

S E C T I O N I



CHAPTER 1

INTRODUCTION

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INTRODUCTION

The AACN Synergy Model for Patient Care was developed in the 1990s as a framework for certification. Since its inception, its utilization has grown in a number of areas. For example, the model serves as a foundation for other certification exams, undergraduate and graduate nursing programs, and as a professional practice model in the hospital setting. In addition, the model has been used to guide DNP projects and PhD dissertations. This chapter describes the development of the model and its evolving role in nursing.

SYNERGY AND ME

My first interaction with nursing theories, conceptual frameworks, and models occurred during undergraduate nursing school and reared its ugly head again when I entered my master's education. During this latter time, I was encouraged (coerced) to select a model to serve as the basis for my advanced nursing practice. Don't get me wrong; a foundation for one's nursing practice is essential, but from my perspective at the time, I was at a loss for finding anything that was a fit for practice in the "real world" of acute and critical care nursing. I completed the requirements for my master's degree by selecting a random nursing theory and force fitting it to my practice to meet the requirements for graduation. I completed my doctoral education by using a nonnursing theory for my doctoral dissertation, about which I was fully questioned by the dean during my doctoral defense.

Years passed, and I learned of *The Synergy Model for Patient Care* through my membership with the American Association of Critical-Care Nurses (AACN). When I was introduced to the model, it made perfect sense, as it reflected the lived reality that I had experienced as a critical care nurse. It was as if the stars aligned, the sun shone through, and all became right with the world. I had finally found *my* model for nursing practice, and through conversations with acute and critical care nurses over the years, others seemed to sense the same fit with *actual* nursing practice.

DEVELOPMENT OF THE SYNERGY MODEL

The AACN envisioned a healthcare system driven by the needs of patients and families where nurses make their optimal contribution to patient outcomes (AACN Certification Corporation, 2015a; AACN, 2015a) and where certification is grounded in patient/nurse synergy rather than on a series of tasks (Curley, 1998). When the model was developed in the early 1990s, this idea seemed unconventional as certification in critical care had been awarded on the basis of hours worked in a critical care setting, the number and type of tasks performed, and an examination based on body systems. The practice of nursing was reconceptualized into more than the sum of its parts.

Following studies of actual nursing practice, analysis, and validation of findings by a panel of expert nurses, the Synergy Model emerged (see **Table 1-1**) (AACN Certification Corporation, 2015b; AACN, 2015b). Nurse experts believed that the characteristics of the nurse would determine competencies for certified practice (Caterinicchio, 1995) and that there was value in linking certified practice with patient outcomes.

Table 1-1: The Synergy Model for Patient Care Development Timeline

Date	Topic	Participants
1993	Development of conceptual framework for certified nursing practice focused on patient needs and characteristics	Martha A. Q. Curley, Mairead Hickey, Patricia Hooper, Wanda Johanson, Bonnie Niebuhr, Sarah Sanford, and Gayle Whitman
1994	Conceptual framework proposed to membership at AACN National Teaching Institute (NTI)	AACN Certification Corporation Board of Directors
1995	Comprehensive and systematic study of critical care nursing practice using the Synergy Model as the conceptual framework	AACN Certification Corporation; Professional Examination Services (PES)
1995	Refinement of conceptual model by subject matter experts	Martha A. Q. Curley, Duanne Foster-Smith, Deborah Gloskey, Janet Fraser Hale, Teresa Halloran, Sonya R. Hardin, Patricia Hooper, Mairead Hickey, Vickie Keough, Patricia Moloney-Harmon, Kathleen Shurpin, and Daphne Stannard

Table 1-1: The Synergy Model for Patient Care Development Timeline (continued)

Date	Topic	Participants
1996	Optimal patient outcomes and quality indicators identified as: <ol style="list-style-type: none"> 1. patient and family satisfaction 2. rate of adverse incidents 3. complication rate 4. adherence to the discharge plan 5. mortality rate 6. patient length of stay 	Patricia Benner, Melissa Biel, Martha A. Q. Curley, Wanda Johanson, Marion Johnson, Marguerite Kinney, Benton Lutz, Patricia Moloney-Harmon, Alvin Tarlov, and Cheri White
1999	Synergy Model adopted as framework for CCRN exam	AACN Certification Corporation Board of Directors
2001–2003 Published 2004	Study of practice and job analysis. Reviewed and refined nurse characteristics to reflect entry-level critical care nurses, CCRN-certified nurses, and advanced practice registered nurses (APRNs)	AACN Certification Corporation; Patricia Atkins, Deborah Becker, Deborah Bingaman, Nancy Blake, Jo Ellen Craghead, Beth Diehl-Svrjcek, Sonya R. Hardin, Melissa Hutchinson, Linda Jackson, Roberta Kaplow, Marthe Moseley, Marlene Roman, Daphne Stannard, Karen Thomason, Darla Ura; Professional Examination Service (PES)
2010	Renewal by Synergy CERPs, based on the nurse competencies of the AACN Synergy Model for Patient Care, is launched as the primary renewal program for CCRN- and PCCN-certified nurses.	AACN Certification Corporation

Data from AACN Certification Corporation. (2015b). *History of AACN Certification Corporation*. Retrieved from <http://www.aacn.org/wd/certifications/content/aboutus.pcms?menu=certification>; AACN Certification Corporation. (2003). *CCRN—certification for adult, pediatric and neonatal critical care nurses* [CCRN Job Analysis]. Retrieved from <http://www.aacn.org/wd/certifications/docs/executivesummaryjobanalysis03.pdf>; Curley, M. A. Q. (1998). Patient–nurse synergy: Optimizing patients' outcomes. *American Journal of Critical Care*, 7(1), 64–72; Muenzen, P. M., Greenberg, S., & Pirrol, K. A. (2004). *Final report of a comprehensivestudy of critical care nursing practice*. Retrieved from <http://www.certcorp.org/certcorp.nsf/certcerp.ccn>.

The Synergy Model now serves as the organizing framework for AACN's CCRN[®], PCCN[®], ACNP-AG[®], and AACNS-AG[®] certification exams. Renewal by Synergy Continuing Education Recognition Point (CERPs) for the CCRN and PCCN exams allows certificants to demonstrate commitment to continuing competency in nursing practice by integrating the Synergy Model into the renewal process.

SYNERGY MODEL ASSUMPTIONS

Nurses assist patients and families to navigate the healthcare system during times of crisis. The fundamental premise of the Synergy Model is that optimal outcomes for patients and families occur when patient characteristics drive nurse competencies (Curley, 2007). The following basic assumptions establish the basis for patient/nurse partnerships and provide the context for a greater understanding of this collaborative relationship; when the needs and characteristics of the patient, clinical unit, or system are paired with the competencies of the nurse, synergy results (AACN Certification Corporation, 2015a).

1. Patients are biological, social, and spiritual entities who are present at a particular developmental stage. The whole patient (body, mind, and spirit) must be considered.
2. The patient, family, and community all contribute to providing a context for the nurse–patient relationship.
3. Patients can be described by a number of characteristics. Characteristics are connected and contribute to each other. Characteristics cannot be looked at in isolation.
4. Nurses can be described based on a number of dimensions. The interrelated dimensions paint a profile of the nurse.
5. A goal of nursing is to restore a patient to an optimal level of wellness as defined by the patient. Death can be an acceptable outcome in which the goal of nursing care is to move a patient toward a peaceful death.

PATIENT NEEDS AND CHARACTERISTICS

The Synergy Model is focused on knowing and understanding the perspectives of patients and families and takes into account the varied characteristics of each person from physical, social, psychological, and spiritual realms. These characteristics in the acute and critically ill population can be defined along a health–vulnerability continuum as described in **Table 1–2** (AACN Certification Corporation, 2015a). When care is patient driven and patient and family centered, a healing environment is created (AACN Certification Corporation, 2015a).

NURSE COMPETENCIES AND CHARACTERISTICS

The Synergy Model describes nurse characteristics that reflect an integration of the knowledge, skills, experience, and attitudes needed to meet the needs of patients and families. Nurse characteristics are derived from patient needs, drive the skills and level of competency required to provide optimum outcomes, and

Table 1–2: Characteristics of Patients, Clinical Units, and Systems of Concern to Nurses

<i>Resiliency</i>	The capacity to return to a restorative level of functioning using a compensatory coping mechanism; the ability to bounce back quickly after an insult.
<i>Vulnerability</i>	Susceptibility to actual or potential stressors that may adversely affect patient outcomes.
<i>Stability</i>	The ability to maintain a steady state of equilibrium.
<i>Complexity</i>	The intricate entanglement of two or more systems (e.g., body, family, therapies).
<i>Resource Availability</i>	Extent of resources (e.g., technical, fiscal, personal, psychological, social) the patient, family, and community bring to the situation.
<i>Participation in Care</i>	Extent to which patient and family engages in aspects of care.
<i>Participation in Decision-making</i>	Extent to which patient and family engages in decision making.
<i>Predictability</i>	A summative characteristic that allows one to expect a certain trajectory of illness.

Modified from AACN Certification Corporation. (2015a). *The AACN Synergy Model for patient care*. Retrieved from <http://www.aacn.org/wd/certifications/content/synmodel.pcms?menu=>. Modified with permission. © 2015 American Association of Critical-Care Nurses.

are essential for those providing care to the critically ill (see **Table 1–3**) (AACN Certification Corporation, 2015a).

CERTIFIED NURSING PRACTICE

Even though the Synergy Model is used as a blueprint for certified practice, the model has far-reaching implications for the practice of nursing and healthcare teams.

Research is needed to further validate the link between patient outcomes and certified nursing practice. It will continue to be important for nurses to have the ability to articulate the linkages and nurses' unique contribution to care regardless of where that care is delivered. Research funding should be focused on collecting data of patient, nurse, and system outcomes as defined by the Synergy Model (**Figure 1–1**) in areas that have high percentages of certified nurses as compared to similar institutions that do not (Curley, 2007). These data could assist in the ongoing refinement and validation of the model.

SYNERGY BEYOND ACUTE AND CRITICAL CARE

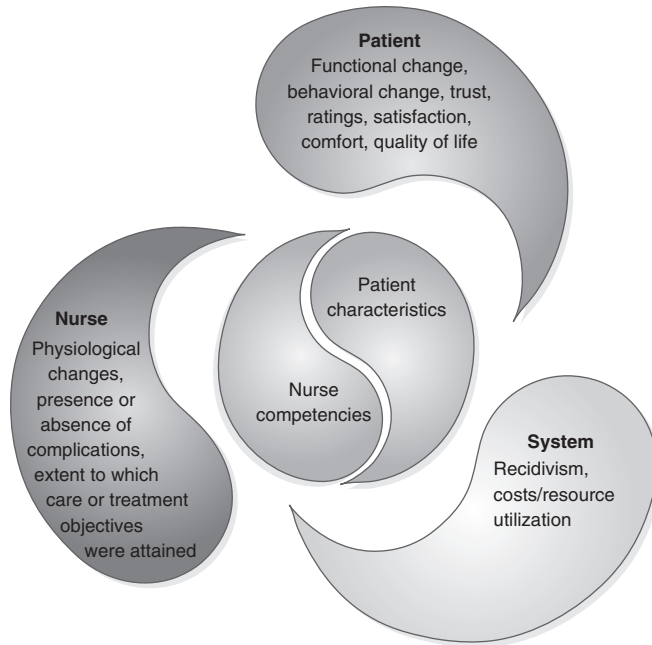
AACN's Synergy Model for Patient Care's origin is in acute and critical care nursing. However, over the years, the model has gained traction as a useful framework outside of this arena. Nurse educators have used the model to develop and

Table 1–3: Nurse Competencies of Concern to Patients, Clinical Units, and Systems

<i>Clinical Judgment</i>	Clinical reasoning, which includes clinical decision making, critical thinking, and a global grasp of the situation, coupled with nursing skills acquired through a process of integrating formal and informal experiential knowledge and evidence-based guidelines.
<i>Advocacy and Moral Agency</i>	Working on another’s behalf and representing the concerns of the patient, family, and community; serving as a moral agent in identifying and helping to resolve ethical and clinical concerns within and outside the clinical setting.
<i>Caring Practices</i>	The constellation of nursing activities that are responsive to the uniqueness of the patient and family and that create a compassionate and therapeutic environment, with the aim of promoting comfort and preventing suffering. These caring behaviors include, but are not limited to, vigilance, engagement, and responsiveness
<i>Collaboration</i>	Working with others (e.g., patients, families, health-care providers) in a way that promotes/encourages each person’s contributions toward achieving optimal/realistic patient/family goals. Involves intra- and interdisciplinary work with colleagues and community.
<i>Systems Thinking</i>	Body of knowledge and tools that allow the nurse to manage whatever environmental and system resources exist for the patient/family and staff, within or across healthcare and non-healthcare systems.
<i>Response to Diversity</i>	The sensitivity to recognize, appreciate and incorporate differences into the provision of care. Differences may include, but are not limited to, individuality, cultural differences, spiritual beliefs, gender, race, ethnicity, disability, family configuration, lifestyle, socioeconomic status, age, values, and use of alternative health practices.
<i>Clinical Inquiry, Innovator/ Evaluator</i>	The ongoing process of questioning and evaluating practice and providing informed practice. Creating practice changes through research utilization and experiential learning.
<i>Facilitation of Learning</i>	The ability to facilitate learning for patients/families, nursing staff, other members of the healthcare team, and community. Includes both formal and informal facilitation of learning.

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Figure 1-1: The Synergy Model delineates three levels of outcomes: those derived from the patient, those derived from the nurse, and those derived from the healthcare system.



Reproduced from Curley, M. A. Q. (1998). Patient–nurse synergy: Optimizing patients’ outcomes. *American Journal of Critical Care*, 7(1), 64–72. Reused with permission. © 1998 American Association of Critical-Care Nurses.

implement undergraduate and graduate nursing curricula, while clinical educators have used it to develop orientation programs, preceptorships, and continuing education. Bedside and advanced practice nurses have used the model to drive care for specific patient populations, disease processes, and practice areas. Healthcare teams have used the model in rounds to organize collaboration and provide for bedside reports and patient transitions. Managers have used the model as a foundation for productivity and patient ratios.

CONCLUSION

The *AACN Synergy Model for Patient Care* may be useful to nurses as a framework for professional growth and development. It could serve as a catalyst for nurses to discover the validated needs and characteristics of patients and to reflect upon areas for improvement in personal practice. It has been my experience that the model resonates with the daily realities of the nursing practice, and I have heard from many nurses who have experienced the model in the same way. I have a colleague who calls it, “the Duh Model of Nursing Practice” (C. Hartigan,

personal communication, November 10, 2015). The resonance may be due to the fact that the model was written and validated by “real nurses” for “real nurses” who seek to provide excellent care for positive patient outcomes.

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