Shiela Gayle Marble, BSN, RN, OCN®

The bone marrow transplantation program at Banner Good Samaritan Medical Center in Phoenix, AZ, has successfully developed and implemented a process model using the theory of Novice to Expert for the education of its nurses. The five-step model of excellence provides a fluid and individualized framework for the professional development of the healthcare providers working in the oncology program and a method to measure progress. In addition, the requirements for education and a method to measure progress are clear for nurses who would be considered experts in the unit. As a result of the implemented process model, 65 of 96 RNs (68%) met the criteria for expert compared to 18% prior to the implementation, 58 of 79 RNs (73%) are oncology certified (OCN®) compared to 24% prior to implementation, and 42 of 96 RNs (44%) are mentors compared to 19% prior to implementation. The five-step model has helped foster a culture of staff and leadership development with engaging, motivating, and high-performing work groups that promote career progression within the workforce.

Five-Step Model of Professional Excellence

Shiela Gayle Marble, BSN, RN, OCN®, is a nursing education specialist at Banner Good Samaritan Medical Center in Phoenix, AZ. (Submitted August 2007. Accepted for publication March 6, 2009.)

Since its inception in 1997, the City of Hope-Banner (COH-B) bone marrow transplantation (BMT) program has touched thousands of lives and has made BMT a viable option for the residents of Arizona and surrounding states. The partnership between City of Hope National Medical Center in Duarte, CA, and Banner Good Samaritan Medical Center in Phoenix, AZ, grew out of the need identified by physicians in the Phoenix area for a cutting-edge transplantation treatment facility in the community. Prior to the creation of the COH-B partnership, Phoenix-area residents seeking state-of-the-art transplantation treatment often traveled great distances and were separated from the support of family and friends for the duration of their treatment. Through its partnership with City of Hope, a world-renowned National Cancer Institute–designated comprehensive cancer center, Banner Good Samaritan Medical Center now provides world-class research and treatment protocols in a comprehensive and convenient setting. Since the program’s debut in 1997, 826 transplantations have been performed and about 30,000 outpatient visits have occurred. This article describes the systematic process used to promote and measure employee growth and development within the oncology/hematology and BMT units at Banner Good Samaritan Medical Center.

Development of the Professional Excellence Model

COH-B established a culture of learning through a multi- and interdisciplinary team approach to ensure that patients receive comprehensive care guided by the highest standards of excellence. This culture of learning also served to ensure that employees were provided with continuing education, knowledge, and opportunities to share their experience throughout Banner Good Samaritan Medical Center, thereby promoting organizational learning. To support the culture of learning, a five-step professional development model was created for nursing staff in the oncology/hematology department. This model outlines the pathway for professional advancement of the oncology nurse, which coincides with the standards of oncology nursing education published by the Oncology Nursing Society ([IONS], 2003), and provides an ongoing plan for improvement. In light of the fact that the oncology nursing staff also provides patient coverage for Banner Good Samaritan Medical Center, the original model was expanded to reflect transplantation-specific regulatory and accreditation requirements as well as succession planning considerations.

At a Glance

- The five-step model of excellence provides a pictorial plan for professional development.
- The plan delineates over time the education and skill acquisition necessary for oncology nurses to achieve expert status.
- Outcomes since the adoption of the model have contributed to job satisfaction and retention of engaged nurses.

Theory Application

Benner’s (1984) Novice to Expert theory was used to form the framework of the model, depicted as a pyramid in which growth is illustrated in layers through education, motivation, and
accomplishment with multiple demands of oncology nursing. The competent learner nurse is consciously aware” (pp. 15–16). The competent nurse, as Benner (1984, p. 15), defined "the beginner must have rules with which to practice, as there is no experience from which to draw conclusions" (p. 13). In the current model, the novice may be an inexperienced nurse or an experienced nurse without exposure to oncology situations, which leaves the nurse with unfamiliar goals, knowledge, and skills needed for oncology nursing care.

An advanced beginner “has achieved marginally acceptable performance that is coupled with the recognition of recurring meaningful situational components found in similar experiences” (Benner, 1984, p. 15). The advanced beginner goes beyond the rules or procedure lists of the novice but may still need to have the similarity pointed out to them by a mentor. Guidelines are useful learning tools at this stage of development (Benner, 1984).

Benner (1984) defined the competent nurse as “the nurse who has been doing nursing for one to three years and sees his or her actions in terms of long-range goals or plans of which he or she is consciously aware” (pp. 15–16). The competent learner nurse lacks speed and flexibility but is able to cope because of a sense of accomplishment with multiple demands of oncology nursing.

The proficient nurse perceives the whole of the situation. A situation is understood as a whole because the nurse perceives its meaning in terms of long-term goals. Because of this experience-based ability to appreciate situations as a whole, the nurse can now identify when the expected normal picture does not materialize (Benner, 1984). Identification, however, only occurs when situational nuances are properly interpreted and applied. Accurate interpretation and application occur as a result of experiences in which the nurse has observed repeated outcomes in similar situations. The proficient nurse frequently recognizes deterioration or patient issues prior to explicit changes in the vital signs. Despite the ability to perceive the situation as a whole, the proficient nurse has not yet developed the ability to know the absolute correct way to respond in a given situation. This uncertainty of response is based on the nurse’s lack of familiarity with and knowledge of the wide variety of possible responses (Seddon, 1978).

The expert nurse has an enormous background of experience and can intuitively zero in on the accurate region without wasteful consideration of all the possibilities (Benner, 1984). Seddon (1978) described the beginner or novice performance as halting, rigid, and mediocre. With mastery comes the transformation of the skill into a highly proficient and flexible performance.

Identification of developmental stages alone, however, does not suffice in evaluating nurses’ professional growth. Mastery of certain necessary intellectual behaviors indicative of the learning process must be demonstrated by the nurse (Bloom, 1956). For adequate learning and development to occur, some consideration of intellectual behaviors indicative of the learning process have to be undertaken (Seddon, 1978). No evidence of mastery is possible without behaviors, depicted as time spent and experience attained on the job.

The concept of knowledge is the obligatory foundation of the process. The five-step professional development model begins after the knowledge level and assumes that the novice has attained a certain amount of knowledge in the classroom or via life experiences to prepare them for the additional job-specific knowledge that is quickly followed by comprehension.

The behaviors and education necessary to promote a performer from one level to the next are described by Benner (1984) and Seddon (1978). Bloom (1956) considered the interrelation of education and experience and investigating these concepts as they relate to professional development as useful. Benner (1984) described experience as more than the passage of time or longevity in a role. Instead, Benner asserted
that “experience is the refinement of preconceived notions and theory through repeated exposure to practical situations that add nuances or shades of differences to theory” (pp. 36–37). A poignant illustration of this is a blind person learning to walk with a cane. The novice will hesitantly walk with the cane clutched and change gait or direction based on the pressure of the cane on the palm. The pressure changes are caused by changes in the elevation of the surface on which he or she walks. The expert, however, will change gait and direction intuitively without conscious thought of the pressure of the cane on the palm, so the walk is fluid rather than halting.

Experience for the Five-Step Model

Banner Good Samaritan Medical Center employed the five-step professional development model to recognize and reward nurses who demonstrate the fluid experience of the expert with their patients. However, in many cases, recognition and personal growth can be sabotaged. Some of the most common growth-thwarting mindsets on the part of nurses include lack of self-confidence, fear of the absence of rigid controls and rules which had previously governed actions, and apathy.

In the healthcare field, nurses can be competent or proficient and find fulfillment not necessarily through the quality of their work but through strict adherence to the rules and maxims that govern their work. The absence of controls can create confusion and uncertainty for nurses and may undermine growth. By definition, the expert classification requires creative and critical thinking; unfortunately, rules may actually stifle that approach.

Apathetic interference is evident in a nurse who is not willing to look (and act) beyond the obvious each time he or she confronts a situation. The nurse also does not try to understand the achieved response, which results in a failure to grow and a failure to perform at the expert level. Several of the nurses on the author’s staff at Banner Good Samaritan Medical Center had stagnated at a “failure to thrive” level of indifference. They functioned in a satisfactory clinical manner but did not exhibit the level of creative thinking and interventions that an expert would demonstrate. The challenge for the leadership team was to mentor and coach these nurses through professional development by finding the motivator for each individual.

Standards

Standards that promote quality and excellence in nurses’ performance must be agreed on. By looking to improve the quality of work that is performed, progress can be made from competent to expert classifications. This level of self-evaluation and learning is achieved through hard work, mental effort, and the desire to improve performance. Benner (1984) described the process as a meaningful engagement in the situation. The presentation of the expectations of professional development through the five-step process provides goals of progression in a format that has been agreed on by the management team and the nursing staff. Nurses can then be proactive in advancing through the educational opportunities represented on the model. Each member of the leadership team will act as coaches to the nursing staff to promote the expected growth in their professional development. When barriers to growth occur, the leadership team has to coach nurses

Table 1. Nurse Classifications in the Banner Good Samaritan Medical Center Oncology/Hematology and Bone Marrow Transplantation Five-Step Professional Development Model Theory of Learning

<table>
<thead>
<tr>
<th>AUTHOR</th>
<th>NOVICE</th>
<th>ADVANCED BEGINNER</th>
<th>COMPETENT</th>
<th>PROFICIENT</th>
<th>EXPERT</th>
<th>EXPERIENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benner, 1984</td>
<td>Rules govern the nurse’s practice; therefore, experience is unnecessary.</td>
<td>The nurse achieves marginal acceptable performance with a recognition of situations recurring in similar circumstances.</td>
<td>The nurse is able to cope with a feeling of accomplishment with multiple demands but still lacks speed and flexibility.</td>
<td>The nurse perceives the whole situation in terms of long-term goals and bases reaction on the experience of repeated outcomes.</td>
<td>The nurse intuitively targets the accurate region without wasteful consideration of all other possibilities.</td>
<td>The nurse conducts meaningful engagement whereby the learner is actively involved in the experience, coupled with time.</td>
</tr>
<tr>
<td>Benner, 2004</td>
<td>Nursing tasks are context free, requiring no previous experience to perform as long as rules are provided.</td>
<td>Similarities in certain circumstances are pointed out to the student or, with experience, the student begins to identify them on his or her own.</td>
<td>The nurse is able to decide on a course of action based on circumstances without rules written specifically for that situation.</td>
<td>Skills are mastered that transform the performer from halting, rigid, and mediocre into a fluid, flexible, and highly proficient nurse.</td>
<td>With enough experience in a variety of situations, all seen from the same perspective but requiring different tactical decisions, the expert nurse gradually breaks down this class of situations into subclasses, each sharing the same action.</td>
<td></td>
</tr>
<tr>
<td>Bloom, 1956</td>
<td>Knowledge is the basis of all intellectual behavior; facts and rules apply to the topic.</td>
<td>The nurse is able to grasp the meaning of the material.</td>
<td>The nurse is able to use learned material in new and concrete situations.</td>
<td>The nurse is able to break down material into its component parts so that its organizational structure may be understood.</td>
<td>The nurse is able to put parts together to form a new whole.</td>
<td>The nurse is able to judge the value of material for a given purpose.</td>
</tr>
</tbody>
</table>
to set goals that will overcome the barriers and achieve growth. Leadership consists of the nursing director, senior clinical managers, the clinical nurse specialist, and nurse educators.

**Caring**

Caring is a commodity that must be provided in the nursing field and must be incorporated in experienced nurses’ approach to patient service. Viewing the patient as whole and complete, regardless of illness or disease (Watson & Foster, 2003), will impact the attitudes of the nurses when approaching patient care. If caring is not incorporated, the end result is negatively perceived by patients. When caring is combined with nurses’ expertise, the result is a team effort between patients and all the healthcare providers involved, with excellence in patient care as the end product. Caring may be provided without curing the human condition, but curing cannot occur without caring (Watson & Foster).

The caring and service attitude should include the interactions with coworkers as well. Without a caring- and service-oriented attitude, the expert nurse cannot achieve the expectations of an organization’s mission and, therefore, cannot be included as an expert performer. Experience, as measured in time, and longevity in the role are meaningless unless coupled with a caring and service-oriented attitude. These attributes must be displayed in all aspects of an expert’s performance. Therefore, experience should be observable, not only in staff interactions with patients but in interactions between colleagues as well.

**Tools of the Model**

**Compass Program**

The Compass Program is a process which was designed to reward nurses and recognize progression through the seven domains of nursing defined by Benner (1984) and later modified to five domains by the COH-B corporate planning team. This program outlines the expectations for professional development of the nurse and allows for the nurse to celebrate personal achievement. The Compass Program is a voluntary process with monetary compensation awarded for successful completion.

The domains for the Compass Program are caring, knowledge and decision making, organizational stewardship, collaboration, and professional contribution. The nurse must present to a committee composed of a nursing educator, a member of management, and a clinical nurse, and the presentation must meet the clearly defined qualifications of each domain. The steps of the process may be relegated to any of four levels of competency after the beginner stage: advanced beginner, competent, proficient, and expert. The monetary reward for progression through the process is based on the level of competency demonstrated by nurses’ storytelling. A nurse may re-apply through the process after 12 months to show continued competency in the domain or to progress to another level. This process provides a formal mechanism by which nurses can demonstrate their professional development.

The Compass Program replaced the clinical ladder that had been used to recognize nurses’ professional growth. To date, this program is exclusive to nursing professionals and has not been extended to other professions within Banner Good Samaritan Medical Center.

**Journal Club**

Journal club is a process that was found to be successful through physician use and has been used to validate evidence-based practice in the clinical setting (Ebbert, Montouri, & Schultz, 2001). The journal club has held monthly meetings in two different venues. One venue, sponsored through COH-B, is presented by program physicians and all healthcare providers are welcome to attend and contribute. The second venue is managed through the oncology nursing education specialist and is directed at nurses and pharmacists.

In the journal club setting, the manager of the meeting accepts suggestions for articles to discuss. The selected articles are then e-mailed or distributed to participants prior to the meeting. A template of discussion points for each session also is distributed to attendees, which assists in stimulating discussion and evaluation. A staff volunteer serves as the event coordinator responsible for leading the article discussion. If the journal article is positively reviewed and shows a discrepancy between current practice and Banner Good Samaritan Medical Center organizational practice, the organizational practice is modified to reflect the evidence-based interventions defined in the article. Some of the interventions are psychosocial and can be incorporated into participants’ daily routines. Other interventions are more complex and require a modification of the organizational practice achieved through the formal change process identified in Banner Good Samaritan Medical Center’s standard operating procedure. Part of the formal evaluation process for the meeting is to identify when, how, and why the new practice is applicable and should be applied in the care of patients.

**Shared Leadership**

Shared leadership is a multidisciplinary practice applied throughout the Arizona region of Banner Good Samaritan Medical Center whereby employees closest to patient care are given the opportunity to be a part of the integral decision-making process that impacts their work environment. The model that is used within the organization is based on a model shared with Banner Good Samaritan Medical Center by the Queens Medical Center in Honolulu, HI, combined with a model shared by Wake Forest University’s Baptist Medical Center in Winston-Salem, NC. This culminated in a model that is unique to Banner Good Samaritan Medical Center. The goal of the process is to encourage employees to work together to improve the care they provide and to improve the work environment. The process is based on the principles of equality, accountability, partnership, and ownership.

Initiated in 2001, shared leadership is comprised of three tiers. The first tier is the unit or department council which is implemented and developed by staff and management from that unit. Each unit or department council has representation to the second tier, which are the organizational or house councils. Decisions made at the second tier are those that will impact the entire facility. The house council elects a chairperson to participate in the coordinating council, as well as senior leadership. Senior leadership and the house council chairperson make up the third tier, the leadership council, which sets the strategic direction for shared leadership. Shared leadership is used in the five-step model to show empowerment for each employee. As with all opportunities offered, the employee will have to be fully...
engaged to profit, either individually or as a unit or facility, from the empowerment offered through this program.

**Mentor Program**

Hurst and Koplin-Baucum (2005) described the mentor program at Banner Good Samaritan Medical Center as an opportunity to positively impact the retention and turnover rate of nurses. Initiation in the program includes a six-hour course that is offered quarterly and includes the phases of a mentor relationship, how to individualize the relationship for each mentee, and tips on dealing with issues the mentor and mentee pair encounters. Once the course is completed, three steps are taken at the discretion of the manager: the new mentee chooses a mentor (a nurse) who has participated in the mentor program; mentor and mentee complete the input form, which is sent to the nursing resource management office; and mentor and mentee complete the progress and update forms. These forms are updated every six months at a minimum and retained in the employee's file. This process is reinforced through monetary rewards at different intervals during the 18-month mentorship. In addition, one mentor per year who is nominated by his or her colleagues is selected and honored with the Nightingale Award. The honoree receives $500, a plaque, and inscription of his or her name and nursing unit on a plaque displayed in the hospital administration office.

**Educational Opportunities**

The Oncology Nursing Education Steering Committee (ONESC) is a group of nursing professionals who meet on a regular basis to plan, implement, evaluate, and modify the educational opportunities provided for oncology team members. The ONESC manages many of the programs and courses detailed in Figure 2. Regulatory agencies have played a small part in the creation of a five-step education and professional development model. In addition, one mentor per year who is nominated by his or her colleagues is selected and honored with the Nightingale Award. The honoree receives $500, a plaque, and inscription of his or her name and nursing unit on a plaque displayed in the hospital administration office.

A 98% success rate was established for successful completion of the national oncology certification test for nurses who attended the OCN® review course. Only three of the nurses failed the first time and two of them were successful on the second attempt. The unit has been honored through an employer recognition plaque from ONS. This award is given only to oncology nurse employers who have 50% or higher OCN®s on staff.

In addition, 62 of the 96 nurses (65%) have assumed the designee role. One hundred percent of the nurses on staff have completed the educational courses in the identified timeframe if the courses were offered during their employment period.

**Results**

The creation of a five-step education and professional development model of excellence has served to promote professional growth among the staff of Banner Good Samaritan Medical Center. Sixty-five of the 96 nurses (68%) qualifying for the expert title were able to achieve the designation. Comparably, only 42% achieved the designation prior. The increased availability of expert nurses has had a positive impact on patient care and staff satisfaction.

Participation in the Mentorship Program Course, which was virtually nonexistent in 2004 with only five participants, has increased to 42 of the 96 RN (44%) attendees between 2005 and 2007. The program has demonstrated a steady increase in the number of certifications held by nurses and pharmacists, with 58 of 79 eligible staff nurses (73%) being certified either in oncology, palliative care, or both. In 2005, only 24% of nurses were certified. In addition, 100% of the leadership team now are certified in oncology.
Discussion

When the shared leadership unit council accepted this model of nursing development, a need arose to apply the model to all job descriptions represented in the COH-B program; therefore, the model was diversified and applied to non-nursing groups. Application of the model by non-nursing individuals included certification through professional organizations and involvement in the organizations through membership and eventual leadership positions. The process has been well received by all employees, and various employee subgroups have individualized the nursing development model into their own models.

An individualized educational timeline was developed for each nurse with the timing of each course based on experiential common sense. The model presented here has evolved to meet the needs of organization, management, educators, and the students and staff the organization serves. The model promotes professional growth through a combination of education and experiences that facilitate individual and organizational learning.

Limitations of the model also must be recognized. The five-step model has gained acceptance because it promotes involvement in professional organizations and a commitment to peer encouragement, growth, and development. However, it remains the responsibility of the employee to progress through the different levels and to finally combine a caring service attitude with the intellectual experience to become the expert who is functional and innovative in his or her approach to patient care. The leadership team members are committed to their function as role models and mentors to the staff. This encourages employee growth and progression along the five-step model. An identified need to develop clear behavioral guidelines for the expert nurse also arose. COH-B identified the necessary classes, but behaviors exist that indicate the achievement of expert status which cannot be denied. Individuals will be evaluated on the merits of their behavior and educational achievements.

Conclusion

Historically, only experienced oncology nurses were permitted to care for the patients in the BMT unit. This policy resulted in the rapid depletion of experienced nurses to staff the oncology unit, leaving novices and beginners without the benefit of the coaching and mentoring necessary to care for acutely ill patients on that unit. Implementation of this professional development model has resulted in the availability of additional expert nurses to meet the demands of both units, providing all patients with the expert care they require and deserve. The greatest impact and benefit realized was in the application of the model to address learning, development, and career progression among Banner Good Samaritan Medical Center’s diverse workforce. Leadership development and succession planning have become the norm.

The five-step staff development model of excellence has provided Banner Good Samaritan Medical Center with a systematic approach by which the organization can foster a culture of staff and leadership development and continuous learning; develop an engaged, motivated, and high-performing workforce; assess workforce capacity and capability; develop opportunities for staff, including education, training, skill-sharing, coaching, and mentoring; promote career progression (creation of various leadership and management positions leveraging diverse ideas, cultures, and core competencies of workforce); and design and implement a succession plan for key staff and leadership positions to overcome or mitigate strategic challenges.

The author takes full responsibility for the content of the article. The author did not receive honoraria for this work. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the author, planners, independent peer reviewers, or editorial staff.

Author Contact: Sheila Gayle Marble, BSN, RN, OCN®, can be reached at gayle.marble@bannerhealth.com, with copy to editor at CJONEditor@ons.org.

References


Receive free continuing nursing education credit for reading this article and taking a brief quiz online. To access the test for this and other articles, visit http://evaluationcenter.ons.org. After entering your Oncology Nursing Society profile username and password, select CNE Listing from the left-hand tabs. Scroll down to Clinical Journal of Oncology Nursing and choose the test(s) you would like to take.