

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING**

This Handbook contains all the information and the forms required to complete the application process for advancement to a CN-II, CN-III, and CN-IV.

The Nurse Manager will authorize the promotion of CNI to the CNII level according to established criteria. Applicants for CN-III and CN-IV must submit a professional portfolio. Applicants must advise the Chair of the Clinical Ladder and Peer Review Committee of their intent to pursue promotion or maintenance of CN level.

The Chief Nursing Officer has approved this program.

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CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
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**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
PHILOSOPHY STATEMENT**

Georgia Regents Medical Center provides patient services across inpatient and outpatient settings based upon a special commitment to excellence as evidenced through Patient-Family Centered Care, integrated practice, education and research. Nursing is central to this mission. The ladder reflects clinical and leadership experience/expertise and includes Clinical Nurse I through Clinical Nurse IV. The Clinical Ladder and Peer Review is a way to acknowledge the experience, expertise and contributions of our nursing staff.

Patients, at Georgia Regents Medical Center, can expect their nursing care to provide them with:

- Dignity, respect, privacy and confidentiality
- Autonomy over personal health care decisions
- Consideration for personal preferences and comfort
- Health status information
- Advocate in patient/family centered care
- Health care education prior to discharge
- Compassionate, economically responsible, goal-directed care

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
PURPOSE STATEMENT**

The purpose of the Clinical Ladder and Peer Review Program is to promote professional practice and recognize excellence for advanced performance, leadership, and education at the point of service.

1. Recognize nursing as an intellectual process.
2. Develop standards and evaluate nursing practice based on evidence-based research.
3. Identify and develop leaders in the clinical staff.
4. Recognize expert nurses at the point of service.
5. Promote excellence in providing patient/family centered care
6. Encourage life long learning through personal and professional development.
7. Provide career mobility and compensation to all nurses and especially those who distinguish themselves through expert practice and through professional development.
8. Increase personal job satisfaction.

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
CONCEPTUAL FRAMEWORK FOR CLINICAL LADDER
AND PEER REVIEW**

Georgia Regents Medical Center's Clinical Ladder and Peer Review Program is based on Patricia Benner's Novice to Expert theory, which recognizes expertise in nursing practice based on experiential learning. The four levels include the novice, the competent clinician, the proficient clinician, and the expert clinician. The Clinical Ladder and Peer Review Program outlines the experience, education, critical thinking skills and professional activities of nurses seeking promotion within the Department of Nursing. The Clinical Ladder and Peer Review Program affords all nurses opportunities for growth and development and provides a consistent framework for promotions.

Clinical Nurse I (CNI) – Novice: Entry- Registered nurse, focused primarily on developing knowledge and skills. Provides safe patient care at a basic level and shows growth in ability to care for increasingly complex patients. The novice nurse requires precepting/mentoring from more experienced clinicians and benefits from feedback.

Clinical Nurse II (CNII) - Competent: Registered nurse responsible and accountable for safe clinical practice, focused on expanding knowledge and skills. Consistently provides effective direct care as part of the interdisciplinary team, to a variety of complex patients. Seeks as well as provides feedback for improved clinical practice. Assumes a beginning leadership role but seeks mentoring in the process.

Clinical Nurse III (CNIII) - Proficient: Registered nurse responsible and accountable for advanced clinical practice and serves as a professional role model. Demonstrates clinical expertise within a defined specialty and is recognized by peers as a leader in the practice area. He/She works predominantly with patients, families, and nursing staff. The proficient nurse incorporates current literature and research into personal practice and in leading others. Identifies the strengths within the service area and takes the opportunity to develop and or mentor others to promote professional growth and improve patient outcomes

Clinical Nurse IV (CNIV) - Expert: Registered nurse responsible and accountable for advanced clinical practice, who has demonstrated expertise in their clinical area and serves as a professional role model and staff/community educator.

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
PROFESSIONAL NURSING PRACTICE MODEL**

Professional nursing practice is about the structures and the processes that help nursing to achieve the mission, vision and values of nursing at Georgia Regents Medical Center. A Professional Practice Model directs individual nurses in their practice and guides the organization in its relationship with nursing. At Georgia Regents Medical Center, the Nursing Professional Practice Model is "a framework for how we do our work to accomplish the goals of quality patient care."

Integrating the beliefs, values, philosophy and vision of an organization,

- How we communicate/relate
- How we organize our work
- Systems/support for expanding knowledge and skills
- Clarifying roles and functions
- Defining leadership, accountability and decision-making
- Strengthening the decision-making role of nurses in direct care positions

Implement a practice model that allows the professional nurse to provide quality care in a changing health care environment.

The health care system must provide optimal quality care, cost, and satisfaction outcomes for patients, families, and staff.

The goal of the professional practice model focuses on delivering quality care with emphasis on outcomes and no longer just completion of tasks and treatments.

The professional nurse must be able to:

- Focus on meeting outcome goals of the patient and families.
- Anticipate patterns in the course of an illness and utilize collaborative pathways to facilitate meeting the outcome goals.
- Provide quality care in a cost effective manner.
- Value collaboration to meet the goals of the patient and family.

The nurse will enter into the Clinical Ladder and Peer Review program as either Level I or Level II, depending on experience level. The nurse must advance to a Level II. Advancement to next level will be the choice of the individual nurse.

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
CLINICAL LADDER AND PEER REVIEW**

Clinical Nurse I (“Novice or Advanced Beginner” in Benner’s model)

- Entry-level Registered nurse focused primarily on developing knowledge and skills. Provides safe patient care at a basic level and shows growth in ability to care for increasingly complex patients. Requires precepting/mentoring from more experienced clinicians and benefits from feedback.

Clinical Nurse II (“Competent” in Benner’s model)

- Registered nurse responsible and accountable for safe clinical practice, focused on expanding knowledge and skills. Consistently provides effective direct care as part of the interdisciplinary team, to a variety of complex patients. Seeks as well as provides feedback for improved clinical practice. Assumes a beginning leadership role but seeks mentoring in the process.
- Has completed a minimum of 12 months of clinical nursing practice including six months working at least a .5 FTE or above at Georgia Regents Medical Center.
- A current performance evaluation that reflects the applicant consistently meets or exceeds performance standards as established by the applicants’ management team.

Clinical Nurse III (“Proficient” in Benner’s model)

- Registered nurse responsible and accountable for advanced clinical practice and serves as a professional role model. Demonstrates clinical expertise within a defined specialty and functions consistently and autonomously in a leadership role. Works predominantly with patients, families, and nursing staff. Incorporates current literature and research into personal practice and in leading others. Using an interdisciplinary approach the CNIII creatively implements the nursing process across the continuum of care. Identifies the strengths within the service area and takes the opportunity to develop and or mentor others to promote professional growth and improve patient outcomes.
- Must have demonstrated leadership at the unit level.
- BSN, MSN, or 4 years RN experience
- Three years (3) clinical nursing practice in an acute care facility including one full year of .5 FTE commitment at Georgia Regents Medical Center.
- A current performance evaluation that reflects the applicant consistently meets or exceeds the performance standards established by the applicant's management team.

Clinical Nurse IV (“Expert” in Benner’s model)

- Clinical Nurse IV (CNIV) - Expert: Registered nurse responsible and accountable for advanced clinical practice who has demonstrated expertise in their clinical area and serves as a professional role model and staff/community educator.
- Must demonstrate leadership at department, hospital or regional/national level.
- One year as a CN III
- Five years (5) clinical nursing practice in an acute care facility including two years of a .5 commitment at Georgia Regents Medical Center.
- A current performance evaluation that reflects the applicant consistently meets or exceeds the performance standards established by the applicant's management team.
- National Certification: This national certification is required and is not accepted as a leadership activity. (A second or third national certification may be utilized as a leadership activity when advancing to CNIV.)

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
CLINICAL LADDER AND PEER REVIEW
PROCESS FOR ADVANCEMENT**

Clinical Nurse I

- Entry level
- Process done at unit level.

Clinical Nurse II

- Nurse Manager reviews performance of nurse and sends EIF to Human Resources
- All registered nurses must be at CNII level after a year.
- Process done at unit level.

Clinical Nurse III

- Potential applicant discusses desire to move forward with manager
- A current performance evaluation that reflects the applicants consistently meets or exceeds performance standards as established by the applicants' management team.
- Applicant sends letter of intent to promote via e-mail to the Nursing Clinical Ladder and Peer Review Committee by published due date. Copy e-mail to nurse manager. (Intent must be sent from applicant.)
- Completed portfolio is sent to the Nursing Clinical Ladder and Peer Review Committee by published application due date. (Instructions for portfolio follow in this packet.)
- The applicant's completed portfolio will be reviewed by a review committee for approval.
- The applicant may choose to withdraw his/her portfolio during the review process at any time by notifying the Nursing Clinical Ladder and Peer Review Council.
- Denial decision will be written with statements outlining the rationale for each deficient criterion. This information will be forwarded to the applicant and the Nurse Manager. The applicant may request an appointment with the Committee for additional information.
- Promotions will be communicated via e-mail to the applicant and Nurse Manager.
- The Nursing Clinical Ladder and Peer Review Council will send a list of the candidates that move forward to Human Resources. The Nurse Manager will complete an EIF for the established period reflecting the correct CN differential per HR who will then process the promotion date and CN level and make any necessary pay changes.
- Validation of CNIII/IV status is accomplished by submission of a portfolio on a yearly basis.

Clinical Nurse IV

- See process for CNIII.
- One year as a CN III

- National Certification: This national certification is required and is not accepted as a leadership activity. (A second or third national certification may be utilized as a leadership activity when advancing to CNIV.)
- CN IV applicants will be interviewed by a panel of peers regarding their portfolio i.e. leadership activities and/or exemplar.

Transfer to CN level: The transfer process describes the process for maintaining or acquiring a CNII, CNIII, or CNIV position when changing nursing care units or job positions. The goal is to allow time for unit orientation and the development of new skills related to a patient population while acknowledging an individual's previous expertise and experience.

Nurses in the following Georgia Regents Medical Center Nursing Discipline positions may transfer into the CNIII or IV job position:

- Nurse Manager
- Assistant Nurse Manager
- Clinical Nurse Educator
- Nursing Supervisor
- Clinical Nurse Specialist
- Nurse Clinicians
- Nurse Practitioners
- Case Managers
- Research Nurse
- Utilization Review Nurse
- Nurse Coordinator
- Practice Site Nurse Coordinator

In order for an individual to transfer as a CNIV, the individual must have prior experience or current clinical involvement in the area to which they are transferring.

The Nurse Manager will determine whether an individual may transfer into the unit as a CNII, CNIII, or CNIV. The following information can assist unit management in the determination of the level of entry.

Resume reflects experience or expertise appropriate to the unit patient population and current clinical skills

- Information gathered from the interview process
- Performance in current position
- Job descriptions for CNII, CNIII, or CNIV

The unit manager who accepts the transfer is responsible for notifying the Nursing Clinical Ladder and Peer Review Committee Chairperson in writing of the transfer. The letter should contain the following information:

- Name of nurse
- Previous job position
- Start date on nursing unit
- Criteria unit manager used to determine level of entry (CNIII or CNIV)

The Nursing Clinical Ladder and Peer Review Council will respond in writing acknowledging the communication. A copy of the Clinical Ladder and Peer Review Program will be provided to the transferring individual. CNIII and CNIVs, who transfer from one nursing care unit to another may, at the manager's discretion, retain CNIII/IV status for **one year** following the first day of the transfer.

OTHER

Individuals who have just completed a RN degree and have a minimum of 2 years full time of direct patient care but non-RN experience (i.e., LPN, Surgical Tech, CV Tech, RT) should be hired as a CNI but their salary may be set in the CNII range. When these individuals are promoted to a CNII, their salary will not increase since they will already be being paid a CNII level. They must advance to CNII in 6 months.

TRANSFER FROM ANOTHER HOSPITAL:

Any experienced RN who presents for employment at Georgia Regents Medical Center that provides evidence of participating on a clinical ladder at a previous employer is eligible for consideration for provisional acceptance in Clinical Ladder and Peer Review program at Georgia Regents Medical Center.

- Evidence of participation in a clinical ladder program within five years.
- Evidence must be presented to HR at the time of hire.
- Evidence must be in the form of a letter, certificate, or other document from previous employer confirming clinical ladder program participation.
- Provisional acceptance will be granted at the equivalent Clinical Nurse level at Georgia Regents Medical Center.
- The new/return hire employee must submit an application portfolio during the first clinical ladder program period following the 180 day evaluation.
- Upon review and acceptance of the Clinical Ladder and Peer Review application portfolio the applicant will continue with the Clinical Ladder and Peer Review process as per current guidelines.

CLINICAL NURSE I

Summary of Position:

Entry-level registered nurse, focused primarily on developing knowledge and skills. He/She provides safe patient care at a basic level and shows growth in ability to care for increasingly complex patients. They require precepting/mentoring from more experienced clinicians and benefit from feedback.

I. Job Responsibility

Evidence of Nursing Process: Assessment

Standard

- A. Performs and documents basic admission, initial assessment at regular intervals per department procedures and guidelines and patient condition.
- B. Aware of own limitation in practice and decision making and seeks appropriate assistance.
- C. Recognizes basic abnormal findings during ongoing assessment and seeks appropriate assistance.

II. Job Responsibility

Evidence of Nursing Process: Problem Identification

Standard

- A. Identifies signs and symptoms of patients with similar diagnosis based on standards of care with assistance.
- B. Utilizes resources to identify, prioritize, and document patient problems/needs/diagnosis by analysis of data.
- C. Uses resources to develop problem statements that are patient/family focused.
- D. Knowledge of the transfer/discharge plans according to unit policy.
- E. Searches the evidence for best practices

III. Job Responsibility

Evidence of Nursing Process: Intervention/Implementation of the Plan of Care

Standard

- A. Documents and implements plan of care based on assessment according to standards. Assists with revision.
- B. Follows algorithms and protocols for unit patient population.
- C. Communicates plan of care and desired outcomes to patient/family.
- D. Communicates the plan of care to other members of the health care team.
- E. Recognizes the importance of cost containment in delivery of patient care.
- F. Implements physician orders in accordance with the nursing policies and Nurse Practice Act.
- G. Administers and documents medication and therapies according to established policy and procedure.

- H. Organize time and workload based on patient care priorities with assistance.
- I. Documents patient/family education according to standard protocols.

IV. Job Responsibility

Evidence of Nursing Process: Evaluation of Patient Progress toward Desired Outcome

Standard

- A. Evaluates, communicates, and documents patient progress toward desired outcomes with assistance.
- B. Documents individual patient responses to nursing actions.
- C. Documents review of patient plan of care daily or per unit policy and updates according to patient condition.
- D. Documents patient/family education with assistance.

V. Job Responsibility

Patient Care Resource Utilization

Standard

- A. Demonstrates ability to effectively manage patient care.
- B. Understands role and supports nursing component of the multidisciplinary care process.
- C. Delegates tasks and supervises the activities of other licensed and unlicensed care providers.
- D. Readjusts priorities of care, as patient needs change.
- E. Effectively manages daily patient assignment.
- F. Communicates when supplies are needed.
- G. Reports patient problems to other members of the health care team (i.e., charge nurse, house officer).
- H. Communicates stressors and seeks assistance.

VI. Job Responsibility

Professional Growth and Development

Standard

- A. Maintains required unit and organizational competencies and certifications.
- B. Demonstrates accountability for practice (select 1): (This will be reflected in evaluation at unit level)
 - Join unit based committee
 - Project negotiated with NM.
 - Attends learning activities as assigned (non-mandatory in-services/classes).
 - Joins a professional organization.
 - BSN

VII. Job Responsibility

Performance Improvement/Research

Standard

- A. Participate in collection of data with direction.
- B. Identify problems (concerns) to be addressed.
- C. Appropriately answers basic Joint Commission questions.

Education/Training/criteria for advancement:

Work requires graduation from an accredited RN program as well as current licensure in the state of Georgia.

Experience: No experience necessary/entry level.

CLINICAL NURSE II

Summary of Position:

Clinical Nurse II (CNII) - Competent: A Registered Nurse, who has maintained all his/her competencies and has met all requirement of Clinical Nurse I, responsible and accountable for safe clinical practice, focused on expanding knowledge and skills. Consistently provides effective direct cares as part of the interdisciplinary team, to a variety of complex patients. Seeks as well as provides feedback for improved clinical practice. Assumes a beginning leadership role may seek mentoring in the process.

I. Job Responsibility

Evidence of Nursing Process: Assessment

Standard

- A. Shows an increase in clinical judgment through a process of integrating formal and experiential knowledge to differentiate patient and family changes, predict and intercept problems in an independent manner.
- B. Able to modify assessment based on individual assessment data.
- C. Performs and documents comprehensive admission, initial assessment and reassessments at regular intervals per department procedures and guidelines and patient condition.
- D. Identifies areas of concern, which need further investigation.
- E. Correctly interprets physical and psychosocial data.
- F. Determines patterns that are functional or dysfunctional on admission.
- G. Completes assessment database.
- H. Recognizes signs/symptoms indicative of patient need for intervention and documents implementation of appropriate action.
- I. Communicates data to other members of the health care team.

II. Job Responsibility

Evidence of Nursing Process: Problem Identification

Standard

- A. Identifies, prioritizes, and documents patient problems/needs/diagnosis by analysis of data.
- B. Problems are prioritized.
- C. Problem statements are prioritized.
- D. Problem statements are patient/family focused.
- E. Documents discharge/transfer plans according to unit and organizational policy.

III. Job Responsibility

Evidence of Nursing Process: Intervention/Implementation of the Plan of Care

Standard

- A. Revises, documents, and implements plan of care based on assessment according to standards of care.
- B. Incorporates patient/family in developing desired patient outcomes and actions.
- C. Collaborates with and communicates the plan of care to other members of the health care team.
- D. Identifies nursing actions to meet patient/family needs. Implements plan.
- E. Incorporates and documents the principles of cost containment into nursing actions.
- F. Provides direct patient care in compliance with standards, protocols, and policies.
- G. Uses time management/priority-setting strategies.
- H. Implements physician's orders in accordance with the Department of Nursing Policies and the Nurse Practice Act.
- I. Administers and documents medications and therapies according to established policy and procedures.
- J. Independently identifies and documents patient/family education.

IV. Job Responsibility

Evidence of Nursing Process: Evaluation of Patient Progress toward Desired Outcome

Standard

- A. Continually evaluates, communicates, and documents patient progress toward desired outcomes with patient/family and the health care team.
- B. Documents patient's individual response to plan of care.
- C. Documents review of the plan of care.
- D. Involves patient and family in evaluation and revision of patient outcomes.
- E. Modifies the plan of care as needed in collaboration with other health care professionals.

V. Job Responsibility

Patient Care Resource Utilization

Standard

- A. Demonstrates ability to effectively manage patient care.
- B. Participates in/supports nursing component of the multidisciplinary care process.
- C. Demonstrates the defined charge responsibilities for patient care areas.
- D. Directs patient care activities of other health care workers and works with ancillary personnel in accordance with their scope of practice in hospital policies.
- E. Plans and uses time management skills in the management and delivery of patient care.
- F. Recognizes the need for and provides assistance to others where needed and when requested.
- G. Utilizes appropriate resources so that needed equipment and supplies are available.
- H. Consults as needed with other healthcare workers for specific patient problems or developmental needs.
- I. Recognizes limitation in own skills or knowledge. Seeks assistance from appropriate resources.
- J. Responds to stressors in the hospital environment in a calm, positive manner.
- K. Assists in the orientation of employees and students as requested by Nurse Manager or designee.

- L. Delegate tasks and supervise the activities of other licensed and unlicensed care providers.
- M. May participate in the interview process and make hiring recommendations.

VI. Job Responsibility

Professional Growth and Development

Standard

- A. Participates in at least 8 contact hours within past 12 months. Contact hours for December portfolios should be from December of the previous year to November of the submission year. Contact hours for June portfolios should be from June to May. Defined as contact hours with supporting documentation from a professional accreditation organization. This needs to be at least 3 contact hours in addition to any mandatory education hours required by Georgia Regents Medical Center or the department.

- A. Demonstrates accountability for practice and maintains professional growth and development (select 2): (This will be reflected in evaluation at unit level)
 - Serves on a hospital or department committee/taskforce.
 - Membership in a professional nursing organization.
 - National Certification
 - Advanced Specialty Instructor (i.e., ACLS, BLS instructor, etc.).
 - Participates in a community health service project.
 - Participates in a community health education project
 - Staff meeting/unit based inservice on evidence-based practice.
 - Participates in a health support group.
 - Chairs/active participant in unit based committee
 - Chairs/active participant in unit based taskforce
 - Project negotiated with NM
 - Participates in formal nursing education.
 - Active unit preceptor
 - Charge nurse

VII. Job Responsibility

Performance Improvement/Research

Standards

- A. Participates in PI/Research activity.
- B. Participates in data collection
- C. Questions patterns observed in nursing practice.
- D. Reads nursing literature specific to practice.
- E. Participates in unit PI activities by contributing one idea for a project in writing.
- F. Advanced PI/research activities.

Education/Training:

Work requires graduation from an accredited RN program and current license in the state of Georgia.

Experience/additional criteria for advancement:

- 12 months RN experience with at least 6 months of .5 FTE or above at Georgia Regents Medical Center, one patient exemplar, a current performance evaluation that reflects the applicant consistently meets or exceeds the performance standards established by the applicant's management team.

CLINICAL NURSE III

Summary of Position:

A Registered Nurse, who maintains all his/her basic competencies and has met all requirement for Clinical Nurse II, responsible and accountable for advanced clinical practice who serves as a professional role model. Demonstrates clinical expertise within a defined specialty and functions consistently and autonomously in a leadership role. He/She works predominantly with patients, families, and nursing staff. They incorporate current literature and research into personal practice and in a leadership role. Using an interdisciplinary approach, the CNIII, creatively implements the nursing process across the continuum of care. They identify the strengths within the service area and take the opportunity to develop and or mentor others to promote professional growth and improve patient outcomes.

I. Job Responsibility

Evidence of Nursing Process: Assessment

Standard

- A. Utilizes advanced assessment/interviewing techniques to anticipate and correlate similarly diagnosed patients.
- B. Anticipates needs with patient populations.

II. Job Responsibility

Evidence of Nursing Process: Problem Identification

Standard

- A. Uses problem statements throughout documentation.

III. Job Responsibility

Evidence of Nursing Process- Intervention/Implementation of the Plan of Care

Standard

- A. Identifies strategies, evaluates standards and incorporates these strategies into plan of care for patient/family.
- B. Involves interdisciplinary team in plan of care.
- C. Involves the patient/family in plan of care.
- D. Identifies patient/family/group strengths and incorporates into the plan of care.
- E. Identifies and incorporates approaches to provide cost effective care.

IV. Job Responsibility

Evidence of Nursing Process: Evaluation of Patient Progress toward Desired Outcome

Standard

- A. Evaluates effectiveness and proposes changes of unit routines/standards/protocols/care maps/pathways.
- B. Participates in the development of unit routines/standards/protocols/care maps/pathways.

- C. Analyzes patient/group problems/variances and makes recommendations.

V. Job Responsibilities

Patient Care Resource Utilization

Standard

- A. Serves as a primary preceptor, role model and/or mentor.
- B. Demonstrates ability to proficiently manage patient care.
- C. Directs nursing component of the multidisciplinary care process.
- D. Demonstrates all inclusive charge responsibilities for patient care areas.
- E. Directs and mentors patient care activities of other health care workers and works with ancillary personnel in accordance with their scope of practice in hospital policies.
- F. Demonstrates time management skills in the management and delivery of patient care without delays.
- G. Independently recognizes the need for and provides assistance to others where needed.
- H. Anticipates needs of appropriate resources so that needed equipment and supplies are available.
- I. Recognizes and initiates the need for consult with other healthcare workers for specific patient problems or developmental needs.
- J. Recognizes limitation in own skills or knowledge. Seeks assistance from appropriate resources.
- K. Responds to stressors in the hospital environment in a calm, positive manner, which positively influences the area's work.
- L. Orients employees and students as requested by Nurse Manager or designee.
- M. Delegate tasks and supervise the activities of other licensed and unlicensed care providers.
- N. May participate in the interview process and make hiring recommendations.

VI. Job Responsibilities

Performance Improvement/Research

Standard

- A. Questions clinical practice as it relates to evidence based practice.
- B. Evidences advanced PI/research activities.
- C. Interprets PI project and assists with data collection.
- D. Reads and applies nursing research specific to practice.

VII. Job Responsibilities

Professional Growth and Development

Standard

- A. Participates in at least 16 contact hours, 12 of which must be in the applicant's area of expertise, within the past twelve (12) months. Contact hours for December portfolios should be from December of the previous year to November of the submission year.

Contact hours for June portfolios should be from June to May. Defined as contact hours with supporting documentation from a professional accreditation organization. This needs to be in addition to any mandatory education hours required by Georgia Regents Medical Center or the department.

- B. Demonstrates accountability for practice and maintains professional growth and development (select 4).
- Membership in a Professional Nursing Organization
 - National Certification
 - Advanced Specialty Instructor
 - Current Formal Nursing Education
 - Charge Nurse Responsibilities
 - Unit Preceptor/Mentor
 - Mini expert
 - Cross Training
 - Serves on a Hospital or Department Committee
 - Serves on a Hospital or Department Taskforce
 - Coordination of a Community Health Activity/Event
 - Participation in a Community Health Service Activity/ Event
 - Participation in a Community Health Education Activity/Event
 - Organizer of a Volunteer Activity/Event
 - Ongoing Participation as a Volunteer
 - Educational Activity
 - Patient/Family Education Materials/Program
 - Chairs/Active Participant in Unit Based Committee
 - Chairs/Active Participant in Unit Based Taskforce
 - Activity Negotiated with Nurse Manager
 - Facilitates a Health Support Group
 - Professional or Health Related Presentation
 - Professional or Health Related Publication
 - Research/PI/Evidenced Based Practice Related Project
 - Officer or Committee Position in a Professional Nursing Organization

Education/Training:

Work requires graduation from and accredited RN program and current license in the state of Georgia.

Experience/additional criteria for advancement:

BSN, MSN, or 4 years RN experience with 3 years (full time) nursing experience in an acute care facility including one year of at least .5 FTE or above at Georgia Regents Medical Center, patient exemplar and a current performance evaluation that reflects the applicant consistently meets or exceeds the performance standards established by the applicant's management team.

CLINICAL NURSE IV

Summary of Position:

Clinical Nurse IV (CNIV)- Expert: A Registered Nurse, who maintains all his/her basic competencies and has met all requirement for Clinical Nurse II, assumes accountability for maintaining high standards of patient care, developed a level of expertise normally achieved by working with the same patient population for several years. He/she is a leader, teacher, professional communicator, demonstrates a supportive attitude toward nursing management. A Clinical Nurse IV shares responsibility for staff development and in implementing evidenced based nursing practice, and quality/performance improvement. He/she is a role model and drives quality care that leads to increased patient satisfaction. He/She is responsible and accountable for advanced clinical practice. He/She has demonstrated expertise in their clinical area, serves as a professional role model, staff/community educator, and demonstrates leadership at a departmental, hospital or regional/national level.

I. Job Responsibilities

Evidence of Nursing Process: Assessment

Standard

- A. Anticipates patient outcomes based on patterns or response.
- B. Revises/recommends changes policies based on clinical observations, patterns of response/current literature.
- C. Direct practice reflects comprehensive level of assessment skills.
- D. Participates in development of divisional/hospital standards.

II. Job Responsibilities

Evidence of Nursing Process: Problem Identification

Standard

- A. Teaches patient problem identification and how to document patient problems/needs/diagnosis.
- B. Demonstrates use of consistent language with problem statements.
- C. Teaches other consistent use of problem statements.

III. Job Responsibilities

Evidence of Nursing Process: Intervention/Implementation of the Plan of Care

Standard

- A. Collaborates in efforts to lower LOS and/or reduce hospital costs.
- B. Plan/evaluated hospital cost effective strategies.
- C. Initiates and implements a cost-effective project

IV. Job Responsibility

Evidence of Nursing Process: Evaluation of Patient Progress toward Desired Outcome

Standard

- A. Collects/monitors and evaluates data to participate in variance analysis or effect changes in practice.
- B. Implements/pilots proposed changes.
- C. Tracks and evaluates data collected.

V. Job Responsibility

Patient Care Resource Utilization

Standard

- A. Orient peers to preceptor role.
- B. Orient peers to the charge nurse roles.
- C. Designs orientation to specialty preceptorships.
- D. Is a mentor

VI. Job Responsibilities

Performance Improvement/Research

Standard

- A. Evidences advanced PI/research activities.
- B. Initiates changes based on PI.
- C. Utilizes nursing research to assist with change in nursing practice.
- D. Initiates research/PI project.

VII. Job Responsibilities

Professional Growth and Development

Standard

- A. Participates in 24 hours contact hours, all of which must be in the applicant's area of expertise, within the past 12 months. Contact hours for December portfolios should be from December of the previous year to November of the submission year. Contact hours for June portfolios should be from June to May. Defined as contact hours with supporting documentation from a professional accreditation organization. This needs to be in addition to any mandatory education hours required by Georgia Regents Medical Center or the department.
- B. Demonstrates accountability for practice and maintains professional growth and development (select 6):
 - Membership in a Professional Nursing Organization
 - National Certification
 - Advanced Specialty Instructor
 - Current Formal Nursing Education
 - Charge Nurse Responsibilities
 - Unit Preceptor/Mentor
 - Mini expert
 - Cross Training
 - Serves on a Hospital or Department Committee
 - Serves on a Hospital or Department Taskforce
 - Coordination of a Community Health Activity/Event
 - Participation in a Community Health Education Activity/Event
 - Participation in a Community Health Service Activity/Event

- Organizer of a Volunteer Activity/Event
- Ongoing Participation as a Volunteer
- Educational Activity
- Patient/Family Education Materials/Program
- Chairs/Active Participant in Unit Based Committee
- Chairs/ Active Participant in a Unit Based Taskforce
- Activity Negotiated with Nurse Manager
- Facilitates a Health Support Group
- Professional or Health Related Presentation
- Professional or Health Related Publication
- Research/PI/Evidenced Based Practice Related Project
- Officer or Committee Position in a Professional Nursing Organization

Education/Training:

Work requires graduation from an accredited RN program and current license in the state of Georgia.

Experience/criteria for advancement:

Must have 5 years (full time) clinical nursing experience at an acute care facility including .5 FTE or above at Georgia Regents Medical Center for at least two years, a current performance evaluation that reflects the applicant consistently meets or exceeds the performance standards established by the applicant's management team. **You must have a National Certification and be CN III for 12 months before advancing to CN IV.**

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
MAINTAINING/RESUBMITTING CNIII/CNIV
CLINICAL LEVEL**

Clinical Nurse III and Clinical Nurse IVs maintain their status through yearly submissions of portfolios that meet the selection process and criteria and through Annual Performance Appraisals.

A letter of intent to maintain must be submitted during the intent process (April and October of each year) to the New_Clinical_Ladder_Council@gru.edu

CNIII and CNIV must maintain a current performance evaluation that reflects the applicant consistently meets or exceeds the performance standards established by the applicant's management team.

Maintaining is retention of current clinical ladder and peer review level of either CNIII or CNIV.

After successfully achieving a level on the Clinical Ladder and Peer Review program, maintaining the same level will not require resubmission of an entire portfolio. Your maintenance portfolio should consist of the agreement form, portfolio facesheet, current contact hours, Nurse Manager support template (signed/dated, the full letter is not needed), and the four (CNIII) or six (CNIV) current leadership activities. The templates for each of these requirements remain the same as for a first time application.

Resubmission is for applicants that are denied advancement at the last submission, but were advised on what needed to be corrected. An updated portfolio, with corrections made, may be resubmitted at the next application process in six months. **(All dated material must be within the designated time frame for the resubmission.)**

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
INSTRUCTIONS TO COMPLETE PROGRAM
FOR CNIII AND CNIV**

ALL applicable sections must be completed. Remember to check **and** recheck your document for completeness. Please include copies of **supportive material** where **indicated**.

You can email the members of the Nursing Clinical Ladder and Peer Review Council at New_Clinical_Ladder_Council@gru.edu for feedback. Any member of the council can answer questions you may have as you complete your portfolio.

Once your application is completed, you should submit the bound portfolio to the Nursing Clinical Ladder and Peer Review Council by the published due date.

For CNIV applicants, the Chair will notify you of the designated time to appear before the council for the interview. At this meeting, please be prepared to discuss the content of your application and answer any questions from council members.

REMINDER:

- B. Select and submit **only** the number of leadership activities for the level in which you are applying. CNIII select 4, CNIV select 6.
- C. All leadership activities have templates that must be used. All activities require written documentation and some require supporting documentation. **All templates should be addressed directly on the template with information supporting/answering the template criteria directly below the requested information (similar to bulleted format). Address each item as required; do not simply repeat the phrase when addressing the information.**
- D. For new CNIII and CNIV applicants, address **each alphabetized item (A,B,C) under each standard** listed under job responsibilities in the summary of position section for that level **individually** with specific examples using "I" statements, except for standard VII, Professional Growth and Development. **A summary paragraph will not be accepted.** (See Appendix E for examples)
- E. **Contact hours for December portfolios should be from December of the previous year to November of the submission year. Contact hours for June portfolios should be from June to May.**
- F. **Appendix A of this packet has detailed information on the presentation of your portfolio**
- G. **Please read entire packet carefully as revisions to the document are done annually.**
- H. Agreement form is to be sent in with the portfolio.
- I. Nursing Clinical Ladder and Peer Review Council Members will be available to answer questions. Current Chair will have these names and names of individuals who can offer assistance.
- J. **No exceptions will be made for late portfolio submissions.**

- K. Portfolios not meeting minimum requirements as specified on the facesheet will not be read and will not be eligible for appeal. Portfolios will be returned to the applicant for re-submission during the next submission cycle.**

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
AGREEMENT FORM**

Date: _____

I, _____, am applying for/maintaining my Level _____ in Georgia Health Science Medical Center Clinical Ladder and Peer Review program in nursing. I am aware of and in agreement with the following terms:

1. I am entering this program by my own choice and understand that I am solely responsible for meeting all requirements
2. I am responsible for obtaining documentation and validation signatures as required, as well as maintaining any other information that may be needed.
3. I understand that in order to advance or maintain my level in the Clinical Ladder Program I must meet annual requirements as outlined in the program.
4. I have checked my portfolio for completeness including dates and signatures. All material supplied reflects events in the past 12 months with the exception of the patient care exemplar which reflects events in the last 18 months.
- 5. I understand that if any required element listed on the face-sheet is missing from my portfolio, promotion/maintenance of the Clinical Nurse level will be denied and I will not be eligible to appeal this decision.**

The Nursing Clinical ladder and peer review Council will review my portfolio and make recommendations based on the council's interpretation of the portfolio for my promotion within the Clinical Ladder and Peer Review Program.

Signature: _____ Date: _____

Name (Print): _____

Unit: _____

Signature Chair or Co-Chair or designee: _____
Clinical Ladder and Peer Review Council

Date: _____

**CLINICAL LADDER AND PEER REVIEW PROGRAM
 DEPARTMENT OF NURSING
 PORTFOLIO FACESHEET: CNIII/IV**

Applicant's Demographic Information:

Full Name: _____
 Employee #: _____
 GHSMC Email Address: _____ @georgiahealth.edu
 GHSMC RN Hire date: _____ Preferred Phone #: _____
 School of Nursing attended/Graduation date: _____
 Clinical level of application: Select CN Level and Portfolio Type

<input type="checkbox"/> CNIII	<input type="checkbox"/> Application
<input type="checkbox"/> CNIV	<input type="checkbox"/> Maintenance

Nurse Manager: _____
 Unit: _____ Unit Phone#: _____ Usual Shift: _____

Application Components: Select Appropriate Portfolio Type and submit **all** required elements. Any portfolio submitted without required elements will be denied for promotion/maintenance and an appeal will not be granted.

Promotion Portfolio- Required Elements (All elements are required except as noted.)

- Signed Copy of Agreement Form
- Professional Resume
- Job Responsibilities (must address each standard individually and provide example)
- BSN, MSN, or 4 years RN experience (CN III 3 years acute care facility/ CN IV 5 years)
- Written Nurse Manager recommendation/Peer Support letters x3
- L. Contact Hours (CNIII-16, CNIV- 24) within the last 12 months Contact hours for December portfolios should be from December of the previous year to November of the submission year. Contact hours for June portfolios should be from June to May.
- Patient Care Exemplar
- Georgia Health Science Medical Center experience at least .5 commitment (1 year- CNIII, 2 years- CNIV) HR verifies
- National Certification *(Required for CNIV)
- Leadership activities, choose 4 or 6 as directed below

Maintenance Portfolio- Required Elements (All elements are required except as noted.)

- Signed Copy of Agreement Form
- Signed and Dated Nurse Manager Letter Template
- M. Contact Hours (CNIII-16, CNIV- 24) within the last 12 months. Contact hours for December portfolios should be from December of the previous year to November of the submission year. Contact hours for June portfolios should be from June to May.

- National Certification *(Required for CNIV)
- Leadership activities, choose 4 or 6 as directed below

Leadership Activities (CNIII - 4; CNIV - 6) unless otherwise stated all activities must be within the past year: (Leadership activities are required for both promotion and maintenance portfolios.)

- Charge Nurse Responsibilities
- Unit Preceptor/Mentor
- *Mini Expert
- *Cross Training
- *Serves on a Hospital or Department Committee
- *Serves on a Hospital or Department Taskforce
- *Coordination of a Community Health Activity/Event
- *Participation in a Community Health Education Activity/Event
- *Participation in a Community Health Service Activity/Event
- *Educational Activity
- *Patient/Family Education Materials/Program
- *Chairs/Active Participant in Unit Based Committee.
- *Chairs/Active Participant in Unit Based Taskforce
- *Activity Negotiated with Nurse Manager
- *Facilitates a Health Support Group.
- *Research/PI/Evidenced Based Practice Related Project.
- *Membership in a Professional Nursing Organization
- *Officer or Committee Position in a Professional Nursing Organization
- *Advanced Specialty Instructor
- Current Formal Nursing Education
- *National Certification-current (One required for CNIV which does not count as a leadership activity – a second and third national certification may be used as a leadership activity)
- *Professional or Health Related Presentation
- *Professional or Health Related Publication
- *Ongoing Participation as a Volunteer
- *Organizer of a Volunteer Activity/Event

*This activity type may be used twice for this application; all others may be used once.

Applicant Signature and Date

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
SUPPORT LETTERS**

The purpose of the support letters is to communicate to the Portfolio Review Team that the applicant is supported by both their management and peers for promotion.

Managers:

As a manager/director, you will be asked to either endorse or not endorse a clinician's request to submit a portfolio to the Nursing Clinical Ladder and Peer Review Committee. Endorsement reflects your decision that the clinician meets the criteria described for the level of practice for which s/he is seeking recognition. Please review the criteria for the specific level of practice in question. Endorsement by the manager or director is required in order for the clinician to submit his/her portfolio. The council will carefully review the portfolio and will make a final decision about recognizing the applicant at that level.

Peers:

Applicant's peers are asked to write a letter of support for an applicant to the GHSMC Clinical Ladder and Peer Review Program. This program is designed to recognize clinicians for advanced levels of clinical practice and is intended to reward clinicians for excellence in the care of patients and families and for their ability to work collaboratively with others in leadership roles. The letter will be reviewed as part of the applicant's portfolio.

Process:

All letters must be signed and dated.

The three peer-support letters include one peer chosen by the manager and two by the applicant.

Maintenance portfolios require submission of the manager support template only.

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
NURSE MANAGER SUPPORT**

I recommend _____ for promotion/ maintenance of CNIII/IV without reservation. He/she has demonstrated an exceptional level of consistent performance in all of the following areas:

- _____ Clinical performance
- _____ Communication Skills
- _____ Mentoring
- _____ Teamwork
- _____ Positive leadership during change
- _____ Leadership with unit/departmental patient care initiatives

I further verify that the applicant has met the following criteria: the applicant's current performance consistently meets or exceeds standards established by the applicant's management team.

Nurse Manager

Date

Reminders

- Applicants for promotion must submit letter of documentation from nurse manager to demonstrate how the performance areas are consistently met.
- Manager support letter must follow the template on the following page with all 6 elements specifically addressed. **The letter must be dated and signed.**
- Maintenance portfolios only completed and signed manager support template is required.

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
NURSE MANAGER SUPPORT LETTER**

Dear Members of the Nursing Clinical Ladder and Peer Review Council,

_____ consistently demonstrates excellence in his/her performance as evidenced in the following areas (using examples):

Clinical performance:

Communication skills:

Mentoring:

Teamwork:

Positive leadership during change:

Leadership with unit/departmental patient care initiative:

Signed _____ Dated _____

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
PEER SUPPORT**

_____ is moving forward as a CNIII/IV. He/she has demonstrated an exceptional level of consistent performance in all of the following areas:

- _____ Clinical performance
- _____ Communication skills
- _____ Mentoring
- _____ Teamwork
- _____ Positive leadership during change
- _____ Leadership with unit/departmental patient care initiative

I further support applicant's use of the following for advancement:

- _____ Charge Nurse
- _____ Precepting

Return by _____ to Nurse Manager

Reminders:

- The applicant must submit letters of documentation to demonstrate how the performance areas are consistently met. Peer support letters must follow the template on the following page with all six elements specifically addressed.
- Applicant is required to have 3 peers' support – 1 chosen by nurse manager and 2 by applicant
- **To verify authenticity, all peer support letters must be dated and signed including the manager selected peer letter.**
- **Maintenance portfolios do not require peer support letters.**

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
PEER SUPPORT LETTER**

Members of the Nursing Clinical Ladder and Peer Review Council,

_____ consistently demonstrates excellence in his/her performance as evidenced in the following areas (current examples):

Clinical performance:

Communication skills:

Mentoring:

Teamwork:

Positive leadership during change:

Leadership with unit/departmental patient care initiative:

Signed _____ Dated _____

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
PATIENT CARE EXEMPLAR**

CNIII/CNIV: Type the exemplars in a clear, professional, understandable style

Benner believes in the situation-based, interpretive approach to identifying and describing knowledge, which is imbedded in everyday clinical practice. Her descriptions and definitions of what nurses do to make a difference, which she calls the “domains” of nursing, were culled from hundreds of narrative examples (“exemplars”) submitted by nurses. Benner’s seven domains include:

- 1. THE HELPING ROLE**
- 2. THE TEACHING-COACHING FUNCTION**
- 3. EFFECTIVE MANAGEMENT OF RAPIDLY CHANGING SITUATIONS**
- 4. THE DIAGNOSTIC AND MONITORING FUNCTION**
- 5. ADMINISTERING AND MONITORING THERAPEUTIC INTERVENTIONS AND REGIMENS**
- 6. MONITORING AND ENSURING THE QUALITY OF HEALTH CARE PRACTICES**
- 7. ORGANIZATION AND WORK-ROLE COMPETENCIES.**

Benner, Patricia: From Novice to Expert, UCSF, 1984, Addison-Wesley Publishing, Menlo Park.

An exemplar is a clinical narrative is a first person “story” by a clinician that describes a specific clinical event or situation. Writing the narrative allows a clinician to describe and illustrate her / his current clinical practice in a way that can be easily shared and discussed with professional colleagues. In addition, the narrative can help clinicians examine and reflect on their clinical practice or analyze a particular clinical situation. Think of the stories about patients that you have never forgotten. To assist you in writing exemplars give examples in your individual practice which:

1. Demonstrate your ability to function in any three of Benner’s domains from the above list.
2. Write, in your own words, a narrative containing at least three domains. Describe clinical situations, which you believe positively impacted your practice.
3. State the domains you are addressing at the beginning of the exemplar.
4. Include how you felt about the situation, why you think your actions may have differed from someone with less experience and outcome changes if any.

Criteria for Exemplars

To assist you in writing exemplars, the following information pertinent to evaluation of exemplars is offered:

1. One written exemplar must be submitted for review. The exemplar must be reflective of events that occurred in the last eighteen (18) months.
2. Identify the 3 domains (or more) from Benner's Model that are addressed at the beginning of the exemplar.
3. Demonstrate in each exemplar how you functioned in the three (3) of the domains you selected.
4. Exemplars include information about any of the following:
 - how you felt about the situation
 - why you felt that your actions were important;
 - why the actions were important;
 - why the actions may have been different from someone with less experience and how the outcome changed practice
5. Describe in the exemplar, a clinical situation that was positively impacted by your practice.
7. Demonstrate excellence in your exemplar, i.e. should result in a positive or rewarding experience for the patient/family or practice.
8. Describe in the exemplar, how you personally made a difference.
9. Show in your exemplar how you used fine discretionary judgment and/or intuitive use of knowledge.
10. Write the exemplar in your own words. Uniqueness and individuality are important.

Appendices B and C of this packet includes a lengthy description of Benner's Domains and helpful examples of exemplars.

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
RESUME TEMPLATE**

(Any current professional resume or CV is acceptable. This format is not required, but all elements need to be addressed.)

Application for (check one): CNIII: _____ CN IV: _____

Name: _____ Unit: _____ Date: _____

Professional licensure: State and expiration date

Education: (all formal post-secondary education)

For completed education, include educational institution, degree granted and/or major area of study, and date of graduation

For education in progress, include educational institution, degree in progress and/or major area of study, expected date of graduation.

Professional Experience: List work experience and dates of employment in chronological order. List all formal positions held, including institution, position title, and description of primary responsibilities, activities and accomplishments, starting and ending dates

Professional Activities/Memberships/Publications: Include participation on committees and related research activities if applicable.

Honors/Scholarship/Award: List title and year received.

Continuing Education/College Courses: Attended in past two years.

Professional Goals/Objectives may be included, but are not required.

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
LEADERSHIP ACTIVITIES**

CN III Select 4

CN IV Select 6

Reminder:

- N. Select and submit **only** the number of leadership activities for the level in which you are applying. CNIII select 4, CNIV select 6.
- O. All leadership activities have templates **that must be used**. All activities require written documentation and some require supporting documentation.
- P. **All templates should be addressed directly on the template with information supporting/answering the template criteria directly below the requested information (similar to bulleted format). Address each item as required; do not simply repeat the phrase when addressing the information.**

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
LA-1: CHARGE NURSE RESPONSIBILITIES**

Address each required element on the template using bulleted statement. All elements must be addressed with specific examples using "I" statements, and not a restating of the required element.

- Functioning in Charge Nurse Role in the last 12 months. (Include name of unit/department where you functioned as charge nurse.)
- Continually reevaluates current staffing needs on the unit, sister units, and hospital level and reallocates resources appropriately.
- Effectively communicates with all Departments.
- Collaborates with all Departments to resolve problems, concerns, and issues.
- Proactive thinker for clinical and operational issues. Devises better way of doing things (i.e., looks ahead at schedule and shifts resources appropriately)
- Charge nurse preceptor based on unit needs (if applicable).
- Encourages effective teamwork.
- Skilled at conflict resolution.
- Constructively confronts performance issues at all levels.
- Able to multitask. (i.e., take patient assignment along with charge role)

Signature of Nurse Manager _____ Date _____

Signature of Supporting Peer _____ Date _____

Signature of Supporting Peer _____ Date _____

Reminders:

- Name of the department where you were functioning in the charge nurse role.
- Include 2 Supporting Peer Signatures.

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
LA-2: UNIT PRECEPTOR/MENTOR**

Required Criteria: Must address each criteria on the template as bulleted statements.

- _____ Completed one preceptorship within the past twelve months
- _____ Functions as preceptor for greater than one year at GHSMC
- _____ Preceptee orientation must be completed and not currently in progress.
- _____ Works with team to coordinate orientation
- _____ Works with preceptee to identify goals for the orientation and evaluates outcomes
- _____ Collaborates with management for special needs of preceptee (i.e. extended orientation)
- _____ Adapts orientation to specific learning style of preceptee.
- _____ Utilizes Nurse Resident Weekly Progress Report for Nurse Residents to promote and evaluate weekly goals. (if applicable)
- _____ Completes Competency Based Orientation and participates in weekly review with preceptee.
- _____ Models teamwork
- _____ Demonstrates strong knowledge of unit/hospital policies to support practice
- _____ Assists and guides preceptee in achieving independence within an acceptable time frame
- _____ Honest and able to point out strengths and weaknesses of preceptee
- _____ Enjoys teaching new staff
- _____ Teaches and mentors unit staff in the role of preceptor

Signature Nurse Manager/Date

Nurse Manager Signature verifies 40 hour minimum requirement was met.

Reminder:

- a. Preceptor is defined as teacher/mentor, preceptee is learner/student.**
- b. To qualify, the preceptor must work with the preceptee a minimum of 40 hours.**
- c. All criteria must be checked on template and signed by Nurse Manager**
- d. Address how each required criteria was met on the template.**
- e. Copy of preceptor evaluation must be submitted. This must be from a completed preceptorship within the last 12 months. Please use evaluation form found in Appendix F of this document.**

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
LA-3: *MINI EXPERT**

Required criteria: Address on the template using bulleted statements.

- Describe area(s) of expertise
- Written in the first person, describe positive outcome of your expertise (i.e., decrease cost, decrease infection, education, and how you disseminate/share this expertise with co-workers or others)

Additional required criteria: Choose 4 of 6 and address on the template using bulleted statements.

- Demonstrates a high degree of skill and/or knowledge of a certain technical task or subject.
- Educates or trains other staff members in specific areas of expertise to improve clinical practice.
- Serves as a resource person for all staff and acts as a problem-solver on specific areas of expertise when contacted by team members.
- Performs as a role model by consistently offering assistance and/or availability.
- Demonstrates a level of expertise in a specific area not required on your unit.
- Assists in obtaining data that supports positive outcome of your specific area of expertise on your unit or for a certain patient population.

Signature Nurse Manager/Date

Nurse Manager Signature validates use of this expertise on the unit.

Reminder:

a. All criteria must be addressed per above and the template and signed by Nurse Manager

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
LA-4: *CROSS TRAINING**

Required Criteria: address on the template using bulleted statements.

- Independently volunteers to acquire knowledge, skill, and experience to provide direct patient care *(cross training) to an area other than the primary unit
- Provides evidence of competency based orientation to unit other than primary unit
- Demonstrates flexibility by volunteering to work in another area other than primary unit (provide dates with a minimum of once per quarter).
- Accepts direct patient care assignment on re-assigned unit
- Exhibits flexibility on short notice
- Acts as a resource person by exchanging knowledge and skills with other team members when nurses are re-assigned to the nurse's primary area
- Summary of how the cross training unit differs from your baseline skills required on primary unit.

CROSS TRAINING UNIT(s): _____

Signature Nurse Manager/Date

Signature validates current competence in area of cross training and work commitment.

Signature Receiving Charge Nurse/Date

Reminder:

a. All required criteria must be checked on the template and signed by

---Nurse Manager

---Receiving Charge Nurse

b. Identification of Cross Training Unit(s) and dates worked in the past year. (Minimum once per quarter)

c. Documentation submitted of how Cross Training Unit(s) differs from baseline skills required on primary unit.

*** Cross training is essential in providing individual growth, meeting patient and census needs, and facilitating the continuity of quality patient care.**

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
LA-5: *HOSPITAL/DEPARTMENTAL COMMITTEE**

Must be an active participant on a departmental or hospital committee

Required Criteria: address on the template using bulleted statements.

- Name of the committee
- Purpose/Charge
- Your tenure on committee (minimum 9 months)
- Personal contribution
- Summary of progress and outcomes
- Verification of active participation (letter from chair or minutes)

I verify the above information is accurate.

Signature of Chair

Date

Reminder:

a. Documentation submitted that includes the following information

- Name of committee
- Purpose/Charge
- Applicant's tenure on Committee (minimum 9 months)
- Personal contribution to the committee (written in the first person list how/what you contribute to the committee or how you share the information with your peers.)
- Summary of Progress and Outcomes
- Verification of active participation (letter from committee chair or minutes validating participation.
- Signature and Date of Chair of Committee, verifying above information

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
LA-6: *HOSPITAL/DEPARTMENTAL TASKFORCE**

Must be an active participant on a departmental or hospital task force.

A task force is defined as a short outcome driven group or project for a specific outcome.

If the task force is within a committee, you may only take credit for one or the other template

Required Criteria: address on the template using bulleted statements.

- Name of the task force
- Purpose/Charge
- Your tenure on taskforce
- Personal contribution
- Summary of progress and outcomes

I verify the above information is accurate.

Signature of Chair Signature validates active participation in this taskforce.

Date

Reminder:

a. Documentation submitted that includes the following information

- Name of task force
- Purpose/Charge
- Applicant's tenure on task force
- Personal contribution to the committee (written in the first person list how/what you contribute to the task force or how you share the information with your peers.)
- Summary of Progress and Outcomes
- Verification of active participation
- Signature and Date of Chair of Committee, verifying above information

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
LA- 7: *COORDINATION OF A COMMUNITY
HEALTH ACTIVITY/EVENT**

Coordination of community health education/service activity/event in the last 12 months

Required Criteria: must address all required criteria on the template using bulleted statements.

- _____ Name of the community health education/service activity/event
- _____ Identify the need for the education or service within the “community” that focuses on prevention, early detection and/or health maintenance, or health service such as screenings, or volunteered medical hours for community events.
- _____ Possess effective delegation/communication skills.
- _____ Possess strong networking skills.
- _____ Knowledgeable about community resources or where to obtain.
- _____ Recruit volunteers from multidisciplinary team as appropriate.
- _____ Provide summary of event in first person narrative including personal contributions as coordinator (be specific).

If Applicable:

- _____ Establish a budget, identify funding resource.
- _____ Develop a tool/feedback to evaluate effectiveness of activity/event.

I verify this applicant was the coordinator of this activity/event.

Signature of Activity/Event Leadership/Sponsor/Date

Reminder:

- a. All required criteria on the template must be addressed on the template in bulleted statements.**
- b. Signature of Activity/Event Leadership/Sponsor that verifies coordination of this activity/event by applicant.**

***Be sure to document the exact purpose of this activity/event and the benefits of what you were doing.**

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
LA-8: *PARTICIPATION IN A COMMUNITY
HEALTH EDUCATION ACTIVITY/EVENT**

Participation in the last 12 months

Definition: Community health education activity/event provides the nurse an opportunity to share health information to a specific population within the community for the purpose of promotion of health and wellness. This event/activity may be at health fairs, screenings, community organized gatherings, etc., but focuses on a specific health topic that is taught to those in attendance. This includes health maintenance education programs or community awareness programs where education is the focus of the event.

Required Criteria: address on the template using bulleted statements

- Name of the community health education activity/event
- Identify the need for the education within the “community” that focuses on prevention, early detection and/or health maintenance.
- Possess effective delegation/communication skills.
- Knowledgeable about community resources or where to obtain.
- Recruit volunteers from multidisciplinary team as appropriate
- Provide summary of event in first person narrative including personal contributions and positive outcomes (be specific).

I verify participation of the applicant:

Signature of Activity/Event Coordinator/Date

Reminder:

- a. All required criteria must be addressed on the template in bulleted format.**
- b. Signature of Activity/Event Coordinator/Sponsor that verifies participation of applicant.**

***Be sure to document the exact purpose of this activity/event and the benefits of what you were doing.**

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
LA-9: *PARTICIPATION IN A COMMUNITY
HEALTH SERVICE ACTIVITY/EVENT**

Participation in the last 12 months

Definition: Community health service activity/event provides the nurse an opportunity to share professional practice on a volunteer basis to a specific population within the community for the purpose of support and promotion of health and wellness. This event/activity may be at health fairs, BP screenings/ flu shot clinics, community organized gatherings, DMAT, etc., in which the nurse provides a level of expertise to the community through their volunteer service.

Required Criteria: address on the template using bulleted statements

- Name of the community health service activity/event
- Identify the need for the professional health service that supports the “community”
- Possess effective delegation/communication skills.
- Knowledgeable about community resources or where to obtain.
- Recruit volunteers from multidisciplinary team as appropriate
- Provide summary of event in first person narrative including personal contributions and positive outcomes (be specific).

I verify participation of the applicant:

Signature of Activity/Event Coordinator/Date

Reminder:

- a. All required criteria must be addressed on the template using bulleted statements.**
- b. Signature of Activity/Event Coordinator/Sponsor that verifies participation of applicant.**

***Be sure to document the exact purpose of this activity/event and the benefits of what you were doing.**

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
LA-10: *EDUCATIONAL ACTIVITY**

Submit information pertaining to an education the applicant coordinated and presented.

Required Criteria: address on the template using bulleted statements

- Lesson plan of presentation or description of program including purpose, objectives and outline.
- Documentation of attendance- Attach roster.
- Summary of participant's feedback (evaluation form) or signature of leadership person and their evaluation- Attach summary of feedback.
- Flyer or program brochure if appropriate and/or available- Attach flyer or brochure.

Signature of leadership or sponsor

Date

Reminder:

a. Documentation submitted that includes the following information:

- Written teaching plan that includes description of program, purpose, objectives and outline
- Includes action taken with plan
- Coordination of plan
- How plan was implemented
- How plan was evaluated
- Discusses personal contribution of applicant to the developed plan
- Program roster
- Program evaluation
- Includes signature and date of Nurse Manager, verifying above information

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
LA-11: *PATIENT OR FAMILY EDUCATIONAL
MATERIALS OR PROGRAM**

Submit a teaching plan for patient/family groups

Required Criteria: address on the template using bulleted statements

- Identify the target population for which the educational materials/program is being developed.
- Submit written plan for development of the educational materials/program.
- Describe the action taken.
- Describe how the activity was coordinated.
- Describe the implementation of the activity.
- Document the evaluation of the activity.
- Submit personal contributions to the developed plan.

Signature of Nurse Manager

Date

Reminder:

Documentation submitted that includes the following information:

- Written teaching plan that targets specific population for a patient/family group**
- Describe the relevance of the patient teaching and evidence to support**
- Describe the coordination of plan**
- How the plan was implemented**
- How the plan was evaluated**
- Discusses personal contribution of applicant to the developed plan**
- Provides copy of patient/family education materials**
- Includes signature and date of Nurse Manager, verifying above information**

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
LA-12: *CHAIR/ACTIVE PARTICIPATION ON
UNIT BASED COMMITTEE**

Provide documentation of your individual contributions to the committee as chair or committee member (personal responsibility and contributions).

Required Criteria: address on the template using bulleted statements

- Name of the committee.
- Tenure on committee, minimum of 9 months
- Purpose/charge.
- Summary of progress and outcomes (include time frame).
- Personal contribution.

I verify the above information is accurate.

Signature of Nurse Manager Signature validates active participation.

Date

Reminder:

a. Documentation submitted of individual contributions (written in the first person) to the committee as chair or committee member that includes:

- Name of the committee**
- Tenure on committee**
- Purpose/charge**
- Summary of progress and outcomes (including time frame)**
- Personal contribution to the committee (list how/what you contribute to the committee or how you share the information with your peers.)**

b. Signature and date of nurse manager that verifies above information is accurate

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
LA-13: *CHAIR/ACTIVE PARTICIPATION ON
UNIT BASED TASK FORCE**

Provide documentation of your individual contributions to the taskforce as chair or taskforce member (personal responsibility and contributions).

A taskforce is defined as a short outcome driven group or project for specific outcome.

If the task force is within a committee you may only take credit for one or the other template.

Required Criteria: address on the template using bulleted statements

- Name of the taskforce.
- Tenure on taskforce.
- Purpose/charge.
- Summary of progress and outcomes (include time frame).
- Personal contribution.

I verify the above information is accurate.

Signature of Nurse Manager Signature validates active participation.

Date

Reminder:

a. Documentation submitted of individual contributions (written in the first person) to the committee as chair or committee member that includes:

- Name of the committee**
- Tenure on committee**
- Purpose/charge**
- Summary of progress and outcomes (including time frame)**
- Personal contribution to the committee (list how/what you contribute to the committee or how you share the information with your peers.)**

b. Signature and date of nurse manager that verifies above information is accurate

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
LA-14: *ACTIVITY AS NEGOTIATED WITH
NURSE MANAGER**

Submit written description of a completed or negotiated endpoint for a unit/division activity,

Required Criteria: address on the template using bulleted statements

- Purpose/objectives.
- Copy of project if appropriate (e.g., teaching tool, revision of standards, care maps).
- Outcomes.
- Personal contribution.

I verify that the above information is accurate.

Signature of Nurse Manager

Date

Reminder:

- a. Documentation submitted of a completed or negotiated endpoint for a unit/division or activity that includes the following:**
- Purpose/objectives of the activity
 - Copy of project (if appropriate)
 - Outcomes of the activity – how you impacted outcomes
 - Personal contribution (written in the first person)
- b. Signature and date of Nurse Manager verifying that above information is accurate**

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
LA-15: *HEALTH SUPPORT GROUP**

Submit written description of groups and your role and contributions

Required Criteria: address on the template using bulleted statements

- Name of the Health Support group.
- Tenure with the Health Support group.
- Purpose/goals of the Health Support group.
- Target population of the Health Support group.
- Meeting schedule of the Health Support group.
- Personal contribution to the Health Support group.
- Outcomes of the Health Support group.

Signature by agent of sponsoring organization/Nurse Manager

Date

Reminder:

a. Documentation submitted of individual contributions to the Health Support

Group that includes:

- Name of the Health Support group**
- Tenure with the Health Support group**
- Purpose/goals of the Health Support group**
- Target population of the Health Support group**
- Meeting schedule of the Health Support group**
- Personal contribution (in first person) to the Health Support group.**
- Outcomes of the Health Support group– how you impacted outcomes**
- Copy of flyer or advertisement of the Health Support group**

b. Signature and date by agent of sponsoring organization/Nurse Manager

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
LA-16: *RESEARCH/PI/ EVIDENCED BASED
PRACTICE RELATED PROJECT**

Submit statement of support from the Director of Research/PI Coordinator and abstract and/or paper.

Required Criteria: address on the template using bulleted statements

- Incorporates evidenced based practice into nursing practice
- Role models evidenced based practice to peers (unit posters with presentation)
- Evidence of participation in unit PI projects
- Abstract and/or paper.
- Name of sponsor/advisor and dates of completion.
- Submit statement of support from the Director of Research/PI Coordinator.

Signature

Date

Reminder:

- Incorporates evidence based practice into nursing role (provide description through patient scenario how this is accomplished.)**
- Role models evidenced based practice to peers (show evidence of tools developed to help peers.)**
- Develops storyboard on unit for identified PI project (if part of group, write narrative as to participation.)**
- Documentation submitted of individual's contributions to a Research or PI Related Project that includes:**
 - Abstract and/or Paper describing project**
 - Name of sponsor/advisor and dates of completion**
 - Signed and dated statement of support from Director of Research/PI Coordinator (PI Projects must be approved through quality management)**

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
LA-17: *MEMBERSHIP IN A PROFESSIONAL
NURSING ORGANIZATION**

The applicant demonstrates a commitment to the development of the profession of nursing by active participation in a professional nursing organization locally, nationally, or internationally.

Required Criteria: address on the template using bulleted statements

- _____ Name of the organization
- _____ Purpose/mission of the organization
- _____ Proof of current membership (card or letter)
- _____ Number of meetings held per year (50% attendance required)
- _____ Personal contributions to the organization (provide specific examples)

Reminder:

- a. Include proof of current membership (card or letter)**
- b. Discuss and provide specific examples of your contributions to the organization-shared knowledge, lectures, obtaining resources, serving on a committee, fundraising, etc.**

I verify 50% attendance and active participation of the applicant.

Signature of Board Member/Officer/Date

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
LA-18: *OFFICER OR COMMITTEE POSITION IN A
PROFESSIONAL NURSING ORGANIZATION**

The applicant demonstrates a commitment to the development of the profession of nursing by holding an office or committee position in a professional nursing organization locally, nationally, or internationally.

Required Criteria: address on the template using bulleted statements

- _____ Name of organization
- _____ Purpose/mission of the organization
- _____ Proof of current membership (card or letter)
- _____ Number of meetings held per year (75% attendance required)
- _____ Job description of the office/committee position
- _____ Personal contributions (provide specific examples)

Reminder:

- a. Include proof of membership (card or letter)**
- b. If committee position, include the number of meetings held per year (75% attendance required)**
- c. Under personal contributions, describe how you met the job responsibilities of this position. Give specific examples.**
- d. Board member of the organization must verify position.**

I verify 75% attendance and active participation of the applicant.

Signature of Board Member/Officer/Date

* This template may be used in addition to the Membership in a Professional Organization providing the documentation supporting the personal contributions differs.

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
LA-19: *ADVANCED SPECIALTY INSTRUCTOR**

Submit written description of the Advanced Specialty Instructor I.E. ACLS, BLS, PALS, TNCC, DEMAT, PIT, etc

Required Criteria: address on the template using bulleted statements

- Verification of course completion- copy of instructor card.
- Requirements to maintain instructor status.
- Verification of courses taught above minimum required to maintain status (if two courses taught is minimum to maintain instructor status, must show evidence of at least three taught).
- Include rosters from classes taught or letter from program director outlining dates courses taught.

I verify that the above information is accurate.

Applicant Signature

Date

Reminder:

a. Documentation submitted for Advanced Specialty Instructor includes the following:

- Verification of course completion- copy of instructor card.**
- Requirements to maintain instructor status.**
- Verification of courses taught above minimum required to maintain status (if two courses taught is minimum to maintain instructor status, must show evidence of at least three taught).**

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
LA-20: FORMAL NURSING EDUCATION**

Provide evidence of **current** enrollment in a BSN, MSN or Doctorate nursing course.

OR

Provide evidence of completion of degree in a BSN, MSN, or Doctorate nursing within the last 12 months.

Required Criteria: address on the template using bulleted statements

- Transcripts of current enrollment in a BSN, MSN or Doctorate nursing course or provide copy of degree certificate or diploma obtained within the last 12 months.
- Describe how your participation in formal nursing education provides a positive outcome for the profession of nursing.

I verify that the above information is accurate.

Applicant Signature

Date

Reminder:

a. Documentation submitted for Current Formal Nursing Education includes the following:

- Transcripts of current enrollment in a BSN, MSN or Doctorate nursing course or provide copy of degree certificate or diploma obtained within the last 12 months.**
- Describe in the first person how your participation in formal nursing education provides a positive outcome for the profession of nursing on your unit or at the departmental or hospital level.**

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
LA-21: *NATIONAL CERTIFICATION**

A national certification in nursing is a “specialty” certification that is backed by a national credentialing organization (i.e. ANCC, AACN, ABNS, NCC, and recognized by Human Resources). This **does not** include procedural certifications (i.e. PICC, urodynamic monitoring, conscious sedation, etc.) **nor** are advanced specialty skill certification such as ACLS, PEARS, PALS, and TNCC included.

Required Criteria: address on the template using bulleted statements

- Name of certification.
- Copy of valid certification card.

I verify that the above information is accurate.

Signature of applicant

Date

Reminder:

a. Documentation submitted for National Certification includes the following:

Copy of certification card.

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
LA-22: *PROFESSIONAL OR HEALTH RELATED
PRESENTATION**

Submit the paper, poster abstract/picture or oral presentation you presented at a national, state, regional or local professional meeting within the past 2 years.

Required Criteria:

- Submit the paper, poster abstract/picture or oral presentation.
- Copy of verification of acceptance of application with topic, sponsoring organization, name of meeting, location and date(s)/time(s).

I verify that the above information is accurate.

Signature of applicant

Date

Reminder:

a. Documentation submitted for Professional or Health Related Presentation includes the following:

- ❑ **Submit the paper, poster abstract/picture or oral presentation.**
- ❑ **Copy of verification of acceptance of application with topic, sponsoring organization, name of meeting, location and date(s)/time(s) - within past 2 years.**

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
LA-23: *PROFESSIONAL OR HEALTH
RELATED PUBLICATION**

Submit the article or abstract you have authored or co-authored which has been published or accepted for publication in a professional or health related journal or newsletter within the past 3 years

Required Criteria: address on the template using bulleted statements

- Submit the article or abstract.
- Name of professional or health related journal or newsletter that accepted the article or abstract for publication.
- Date article or abstract was published or accepted for publication.
- Copy of publication or a copy of notification of acceptance.

I verify that the above information is accurate.

Signature of applicant

Date

Reminder:

a. Documentation submitted for Professional or Health Related Publication includes the following:

- ❑ **Submit the article or abstract.**
- ❑ **Name of professional or health related journal or newsletter that accepted the article or abstract for publication.**
- ❑ **Date article or abstract was published or accepted for publication- within past 3 years.**
- ❑ **Copy of publication or a copy of notification of acceptance.**

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
LA-24: *ONGOING PARTICIPATION
AS A VOLUNTEER**

Ongoing participation as a volunteer for the last 12 months.

Required Criteria: must be addressed on the template using bulleted statements.

- Name of organization/activity/event.
- Purpose/objectives.
- Tenure with organization/activity/event.
- Date(s) and hours volunteered (minimum 3 hours per quarter or 3 different activities/events in the last 12 months).
- Outcomes.
- Personal contribution (specific examples)

I verify that the above information is accurate.

Signature of Nurse Manager or Activity/Event Coordinator

Date

Reminder:

- a. Documentation submitted for the ongoing participation as a volunteer includes an explanation addressing the following:**
- Name of organization/activity/event.**
 - Purpose/objectives.**
 - Tenure with organization/activity/event.**
 - Date(s) and hours volunteered (minimum 3 hours per quarter or 3 activities/events in the last 12 months).**
 - Outcomes – how you impacted outcomes as related to purpose/objectives.**
 - Personal contribution (written in the first person, specific examples).**
- b. Signature and date of Nurse Manager or Activity/Event Coordinator verifying that information is accurate.**

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
LA-25: *ORGANIZER OF A VOLUNTEER
ACTIVITY/EVENT**

Organize a volunteer activity/event in the last 12 months.

Required Criteria: must be addressed on the template using bulleted statements.

- Name of activity/event.
- Purpose/objectives.
- Time in hours spent on activity/event (minimum of 12 hours in the last 12 months)
- Outcomes.
- Personal contribution (specific examples).

I verify that the above information is accurate.

Signature of Nurse Manager or Activity/Event Coordinator

Date

Reminder:

- a. Documentation submitted for organizer of a volunteer activity/event includes an explanation addressing the following:**
- Name of activity/event.**
 - Purpose/objectives.**
 - Time in hours spent on activity (minimum of 12 hours in the last 12 months).**
 - Outcomes – how you impacted outcomes as related to purpose/objectives**
 - Personal contribution (written in the first person, specific examples)**
- b. Signature and date of Nurse Manager or Activity/Event Coordinator verifying that information is accurate.**

APPENDIX A

THE PROFESSIONAL PORTFOLIO

The Professional Portfolio

The Professional Portfolio is a document, which provides evidence of the nurse's achievements. The philosophy is congruent with the principles of adult learning and it offers an expressive form of self-evaluation and goal setting over time. The portfolio creates representative records of your professional development and is not intended to be comprehensive of your nursing practice.

When selecting entries, keep in mind, that each entry makes a powerful statement about you as an individual and professional. Asking the following questions may help with decision-making:

1. What do I want my portfolio to demonstrate about me as a nurse?
2. What are my characteristics?
3. What have I done professionally that can demonstrate my expertise?
4. What have I learned that I can display in my portfolio?
5. What distinguished remarks have been made by others about me that could be included?
6. What overall impression do I want to give a reviewer about me as a nurse?

It is also important that the appearance of your Portfolio demonstrates your dedication to professionalism. Keep the following in mind when building this document:

1. Use a good quality three ring binder, identifying your name and Clinical Ladder and Peer Review Application (CNIII, CNIV, etc.) on the spine.
2. Submitted documents must be typewritten and placed in page protectors or plastic sleeves.
3. Include a Table of Contents, beginning with your Portfolio Face sheet.
4. Use labeled dividers to designate sections such as resume, patient care exemplars, etc. Include a cover page for each section that describes the contents.
5. Arrange the portfolio in a way that makes it easy for you and the reviewers to identify the evidence you submitted based on criteria and your subsequent progress or achievement.
6. Design the overall portfolio so you can market yourself for the promotion up the Clinical ladder and peer review.
7. Submit only one bound copy to the council.

Clearly label all supporting documentation to identify which criteria are being supported by the documentation.

APPENDIX B

PATRICIA BENNER'S PROFESSIONAL DOMAINS

PATRICIA BENNER'S PROFESSIONAL DOMAIN MODEL
THE HELPING ROLE

- The Healing Relationship: Creating a climate for and establishing a commitment to heal.
- Providing comfort measures and preserving Personhood in the face of pain and extremes.
- Presensing: Being with a patient maximizing the patient's participation and control in his recovery.
- Interpreting kinds of pain and selecting appropriate strategies for pain management and care.
- Providing comfort and communication through touch.
- Providing emotional and information support to patient's families.
- Guiding a patient through emotional and developmental change: providing new options, closing off old ones; channeling, teaching, mediating.
- Acting as psychological and cultural mediator.
- Using goals therapeutically.
- Working to build and maintain a therapeutic community.

The Clinical Nurse III is a confident and caring professional who is dedicated to achieving positive patient outcomes. To meet that goal, this nurse successfully integrates experience, technical skills, a base, and an ability to deal with patients, families, and other resource people. This nurse's confidence imparts trust to the patient and the patient's family, who recognize that the Clinical Nurse III is a competent advocate. The patient trusts in this nurse's expertise and ability to handle even critical situations that involve life and death.

The Clinical Nurse III is always present for the patient, using touch and a caring, and sensitive manner. This nurse guides patients through emotional and developmental change. Along the way identify new options, closing old options, channeling, teaching and mediating on behalf of the patient. The Clinical Nurse III involves the patient and family in interpreting the kinds of pain the patient experiences and uses this input to select strategies for pain management and control. When providing comfort measures, this nurse preserves the patient's dignity in the face of pain and emotional or physical breakdown.

The Clinical Nurse III draws upon the patient, family and significant other as resources. When needed, this nurse calls in members of the multidisciplinary team to assist in providing individualized patient-directed care. Together with other members of the health care team, the patient and the family, the Clinical Nurse III initiates the plan of care. This plan might address the next level of care, such as discharge to the home, transfer to another medical unit, or admission to a skilled nursing facility.

At all times, the Clinical Nurse III behaves professionally and assertively with an unquestionable commitment to every patient. This nurse knows when to work with and through another person to achieve positive outcomes, when negotiating solutions with other; the Clinical Nurse III is able to provide a rationale for recommendations and past actions.

THE TEACHING-COACHING FUNCTION

- Timing: Capturing a patient's readiness to learn.
- Assisting patient to integrate the implications of illness and recovery into their lifestyles.
- Eliciting and understanding the patient's interpretation of his or her illness.
- Providing an interpretation of the patient's condition and giving a rationale for procedures.
- The coaching function: making culturally avoided aspects of an illness approachable and understandable.

The Clinical Nurse III accepts accountability for actions and outcomes and knows when to involve others in a plan of care. This nurse makes every effort to assure that all members of the care delivery team share consistent information regarding the patient.

The Clinical Nurse III initiates appropriate teaching and coaching of patients and their families. In assessing a patient's readiness to receive information, this nurse incorporates knowledge gained from past experience with other patients. The Clinical Nurse III intuitively recognizes similarities and differences between situations and accordingly modifies the teaching plan to meet individual needs.

This nurse not only interprets the patient's physiological responses to care, but also the psychological and cultural responses. The Clinical Nurse III draws on knowledge of the literature and of other expert opinions to recognize when a patient's cultural background influences the response to care and to the illness. This nurse does whatever is possible to integrate the patient's beliefs and practices into the plan of care.

The Clinical Nurse III is available when the physician makes rounds, partly to contribute pertinent information towards formulating the plan of care and partly to gather information that might help the patient and the families to better understand the situation. Being in this unique position enables the Clinical Nurse III to interpret for the patient to the physician and for the physician to the patient and family.

This nurse assists the patient, family and significant others in addressing their particular concerns. The Clinical Nurse III follows every avenue to ensure that these individuals thoroughly understand the illness, the plan of care, the medical procedures used and the implication these have for the patient.

THE DIAGNOSTIC AND MONITORING FUNCTION

- Detection and documentation of significant changes in a patient's condition.
- Providing an early warning signal: Anticipating breakdown and deterioration prior to explicit confirming diagnostic signs.
- Anticipating problems: Be proactive.
- Experiences of an illness: Anticipating patient care needs.
- Assessing the patient's potential for wellness and for responding to various treatment strategies.

The Clinical Nurse III uses past experiences as a guide to action when diagnosing and monitoring patients. Yet the Clinical Nurse III sees the patient as a whole, unique individual. Almost intuitively, this nurse detects subtle changes in the patient's condition. Whether the patient is not responding to a particular therapy, this nurse has an inquisitive need to search continually for the reasons. The Clinical Nurse III, then, draws not only upon past experiences but also upon inquisitiveness, intuition and an organized use of the nursing process to anticipate problems and intervene before the patient's condition deteriorates.

EFFECTIVE MANAGEMENT OF RAPIDLY CHANGING SITUATIONS

- Skilled performance in extreme life-threatening emergencies: Rapid grasp of a problem.
- Contingency management: Rapid matching of demands and resources in emergency situations.
- Identifying and managing a patient crisis until physician assistance is available.

This nurse knows the scope of the Clinical Nurse III level of responsibility and with this understanding, acts in the patient's best interest. The Clinical Nurse III grasps the whole picture and so is in control of the situation, able to create order out of chaos.

The Clinical Nurse III relies on past experiences to identify clinical signs and symptoms that predict a possible life-threatening situation. Attempting to avert a crisis, this nurse quickly assesses the magnitude of a problem in order to identify and assign resources that the patient needs. The Clinical Nurse III not only notifies appropriately people but also takes immediate action. This action includes continual reassessment to ensure that the demands of the situation are met.

While awaiting a physician's assistance during a crisis, the Clinical Nurse III confidently manages the patient's care by making decisions and effectively directing others. Throughout the crisis, the Clinical Nurse III draws upon excellent clinical skills and judgment, along with lessons learned from the past experience. The Clinical nurse III is able to provide leadership in a crisis and transforms chaos into a manageable situation that has a greater likelihood of positive outcomes.

ADMINISTERING AND MONITORING THERAPEUTIC INTERVENTIONS AND REGIMES

- Starting and maintaining intravenous therapy with minimal risks and complications.
- Administering medications accurately and safely: Monitoring untoward effects, reactions, therapeutic responses, toxicity and incompatibilities.
- Combating the hazards of immobility: Preventing and intervening with skin breakdown, ambulating and exercising patients to maximize mobility and rehabilitation, preventing respiratory complications.
- Creating a wound management strategy that fosters healing, comfort and appropriate drainage.

The Clinical Nurse III is self-directed in ways consistent with the physician's scope of responsibility knowing what's required in order to best serve patients. The nurse keeps abreast of new medications so as to identify potential errors before they occur. The Clinical nurse III is present when a physician makes rounds, initiates interventions to prevent and treat skin breakdown and wound care and calls upon other resource people as appropriate.

MONITORING AND ENSURING THE QUALITY OF HEALTH CARE PRACTICES

- Providing a back-up system to ensure safe medical and nursing care.
- Assessing the appropriateness of orders*.
- Getting appropriate and timely responses from physician.

To fully understand a patient's condition and situation, the Clinical Nurse III draws upon an extensive knowledge base, past experience, information contained in the patient's chart, information gained from interactions with the family and most importantly, information the patient provides.

In addition to handling and monitoring the current situation, this nurse anticipates and plans for potential change in the patient's condition, adapting to the patient's needs as they arise.

As a self-directed professional, this nurse is confident and well prepared. The Clinical Nurse III uses judgment to assess the appropriateness of physician's orders. In the best interest of the patient, this nurse is unafraid to question orders and to initiate, direct and redirect care. The Clinical Nurse III takes whatever steps are required to ensure that a patient receives the safest care and then accepts responsibility for the outcome.

The Clinical Nurse III commands the respect of colleagues on the medical staff. This nurse can expect physicians to respond in a timely manner, whether they are called upon to change or provide written orders, or to discuss possible changes in standing policies.

ORGANIZATION AND WORK-ROLE COMPETENCIES

- Coordinating, ordering and meeting multiple patients needs and requests: Setting priorities.

- Building and maintaining a therapeutic team to provide optimum therapy.
- Coping with staff shortage and high turnover.
- Contingency planning
- Anticipating and preventing periods of extreme work overload within a shift
- Gaining social support from other nurses.
- Maintaining a caring attitude towards patients even in the absence of close and frequent contact.
- Maintaining a flexible stance toward patients, technology and bureaucracy.

The Clinical Nurse III is an experienced nurse who effectively organizes plans and coordinates the simultaneous needs and request of many patients. This nurse anticipates the future, develops a plan of what to accomplish for each patient during a shift, monitors each patient's progress and adjust individual plans to meet changing needs in the patient population. Committed to each patient's progress, this nurse creates order from chaos by making the right choices and by knowing when to reshuffle patient priorities in an environment where patient needs may fluctuate from moment-to-moment. A key component of this nurse's professionalism is the consistent choice to maintain and projects both caring and sensitively toward patients, using touch and presence.

An important and influential member of the therapeutic team, the Clinical Nurse III possesses a positive attitude that is infectious. This nurse takes responsibility for the team itself by building and nurturing it. Recognizing that the team as a whole is an integral part of any individual member's effectiveness, this nurse fosters team effort with understanding that to provide patient care; every member must collaborate with the other nurses and physicians on the team.

The Clinical Nurse III raises the level of practice by effectively using whatever resources exist and by functioning as a dependable expert readily available to other team members. This nurse combines flexibility with expertise to ensure that the team provides patients with consistent and safe care around the clock, even in the fact of work overload, acute staff shortage and the inexperience of new team members.

APPENDIX C

THE PROFESSIONAL EXEMPLAR

Getting Started

Many nurses struggle with getting started writing an exemplar. The following ideas may help you get started writing your story.

CN III Exemplars:

Picking a patient situation:

Consider a patient situation that you cannot forget (memorable).

Consider a patient-family situation in which the outcome could have been very different if you had not been involved in the care (patient advocate, persistent, anticipated outcome and planned intervention before an adverse event occurred).

Ask yourself, "Is the patient –family exceptional or is the care/decisions exceptional?" The council wants to hear about your exceptional care and decision making, the difference you are making as a nurse.

Writing the story:

Briefly describe your practice area.

Write to an audience unfamiliar with your practice.

Avoid jargon and abbreviations.

Help the reviewer see the complexity of your care. Tell about what you were thinking, why you did what you did (evidence of critical thinking). Include technical, psychosocial, and other facets of the situation.

The story should describe the range of skills required to provide expert care for the family.

How did you approach a situation differently than your peers might have approached the issue (anticipate problems, listening to patient family, etc.)

Focus on the process as the outcome.

Never say you had or made a plan without telling us the plan.

Always translate your "gut feeling".

Anyone can be caring, differentiate between customer service and expert nursing care.

CN IV Exemplars:

In addition to the above and as an advance expert, consider the following:

Describe the population or problem to be addressed, why is it important?

What is the current evidence in regard to the situation you are describing?

Given your experience is a practice change needed (provide details)?

Exemplar Example (Ambulatory/Emergency)

The following Benner's Domains will be addressed:

- a) The Helping Role
- b) The Teaching-Coaching Function
- c) Diagnostic and Monitoring Function
- d) Effective Management of Rapidly Changing Situations
- e) Monitoring and ensuring the Quality of Health Care Practices

I received an Emergency transfer call from a 25-year old female named Miss S. She was transferred to me on the Emergency Line for Depression/Suicide. Miss S informed me that she was frustrated and therefore depressed but had absolutely no suicidal intentions. Miss S had placed two previous calls and two separate appointment request messages had been sent to her designated RNP for Dizziness/Vertigo within the past week. The member had not received any callbacks and no appointment had been made. I quickly checked the status of the requests and discovered that the RNP was not available and the messages had been left unanswered. This patient had only seen the RNP once before a long time ago and wanted an appointment with anyone in the Family Medicine Department.

I slowed down and asked her to give me a complete history of her complaints and decided that dizziness and vertigo may be a symptom of a larger problem. We discussed her recent unexplained weight loss and that she felt tired all the time. She said that she slept more than usual but woke up feeling tired and lacked energy. She felt lethargic and had a poor appetite. She denied any dizziness or vertigo. She said that she just did not know how to describe herself to the clerks when she called for an appointment so she reported mild lightheadedness, which they construed as dizziness and made appointments for her on two different occasions that she did not keep. She reported that she had assumed that these symptoms might be due to stress on the job.

I was able to offer her a number of appointment options in the Family Medicine Department for unexplained weight loss and a possible thyroid problem. She accepted an afternoon appointment with a physician instead of a morning appointment due to her schedule. I then discussed the possibility of investigating her feelings of depression and stress on the job.

She was very receptive to this suggestion and stated that she often felt anxious regarding her job. We discussed anxiety; panic attacks and dealing with difficult work situations. I gave her the Mental Health Department phone number for her facility. I explained that she must call for herself and to inform the Mental Health Department that she would also be seen in the Family Medicine Department.

Then I instructed Miss S to request routine laboratory tests including a full thyroid panel at the afternoon medical appointment, as this will be beneficial for both the Family Medicine and the Mental Health Department. I also suggested that she make a complete list of all of her symptoms and questions prior to her Family Medicine Department appointment to better utilize the time spent with the new practitioner. I also instructed her to discuss the two previous appointment requests at the Nursing Station after her medical appointment to determine proper medical follow up with her own RN if necessary.

Miss S expressed her gratitude regarding all of my suggestions and verbalized her understanding of all of the instructions and advice given. She accepted the Family Medical Department appointment and assured me that she would book an appointment in the Mental Health Department, but she also appreciated my decision not to refer her to the Emergency Department or transfer her to the Mental Health department at this time.

Whether a call is transferred to me on the Regular or Emergency Advice Line, once I take the call I take full responsibility of my interventions. Example:

- a) I am a confident and caring professional who is dedicated to achieving positive patient outcomes. To meet this goal, I successfully integrated my past experience, computer navigational skills and knowledge base to quickly establish good rapport with Miss S. She immediately recognized me as a competent advocate. Miss S came to trust in my expertise and ability to handle what originally appeared to be a potentially critical situation since the call was transferred on the Emergency Advice Line. I was able to create a healing relationship with Miss S through being present for her thus maximizing her participation and control in her own recovery.
- b) I provided an interpretation of Miss S's condition and gave complete rationale, advice and instructions for home care. I assisted her to integrate the new information into a plan of action. I was able to recognize Miss S's readiness to learn to change her behaviors and attitudes. I intuitively recognized her frustration and was able to modify the teaching plan to

meet her individual needs. I was then able to interpret her physiological and psychosocial response to the proposed plan, therefore integrating her beliefs and practices into the plan of care.

- c) I was able to correctly triage Miss S's symptoms by detecting and documenting the significant changes. I was then able to anticipate problems and formulate a treatment strategy. I was able to eliminate an unnecessary Emergency Room visit and to refer Miss S to the Mental Health Department with a verbal contract that she would call for herself.
- d) I was able to triage this Emergency Advice Line immediately after speaking directly to Miss S. It became apparent that this was not a true emergency or crisis call because she did not have any suicidal tendencies or plans at this time. By relying on past experience to identify clinical signs and symptoms that predict a possible emergency or life-threatening situation, I was able to transform this Emergency Advice Line call into a manageable situation that has a greater likelihood of a positive outcome.
- e) I listened patiently to Miss S's concerns and frustrations. I was able to access pertinent information electronically, rely on past experience and utilize my extensive knowledge or theory base to better understand Miss S's individual situation and condition. I am self-directed and capable of initiating a change of direction. I took the necessary steps to ensure that Miss S would receive the safest care by having Miss S verbalize her complete understanding of all the advice and instructions that I had give her. Then I accepted responsibility for the outcome.

Exemplar Example (Ambulatory/Emergency)

The following Benner's Domains will be addressed:

- a) The Helping Role:
 - Guiding a patient through emotional and developmental change.
- b) The Teaching-Coaching Function
 - The Diagnostic and Monitoring Function

On a particularly busy day in June of this year, a Mr. P. called and stated he would speak to no one except Mrs. M and so the medical assistant transferred the call to me.

The patient explained to me that he had spoken to me on several occasions, receiving excellent advice and he found me to be a caring person. He apologized for any inconvenience he might be causing by requesting me, but that he was feeling "rotten" and wanted expert advice. My first response was embarrassment because I didn't remember him but I recovered quickly and told him we had others in our phone room that were just as competent but if he felt more comfortable in speaking to me, this was his right.

Mr. P. stated he had been seen in our weekend clinic by a Dr. G. with symptoms of chest pain and shortness of breath. He had a chest x-ray, was given an antibiotic and diagnosed as a probable pneumonia. Since the symptoms were more pronounced he wanted to know if he should continue the Erythromycin a little longer or perhaps have his own physician order something stronger.

Before responding to his question I had to elicit more information from him. Our conversation revealed a man in his mid-forties with a history of heart disease and cancer of the "lymph glands" seventeen years ago. He had stopped smoking five years ago and was living in a smoke free home. In addition to the antibiotic, he had been given Vicodin for the pain, but it no longer sustained him. In fact, the pain awakened him at night. I detected anxiety in his tone of voice and so asked him to share with me his primary concern, other than the pain. He then asked me if he had lung cancer. This of course, was what was exactly on my mind but my response was instead of speculating why not use our resources to find out what is really going on? He sounded encouraged and I asked him to remain near the phone while I sought his physician's advice.

I took a rush message to his M.D., Dr. P. explaining the situation and the patient's anxiety. I asked if we could get another x-ray stat and maybe a sputum specimen. The physician

responded rapidly and we had him in for the x-ray, CBC and sputum. He was informed that the x-ray revealed a probable mass and that he would need a bronchoscopy for diagnostic purposes.

That same day he telephoned me again voicing his trust in me and wanted to know why he was treated for pneumonia, when obviously he had something more serious. I explained to him that I had taken x-rays in the past and could read them fairly well but they are not perfect tools and reminded him that the first physician advised him to follow-up with his own M.D. if he did not respond to the medication. Even this x-ray doesn't tell us what we need to know and so further testing will be necessary. He seemed satisfied and thanked me for my patience and the clarification.

Unfortunately the bronchoscopy was inconclusive and he was then sent for a surgical consult, which revealed a large cell carcinoma of the lung. When he called to tell me I felt sick and just sat there on the other end of the line in silence until I recovered my composure. I expressed my sympathy to him and urged him not to give up, that a strong will to live is a great asset. He then asked me to speak with his wife. She just wanted to thank me for helping her husband and told me I was a great morale booster for him. With that she broke into sobs. I tried to comfort and reassure her, he would receive good care and she asked if she could come by one day with him so they could meet me. When they arrived I came out of the phone room and hugged both of them in the waiting room.

When the surgeon informed Mr. P. that his tumor was inoperable, he again sought my advice. It seems he wanted a second opinion from Emory on the possibility of surgical removal, but since he greatly admired the surgeon, he was afraid of hurting her feelings. I assured him she is a confident, mature, adult and would not be offended but that he should call her himself and he did so.

After receiving his referral to Emory, he asked me to help him coordinate the transfer of records. I acted as a liaison between the patient and the oncology clinic, as I explained to him they would know better than I what should be sent to Emory.

The Emory team agreed with the patient's referral physician that surgery would not be feasible and so he was referred to the Georgia Radiation Center for radiation. He is receiving chemotherapy here as well. He states he is satisfied that all that can be done is being done.

I have alerted our staff to his condition so that when he calls a message can go to his M.D. without a chart since it has been difficult to obtain at times, due to all the referrals. His physician

can refill pain meds without the chart now as he is aware and is kept abreast of new developments.

Last week he called again. It seems following his radiation he developed tachycardia and wanted to know if he should go to the emergency room due to his cardiac history. Since he had no chest pain or diaphoresis, I thought it maybe an anxiety reaction and got an appointment with Dr. P. within the hour. Dr. P. agreed with me after examining the patient. They had a long talk in which the doctor shared with the patient that he had had an anxiety reaction too after a recent heart problem. This meant a great deal to the patient.

I felt that I guided and gave emotional support to both the patient and his wife and was able to recognize him as critically ill. Also, having the self-confidence, from training and experience to make a judgment call with his tachycardia symptoms instead of rushing him to the E.R. By having earned the respect and rapport of the physician and my co-workers, was able to assist the patient effectively.

Mr. P. called me back in the afternoon to thank me for coming through for him once again. He told me when he hears people “bad mouth” GHSMC, he just tells them about me. He said he finds me competent, caring and knowledgeable and if I can’t solve his problem, I direct him to someone who can. Mr. P. concluded our conversation by saying, “When I dial 721-0000 and hear that little voice, I thank God for my angel of mercy.” This was a very proud moment for me.

Exemplar Example (Hospital Unit)

The following Benner’s Domains will be addressed:

1. The Helping role – Confident and caring professional

- Dedicated to achieve positive patient’s outcome.
- Providing comfort and communication through touch.

2. Administering and Monitoring Therapeutic Intervention and Regimens

- Starting and Monitoring IV Therapy

3. The Teaching and Coaching Function

- Assisting patients to integrate the implications of illness and recovery into their lifestyle.

COPD PT. – CHRONIC OBSTRUCTIVE PULMONARY DISEASE PATIENT

An elderly woman was admitted 2 days ago with exacerbation, a history of hypertension and diabetes. All night she’s been having a difficult time with her breathing, restlessness, and

the staff was unable to start an IV due to fragile, fine veins and led to her finally refusing further attempts. She has been stuck many times, her arms were bruised. During report, I was told that this lady is very anxious, puts her call light on all the time, and at times is noisy and was uncooperative with the IV insertion. Thus, she was quoted as a **DEMANDING** and **DIFFICULT** patient. The nurses who had been taking care of her were tired and needed a break from caring for her. Even the nurses' aides have been trying to avoid answering her lights. So, that night she was assigned to me as one of my patients.

When I went to her room, she was kind of "grouchy," complaining a lot before I had a chance to introduce myself. She finally calmed down after observing that I'd been just listening to her complaints. So I introduced myself and explained to her the things I needed to do especially starting an IV access for her IV med that had been delayed. I started with her vital signs, which she let me do it quietly, as well as letting me do a quick physical assessment. Her breathing was slightly labored and she had wheezes with exertion. She was receiving 2L of oxygen per nasal cannula as ordered. I repositioned her in a semi fowler's position to assist with respirations and keep her from sliding down in bed. I explained to her the importance of the IV medication in her treatment plan as well as the importance of positioning. I talked to her the entire time as I assessed and made her comfortable.

After I did my assessment and had established her initial trust, I asked her if she was ready for me to start her IV. She responded that she was. I talked to her about how discouraging it must be to be poked and stuck so many times. Sometimes patients just feel like they can't go through being stuck one more time. She reached up and brushed away tears from her face. "That's exactly how I felt." I was so relieved when I was successful with the first stick.

Before I left her, I repositioned her again to facilitate her breathing and comfort, and then she said, "Okay, I'll try to get some rest." I was about to turn when she asked me to leave her door open. Apparently, the door had been closed at times which frightened her when she could not see others. She responded by yelling or making noises. I agreed to leave her door open and reminded her that I'll be checking on her often and quietly even if she's sleeping. Also, I told her to call me anytime, and that I'll try to answer her light as soon as possible. Then I patted her hand to reassure her. She looked right into my eyes, tears formed in the corners of her own eyes. "You make me feel safe and like you really care about me." She closed her eyes.

Throughout the shift, I was able to carry out my promises to her as well as calling for prompt

assistance for the respiratory therapist whenever she needed treatment. She was wakeful at times and smiled each time I entered the room.

The simple act of being there, able to listen and answer any question to the best of my knowledge and ability, showing a caring and professional attitude had imparted trust and confidence to the patient, thus lessening her anxiety level and putting her vital signs to baseline. Her anxiety level has been one of the main causes of her COPD exacerbation. The day that I took care of her was the first time she was able to get adequate rest. Through talking to her, I found out that she had just lost her husband who died in his sleep, and that she's very frightened of being left alone, especially with a door closed.

With my past experience in dealing with difficult and demanding patients, as well as able to project a confident and professional attitude, I was able to achieve positive patient outcomes. Many COPD patients are demanding because they are afraid of not being able to breathe, or that something will happen and nobody will be around. A staff with less experience would get irritated and would keep trying to avoid the patient's demands and be unable to help her in an uncomfortable and distressing situation, which eventually will lead to worsening of the patient's condition as well as a reflection of poor quality care and a dissatisfied patient.

Exemplar Example

The following Benner's Domains will be addressed:

- e) The Helping Role
- f) The Teaching-Coaching Function
- g) Diagnostic and Monitoring Function
- h) Effective Management of Rapidly Changing Situations
- e) Monitoring and ensuring the Quality of Health Care Practices

I first met Bea post operatively after extensive surgery for resection of advanced tongue and jaw cancer. Bea was a minister, an extraordinarily determined woman who had refused conventional treatment for the tumor growing on her tongue and mouth floor until the cancer had spread to her chest and began causing extreme pain. Bea's surgery entailed reconstructing a "tongue," lower lip and anterior mandible out of muscle and bone taken from her hip. The procedure was extensive and mutilating. Bea's tongue had been replaced by a bulky, nonfunctional, asensate flap. It seemed extremely unlikely she would ever as much as close her lips or swallow again. Bea, however, was determined to eat, and to return to her pulpit as soon as possible. I was determined to accommodate and support Bea's remarkable will while helping her accept the physiologic limitations of her condition.

As I entered Bea's room and introduced myself, she began to scribble furious notes. Her tracheotomy was cuffless, allowing her to "talk," but her speech was unintelligible: she could not close her lips because of the swelling of her flap. She was unable to move her "tongue" to create meaningful differences in sounds, and the after-effects of chemotherapy had caused her face to swell considerably. Bea peppered me with questions: Could she have some water to drink? How long until she could eat? When will I be able to speak more clearly? With each question I became increasingly uneasy. I realized that Bea was going to be a challenge for me.

Here was a woman with an incredible drive to resume her life, as she knew it. She had not internalized the gravity of her illness and was not going to become realistic about her prognosis. I knew I would alienate her completely if I told her she would never eat again or work again in her church. My job was to help her view her swallowing in smaller steps and thus develop her own understanding of her condition and prognosis. It was going to take a team effort to work with this patient! I talked with her doctor about her insatiable desire to be able to do things that most patients could not do. As a result of being able to relate the patient's goals to the doctor, he wrote a consult for Speech Pathology.

The Speech Pathologist assessed Bea and then worked with the staff on what we needed to do to help her accomplish her goals, if that was possible. For Bea to be able to make any measurable progress, we were instructed that the first task to accomplish was achieving lip closure, which would allow her to keep food in her mouth and to pronounce "Bea" versus "tea" versus "key." We gave her some gentle range of motion exercises, which she performed hourly $\frac{3}{4}$ not my prescription. She remained impatient: she wanted to be drinking water and soup in two weeks. Given the edema, the tracheotomy, and her immobility, I was certain she wouldn't be ready. She was determined to have a radiographic swallowing study to evaluate her oropharyngeal swallowing. She was transferred to Walton Rehabilitation Hospital, where the study revealed a complete inability to hold the barium orally or to swallow.

Several weeks later, the edema had subsided and with extensive exercise Bea was able to close her lips when cued. She was communicating orally and with confidence. She was readmitted to the unit with fever. The admission went smoothly and I was amazed at her progress, she pushed to repeat the swallow study that she was unable to have with her previous admission. The results made me feel privileged to be working with Bea. To both her and my surprise and joy, she was able to maintain lip closure, and could control the boluses of liquid by closing her jaw and tongue flap against her palate. During the study, the radiologist evaluated a series of swallowing postures and maneuvers to promote the transfer of liquid and safe swallowing, and Bea was able to drink consecutive gulps without aspirating. The findings of the study opened a range of possibilities none of us had imagined: now Bea could drink water, juices, soup $\frac{3}{4}$ even frappes. Although tube feeding would still supply her primary nutrition, she could alleviate the dryness in her mouth. She went home with a renewed sense of hope.

A week later, Bea returned for an outpatient visit and visited the unit. She had gained two pounds and reported no difficulty swallowing the range of liquids she had tried. About to start radiation therapy, she was eager to try solids. We gave her some applesauce, without success. She remained undeterred, deferring solids for another day.

Bea did not succumb to the excruciating mucositis that resulted from her radiation therapy. She did not give up when chest X-rays confirmed the presence of a large lung mass. And Bea did not give up when it became clear she did not have long to live. She was not ready to die, but her cancer was undefeatable. As Bea's spirit, determination, courage, and presence were so palpable in life, so they continued in death. For her memorial service, Bea wrote, after an original by Canon Henry Scott:

*Death is nothing at all
I have only slipped away into the next room
I am I and you are you
Whatever we were to each other
That we still are . . .
Why should I be out of mind because I am out of sight?
I am but waiting for you
For an interval
Somewhere very near
Just around the corner
All is well*

It was a privilege to take care of Bea. I was able to establish rapport and gain her trust through the a) helping role; b) I spent a lot of time with Bea, teaching her how to care for herself and coaching her on relearning how to use her lips so she could drink and begin to speak; c) during the time I cared for Bea, a lot of her care involved teaching and prepping her for diagnostic tests and supporting her through the results; d) with her last hospitalization Bea's condition was rapidly deteriorating and palliative care was our goal; it became very challenging as Bea was not ready to give up. I spent a lot of time encouraging her to reminisce and reflect on her life, and she did. She often looked lost in another world when I went in her room. She shared that she was praying; e) it was difficult at times during interdisciplinary planning for others to understand that Bea was one of those persons who just couldn't give up. Some of the team wanted to confront her with her inevitable death. I always advocated for Bea, explaining in these meetings that Bea was not ready to have someone tell her to get her affairs in order. Sometimes it was experience that taught me to look for the more subtle and stoic ways that indicated that she needed more for pain. I began to see a look of knowing that she was losing the battle in spite of her strong will to live. I often wonder if Bea felt like I gave her as much as she gave me.

APPENDIX D

THE APPEALS PROCESS

APPEALS PROCESS: For Disputed Clinical Ladder and Peer Review Process

For applicants denied for reasons other than required materials not presented, the applicant denied the Clinical Nurse III/IV designation may appeal the decision of the Clinical Ladder and Peer Review Council as follows:

1. Applicant is not eligible for appeal if any of the required criteria listed on the portfolio face-sheet were missing or incomplete.
2. A written appeal, clearly stating the basis for the appeal, must be submitted to the Clinical Ladder and Peer Review Council that made the original decision no later than fourteen days from the date on the denial letter. Email appeal to New_Clinical_Ladder_Council@gru.edu.
3. Members will resubmit their appeal evidence to the appeals committee by resubmitting their portfolio prior to the date of the Clinical Ladder and Peer Review Appeals Committee reconvening. This is done with the understanding that all materials submitted will be presented without an opportunity for the applicant to answer questions from committee members. Results of the appeal decision will be presented to the applicant the day of the committee meeting.
4. If requested, during the appeal process, the candidate may choose to meet with the Clinical Ladder Council to give explanations or he/she may submit evidence to demonstrate meeting said missing objective, to include missing documentation.
5. The Clinical Ladder and Peer Review Council will review the appeal and supporting evidence and either accept or deny the appeal, providing a written explanation of the reasons for the denial. The denial decision will be overturned only when there is clear and convincing evidence by the applicant of meeting said missing objectives.
5. There is no role for the applicant's manager or colleagues in the appeal process. Their opportunity for input was through the portfolio.
6. The applicant is free to apply at the next deadline regardless of the any previous appeal process.

APPENDIX E

JOB RESPONSIBILITIES EXAMPLE PAGE

Appendix E
Job Responsibilities Example Page

CLINICAL NURSE III

Summary of Position:

A Registered Nurse, who maintains all his/her basic competencies and has met all requirement for Clinical Nurse II, responsible and accountable for advanced clinical practice who serves as a professional role model. Demonstrates clinical expertise within a defined specialty and functions consistently and autonomously in a leadership role. He/She works predominantly with patients, families, and nursing staff. They incorporate current literature and research into personal practice and in a leadership role. Using an interdisciplinary approach, the CNIII, creatively implements the nursing process across the continuum of care. They identify the strengths within the service area and take the opportunity to develop and or mentor others to promote professional growth and improve patient outcomes.

I. Job Responsibility

Evidence of Nursing Process: Assessment

Standard

A. Utilizes advanced assessment/interviewing techniques to anticipate and correlate similarly diagnosed patients.

As a competent perianesthesia nurse, I'm prepared to handle patients with peripheral nerve blocks, such as the interscalene or supraclavicular block. I assess for objective signs of pneumothorax. I anticipate the incidence of Horner's syndrome, a common complication and my care involves.....

B. Anticipates needs with patient populations.

Providing safe and effective pain management and accurate assessments can be more complex in the geriatric patient in the PACU. Knowing their cognitive status is easily altered due to anesthesia agents, I continually reorient them to the PACU environment, speaking slowly and clearly. Obtaining their hearing aides and glasses as needed in the PACU aides in overcoming communication barriers. The elderly are at a greater risk of narcotic induced hypotension and/or respiratory depression due to sedation sensitivity so when appropriate I obtain orders for Toradol, an effective NSAID pain reliever which spares the opioid requirement.

II. Job Responsibility

Evidence of Nursing Process: Problem Identification

Standard

A. Uses problem statements throughout documentation.

I follow the logical steps of assessment, intervention, and outcome in my documentation of the problem, plan, action, and assessment. In my notes. I

III. Job Responsibility

Evidence of Nursing Process- Intervention/Implementation of the Plan of Care

Standard

A. Identifies strategies, evaluates standards and incorporates these strategies into plan of care for patient/family.

Hypothermia is the most common problem for patients in the PACU and I fully understand the various risk factors of hypothermia for surgical patients and the correct

interventions according to approved standards published by ASPAN in 2001. We now have a more uniform plan of action in combating hypothermia in the PACU, such as when and how to use the Bair Hugger, fluid warmers, and correct use of cotton blankets for rewarming purposes.

B. Involves interdisciplinary team in plan of care.

In the PACU, I call upon the anesthesiologist, surgeon, and the OR nurse as needed in my plan of care.

C. Involves the patient/family in plan of care.

The decision to admit a day surgery patient stems from collaboration between the patient/family unit, the surgeon and myself.

D. Identifies patient/family/group strengths and incorporates into the plan of care.

When possible I call for family members or caretakers to come to the PACU during recovery so they can reassure the patient and provide a baseline of the patient's abilities in order that I can give safe and proper nursing care.

APPENDIX F

FORMS

PRECEPTEE EVALUATION OF PRECEPTOR
(To be completed by preceptee at the end of the Orientation Period)

Preceptee: _____ Unit: _____
Preceptor: _____ Date: _____

***Instructions:** Please rank each of the following if you: 4 =Strongly Agree; 3 =Agree; 2 =Disagree; or, 1 =Strongly Disagree by placing a check mark on the appropriate column. Please provide supporting documentation for scores of 1 or 2. Thank you.*

Evaluation Criteria	1 Stron gly Disag ree	2 Disag ree	3 Agree	4 Stron gly Agree
1. The preceptor was adequately available for discussion & direction.				
2. The preceptor is knowledgeable of institutional policies and procedures (showed me how to access policies and procedures).				
3. The preceptor displayed effective communication skills.				
4. The preceptor evaluated my assessment skills daily and ability to document my assessment.				
5. The preceptor worked with me in understanding electronic documentation and provided continuous feedback.				
6. The preceptor is an effective role model.				
7. The preceptor demonstrated skill in patient care and modeled patient-family centered care.				
8. The preceptor assisted me in integrating theoretical knowledge with technical skills.				
9. The preceptor provided adequate support and supervision continuously evaluating my skills.				
10. The preceptor adapted clinical experiences to provide appropriate learning experiences.				
11. The preceptor is an effective teacher when sitting down and meeting with me weekly.				
12. The preceptor showed confidence and enthusiasm in his/her role as a practitioner.				
13. Having a preceptor helped me to adjust to the unit quickly.				
14. The preceptor helped me to integrate into the health care team.				
15. I would recommend this Preceptor to others.				

COMMENTS: _____

**CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
LETTER OF INTENT SAMPLE**

(Email the following information to New_Clinical_Ladder_Council@gru.edu during the intent periods on April and October.)

Date _____

Dear Clinical Ladder and Peer Review Committee:

I am submitting my intent to promote to or maintain a clinical nurse level CNIII or CNIV.

Requested information:

Full Name: _____

Employee #: _____

GHSMC Email Address: _____@georgiahealth.edu

GHSMC RN Hire date: _____

Preferred Phone #: _____

School of Nursing attended/Graduation date: _____

Clinical level of application: Select CN Level and Portfolio Type

CNIII

Application

CNIV

Maintenance

Nurse Manager: _____

Unit: _____

Unit Phone#: _____

Usual Shift: _____

Mentor Requested: No Yes Specific: _____

I understand it is my responsibility to copy my nurse manager on this intent.

Signed: _____

Tips/Tricks/Feedback generated from past submission cycles:

This feedback is a summation of issues identified during the reading process. These may or may not pertain directly to your submission, but are a reflection of issues that have been experienced in the past. Please review them for suggestions for submitting your portfolio in the future.

Please provide a table of contents. The table of contents should include these elements and the portfolio should be ordered to match.

Table of Contents:

1. Agreement Form
2. Portfolio Facesheet
3. Resume/Credentials (If applicable)
4. Job Responsibility Standards (If applicable)
5. Letter(s) of Support
6. Contact Hours (Contact hours for December portfolios should be from December of the previous year to November of the submission year. Contact hours for June portfolios should be from June to May.)
7. Patient Exemplar (If applicable)
8. Leadership Activity Index (the 4 or 6 activities chosen were listed on this index)
 - a. 9-12 for CN3 and 9-14 for CN4 would be your specific leadership activities chosen.

Your portfolio is how you represent yourself to the reader. Following these guidelines will increase the professionalism of your portfolio.

1. Presentation is important so maintain consistency throughout the portfolio.
 - a. Use black 12 font throughout. If you want something to stand out use **bold not BIGGER**.
 - b. Times New Roman is the standard font in professional writing.
 - c. Pictures or designs are not required on your portfolio but if you chose to use a design or theme be consistent throughout the book. Each coversheet should use the same design or theme as the portfolio cover.
 - d. Use the same numbering, lettering format throughout the book.
2. Proofread your documentation. Be sure to use spell check and grammar check.
 - a. Have someone reread your portfolio before and after corrections.
3. **Dates are important.** An incorrect date could mean the difference between promotion and denial.
 - a. Be sure your exemplar occurred in the 18 months before the portfolio was turned in and be sure to make reference to when the events happened. For example, in November, 2006.
 - b. Be sure support letters and templates are dated by the writer.
 - c. Be sure any supporting documentation has dates on them if a time restriction applies. (ie. Preceptor in the last 12 months)

4. Templates are provided for each section of the portfolio. The template information asked for is required so make sure you have included this information. Each activity is initially checked to see if you meet or do not meet the requirements as stated on the template.
5. **Type directly on the templates provided in the program.** You will be provided with a word document of the program. Retyping your evidence on a different form increases your risk of missing a required element.
6. Resumes: there is no specific format to follow but be sure your resume is current and includes the elements in the clinical ladder guidelines. Do not include work history past 10 years. Make sure you include a description of your duties.
7. If you are a trainer (for example CPR, NRP, PALS, ACLS) do not forget to include the requirements to maintain your instructor status, and provide evidence that you have taught more than the minimum required to maintain.
 - a. Formula for minimum classes taught
 - i. Classes evidenced during the portfolio period (May to May or Nov to Nov) $\frac{1}{2}$ of the required classes in the two year renewal period plus 1. Meaning if 4 are required in 2 years the requirement for the portfolio is $4/2=2+1=3$ classes required.
 - ii. Classes evidenced during the renewal period (may be full two years for renewal- i.e. prior to portfolio period but within the renewal period) minimum number of classes to renew plus 1. For example, $4+1=5$ classes required.
- q. Be sure your continuing education hours documentation states your name and date of educational event as well as the hours earned. Registrations for contact hours do not count, a completion certificate is required. **Contact hours for December portfolios should be from December of the previous year to November of the submission year. Contact hours for June portfolios should be from June to May.**
8. **Remove all outdated/old materials from previous portfolios prior to submission.** Only current, relevant information should be present in your portfolio.
9. **Templates requiring you to provide in 1st person your contribution must have detailed information to support your contribution.** Remember these are leadership activities, simply being a member is not taking a leadership role.
10. **Do not include PHI in your portfolio.** No specific patient data- schedules, worksheets, etc., are to be included in your portfolio. Ever.
11. **Do not include your specific personal data such as SSNs.** Keep yourself protected.
12. A letter from HR regarding your work commitment is not required. Just fill out the information asked during the intent period.
13. Ask those that have successfully completed the process to mentor you.

Template Hints for RNs using a **support walk** as a leadership activity.

If you use a support work as a leadership activity it can be used on the following templates provided that you meet all of the required criteria:

1. LA-24 Ongoing participation as a volunteer- You must document participation in 3 walks.
2. LA-25 Organizer of a Volunteer Activity/Event- You must document how you helped to coordinate the walk and meet the 12 hour requirement.

3. LA-13 Chair/active participation in unit-based taskforce- You must document how your unit came together to support this walk, what your active participation was and overall contribution, and all other requirement of this template.

PLEASE NOTE:

LA-8 Participation in a Community Health Education Activity/Event and LA-9 Participation in a Community Health Service Activity/Event are **NOT** appropriate templates for “walks” and the portfolio will be denied.

Template Hints for RNs using a **national certification** as a leadership activity.

If you use a national certification as a leadership activity, remember it must be a nationally recognized nursing certification and not an advanced specialty training. ACLS, PALS, PEARS, TNCC, etc., are not national certifications.

If you are presenting a portfolio for CNIV a national certification is a required element for CNIV. This means that the national certification you use for your CNIV status cannot be used as a leadership activity. You must have a second (or third) national certification in order to use national certification as a leadership activity for CNIV.

Template Hints for RNs using **formal education** as a leadership activity.

Current enrollment in a formal education program where there is no evidence of course completion during the portfolio period does not meet the requirements of the template. Please ensure a grade report/transcript for a class/degree completed in the portfolio period is present.