 7-9: Duties beyond individual patient encounters
 - research, scholarly inquiry, human rights, health disparities, social justice, integrity of the profession

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Throughout, a little more detail

The Interpretive Statements:

- Lay a foundation
- Develop understanding
- Realize the application
- Encourage further study

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Provision 1

The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

- Shortened and sharpened, language clearer, more direct, and incisive
- Inclusive of all nurses, all roles, all settings; emphasizes leadership
- Hardens the line against prejudice or bias and updates personal attributes
- Explicit about culture
- End-of-life section more robust

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Provision 2

The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.

- Adds population concerns
- Acknowledges issue of available resources
- Acknowledges conflicts of interest occur in many roles and settings; not limited to the financial
- More direct about gifts, dating, sexual relationships with patients or co-workers

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Provision 3

The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.

- Strengthens the section on privacy and confidentiality
- Explicitly grounds protection of human participants in research in respect for autonomy, and respect for persons, respect for self-determination
- Expands section on informed consent
- Adds clarity about reporting violations w/ research participants
- Performance/review material moved to Provision 7
- Adds section on "culture of safety"
- Clearer about process to address impaired practice

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Provision 4

The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.

- Explicit about APRNs roles and nursing orders
- Clarifies relationship of accountability to responsibility
- Expands section on responsibility
- Revises and expands section on assignment and delegation, and more explicitly includes nurse educators

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Provision 5

The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.

- Clarifies wording; reorganizes interpretive statements
- Adds promotion of the personal health, safety, well-being of the nurse
- Clearly states that nurses need never tolerate abuse
- Adds continuation of personal growth beyond what is required for professional performance

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Provision 6

The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.

- Adds ethical environment
- Expands and sharpens the section on virtue and the moral environment
- More direct about responses to a morally unacceptable environment, and expands the section

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Provision 7

The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.

- Explicitly includes all nurses, all roles, all settings
- Reorganizes the Interpretive Statements
- Emphasizes research and scholarly inquiry
- Clearly describes contributions in different roles







Provision 8

The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.

- Major revision to mandate collaboration for human rights, health diplomacy, reduce health disparities
- Declarative: health a universal right
- Hits hard on human rights and health disparities
- Introduces health diplomacy
- Adds complex, extreme, extraordinary practice settings







Provision 9

The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

- Significantly expanded from 2001
- Heightens the integration of social justice in nursing leadership, organizations
- Highlights nursing organizations' active engagement in social justice issues





from the Magnet Recognition Program®

If you are looking for....

Population served
1.2, 1.4

Protections of participants in research
3.2, 2.3, 4.1, 4.3


Express concerns without retribution
4.4, 3.5


ID and management of incompetent, unsafe practice
3.5, 6.2, 3.6

Inter-professional conflict
1.5, 2.1, 2.2

Quality patient care
2.3, 2.6, 3.5, 7.3


33






Here's where to find it

- Protections of participants in research
3.2, 2.3, 4.1, 4.3
- Express concerns without retribution
4.4, 3.5
- ID and management of incompetent, unsafe practice
3.5, 6.2, 3.6
- Inter-professional conflict
1.5, 2.1, 2.2
- Quality patient care
2.3, 2.6, 3.5, 7.3





Where else?

- Self appraisal tools, peer feedback tools, performance review tools
3.3, 5.5
- Patient privacy, security and confidentiality
3.1
- Patient ethical issues and/or needs
4.3
- Workplace advocacy initiatives for staff
5.4, 6.3, 2.2, 5, 3.5-6
- Professional development
5.5, 4.4
- Learner assessment in all roles and all settings
3.3
- Patient Safety Plan
3.4, 3.5





Other issues addressed


- Abuse
- Access
- Conflict of interest
- EOL care
- Assignments
- Delegation
- Advocacy
- Error
- Policy development
- Pain and suffering

- Altered standards of care; extraordinary settings
- Boundaries
- Collaboration
- Students
- Fatigue
- Dating
- Conscientious objection
- Informed consent
- Culture: yours, mine and ours

- Social media
- Disparities

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Remember,
The Code is key to exemplary professional practice

Thank you!

Martha Turner
 ANA Center for Ethics and Human Rights
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mtturner@turnlink.net

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Part 3: Dot Fowler

KEYS TO EXEMPLARY PROFESSIONAL
PRACTICE: CODE OF ETHICS FOR NURSES
AND THE ETHICS BLUEPRINT

Application of the Code in a Magnet Setting: An Exemplar

2015 ANCC NATIONAL MAGNET CONFERENCE®
 SESSION # C803
 OCTOBER 8, 2015
 8:00 A.M. - 9:00 A.M.

DOT FOWLER, MSN, RN-BC, APRN
CHRISTIANA CARE HEALTH SYSTEM, NEWARK, DE








CHRISTIANA CARE
HEALTH SYSTEM

- **Founded in 1888.**
- **Delaware's largest private employer** – more than 10,800 employees.
- **Major teaching hospital** – more than 280 Medical-Dental Residents and Fellows.
- **Net operating revenue of \$1.6 billion in FY 2014.**
- **Provided \$27 million in charity care in FY 2014.**



CHRISTIANA CARE
HEALTH SYSTEM

53,621 Admissions 21st in the nation	6,346 Births 29th in the nation
38,453 Surgeries 24th in the nation	307,172 Home Health Care Visits
173,857 ED Visits 24th in the nation	193,410 Primary Care Office Visits

INTEGRATION INTO DAILY PRACTICE

- Practicing nurses do not necessarily relate the ANA Code of Ethics for Nurses® to their daily practice
- Organizations need multiple strategies to cement the Code as the backbone of nursing practice
- Incorporating the Code in performance review and peer review programs

BACKGROUND

- In 2002....
 - We initiated our journey toward Magnet designation and on the journey awareness of ANA Code of Ethics for Nurses increased
- 2004....
 - We are ready
 - Documents submitted
 - Magnet, here we come!

OH NO!

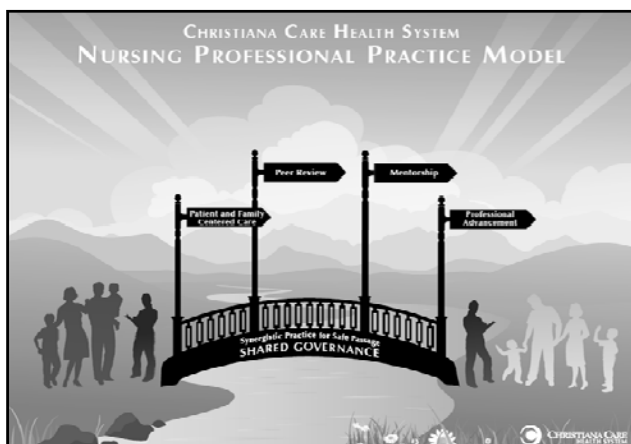
- What happened???

2005 TO 2010

- What had to change?
 - Shared Governance
 - The Clinical Ladder
 - Nursing Performance Review
 - Nursing Peer Review

BUILDING THROUGH SHARED GOVERNANCE

- CCHS Professional Practice Model: Synergy, Peer Review, Mentorship, Professional Advancement
- Performance review tool and peer review tool designed and approved by staff nurses through shared governance



2010 TO 2015

- 2010.... Recognized as the first hospital in the First State to achieve Magnet Designation
 - Councils running smoothly
 - Shared governance well integrated
 - Peer review established
 - Started work toward re-designation
- 2012
 - Expanded ladder lead to performance review revisions
- 2015

CCHS MAGNET RE-DESIGNATION

- First re-designation for CCHS
- First hospital in Delaware to achieve Magnet Re-designation

PERFORMANCE REVIEW

- Unique performance review tool for each level of ladder
- Ladder foundation
- 3 measures: Below Standard, Key Contributor, Role Model
- Guides promotion up the ladder

CODE OF ETHICS FOR NURSES PROVISION 1: THE NURSE PRACTICES WITH COMPASSION AND RESPECT FOR THE INHERENT DIGNITY, WORTH, AND UNIQUE ATTRIBUTES OF EVERY PERSON

RN I (Novice) Performance Review:

4: Response to Diversity

Therapeutic Practices

Recognizes, appreciates and incorporates into the provision of care that all patients are unique with different values and beliefs (spiritual beliefs, gender, race, ethnicity, family configuration, lifestyle, socioeconomic status, age, values, and alternative medicine).

Role Model
Key Contributor
Below Standard

- ☐ Sets aside potential biases and provides age specific culturally sensitive nursing care to meet the needs of the patient and family.
- ☐ Assessments demonstrate developing recognition, sensitivity, and appreciation of patient/family cultural differences and the potential impact on the patient's care.
- ☐ Inconsistently recognizes age specific or diverse cultural needs of patients or families.

CODE OF ETHICS FOR NURSES PROVISION 1: THE NURSE PRACTICES WITH COMPASSION AND RESPECT FOR THE INHERENT DIGNITY, WORTH, AND UNIQUE ATTRIBUTES OF EVERY PERSON

RN II (Competent) Performance Review

4: Response to Diversity

Cultural Beliefs, Communication, Trends and Diversity

Recognizes, appreciates and incorporates into the provision of care that all patients are unique with different values and beliefs (spiritual beliefs, gender, race, ethnicity, family configuration, lifestyle, socioeconomic status, age, values, and alternative medicine).

- ☐ Flexibly adapts and considers the diverse needs and strengths of patients, families and staff. Collaborates with them to integrate cultural/diversity differences into care planning and patient care to meet the unique needs of patients and families.
- ☐ Sets aside potential biases and provides age specific culturally sensitive nursing care to meet the needs of the patient and family by providing effective communication to the healthcare team about cultural or diversity needs that may impact the provision of care. Listens to and honors patient and family perspectives and choices.
- ☐ Assessments demonstrate developing recognition, sensitivity, and appreciation of patient/family cultural differences and the potential impact on the patient's care.

CODE OF ETHICS FOR NURSES PROVISION 1: THE NURSE PRACTICES WITH COMPASSION AND RESPECT FOR THE INHERENT DIGNITY, WORTH, AND UNIQUE ATTRIBUTES OF EVERY PERSON

RN III (Proficient/Expert) Performance Review

4: Response to Diversity

Cultural Beliefs, Communication, Trends and Diversity

Recognizes, appreciates and incorporates into the provision of care that all patients are unique with different values and beliefs (spiritual beliefs, gender, race, ethnicity, family configuration, lifestyle, socioeconomic status, age, values, and alternative medicine).

- ☐ Promotes an environment that incorporates the unique contributions of staff. Includes alternative therapies into care: tailors plans to support the diverse needs and strengths of the patient/family. Is recognized as a resource for staff as well as a departmental resource for individuals/families of diverse populations.
- ☐ Easily adapts and considers the diverse needs and strengths of patients, families and staff. Collaborates with them to integrate cultural/diversity differences into care planning and patient care to meet the unique needs of patients and families.
- ☐ Sets aside potential biases and provides age specific culturally sensitive nursing care to meet the needs of the patient and family by providing effective communication to the healthcare team about cultural or diversity needs that may impact the provision of care. Listens to and honors patient and family perspectives and choices.

CODE OF ETHICS FOR NURSES PROVISION 1: THE NURSE PRACTICES WITH COMPASSION AND RESPECT FOR THE INHERENT DIGNITY, WORTH, AND UNIQUE ATTRIBUTES OF EVERY PERSON

RN IV (Expert) Performance Review

RN IV: Competency 4: Response to Diversity

Recognizes, appreciates and incorporates into the provision of care that all patients are unique with different values and beliefs (spiritual beliefs, gender, race, ethnicity, family configuration, lifestyle, socioeconomic status, age, values, and alternative medicine).

Cultural Beliefs, Communication, Trends and Diversity

- | | | |
|-----------------------|---|----------|
| <input type="radio"/> | Follows emerging cultural, communication, diversity and inclusion trends, regulations, laws, and best practices. Actively pursues education about multiple cultures to provide excellent culturally appropriate care. (Hispanic, Asian, Indian, etc.) Provides education and information to peers, providers and or the community to enable them to provide culturally competent care and communication. Participates in resolving cultural or language resource needs when routine resources are inadequate. | K |
| <input type="radio"/> | Promotes an environment that incorporates the unique contributions of staff. Includes alternative therapies into care, tailors plans to support the diverse needs and strengths of the patient/family. Is recognized as a resource for staff as well as an interdepartmental resource for individuals/families of diverse populations. | K |
| <input type="radio"/> | Easily adapts and considers the diverse needs and strengths of patients, families and staff. Collaborates with them to integrate cultural/diversity differences into care planning and patient care to meet the unique needs of patients and families. | B |

9: Professionalism in Nursing - Transformational Leadership

The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth. (ANA Code of Ethics).

Please click on all checkboxes that apply, then select the appropriate rating using the radio buttons in the corresponding rating section below the checkboxes:

Transformational Leadership (Check all that apply)

	Select all that apply
1. Precepted a new Charge Nurse during review year	<input type="checkbox"/> 1
2. Member or Chair of a system based SDM council/committee/taskforce or if past Chair, acts as a resource for current chair	<input type="checkbox"/> 2 <input type="checkbox"/> 3
3. Currently engaged in a documented mentoring relationship as a Formal Mentor for professional development of a peer (certification, education, presenting, advancing, etc.).	<input type="checkbox"/> 4 <input type="checkbox"/> 5
4. Active member (attends meetings, conferences or participates in organizational activities) of a relevant local or national professional organization.	<input type="checkbox"/> 6 <input type="checkbox"/> 7
5. Designated Patient and Family Centered Care ambassador/leader/champion	<input type="checkbox"/> 8 <input type="checkbox"/> 9
6. Serves as a trainer or leader for a unit/system specific program (ie supervisor, lead preceptor, project leader, etc.)	
7. BLS, ACLS, NRP, TNCC, etc. instructor	
8. Chair or Co-Chair of a unit based SDM council or if past Chair, acts as a resource for current chair	
9. Other (Please list if other, none, or other relevant item)	


NURSING PEER REVIEW

- Most nurses unaware that involvement in peer review is a professional obligation
- Unique format
- Based on ANA Code of Ethics for Nurses® and Christiana Care Core Values (*Caring, Teamwork, Excellence, Integrity, Leadership, Service*)
- Some custom service-line quality questions
- VNA and Cancer Center modifications
- Launched annually

THE MANAGER'S ROLE IN PEER REVIEW

- Peer review is not a managerial accountability
- Peer review is not the annual performance review
- The manager's role is to support the peer review processes by providing necessary resources
- The manager's role is to eliminate barriers to professional processes like peer review

Nursing Peer Review

This peer review is an opportunity to  your peers and yourself on the six measures of excellence corresponding to the ANA code of ethics.

All questions require a response including all comment boxes. If you don't have any comments please indicate this by typing N/A.

Use the "Save and Finish Later" button, to save your changes without completing the peer review for yourself or your colleague. You can come back to finish it later.

Use the "Save as Complete" button to finalize the review for yourself or your colleague. You CANNOT come back to it after you've clicked the "Save as Complete" button.

Rating Scale: SA=Strongly Agree, A=Agree, D=Disagree, SD=Strongly Disagree

CARING

ANA Code of Ethics for Nurses: The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.

Creates positive relationships with those served by putting them first in all interactions.

	SA	A	D	SD	Not Observed
1. Acknowledges patient, family and colleague requests with empathy, caring and compassion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

"INTEGRITY

ANA Code of Ethics for Nurses: The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

Consistently demonstrates actions which are professional, & responsible portraying trustworthiness and dependability.

	SA	A	D	SD	Not Applicable
1. Provides respectful care to individuals from diverse backgrounds, even in instances when the patient's lifestyle or beliefs are stigmatized by society or are personally unacceptable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

LEADERSHIP

ANA Code of Ethics for Nurses: The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.

Assumes responsibility for quality care and services in all situations.

	SA	A	D	SD	Not Observed
1. Actively seeks to serve in leadership roles by mentoring, supporting, and encouraging others towards professional development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In a confident manner, delegates clearly and appropriately to Patient Care Techs or other unlicensed assistive personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Effective and capable when addressing resistance/negative behavior when delegating to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued

**PILOT SURVEY COMMENTS
MOST VALUABLE PART OF THE PEER REVIEW
EXPERIENCE**

- The questions themselves helped me to put into perspective important aspects of my practice that I need to be aware of on a daily basis.
- **The comments from my peers were especially useful. I have my own self-perceptions, but it is useful to learn how others perceive your work and interactions with them.**
- I was able to look for positive qualities in all my co-workers.
- **As a new nurse it was good to receive feedback from my peers.**
- Being able to be honest with my peers and learning more about myself through other's eyes.
- Giving serious thought to how I interact with my peers and realizing how everyone contributes to the whole.
- **I didn't know that I impacted other nurses as much as they commented. I still reread the comments as a reminder of what I do that influences others. It is very nice.**
- It made me more determined to put in my best at times.
- **It reminded me of the positive contributions we each make.**
- Realizing that my peers value my skills and knowledge.

**PILOT SURVEY COMMENTS
LEAST VALUABLE PART OF PEER REVIEW
EXPERIENCE**

- Some nurses made no comments at all.
- **I did not receive enough constructive criticism. People did not take the time.**
- I did not get much feedback other than ratings – I wanted comments, but I think people were afraid to make them because our unit is so small.
- **I did not hear any criticisms. I'm sure there must be some, but I was disappointed that no one verbalized them.**
- It is difficult to write honest answers when the truth might not be totally positive.
- **Peers may not give you the highest rating, but don't specify why in their comments so you don't know what to improve.**
- People are not taught how to do reviews in a constructive way. People need lessons on how to review others.

AND MY PERSONAL FAVORITE:

"The concept of peer review would be great if you lived in Utopia. I have been in nursing long enough to know that many of your peers would rather talk about what you do wrong with others than to point out to you what you do wrong and how you can improve. The peer review I received was excellent; the reviewer had obviously put a lot of thought into it...however, it was about 11 years too late...these are all things that should have been pointed out to me at the beginning of my unit experience. Never once did my peers point any of this out to me. I did take it to heart though and improved on the delivery of my nursing care according to what suggestions were offered. Way too late, but none the less appreciated."

2015 SELF COMMENTS

- I value the ANA Code of ethics, and try to live them each day. I strive to be a role model in professionalism, advocating for my patients, and assisting my colleagues. I try to guide and support my patients and family to promote wellness and respect cultural diversity.
- I am a very experienced nurse of 25 years who demonstrates all of the code of ethics well above and beyond other's expectations. I am honored to be a part of CCHS and want to continue my role in providing good quality care to the patients I serve.
- My goal is to improve on delegating tasks to patient care technicians when needed. It would greatly help me with time management.
- After careful and honest reflection of my performance since last review, I know that I can particularly develop in leadership. Delegating tasks seems to be what I struggle with the most and that is certainly a nursing duty that I need to fortify.
- Using the ANA Code of Ethics as a guideline to practice helps me provide the best care to my patients. I believe I could improve in the leadership role, providing that I've only been an RN for less than 2 years.

2015 NURSE PEER REVIEW RESULTS

- 2,291 nurses participated in Nurse to Nurse Peer review
- Over 15,000 reviews were completed
- Highest scoring area: Integrity followed by Caring
- Lowest scoring area: Leadership followed by Teamwork
- The greatest opportunities under Leadership relate to delegation to LPNs and PCTs and delegation by Charge Nurses to other RNs

2015 POSITIVE PEER COMMENTS

- Your leadership skills shine when in the charge nurse role. You consistently delegate wisely, listen and jump in to get the job done.
- **You consistently recognize coworkers for a job well done. Being an upbeat person is important to our patients and coworkers. You exemplify the pride we have in our profession of nursing. You are self directed and your smile is contagious.**
- You are definitely a leader. You can rapidly assess a situation; determine what needs to be done, and if need be, direct the appropriate people in a professional way.
- **You are doing a wonderful job as a new nurse. It has been fun watching you grow and develop. You are working through clinical problems and patient issues in a prioritized manner and have handled difficult discharge cases with patience with the utmost respect for your patients. I look forward to working with you in the next year!**

2015 PEER DEVELOPMENTAL COMMENTS

- While receiving shift report, you mentioned you did not call the doctor because you do not want to bother them which can delay patient treatment. As a patient advocate, I would like to see you to improve your communication to the doctors.
- **You have a tendency to allow personal bias to show when caring for difficult patients.**
- When it comes to patient care you are very knowledgeable but before taking on a more leadership role, I would like to see you be more positive. It is very disheartening, especially to newer employees, to hear frequent conversation about how this is wrong or that is wrong without offering any viable alternatives.
- **You are an extremely knowledgeable nurse and have a lot to offer working in the unit. The only place that I would value your nursing more would be in your role as Charge Nurse. It would be nice to see you take a stronger leadership role.**

1.5 RELATIONSHIPS WITH COLLEAGUES AND OTHERS

- **SELF:** This has been a very interesting year for my professional growth and development and how I have transitioned into a leader for the unit and promotion to RNIII. I often wonder about my peers perceptions of me. I intend to spend more time and effort finding out and improving my image within the nursing unit. I feel that my nursing care is solid and strong but I need to improve my communication skills and interpersonal relationships as I continue to strive to advance in my profession.
- **PEER:** Christopher, you are a wonderful patient and nurse advocate and it is a pleasure to work with you. My one suggestion to you is that when you are not happy with the performance of another staff member that you go directly to that individual rather than expressing your feelings to others. Having open communication with one another always makes a better work environment.
- **PEER:** Chris is an excellent nurse, very compassionate and empathetic. He is a strong patient advocate and educator.
- **PEER:** Chris needs to be more aware of interpersonal relationships on the floor.
- **PEER:** Chris is very professional when it comes to working with his patients. He assumes a lot of responsibility on the floor and leadership roles. He is starting to delegate a little more.

PATH FORWARD

- Annual review and revision Peer Review tools
- Strengthen Performance Review tool based on *"The Essentials of Baccalaureate Education for Professional Nursing Practice"* from the American Association of Colleges of Nursing and revised Code of Ethics.
- Investigate feasibility of importing actual peer and patient feedback into Performance Review tool.

CONTACT INFORMATION

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?????Questions?????

Laurie Badzek. ANA & UNCW
The History of the Code and Blueprint
 Martha Turner, ANA
The 2015 Code: What's New.
 Dot Fowler, Christiana Health Care
***Application of the Code in Magnet Setting:
 An Exemplar***
