THE IMPACT OF NURSES' PROFESSIONALISM FROM AN INNOVATIVE PEER REVIEW COMMITTEE

by

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A doctoral scholarly project submitted to the faculty of
The University of North Carolina at Charlotte
in partial fulfillment of the requirements of the degree
Doctor of Nursing Practice

Charlotte

2016

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ABSTRACT

PATRICIA H. GOBLE.The impact of nurses' professionalism from an innovative peer review committee. (Under the direction of DR. DAVID LANGFORD)

Background: Peer review is a vital process through which nurses provide feedback to their peers in real time to advance their professional practice. The purpose of this scholarly project was to determine the impact of implementing an innovative peer review committee on nurses' professionalism.

Methods: A pilot project was conducted in a community hospital to evaluate nurses' professionalism following the design and implementation of a peer review committee. The project design was a pre- and post-interventional pilot study. The Nurse Professional Value Scale Revised (NPVS-R) was used to determine changes in nurses' (*N*=14) professionalism pre- and post- intervention. Additionally, NPVS-R scores were used to compare professionalism of nurses based on their educational and experiential backgrounds.

Results: The overall mean NPVS-R scores increased from 109.64 to 114.43from pre- to post- intervention; however, this was not a statistically significant change (p=0.347). The overall score of professionalism, a component of the NPVS-R, increased from 3.95 to 4.21, but this was not significant (p=0.359). When comparing the difference in professionalism scores between nurses with their Associate Degree in Nursing (ADN) and their Bachelor of Science in Nursing (BSN) or Master of Science in Nursing (MSN) degrees pre-implementation, there was a significant difference between the two groups (p=0.038). Yet, post- intervention there was no significant difference between the two

groups (p= 0.456). No statistically significant findings were found to show a difference in the level of professionalism according to the nurses' years of experience.

Discussion: In this project, the implementation of a peer review committee resulted in increased professionalism scores; however, the change in scores was not statistically significant. This may be due to the small sample size. It is recommended that further research be conducted using a larger sample size to determine the impact of peer review on nurses' professionalism. The results did determine the implementation of a peer review committee improved professionalism scores for ADN prepared nurses and reduced the disparity between the ADN nurses and those with higher degree attainment. In organizations with high level of ADN prepared nurses, the implementation of a peer review committee could be utilized as a tool for increasing nurses' professionalism.

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CHAPTER 1: INTRODUCTION

Peer review is an invaluable mechanism through which nurses can provide feedback to their peers in real time to improve their practice and promote positive patient outcomes. O'Loughlin and Kaulbach (1981) state, "Peer review is a process by which employees of the same rank, profession, and setting evaluate one another's job performance against accepted standards" (p. 22). For nurses these standards are established by many governing agencies with the aim of improving patient outcomes and nurse accountability (Morby & Skalla, 2010). Required standards to evaluate nurses are set by the American Nurses Association (ANA), individual State Boards of Nursing, Center for Medicaid and Medicare services, and Joint Commission. Evaluating nurse achievement of these standards is a common practice in most healthcare organizations; however the use of peer review to provide real time feedback regarding these standards is not common (Morby & Skalla, 2010). Few organizations have successfully implemented a meaningful peer review process even though literature supports the benefits of peer review. Literature has suggested perceived limitations to peer review hinders the development and implementation of the peer review process in practice. Perceived barriers include: required time to perform peer review, lack of leadership support, and inexperience communicating constructive feedback (Burchett & Spivak, 2014).

In 1999, the Institute of Medicine (IOM) described the nation's healthcare system as fractured, prone to errors, and detrimental to safe patient care. The IOM challenged

healthcare organizations to establish systems and processes that eliminate medical errors and free patients from harm (IOM, 2010). Nursing was identified as an essential element in patient safety and the prevention of medical errors. The IOM recognized the quality of patient care is directly associated with how active and empowered nurses are in making decisions in patient's plans of care and in their own practice (IOM, 2010).

The ANA and American Nurse Credentialing Center (ANCC) have also issued statements in support of nursing's pivotal role in patient safety. The ANA and ANCC encourage nurses and nurse leaders to create an environment that promotes professional practice, autonomy, and accountability in order to maintain patient safety and promote positive patient care outcomes. As professionals, nurses have the responsibility to evaluate and hold one another accountable for decisions in practice and patient care to ensure safety and promote quality outcomes (Pedersen, Crabtree, & Ortiz-Tomei, 2004).

Peer review is a strategy for creating the constructive work environment needed to promote positive patient care outcomes. Peer review was first defined by the ANA in 1988 and this definition remains relevant today. The ANA (1988) guidelines stated:

> Peer review in nursing is the process by which practicing registered nurses systematically access, monitor, and make judgments about the quality of nursing care provided by peers as measured against professional standards of practice….Peer review implies that the nursing care delivered by a group of nurses or an individual nurse is evaluated by individuals of the same rank or standing according to established standards of practice (p. 1).

More recently, the ANA (2010) reaffirmed the need for peer review of all practicing nurses in order to reflect and adjust their own practice.

The ANCC recognizes the essential role of peer review to meet quality standards and requires it to meet their standards for Magnet status (ANCC, 2009). Magnet status is the prestigious recognition of nursing excellence by the ANCC and is awarded based on a

hospital's commitment to quality, excellent nurses, and innovations in nursing practice. In order to receive this prominent honor, hospitals are required to cultivate and implement evidence-based practice in order to create a favorable work environment for nurses. Both patients and nurses acknowledge the Magnet status award as a determinant for where they want to receive their care and carry out their nursing practice (ANCC, 2008). The Magnet Model consists of five components; transformational leadership, structural empowerment, exemplary professional practice, new knowledge, innovations and improvements, and empirical quality results. All five of these components must be met in order for a hospital to acquire Magnet status (ANCC, 2008). Peer review is a mandated requirement to meet the exemplary professional practice component of the Magnet Model (George & Haag-Heitman, 2011).

Although the ANA and ANCC recommend the use of peer review as a means to improve nursing practice and quality of nursing care, many organizational leaders only utilize peer review for annual evaluations. Currently, there is no recommended number of peer reviews required to be completed annually; however, the ANA (1988) does recommend that it be continuous and timely in order to create responsive outcomes. In addition to this lack of recommendations for conducting peer reviews, there is no documented number of healthcare organizations that use meaningful peer review. Overall, a lack of research exists on peer review and this has resulted in a lack of literature to guide peer review implementation (George & Haag-Heitman, 2011).

Though the literature is lacking, it is clear that in order for peer review to be effective in contributing to improvement of care, nursing leaders must support a peer review model that is primarily carried out by direct care nurses and focuses on quality of

care provided and professional practice outcomes. George and Haag-Heitman (2011) expressed concern regarding the commonality of hospitals to separate responsibility for quality from those who provide the care. The importance of engaging staff in the ownership of the quality of one's work in order to find value in and maintain quality of their work and cannot be overstressed. It is imperative the process of peer review is owned by those rendering patient care and is not anonymous, as this encourages nurses to take ownership and accountability of their practice on a continuous basis (George & Haag-Hetman, 2011).

Problem Statement

In the summer of 2014, the selected healthcare organization, a community hospital, began to prepare for Magnet status redesignation and in preparation an assessment was completed to determine preparedness to submit the Magnet document. As a result of this assessment, it was determined the hospital had opportunities for implementing ANA standards for peer review and optimizing their peer review process. With the collaboration of the Chief Nursing Officer, Magnet Consultant, and Magnet Coordinator, the primary investigator (PI) developed a plan of implementation for a peer review committee. This scholarly project presents the development, implementation, and evaluation of a peer review committee on one unit at the selected community hospital.

Project Goals and Objectives

The purpose of this scholarly project was to develop and implement an innovative peer review committee and determine if it positively influenced nurses' professionalism. Specific steps to achieve this goal included providing education to the nursing staff about peer review, implementing a peer review committee, and providing feedback on the peer

reviews completed. Through nursing staff involvement in the peer review process and increased communication, it was hypothesized there would be improvements in nursing staff professionalism. To detect improvements in professionalism, an established measurement tool was used to collect data pre- and post- intervention.

Clinical Question

The clinical question for this scholarly project was: Does the implementation of an innovative peer review committee positively influence nurses' professionalism as measured by the Nurse Professional Value Scale Revised (NPVS-R)?

Significance of Project

Prior to implementation of the peer review committee, at the community hospital, the nursing staff participated in a yearly peer review that consisted of a short, ten-item Likert scale questionnaire regarding their nursing practice. This generic questionnaire did not allow for specific comments to be made by staff. In addition, peer reviews were not mandatory and selection of peer reviewers was made solely by management. Lastly, manager preference determined if the feedback from the peer review was utilized in nurses' annual performance reviews. These factors inhibited provision of direct, meaningful feedback by peers and inconsistent provision of feedback, both of which potentially limited improvements in patient care. A change in the peer review process was deemed important to fit with the recommendations of ANA and ANCC, as well as to facilitate Magnet status redesignation.

This scholarly project entailed developing, implementing and evaluating a change in the peer review process to fit with ANA and ANCC recommendations. One unit at the selected community hospital was chosen for implementation of this pilot project. This unit consisted of Registered Nurses (RN) who were leaders in practice and interested in

improving patient care through evidence found in the literature. Further, the unit had an established shared governance council and support for this project was evident from unit and hospital leadership. It was projected this unit would be receptive to this innovative scholarly project, and the RNs would benefit from implementation of a peer review committee. Based upon the literature, implementation of the peer review committee was expected to lead to improved professionalism among the RNs. In addition, this scholarly project aimed to better align the hospital with standards set forth by ANA and ANCC so that Magnet status redesignation could be achieved.

CHAPTER 2: LITERATURE REVIEW

A literature review was completed using the CINAHL and COCHRANE databases. The search items utilized for this review included: "peer review" "peer feedback" and "nursing evaluation". Articles excluded were those without a nursing focus and those published prior to 1995. Twelve articles that met the criteria are included in this review of literature. Common themes were noted: methods of peer review implementation, peer reviews effect on professionalism and communication, and barriers to peer review. Gaps found in the literature included limited information on methods for successful implementation of peer reviews and limited research on outcomes associated with peer review.

Methods of Peer Review Implementation

Several articles described the process for implementing a peer review committee, including the roles of committee members. In a case study report, Pedersen, et al (2004) presented the implementation of a peer review committee at one healthcare organization. Data findings were not measured as part of this case study; however, insight on the implementation of a peer review committee was presented. The readiness of staff was found to be imperative for the change to take place. Prior to the implementation of the peer review committee, guidelines of the committee were formed and included: goals, process roles, and accountabilities. This promoted set standards for the committee and assisted in determining nursing staff support and resistance. The description of the peer

review committee implementation revealed the use of peer review councils which included all RNs on the unit and a chair person responsible for coordination. All RNs were provided education on the peer review council guidelines, implementation process, and evaluation feedback. Selection of the peer reviewers was accomplished by each RN selecting two peers, with two also selected by management. Peer evaluations were completed and written in a systematic scripted manner allowing for personal, yet unbiased feedback from peers (Pedersen et al, 2004). Similarly, a case report by Larson and Herrick (1996) described the development, implementation, and evaluation of their peer review model. Ten steps in establishing a peer review process were highlighted and included: assessing existing tools, proposing the change, for the peer review committee, identifying standards of practice, designing criteria for review, developing the tool, preparing staff to use the tool, implementing the tool, evaluating the tool, and refining and revising the tool. These methodical steps where then used to ensure that the peer review committee was implemented in a systematic process and supported the needs of the unit (Larsen & Herrick, 1996).

Brooks, Olsen, Rieger-Kligys, and Mooney (1995) also described the implementation of a peer review committee. The steps of education, role clarification, and formulation of objectives were described as foundations to their project. In this study, all staff members determined who completed their evaluation and the peer review committee met monthly to address unit concerns and review evaluations (Brooks et al, 1995). Burchett and Spivak (2014) also described implementation of a peer review committee. This pilot project began with RN education regarding peer review and a self-evaluation tool for peer evaluation. A convenience sample of N=18 RNs completed the

original survey. The peer review committee consisted of three evaluators who were selected by the nurse manager and had at least one year of nursing experience. Following evaluations, direct feedback was provided to peers.

Pfeiffer, Wickline, Deetz, and Berry (2011) completed a survey design with cluster sampling that measured informal RN-RN peer review. Results demonstrated that although RNs knew peer review took place on their units, there were many misunderstandings about peer review and its purpose. The literature states peer review should be performed by someone of the same level with the same expertise: however, this study found that many RNs find peer review to be done during their annual appraisal by their manager (Pheiffer et al., 2011).

George and Haag-Heitman (2011) completed a literature review and case report on their experience with nursing peer review. The distinctive roles in the peer review process for both the manager and practicing RNs were highlighted and guidelines for development of peer review were provided. It was suggested the unit manager should only be involved in peer review as a mechanism of facilitation, and all reviews should be the responsibility of the staff RNs, otherwise the ANA definition of peer review is violated. The responsibilities of the manager as a facilitator and motivator for the peer review process were explained as providing time for staff to participate in peer review, engaging staff in quality initiatives, coaching the developer of the peer review program, recognizing growth and professional actualization, and providing educational resources on communication and constructive feedback (George & Haag-Heitman, 2011).

Peer Review Effect on Professionalism and Communication

Several articles described the influence of peer review on professionalism and communication through feedback on practice. The case report Pederson et al. (2004) explained the professional responsibility RNs have to evaluate the performance of their peers in order to hold them accountable and influence care at the bedside. Further, the peer review process supports development of professionalism in the staff RN through reflection on their peers' behaviors and performance. The process also allows staff RNs to develop skills in communicating constructive feedback and dealing with unfavorable situations on the unit. The staff RNs felt the peer review process allowed for a more professional environment and they had acquired a sense of pride by participating in the peer review council (Pedersen et al., 2004). Hart et al. (2000) found in their program implementation that peer review allowed for a more trusting and supportive environment that encouraged personal development. Results showed that participants in the peer review program had improved self-assurance in their readiness to complete team-oriented nursing task (Hart et al., 2000).

Vuorinen, Tarkka, and Meretoja (2009) conducted a qualitative pilot study that aimed to clarify how peer evaluation affected RNs' career development. Twenty-four RNs were given five open-ended questions and responses were analyzed. Common themes included using self-evaluation as a basis for peer review and how the personal support provided during peer review promotes professional development (Vuorinen et al.,2009). Brooks, et al. (1995), further supported these findings by explaining how peer review promotes staff connections and an increased responsibility of work. Peer review

allowed for increased accountability of the RNs, monitoring of work compared to practice standards, and inspired staff for a better-quality of work (Brooks et al., 1995).

In a discussion, Mantesso, Petrucka, and Bassendowski (2008) stated feedback and reflective practice from peers enhanced professional practice. The peer feedback process enabled RNs to reflect on their own practice, develop feelings of control over their practice, and identify strengths and weaknesses in their practice. Recommendations to decrease anxiety in peer review were described as providing education on peer review, completing a peer review with someone the RN has a trusting relationship with, practicing giving feedback on a continuous basis, allowing ample face-to-face time for feedback, providing specific information to be reviewed, and allowing time for questions and thoughts to be discussed (Mantesso et al., 2008). Karas-Irwin and Hoffmann (2014) discussed how receiving feedback from peers can be a positive experience if participants allow themselves to use the opportunities identified for improvement. Further, it is important RNs do not fear peer review, but embrace it as a process to advance professional growth. When nurses free themselves from the fear of peer review only then can they become receptive of the feedback provided by their peers (Karas-Irwin & Hoffmann, 2014).

Barriers to Peer Review

The barriers and challenges to peer review was another noted theme in the literature. Burchett and Spivak (2014) noted the challenges of lack of staff involvement, anxiety, limited support from nursing leadership, knowledge deficit of peer evaluation, and the culture of the units when implementing peer reviews. Mantesso et al. (2008) further described the anxiety related to peer feedback especially in nurses that are not

familiar with the peer review process. To minimize the barrier of anxiety, providing proper education on the peer review process and practicing completion of reviews and providing feedback to a trusted nurse is helpful. Fujita, Harris, Johnson, Irvine, and Latimer (2009) also described many of the same challenges and explicated the need for support from nursing administration in order to mitigate these barriers, as well as ensuring dedicated time to complete peer reviews. Kara-Irwin and Hoffman (2014) described difficulty with staff having time to conduct face to face meetings for feedback and the need for management support to allow time for the peer feedback. The literature has described the potential barriers to peer review, but also has emphasized these barriers can be overcome with the support of management.

Conclusion of Literature Review

In conclusion, the articles reviewed provided information on designing and implementing a peer review committee for nursing professionals. Topics included implementation of the peer review model including roles of RNs and managers, the effect of peer review model on nurses' communication and feedback which improves professional practice, and barriers to implementation of peer review. Although the literature supports the implementation of peer review, only twelve articles were utilized due to a lack of high quality evidence and successful implementation on this new emerging practice.

Conceptual Framework

This scholarly project was directed by the Synergy Model (Carter & Burnette, 2011). The Synergy model (See Appendix A) was first developed for use in critical care areas but has since been used in a variety of nursing specialties (Carter & Burnette,

2011). It portrays the values and philosophy of professional advancement and describes that taking specific patient characteristics alongside RN competencies will result in optimal patient outcomes. The Synergy Model is based on the concept that patients have their own unique characteristics and can only achieve optimal outcomes if the RNs' competencies are at the level of their needs and the system is in collaboration (Carter & Burnette, 2011). The Synergy model encompasses eight competencies of nursing practice including clinical judgment, advocacy, caring, collaboration, systems thinking, response to diversity, clinical inquiry, and acting as a facilitator of learning. By monitoring, through peer review of patient care provision, these eight competencies are linked to the professional practice of the RN (Czerwinski, Blastic, & Rice, 1999). The Synergy Model also supports the Magnet Model. Kaplow and Reed (2008) described how the three components of the Synergy model interact to form a professional model of practice. The healthcare system in which RNs provide care must be supportive in order to meet requirements for Magnet status, including for opportunities for professional development. The Synergy Model also has an emphasis on patient centered care and further development of patient centered RNs. Utilizing the eight competencies for patient centered care allows RNs to address patients' unique needs in a systematic way across all continuums of care, meeting the Magnet model requirements (Kaplow & Reed 2008).

CHAPTER 3: PROJECT DESIGN

The purpose of this scholarly project was to develop and implement an innovative peer review committee and to determine if it positively influenced nurses' professionalism. A pre- and post- interventional pilot study was conducted to determine the impact of a peer review committee on nurses' professionalism, as measured the NPVS-R.

Setting

The setting was a 42 bed, adult medical-surgical unit in at suburban community hospital in the Southeast United States. The community hospital has 435 inpatient beds including medical-surgical, pediatrics, obstetrics-gynecology, psychiatry, and critical care. The hospital held Magnet status, which demonstrates a focus on the quality of patient outcomes that are affected by nursing care.

Participants

Twenty-eight RNs were employed on the medical-surgical unit at the time of the pilot study and all were invited to participate. The nursing staff on the unit varied in experience from new nurse graduates to those with more than 25 years of experience. The RNs also had various educational levels and approximately one-fourth had obtained their specialty certification in medical- surgical nursing.

Variables and Measures

The independent variable was the peer review committee that was designed and implemented by the PI. The dependent variable was nurses' professionalism. The NPVS-R, developed by Weis and Schank (2009), was used to measure professional values of the RNs (See Appendix B). Nursing professional values for this tool are derived from the Code of Ethics for Nurses that defines the values of the profession that are expected of all nurses (ANA, 2001). The Code offers guidelines for relationships with patients, the community, and the nursing profession. Items comprising the NPVS-R are divided into five factors: trust, justice, professionalism, activism, and caring (See Appendix C). The NPVS-R is a twenty-six item questionnaire that uses a five point Likert scale ranging from 5 (most important) to 1 (not important). The range of scores is 26 to 130 and the higher the score, the stronger the nurses' professional value alignment. The NPVS-R has been tested for construct validity and supported by confirmatory factor analysis. Reliability has also been demonstrated with a Chronbach's alpha coefficient of 0.92 (Weis & Schank, 2009). The NPVS-R has been used in prior research and has been determined to be a useful tool for measuring professional values (Weis & Schank, 2009). Permission was obtained to use the NPVS-R unedited (See Appendix D) and it was administered to participants pre- and post- intervention.

Project Implementation and Data Collection

Prior to implementation of this scholarly project, Institutional Review Board (IRB) approval was obtained from the study site and the PI's Doctoral institution (See Appendix E). The scholarly project first started with development and planning of the peer review committee. Communication was key to ensure success and first began with

the unit management. Next, a plan to determine the members of the committee was established and this entailed finding interested individuals through conversations with unit staff and management. Management approval was obtained for all five committee members who represented various shifts: one night shift, one weekend shift, one swing shift, and two day shift. Nursing experience of the committee ranged from two to nine years and encompassed both ADN and BSN educational levels. Bi-monthly meetings with committee members and the unit manager regarding the project plan, implementation, and evaluation were conducted and a timeline for implementation was developed. The current audit tool in use on the unit was used to perform the peer reviews, as well as a modified audit form developed by Harrington (See Appendix E). A kick off meeting with all RNs on the unit was held two months prior to the projected start date of peer reviews in order to discuss project goals, implementation, and evaluation. This allowed RNs the opportunity to ask questions and verbalize concerns so they could be addressed. There was also email communication regarding survey dates, distribution of survey links, survey reminders, and committee updates. Lastly, posters were hung in each nurse work room that displayed the committee's structure, goals, educational needs, and survey dates. The intervention was carried out in multiple steps. (See Table 1).

Table 1: Implementation Timeline

Intervention Step	Timeline
1. Kickoff Meeting with Nursing Staff (Podium Education)	July 9, 2015: 0745, 1400
2. Pre- Intervention Survey: Distributed Electronically (Demographics/NPVS-R)	August 1-15, 2015
3. Electronic Education Sent to Nursing Staff	August 15, 2015
4. Committee Reviews Conducted	August 16- November 15, 2015
5. Peer Review Committee Meetings	August 4, 2015 October 8, 2015 November 10, 2015
6. Post-Intervention Survey: Distributed Electronically (Demographics/NPVS-R)	November 16- December 6, 2015

First, all nurses were educated on peer review as part of the kick off meeting. This included a live power point presentation developed by the PI. The presentation was also sent electronically to all RNs employed on the unit. Peer review educational topics included the definition of peer review, evidence, goals, implementation of peer, and evaluation of peer reviews.

Next, all 28 RNs employed on the unit were emailed the pre-intervention survey using the survey platform Survey Monkey ©. This included a PI- developed demographic questionnaire: (years of experience, duration of time on unit in years, educational level, and obtainment of nursing certifications) and the NPVS-R. Responses to this pre-intervention survey were set to anonymous and participation was voluntary. Implied consent without signature to ensure protection of participant confidentiality was collected using the letterhead distributed with the survey.

Implementation of the peer review intervention began after the pre-intervention survey closed out. The intervention included committee member completion of the peer

review form and bi-monthly peer review committee meetings. Each committee member completed multiple peer reviews on different RNs and assignment of reviewers was selected randomly. Each committee member completed at least one peer review per month and these were completed by the committee member independently without assistance from the nurse manager. Reviews completed real time, including review of findings. Once a peer review form was completed, it was returned to the PI via lockbox on the unit. Information contained in the peer review form, including patient data, was not utilized for data analysis, but only to quantify the number of peer reviews completed. Chart reviews were also completed for evaluation of RN documentation. During the implementation process, twenty-five peer reviews were completed and direct feedback on nursing care, both positive and constructive, was provided to all RNs reviewed. Committee members continued to meet bi-monthly to discuss trends, feedback from staff, and ensure expectations of the committee were being met. The committee also discussed how to report unsafe practices observed and how to handle less than favorable conversations. After three months of implementation, the peer review intervention was complete and the post-intervention survey was distributed.

Using Survey Monkey ©, all RNs (*N*=28) on the medical-surgical unit were emailed a link to an electronic post-intervention survey which was identical to the pre-intervention survey (PI-developed demographic questionnaire and the NPVS-R). It was recommended that only those who completed the pre-intervention survey should complete the post-intervention survey. Survey reminders were sent out via email and placed on the daily huddle board.

Data Analysis

Following completion of data collection, data was entered into Excel and SPSS for analysis- and reviewed for accuracy of entry. Twenty-five percent of data was reviewed by an independent auditor for verification of data entry. Data analysis first entailed review and presentation of data obtained from the PI-developed demographic questionnaire. Descriptive statistics and tables were used to present the data and for comparison of the pre- and post-intervention groups. Next, analysis of data collected from pre- and post-intervention NPVS-R was conducted. Total NPVS-R scores were calculated to represent overall professionalism in nursing (Weis & Schank, 2009). Descriptive statistics were used to examine and present total scores and changes from the pre- to post-intervention surveys. Next, paired samples *t*-test was conducted to determine if changes from pre- to post-intervention were statistically significant, with the significance level set at $p < 0.05$. Following evaluation of total NPVS-R scores, scores on the five sub-factors of the NPVS-R were also analyzed for differences from pre- to post-intervention using paired samples t-tests. Nonparametric testing was also completed using the Mann- Whitney to compare differences among results for each of the five sub-factors related to demographic information. Data analysis did not include information obtained on the peer review form, however, the number of peer reviews completed and the number of feedback interactions with staff were recorded and presented with descriptive statistics.

CHAPTER 4: PROJECT ANALYSIS AND FINDINGS

The purpose of this scholarly project was to determine if implementation of an innovative peer review committee positively influenced nurses' professionalism. The implementation of the peer review committee occurred in multiple steps. Following the project design, the first step was distribution of the pre-intervention survey consisting of the PI-developed demographic questionnaire and the NPVS-R. Twenty-eight NPVS-R pre-intervention surveys were distributed electronically and fourteen were completed for a response rate of 50%. Educational sessions for all nursing staff regarding peer review were also conducted two times via podium and power point presentation by the PI. Eighteen out of 28 RNs attended the live educational sessions, and all 28 RNs on the unit were then e-mailed electronic versions of the power point presentation to ensure equal access to the materials. Twenty-five of the nurses opened their e-mail education.

Formation of the peer review committee occurred and five staff members were chosen for the peer review committee. The committee held three onsite meetings and all other communication was conducted by e-mail correspondence. During the committee meetings, members discussed literature related to the implementation of peer review, the importance of peer review, and how to complete a peer review.

After RNs were provided education on peer reviews and the pre-intervention survey were completed, completion of the peer review intervention and provision of direct feedback to staff began. Seeking to increase communication of practice performance, twenty-five RNs were given direct feedback regarding their patient care.

This feedback was given in person and immediately following observation by the peer reviewer. Peer review committee members had dialogue with RNs on potential process improvements, patient safety concerns, and overall patient care. One comment received directly from a RN regarding communication with the peer review committee member highlighted the benefits of this process, "I would much rather receive feedback regarding my practice from someone that works directly with me than someone who sits in an office. The peer review process has allowed dialogue of practice concerns and improvements that we could all make." Following face-to-face dialogue, all RNs were electronically sent communication regarding their peer review that discussed strengths and opportunities for improvements.

Following completion of the peer reviews, the post-intervention survey was distributed electronically and consisted of the PI-developed demographic questionnaire and the NPVS-R. The e-mail included instructions for completing the survey including a reminder to only complete it if the pre-intervention survey had also been completed. Of the twenty-eight RNs on the medical-surgical nursing unit, fourteen (50%) completed both the pre- and post- intervention surveys that were included in the data analysis. Demographic information (See Table 2) from participants revealed the average years of nursing experience was 7.7 years and the mean number of years on the unit was 6.8 years. Fifty percent had obtained an ADN degree, 43 percent a BSN degree, and 7 percent a MSN degree. Specialty certification was noted in 36 percent of the sample.

Table 2: Sample Demographics (*N*=14)

	N	%	Mean	Median	SD
Years RN Exp			7.68	6.0	6.30
Years Exp on Unit			6.82	5.0	6.50
Associate Degree	7	50%			
BSN/ MSN	7	50%			
Certification	5	36%			

For the main objective of this scholarly project, NPVS-R total scores and sub-factor scores were compared both pre- and post- intervention using a paired samples *t*-test (See Table 3). Total NPVS-R scores increased from 109.64 to 114.42 (p=0.347). Changes in sub-factor scores included the following: trust increased from 4.5 to 4.6 (p= 0.696), justice decreased from 4.33 to 4.30 (p=0.929), professionalism increased from 3.95 to 4.21 (p=0.359), activism increased from 3.44 to 3.99 (p= 0.147), and caring increased 4.56 to 4.63 (p= 0.648). No statistical significance was noted for the change in total score or in any of the sub-factors from pre- to post-intervention.

Table 3: Pre- and Post- Intervention Scores, Amount of Change and Significance (*N*=14)

	Pre-Intervention	Post-Intervention	*P*
Total NPVS-R	109.64	114.42	0.35
Trust	4.53	4.6	0.70
Justice	4.33	4.30	0.93
Professionalism	3.95	4.21	0.36
Activism	3.44	3.99	0.15
Caring	4.56	4.63	0.65

A *t*-test was also used to determine differences in the NPVS- R pre- and post-implementation of the peer review committee according to degree (See Table 4). Prior to implementation, the NPVS-R total score of the ADN prepared RNs was 105.86 compared to 113.43 for the BSN and MSN prepared RNs (p=0.091). Following implementation, the ADN prepared RNs total NPVS-R score was 113.14 compared to 115.71 for the BSN and MSN prepared RNs (p=0.743). The Mann- Whitney test was used for nonparametric testing to compare sub-factor pre- and post-intervention survey results according to educational level of the RN. No statistical significance was noted for any of the five sub-factors, except for professionalism. Pre-intervention the difference in professionalism scores of ADN and BSN/MSN degree nurses was 0.6071. Post- intervention the difference in professionalism scores between the two groups was 0.5. There was a statistically significant difference in professionalism scores between RNs with their ADN degree and those with their BSN or MSN degree on the pre-intervention survey (p=0.038), with a higher score for BSN and MSN prepared RNs. However, post-

intervention survey scores for professionalism were higher for ADN prepared RNs and results did not demonstrate a statistically significant difference (p=0.56).

Table 4: Variances According to Degree Based on T-Test results (N=14)

	ADN	BSN/MSN	*P*
Pre-Intervention NPVS-R	105.86	113.43	0.091
Post-Intervention NPVS-R	113.14	115.71	0.743

Correlations between professionalism and both nursing experience and unit experience were also tested using Spearman's rho. No statistically significant correlations were noted for nursing experience or unit experience and total NPVS-R score or sub-factor scores. Statistical analysis using a *t*-test was also conducted to determine if obtainment of nursing specialty certification was associated with a higher total score on pre- or post-intervention NPVS-R total scores (See Table 5). There was no significant difference in NPVS-R total scores according to specialty certification. Further, the Wilcoxon Signed Rank Test was also used to determine if certification was associated with a higher professionalism sub-factor score pre- or post- intervention *Z*-Score -0.412. No statistical significance was noted (p=0.68).

Table 5: Comparing Variances Among Certification Based on T-Test Results

	Without Certification Score	With Certification Score	*P*-value
Pre NPVS-R	110.4444	108.2000	0.650
Post NPVS-R	114.4444	114.4000	0.996

Limitations

Although the peer review committee was successfully designed, implemented, and evaluated, there were several limitations noted. During the project implementation, a change in the selected hospital's Chief Nursing Officer occurred, which affected support for this project among the leadership team. In addition, a new electronic medical record (EMR) was implemented at the selected hospital and this used many of the resources allocated for this project. The new EMR resulted in multiple educational requirements, time constraints for documentation, and extra shifts for the unit RNs and this may have resulted in the 50% response rate. Although scores did increase in NPVS-R and professionalism during project this data was only collected on one med-surg unit, and inclusion of other units may have yielded different results. Other limitations of this project include repeat testing and no use of a control group, both of which make it difficult to determine if changes on the post-survey were due to prior scale exposure during pre-survey (Dunlap et al., 1996). Due to these project limitations, repeated study should be conducted using different size and specialty units.

CHAPTER 5: DISCUSSION

The main purpose of this scholarly project was to determine if implementation of a peer review committee positively impacted nurses' professionalism. Peer review is a mechanism for which nurses can give direct feedback to peers. It increases communication allowing for real time feedback on practice performance and is presumed to impact professionalism.

The main objective was to improve nurse's professional values as evidenced by an increase in total scores on the NPVS-R. The NPVS-R was completed pre- and post-intervention by fourteen out of twenty-eight RNs on the unit (50% response rate). The total NPVS-R score increased from 109.64 to 114.42 after implementation of the peer review committee: however, this change was not statistically significant. Scores for the five sub-factors also increased, except for the sub-factor of justice. These changes were also found not to be statistically significant. The literature review supported the hypothesis that peer review would result in an increase in professionalism and the lack of statistical significance noted in this project could be due to the small sample size of N=14 participants. Future research should be conducted with a larger sample size.

An additional finding from the data was the difference in professionalism scores between ADN and BSN/MSN nurses pre-intervention. The difference in pre-intervention score between these two groups was significant at p=0.038, while post-intervention difference showed no statistical significance at p=0.456 . This suggests the

implementation of peer reviews had a positive impact specifically on the professionalism of ADN nurses. This may be explained by the incorporation of values in BSN education. In *The Essentials of Baccalaureate Education for Nursing Practice*, the importance of the values caring, professionalism, justice, activism, and trust, is suggested for incorporation into all nursing BSN programs (AACN, 1998), and this may account for better professionalism scores in nurses who have received this degree. It has been argued that the BSN degree should be the entry level of practice for professional nurses and the AACN (2015) states education level has a significant impact on knowledge and proficiencies of nurses. The results of this project suggest that educational level and obtainment of a BSN degree or higher may influence nurse professionalism.

This project also found a lack of association between nursing specialty certification and the professional values of nurses. A major assumption exists that RNs who have obtained a specialty certification have a higher level of professionalism (Ward, 2012). However, results of this project do not support this association as scores were not higher among the RNs with a specialty nursing certification. This warrants further study as many organizations are seeking ways to incentivize certification, such as pay rate increase and preferred scheduling, in order to meet Magnet status requirements (Niebuhr & Biel, 2007).

Sustainability

Although Magnet status stresses the importance of all RNs participating in peer review, this was not yet the case in the selected hospital and unit where this scholarly project was conducted. As the design and implementation of the peer review committee was successful in this project, the selected hospital has developed a plan to include all

RNs in the peer review process in the future. The PI intends to implement peer review committees on two additional units within the hospital as requested by organizational leadership. Ongoing success will be monitored and will influence continued implementation organization-wide. Nursing practice feedback is instrumental in increasing communication among RNs. While project data revealed all nurses received feedback from their peer, as part of the review, no specific analysis on communication was completed for this project. In the future, the development of a hospital-wide peer review committee will be instrumental in increasing communication among RNs from all units in the organization.

Implications

The implementation of the peer review committee provided a means of communication and feedback for staff RNs. It allowed for reflection on practice and opportunities to receive information on improving practice in a non-threatening environment. Improved NPVS-R total scores, though not statistically significant, indicated peer review may improve nurses' professionalism. As peer review continues to be implemented on various units in the selected facility, NPVS-R data will be collected to continue to measure the impact of peer review.

Recommendations

Based on the findings of this scholarly project, future projects should not only utilize a large sample size, but should also consider the analysis of nurses' professionalism over longer intervals, and nurses on different hospital units. Given the short time frame of the project and the challenges due to changes in the selected facility, it was not possible to demonstrate a statistically significant change in nurses'

professionalism due to implementation of the peer review committee. Repeated study should be conducted. In the meantime, increases in total NPVS-R scores and specific professionalism score increases for ADN nurses indicate organizations should seek to use peer review as a means to increase professionalism in RNs, especially those with high level of ADN prepared nurses. Future projects should also consider monitoring the impact of peer review committees on patient care outcomes, nurse satisfaction, and cultural changes of the unit when peer review is implemented long term.

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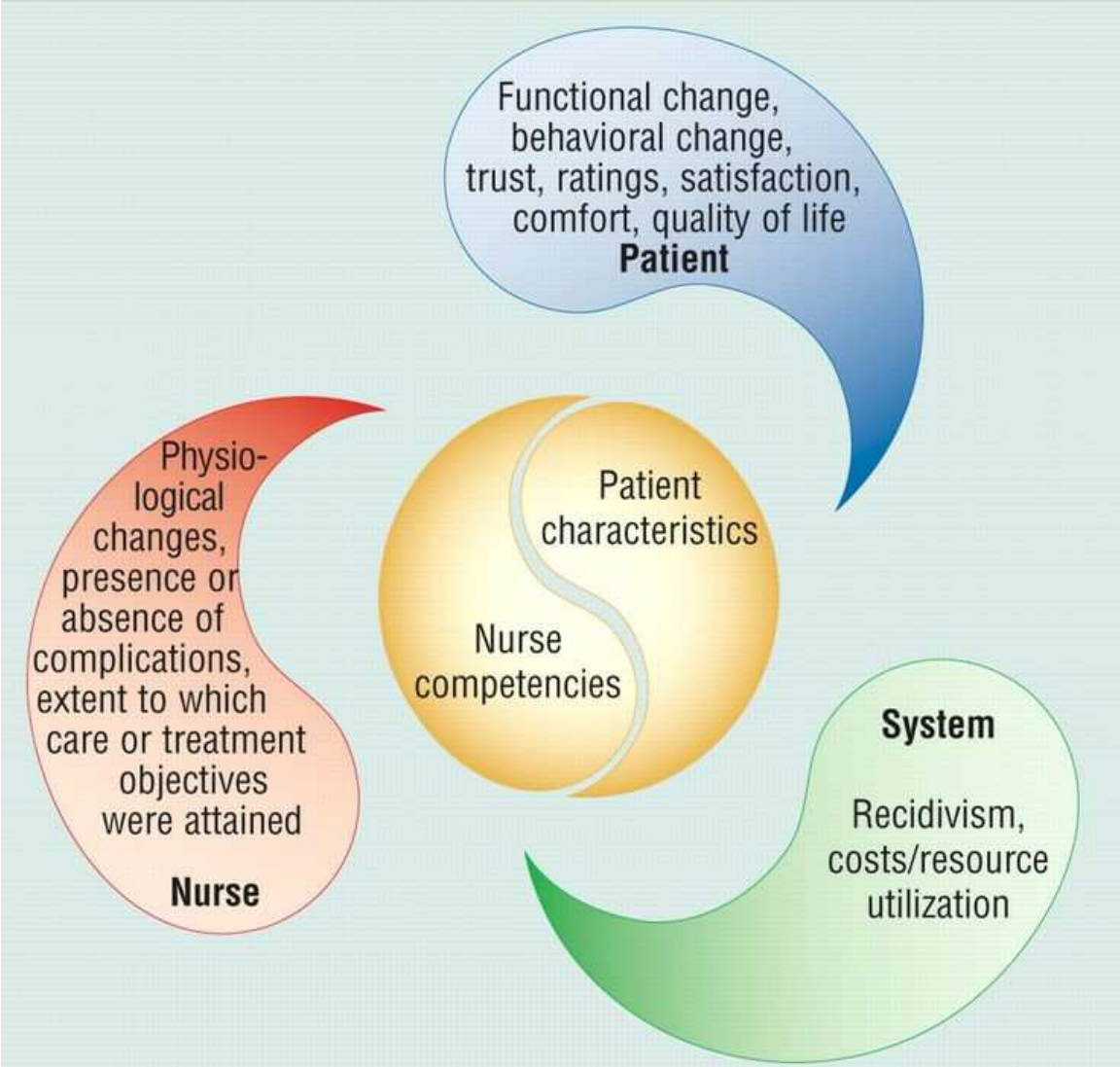
APPENDIX A: SYNERGY MODEL



From Curley M. Patient-nurse synergy: optimizing patients' outcomes. *Am J Crit Care.* 1998;7:69. Reprinted with permission.

APPENDIX B:NURSE PROFESSIONAL VALUE SCALE-R ©

Indicate the importance of the following value statements relative to nursing practice. Please circle the degree of importance.

(A = not important to E = most important) for each statement.

Not Important	Some what Important	Important	Very Important	Most Important
A	B	C	D	E

1. Engage in on-going self-evaluation.	A	B	C	D	E
2. Request consultation/collaboration when unable to meet patient needs.	A	B	C	D	E
3. Protect health and safety of the public.	A	B	C	D	E
4. Participate in public policy decisions affecting distribution of resources.	A	B	C	D	E
5. Participate in peer review.	A	B	C	D	E
6. Establish standards as a guide for practice.	A	B	C	D	E
7. Promote and maintain standards where planned learning activities for students take place.	A	B	C	D	E
8. Initiate actions to improve environments of practice.	A	B	C	D	E
9. Seek additional education to update knowledge and skills.	A	B	C	D	E
10. Advance the profession through active involvement in health related activities.	A	B	C	D	E
11. Recognize role of professional nursing associations in shaping health care policy.	A	B	C	D	E
12. Promote equitable access to nursing and	A	B	C	D	E

health care.

13. Assume responsibility for meeting health needs of the culturally diverse population.	A	B	C	D	E
14. Accept responsibility and accountability for own practice.	A	B	C	D	E
15. Maintain competency in area of practice.	A	B	C	D	E
16. Protect moral and legal rights of patients.	A	B	C	D	E
17. Refuse to participate in care if in ethical opposition to own professional values.	A	B	C	D	E
18. Act as a patient advocate.	A	B	C	D	E
19. Participate in nursing research and/or implement research findings appropriate to practice.	A	B	C	D	E
20. Provide care without prejudice to patients of varying lifestyles.	A	B	C	D	E
21. Safeguard patient's right to privacy.	A	B	C	D	E
22. Confront practitioners with questionable or inappropriate practice.	A	B	C	D	E
23. Protect rights of participants in research.	A	B	C	D	E
24. Practice guided by principles of fidelity and respect for person.	A	B	C	D	E
25. Maintain confidentiality of patient.	A	B	C	D	E
26. Participate in activities of professional nursing associations.	A	B	C	D	E

APPENDIX C: NPVS-R FACTOR MAP

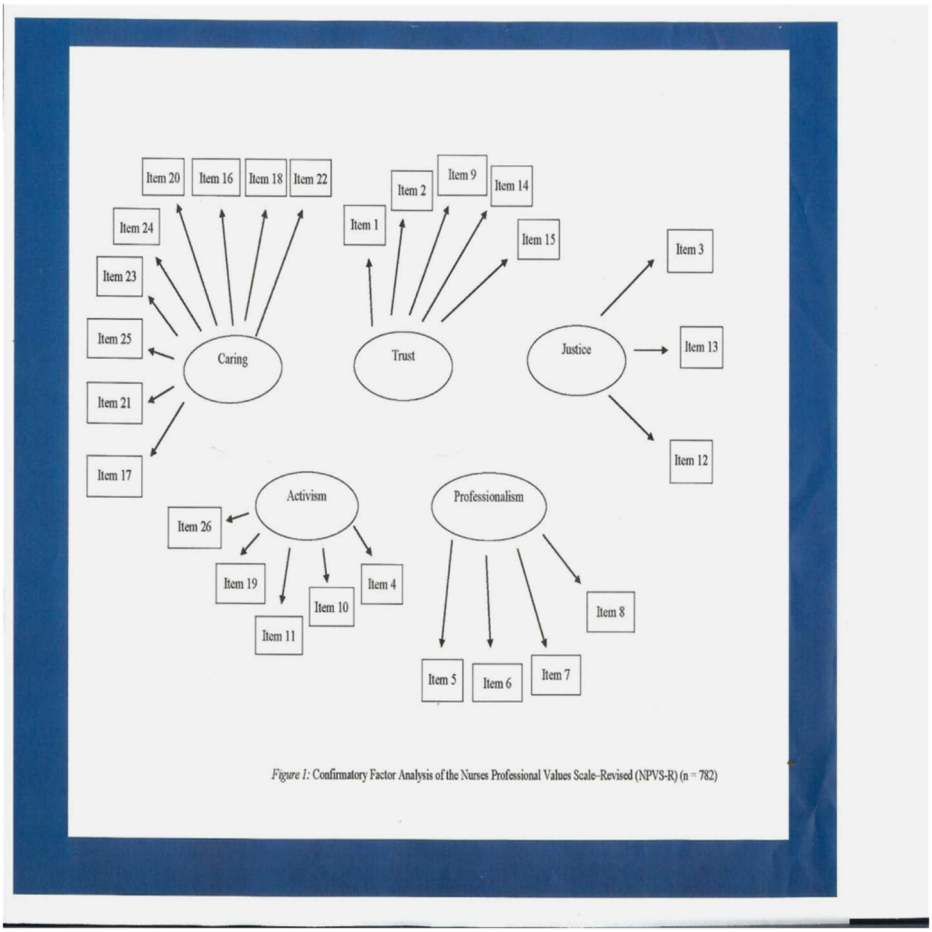


Figure 1: Confirmatory Factor Analysis of the Nurses Professional Values Scale–Revised (NPVS-R) (n = 782)

APPENDIX D: APPROVAL OF USE NPVS-R

5/14/2015

Dear Ms. Goble,

Thank you for your interest in our work on professional values.

An abstract, as well as The Nurses Professional Values Scale (NPVS-R) are enclosed. You have our permission to use the NPVS-R in your proposed research. We are requesting persons who use the NPVS-R to provide the following at the completion of the research:

An abstract of your research findings using the NPVS-R which includes a description of the sample.

Our most recent publication regarding the NPVS-R can be found in the *Journal of Nursing Measurement*:

Weis, D., & Schank, M.J. (2009). Development and Psychometric Evaluation of the Nurses Professional Values Scale—Revised. Journal of Nursing Measurement, 17(3), 221-231.

Best wishes for success with your research.

Sincerely,

Darlene Weis, PhD, RN
Associate Professor
414-288-3819
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DW/MJS:bja

Enclosures (3)

APPENDIX E: PEER REVIEW EVALUATION FORM

	Yes	No	Comments:	
Phone On person and turned on?				
No call light in OT				
RN maintaining isolation precautions?				
RN observed handwashing upon entering and exiting room?				
No food/drinks/cellphones in work area				
FlowCart secured. No patient information left in hallway. No unsecured meds left in/on FlowCart.				
Noise: In general, the noise produced by this individual is appropriate (Yes), or inappropriate (No)				
Walking Rounds completed at shift change				
Double check completed on high alert meds				
	Yes	**No**	**N/A**	**Comments:**
Patient Specific				
Orders acknowledged by end of shift				
Admission/Shift Assessment accurately completed?				
White Board is up-to-date				
Foley documentation accurate including reason for catheter				
IV site within normal limits and less than 72 hours old (or 24 hours old if EMT started)				
IV checks charted every 4 hours				
IV pump programmed correctly using drug library?				
Curos Caps on all ports?				
Fall Prevention Protocols in place? (alarm, signage)				
Co-Sign for PCA/T data completed?				
Clinical Path updated and individualized?				
Patient Education completed by this RN?				
Anticoagulation Education completed/charted?				
HF/COPD Education completed/charted?				
Diabetes Education completed/charted?				
Self Administration of Insulin charted?				
MDRO Education completed/charted?				
PRN Medications have documented effects within one hour of administration?				

Nursing peer review form

To be completed by nurse reviewer

Nurse reviewer: _____ Review date: _____

		Outcome: Check one
	1	No adverse outcome
	2	Minor adverse outcome (complete recovery expected)
	3	Major adverse outcome (complete recovery **NOT** expected)
	4	Catastrophic adverse outcome (e.g., death)

		Effect on patient care: Check one
1		Care not affected
2		Increased monitoring/observation (e.g., vital sign checks)
3		Additional treatment/intervention (e.g., IV fluids)
4		Life sustaining treatment/intervention (e.g., CPR)

		Overall nursing care: Check one
	1	Appropriate
	2	Controversial
	3	Inappropriate
	0	Reviewer uncertain, needs committee discussion

		Issue identification: Check all that apply
	A	No issues with nursing care
	B	Critical thinking
	C	Assessment
	D	Technique/skills
	E	Knowledge
	F	Communication
	G	Planning
	H	Follow-up/follow-through
	I	Policy compliance
	J	Supervision (nursing student)
	O	Other:

If overall nursing care rated 2, 3, or 0, give a **brief description** of the basis for reviewer findings or concerns:_____

If overall nursing care rated 2, 3, or 0, **what questions** are to be addressed by the nurse or the council?_____

		Nursing documentation: Check all that apply
	1	No issue with nursing documentation
	2	Documentation does not substantiate clinical course and treatment
	3	Documentation not timely to communicate with other caregivers
	4	Documentation unreadable
	9	Other:

Documentation issue description: _____

Exemplary nominations: ___Nursing care ___Nursing documentation

Brief description_____

Non nursing care issues: __ Potential system or process issue __Potential nursing care issue

Issue description_____

Committee Member final scoring:

Outcome: ____ Documentation: ____ Problem identification: ____ Overall nursing care____

Committee action: Check one		**Date completed**
	Peer Review Form Reviewed with Nurse	
	Peer Review Form Reviewed with Nurse Manger	

APPENDIX F: IRB APPROVALS

CaroMont Health
CaroMont Health Institutional Review Board
2525 Court Drive, Gastonia, NC 28054
FWA00005497

July 1, 2015

Patricia Goble, MSN, RN-BC
CaroMont Regional Medical Center
2525 Court Dr.
Gastonia NC 28054

RE: Development and Implementation of an Innovative Peer Review Committee: The Impact on Nurses' Professionalism and on Patient Care Outcomes

Dear Ms. Goble:

Thank you for inquiring about the need for IRB review for the above-mentioned project. Based on the Capstone Project Proposal you submitted and IRB policy 38.00 Performance Improvement and Evidence Based Practice Activities versus Research, this project is deemed an Evidence Based Practice project and does not require IRB review or approval. If there are any changes to the project, please contact me to determine if those changes require IRB review.

If you have any questions or concerns, please call or email me at 704-834-3891 or michelle.cook@caromonthealth.org.

Sincerely,

Michelle Cook

Michelle Cook, MS, MPH, CIP
Director, Office of Human Research Ethics

Fw: Re: IRB

Reply Reply all Forward

CR Cat Runden <CatRunden@ Mark as unread
Wed 7/3/2013 2:15 PM

To: Goble, Patricia;

Dear Ms. Globe,

I've had a look at the Caromont Health IRB letter. My understanding of the letter is that your project was determined to not be research. Therefore IRB review and approval is not needed.

This is not an Exempt determination. An exempt determination means that the project is "research" [involving human subjects] but that the research is exempt from IRB review.

Again, I read your letter as indicating that your project isn't research.

UNC Charlotte and Caromont do not have a standing agreement between our IRBs. We enter into agreements specific to individual projects.

In this case though, an agreement isn't needed nor is UNC Charlotte IRB approval needed given that Caromont has determined that your project is not research. [IRB review and approval is needed only for projects that are "research" and involve "human subjects".]

Nothing further is needed. Though I would recommend that you retain this email conversation for your records. In addition, it is important that your UNC Charlotte documentation (i.e. for School of Nursing requirements] reflect that your project is performance improvement and or evidence based practice activities. You should not present your project or findings as research.

Thank you.

Cat

Cat Runden | Office of Research Compliance
UNC Charlotte | Research and Economic Development |
Cameron 326
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Phone: 704-687-1871 | Fax: 704-687-0980
CatRunden@uncc.edu |
http://research/uncc.edu/compliance-ethics
