

## **Implementation of the Transformational Model for Professional Practice in Health Care Organizations**

The concepts within the four sections of the [Professional Practice Component](#) will be operationalized differently depending on the organization's developmental level.

Using an adjunct model developed by Nelson and Burns, organizations can be categorized into four levels: reactive, responsive, proactive, and high performing. At the reactive level, there is often both a crisis mentality, and minimal teamwork. Personnel are focused on "survival," and are often paranoid, pessimistic, and distrustful. At the responsive level, staff are cohesive and focused on achieving near-term goals. They are able to handle problems appropriately and effectively.

The proactive level builds on the responsive level and expands it. At this level, the future is seen as a choice to be made, not something with which one must cope. Strong shared vision and values serve as a compelling force for actions which prepare for that future.

Continuing to build on the proactive level, the high performing level emerges. There is a high level of synergy, energy, spirit and creativity that results in a superior level of performance.

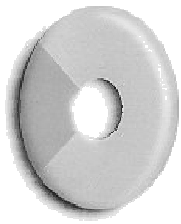
The following grids reflect on each of the concepts in the Professional Practice Component at a reactive, responsive, proactive and high performance level. These grids can be used for an organizational, departmental or individual assessment. They can also serve as a "road map" to guide organizational development.

- ◆ [Transformational Leadership Grid](#)
- ◆ [Professional Growth Grid](#)
- ◆ [Care Delivery Systems Grid](#)
- ◆ [Collaborative Practice Grid](#)

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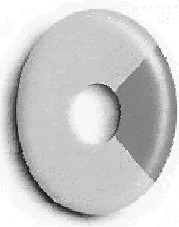
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## Collaborative Practice

Successful transformation of the health care system cannot occur without the collective wisdom and mutual effort of all professional disciplines, especially as it relates to patient care. This section of the model highlights the framework for relationships between and among professionals working within the health care environment. This framework is composed of the formal structures of the organization (such as its policies, procedures, reporting relationships and committee structures), as well as the expectations, personal values and interpersonal relationships of the people who have aligned to achieve the vision of the organization.

	Reactive	Responsive	Proactive	High Performance Team
<b>Professional Communication</b> <b>Verbal/non-verbal interactions that define relationships</b>	Communication is forced, top-down or one way and manifests dysfunctional characteristics.	Communication focus is on building conflict management skills, giving and receiving feedback and building interpersonal relationships among department members in the spirit of cooperation and respect for each other's rights as individuals. Expectations for assertive interpersonal, professional communications that are consistent with the organization's values are established.	The individual consistently role models a relevant communication style based upon the situation; recognizes ineffective interactions (for self and others) and intervenes to resolve issues; focuses on improvement versus problems to achieve desired outcomes.	A dynamic, free exchange of ideas that serves as a catalyst for transformation.
<b>Department Norms</b> <b>Generally accepted, formal and informal rules that govern interactions within a work unit, which may or may not be consistent with the organization's culture</b>	Work practices are defensive in nature, reflective of either a chaotic environment or strong, autocratic control.	Members of the work unit participate in establishing unit standards of behavior that are consistent with organizational values and hold self and peers accountable for meeting these standards.	Key values become guiding principles for interaction and transcend the need for rules.	Members of the unit are self-directed in managing the evolution of behaviors consistent with a transformational culture.
<b>Interdisciplinary Collaboration</b> <b>Interactions of the various members within the health care organization</b>	Relationships are absent or ill-defined and may have dysfunctional characteristics or hostile overtones.	Members of the team have separate accountabilities; they operate in parallel, independent from one another. The organizational hierarchy typically defines both the interactions and the relationships.	The team is characterized by interdependence with a focus on consensus building and negotiation in the successful attainment of goals for all disciplines.	Teams evolve in a non-hierarchical networked environment formed in response to organizational goals.



## Care Delivery Systems

Given the anticipated changes in health care, delivery systems must be transformed to become efficient, non-fragmented and patient- focused. The care delivery systems must allow for a significant amount of patient participation. Attention to quality is essential. The system must also provide for wise use of limited resources to position the organization competitively in a managed care environment. This is achieved by giving the same practitioners responsibility, authority, and accountability for planning , organization, and evaluating care throughout the patient episode.

	Reactive	Responsive	Proactive	High Performance Team
<b>Responsibility</b> Those things that one is assigned and accepts the obligation of performing	Work is seen as tasks that may or may not be successfully performed.	Work becomes more integrated. Work process reflects an accurate assessment of need, relevant planning and intervention. Outcomes are measured by whether work was done or not.	Individual has the ability to negotiate care with patients for mutually determined outcome and to effectively plan for the wise use of resources.	The approach to care is interdisciplinary in nature with shared responsibilities based on clinical expertise. The use of critical thinking skills, integration and synthesis of ideas is evident.
<b>Authority</b> Power granted to fulfill a responsibility; the right to act	Caregiver is unwilling to make complex patient care decisions independently; waits for direction.	Caregiver independently initiates actions within the scope of practice to correct, reduce or prevent risk.	Caregiver anticipates potential risk by detecting subtle indicators; employs astute judgement and efficient interventional skills to avert the potential for harm.	Based on expertise with collective patient populations, caregiver creates new strategies for care delivery.
<b>Accountability</b> Formal obligation to be answerable for what one has done	The individual typically assumes accountability for tasks performed by self within one's clinical discipline.	The individual assumes accountability for care provided within one's scope and for tasks delegated to others within one's practice.	The individual assumes accountability for care provided within an episode of care by a team of professionals and non-professionals to whom the responsibilities are delegated; assures achievement of clinical outcomes for one's practice.	The individual assumes accountability for the coordination of care within an interdisciplinary team and the achievement of clinical outcomes for individual patients and patient populations; scope may exceed the episode of care.
<b>Standards of Care</b> Processes used to achieve specific patient care outcomes.	There is no systematic use of standards. Care is task-focused and fragmented.	Standards are used as "rules" of practice with minimal deviance.	Standards are used as a guide for practice. Modifications are made to achieve specific outcomes according to the needs of the patient.	The standard is utilized as a frame of reference. Innovative approaches in collaboration with the team are utilized to achieve outcomes for groups of patients.
<b>Continuum of Care</b> The life span of the care process, individualized for each person based on past, present and future health care requirements	The focus of care is fragmented. Care needs are seldom fully identified and therefore, not well coordinated.	Care coordination activities are limited to this episode of care and the transition from this episode to a successful recovery state or return to baseline status.	Patient partnerships are established between the patient and the providers of care to allow for patient accountability for decision-making. Care needs of this episode of care are comprehensively evaluated and prioritized within the broader context of one's previous health status and desired future state. Clinical experts provide focused, collaborative attention to the desired outcomes.	Consumer partnerships are established before interventions for care are required. Focus of health care experts is on population wellness, consumer education, research and disease state management. Alternative settings are established for access, high quality care. Health care organizations re-design delivery based on stated consumer expectations and assessed need.



## Professional Growth

Health care professionals evolve their clinical practice within a dynamic body of empirical, interpersonal, ethical and aesthetic knowledge. The quality of their practice is contingent on the knowledge and willingness of individuals to engage in professional relationships and behavior. The learning of professional behavior is enhanced when desirable behavior, skills and attributes are defined, visible, promoted and rewarded.

Transformational change requires all professionals to develop innovative solutions to patient care requirements by challenging traditional thinking, developing new ways of learning and synthesizing collective expertise.

	Reactive	Responsive	Proactive	High Performance Team
<b>Hardiness</b> <b>Personality factors reflecting an individual perception of commitment, challenge and control</b>	Commitment is to self or to select peers. Problems are seen as obstacles. External attribution is used for failure/problems.	Commitment is to work unit and majority of peers. The "first right answer" is commonly used. Begin to use appropriate attributional processes.	Commitment is to division beyond work unit. See issues as challenges and are willing to assume responsibility for developing solutions.	Strong commitment to profession and organization. Willing to tackle major obstacles using group learning. Strong sense of being in control.
<b>Knowledge Base</b> <b>The grounding knowledge base of the practitioner</b>	The individual practitioner's knowledge base is unknown or assumed to be adequate based upon general titles or degrees. Basic competence may or may not be present.	The individual is at a novice level for performance and use of critical thinking skills. A characteristic response is "the first right answer." Problem resolution is usually based on prescriptive and group norms.	The individual is acknowledged as an expert within their field. The individual tailors responses to situations/individuals and considers priorities and options. The effective use of insight to influence decisions is evidenced. The individual strategically matches knowledge skills to work opportunities.	The individual is a recognized expert among peers and between disciplines. Individual demonstrates visionary, evolving critical thinking skills and the astute use of factual/conceptual knowledge.
<b>Organizational Learning</b> <b>The continuous testing of experience, and the transformation of that experience into knowledge that is accessible to the entire organization, and relevant to it's core purpose</b>	Behavior is based on habits and previous experience with little or no inquiry or validation activity. People who ask questions are often viewed as troublesome.	Simple problem solving techniques are used. Mistakes are viewed as lessons. Learning activities are focused on immediate needs and core competencies to meet minimum standards.	Inquiry about work practices is common. Learning opportunities are seen as avenues for continuous improvement of personal and organizational goals. Employees offer and welcome new ideas in proactive timeframes.	More complex problem solving and creative thinking techniques are used. The limitless growth potential of every employee is valued and enhanced through active exchange of constructive questions and the sharing of creative ideas.
<b>Mentoring</b> <b>Relationships established with the intent of supportive growth for the individual and profession</b>	Focus is on self-development with little or no particular interest in the development of others. Mentoring activities are limited to situations where personal gain is probable.	Limited mentoring activities are provided upon specific request or as a response/resolution of an immediate problem. The sharing of ideas and information is done on a swapped or exchanged basis.	Mentoring is viewed as an essential and valuable practice to continue personal and organizational growth. Mentoring activities occur spontaneously, formally and informally, with or without recognition or reward.	Mentoring is common practice. Mentoring is so integral to peer relationships that mentor-mentee roles are diffuse and exchanged in different contexts. Mentoring activities extend to wider contexts of system and professional development.
<b>Research &amp; Development</b> <b>Scientific inquiry into factors affecting professional practice.</b>	The individual demonstrates little or no interest in research.	The individual's scope of research activities is focused on solutions to immediate problems. Participates in research activities when requested.	The individual initiates the use of research methods and findings to validate/ change practice. Volunteers to participate in projects to support organizational goals.	Research efforts are focused on strategic outcomes of the organization. Inquiry skills are characteristically innovative, optimistic and futuristic.



## Transformational Leadership

Health care is being transformed in a variety of ways including scope, accessibility and reimbursement. Accordingly, leaders of patient care disciplines must transform their professions to meet these challenges while preserving an unrelenting focus on the patient. Leadership that is transformational results in dynamic change. This type of leadership is highly interactive, based on trust and has a positive impact on both the leader and the follower. The goals of the leader and follower become focused, creating unity and collective purpose.

	Reactive	Responsive	Proactive	High Performance Team
<b>Vision</b> <b>Delineation of a possible and desirable future state</b>	Focus is on the past. Efforts are toward accomplishment of tasks.	Future state often identified as a correction of existing problems. Focus is on today and immediate future.	Able to anticipate and articulate the future, applying creative and innovative approaches to achieve that desired future state.	Integrally involved in the development of strategies to accomplish vision of the future in a changing, dynamic environment.
<b>Situational Leadership</b> <b>Adaptation of leadership behavior to meet the needs of the individual or team within the context of the situation</b>	The leader has little or no awareness of their leadership style and its impact on others.	The leader begins to assess personal leadership style. Flexibility in using alternate or multiple leadership styles is limited. The leader can associate consequences with leadership style and actions.	The leader can assess and anticipate when alternative leadership strategies are necessary. The leader demonstrates skill in using different leadership styles.	There is a fluid exchange of leadership styles in multi-complex situations. Improved outcomes are attributed to effective leadership.
<b>Organizational Culture</b> <b>The demonstration of individual talent and abilities that characterize the expressed values and beliefs of the organization</b>	Values are often not visible, not present, or in conflict. Sense of individual powerlessness. Individual contributions are diffuse and fragmented.	Values are clarified. Trust, respect and teamwork evident in practice, in both stable and chaotic situations. Team members identify with values and apply their talents accordingly. Risk-taking is limited to predictable outcomes.	Values are internalized. Individuals challenge the status quo, enabling higher level of performance for themselves and others. Personal and team behaviors are aligned with achieving organizational outcomes.	Personal and team behaviors become increasingly more influential to evolve the organization's vision and transform the culture.
<b>Operating Systems</b> <b>Systems and methodologies used to accomplish goals</b>	Systems are absent, defensive, dysfunctional and/or resistive.	Staff input is incorporated to remove barriers through problem-solving, TQM, etc	Purposeful redesign of systems to facilitate work. Innovation and creativity are valued and promoted.	Teams evolve the value/intent of systems. Creation of new synergistic systems and approaches.
<b>Performance Improvement Systems</b> <b>Key methodologies and systems to support continuous quality improvement</b>	Non-existent or ineffective systems for collecting, analyzing or reporting quality data. Organizational response to data is often punitive. Motivation for improvement is to avoid pain.	Systems are developed to monitor and analyze quality data. Minimum safe standards are expected. Objective analysis of data is conducted using comparative database. Problem resolution often approached with a focus on setting policy/structures and rules to obtain desired output.	Complex systems are developed to support meaningful data analysis. Emphasis is on national benchmark comparisons, using a standard that is well above minimum. Performance indices focused on those that have high impact.	Improvement solutions are highly innovative. Networks of multidisciplinary teams confront performance in a programmatic fashion to achieve results that are customized for populations of patients. Organizational response is aimed at productivity and the achievement of centers of excellence.
<b>Information Systems</b> <b>Key systems and methodologies to capture, clarify and automate information to support comprehensive and effective decision-making</b>	Information not always accurate or complete. Requirements for information not defined by the user, but by the provider.	Information is managed within the limitations of existing systems. Most information is accurate, but access and automation are not well established.	Information systems are developed to support expedited decision-making. The end user defines the system design against known future requirements.	Innovative, technologically advanced information systems with exceptional efficiency are designed and customized based on long range organizational requirements. The use of networks, automation, tele-conferencing, and analysis capabilities result in superior access to meaningful information.
<b>Resource Utilization</b> <b>Usage and control of organizational resources in meeting patient needs</b>	A perception of inadequate resources frequently exists that may not reflect reality.	Resources (time, people, equipment, energy) are used in traditional ways.	Resources are flexible and innovative. They can be modified to meet negotiated needs.	There is a smooth integration of focused efforts of the team resulting in utilization of fewer resources. The team initiates discovery of new resources.