FLOYD

Professional **Excellence** *Pathway*

The path to excellence begins with you…

Floyd is a leader in the provision of quality healthcare across diverse populations and clinical needs. Not only are patients increasingly complex in their health needs but the multifaceted healthcare system itself requires healthcare professionals capable of thinking critically, applying evidence in practice, and framing care within micro and macrosystems that span acute care, outpatient services, and the community. Thus, quality care is a reflection of interprofessional collaboration rooted in a solid foundation of professional registered nurses.

In 2012, the Center for Clinical Excellence (CCE) is being established to provide a framework for fostering a professional nursing environment within Floyd's growing healthcare system. The primary mission of the CCE is to support excellence in clinical practice by merging education, research, and professional development for the more than 700 nurses within the Floyd health system. One way to meet this goal is to create a clearly delineated trajectory for professional registered nurses. Historically and traditionally, clinical ladders have provided this structure. Floyd's clinical ladder will be named the Professional Excellence Pathway (PEP). The PEP was developed by a vibrant team of invested nursing staff and leaders from across the Floyd system. The goal of the PEP is to support excellence in patient-centered care by promoting professional identity, research, education, leadership, and clinical excellence. Clear criteria to meet this goal are provided by the structure of the PEP which defines practice criteria for each of the four Clinical Nurse (CN) levels.

Education and professional growth of the Floyd team of registered nurses are priorities. The leadership team recognizes the outstanding commitment of the registered nurses at Floyd to quality patient-centered care, likewise, nursing leaders are committed to fostering success for any registered nurse seeking advancement in the path to professional excellence.

We would like to give our sincere gratitude to all those who accepted the challenge to develop the Professional Excellence Pathway and a pre-emptive thanks to those who will be pioneers in entering the path to excellence.

Lucy Megginson, PhD, RN
Director of Clinical Excellence

Sheila Bennett, RN, BSN, MHA
Vice President and Chief Nursing Officer

"We are what we repeatedly do. Excellence therefore is not an act but a habit."
-Aristotle

Professional Excellence Pathway

Professional Practice Defined: 8 Essential Functions

The ***Professional Excellence Pathway*** identifies eight essential functions of professional nursing practice. The competencies for each of the essential functions are described as behaviors on a continuum of expertise.

1. **Clinical Judgment:** Clinical reasoning, which includes clinical decision making, critical thinking, and a global grasp of the situation, coupled with nursing skills acquired through a process of integrating formal and experiential knowledge.

2. **Advocacy/Moral Agency:** Working on another's behalf and representing the concerns of the patient, the patient's family, and the community. Assuming a leadership role in determining and helping to resolve ethical and clinical concerns within the clinical and community settings.

3. **Caring practices:** Nursing activities that are responsive to the uniqueness of the patient and family and that create a compassionate and therapeutic environment, with the aim of promoting comfort and preventing suffering. These caring behaviors include, but are not limited to, vigilance, engagement, and responsiveness.

4. **Facilitation of Learning:** The ability to facilitate patient and family learning.

5. **Collaboration:** Working with others (e.g., patients, families, healthcare providers) in a way that promotes and encourages each person's contributions toward achieving optimal and realistic patient goals. Involves intra- and multidisciplinary work with all colleagues.

6. **Systems Thinking:** The body of knowledge and tools that allow the nurse to appreciate the care environment from a perspective that recognizes the holistic interrelationship that exists within and across healthcare systems.

7. **Response to Diversity:** The sensitivity to recognize, appreciate, and incorporate differences into the provision of care. Differences may include, but are not limited to, individuality, cultural differences (e.g., in child rearing, family relations), spiritual beliefs, gender, race, ethnicity, disability, family configuration, lifestyle, socioeconomic status, age, values, and alternative medicine involving patients and their families and members of the healthcare team.

8. **Clinical Inquiry:** The ongoing process of questioning and evaluating practice, providing informed practice based on available data, continuing education, and innovating through research and experiential learning. The nurse engages in clinical knowledge development to promote the best patient outcomes.

CLINICAL NURSE LEVELS

Clinical Nurse I (CN I): CN I includes new graduates or nurses returning to bedside nursing after a long absence. CN I is defined as an RN with the basic nursing skills to deliver professional patient care but requires a preceptor and guidance. The CN I performs accurate assessments of assigned patients, is able to prioritize care, and develop and follow a nursing care plan. The CN I provides patient and family teaching with assistance to identify appropriate materials and resources. The CN I is open to new learning experiences and asks appropriate questions.

Clinical Nurse II (CN II): The CN II has greater than 1 year nursing experience. The educational preparation for CN II is an RN with an ASN or BSN or MSN. The CN II has the competency to float to at least one other unit and function effectively. The CN II is required to complete 20 CEUs per job description. The CN II practices independently and is able prioritize patient assignments and tasks with minimal supervision. The CN II is a responsible team member who *does job well* according to annual performance evaluations. Also, RNs who wish to move to a new specialty for example, from med/surg to critical care will move to Clinical Nurse II for 1 year as they learn the new area of nursing specialty.

Clinical Nurse III (CN III): The CN III is an experienced, fully competent nurse who serves as a clinical resource for other team members. The CN III must have at least 3 years of nursing experience as an RN and at least 1 year as an RN within the Floyd system. The educational preparation for CN III is an RN with an ASN with a national certification in their area of specialty or BSN or MSN. Ten additional CEUs are required that are diagnosis specific based on their area of expertise. The CN III is required to officially share knowledge gained through CEU efforts with their team members. This may be accomplished by preparing a PowerPoint presentation with handouts, or preparing a poster presentation. Nurses applying for CN III must have *exceptional role model* rating on their annual performance appraisal. A case study of a complex patient is required to complete the application (See Appendix D for outline, example, and rubric). Participation on a unit/hospital based process improvement committee is required. Also, the CN III must obtain at least one of the following: 1) serve as preceptor (preceptor class completion is required); 2) serve as a charge nurse; 3) EMR Superuser; or 4) Instructor for ACLS, NRP, PALS, etc. Finally, the applicant for CN III will complete a self-evaluation using the 8 Essential Functions of Professional Practice (see p. 2 and Appendix B, Part B). The applicant's manager will complete the same assessment of the applicant (applicant and manager assessment & comments are completed on one form; see Appendix B, Part B). The applicant for CN III will prepare a professional portfolio to document and showcase achievements of each requirement.

The CN III has the knowledge base to care for assigned patients independently, and to consult with other team members on the care of their patients. Responds to the emergency needs of patients, and handles changes in patient care assignment or other issues that occur on the unit with ease. The CN III must work independently in a minimum of two areas of their home specialty, for example:

*<u>Surgical Services:</u>

In addition to the above for Surgical Services the RN must work independently in two areas of their home department.
The areas are:1. Preop/Stepdown
2. PACU
3. Operating Room
4. GI

Clinical Nurse IV (CN IV): The CN IV is an experienced nurse who manages complex patient care situations based on broad critical thinking skills. The CN IV is a visionary nurse who proactively looks at the unit and takes initiatives to make suggestions to improve processes and patient care, i.e. developing policies and procedures, researching better teaching materials, ideas for improving core measure compliance, etc.
CN IV applicants must have 1 year of experience with Floyd and 5 years of experience as an RN. The educational preparation for CN IV is either an RN with a BSN with national certification in the clinical specialty or a MSN. Masters prepared nurses are encouraged to obtain national certification. Fifteen additional CEUs are required. The CN IV is required to share information from CE efforts in a formal presentation to nursing leadership and/or hospital wide training for nursing personnel. Applicants for CN IV must receive *exceptional role model* rating on their annual performance appraisal. The CN IV must serve on a unit or hospital wide process improvement committee. The CN IV will have the option to complete either a case study or research project (See Appendix D for outline, example, and rubric). If research is pursued, the RN will be mentored by the Director of Clinical Excellence and Chief Nursing Officer in choosing and developing the research project. The RN is encouraged to actively seek publication of the results.

CN IV applicants must obtain at least one of the following: 1) green belt certification in Lean Six Sigma; 2) serve as a lead instructor for ACLS, PALS, NRP, etc.; or 3) serve as a Nurse Champion on a Hospital or Unit Process Improvement Committee. Finally, the applicant for CN IV will complete a self-evaluation using the 8 Essential Functions of Professional Practice (see p. 2 and Appendix B, Part B). The applicant's manager will complete the same assessment of the applicant (applicant and manager assessment & comments are completed on one form; see Appendix B, Part B). The applicant for CN IV will prepare a professional portfolio to document and showcase achievements of each requirement.

The CN IV must work independently in a minimum of two areas of their home specialty, for example:

*<u>Surgical Services:</u>

In addition to the above for Surgical Services, the RN must work with minimal supervision in his /her respective area between Inpatient and Outpatient Surgery.

The areas are:
1. Inpatient Preop/Stepdown, GI & Outpatient Preop/Stepdown
2. Inpatient PACU & Outpatient PACU
3. Inpatient OR & Outpatient OR

ELIGIBILITY AND ADVANCEMENT REQUIREMENTS

	CN I Entry Level	CN II Competent	CN III Proficient	CN IV Expert
Level Expectations	Reflects experience of a nurse either first entering or re-entering acute care.	Reflects the minimum competency and experience required for employment.	Reflects clinical expertise and leadership abilities in area of practice.	Reflects advanced clinical expertise and leadership across FMC and the community.
Entry Requirements	New Graduate Return to patient care Non-Acute Experience	Greater than 1 year experience New Specialty	1+ year with Floyd 3+ years nursing experience	1+ year with Floyd 5+ years nursing experience
Minimum Education	ASN	ASN, BSN, or MSN	ASN with National Certification, BSN, or MSN	BSN with National Certification or MSN with optional National Certification
Requirements	12 month Evaluation -1 preceptor eval -skills checklist	"Does Job Well" per evaluation (Service Standards & Job Performance 20 CEUs per Job Description (COEs credits count)	"Exceptional Role Model" per evaluation (Service Standards & Job Performance) 10 Specialty-specific CEUs in addition to 20 required per job description. (Excludes ACLS, NRP, etc.) ▪ Share knowledge with staff (staff meetings). Case study of a complex patient. Presentation at staff meeting. PEP Practice Review of 8 Essential Functions (see Appendix B, Part B) Portfolio (Initial Advancement & Updated Annually) (See Appendix C) Participate on hospital or unit level process improvement committee <u>Additional Requirement (1 minimum):</u> 1) Preceptor + training 2) Charge nurse 3) Super User 4) Instructor (ACLS, PALS, etc.);	"Exceptional Role Model" per evaluation (Service Standards & Job Performance) 15 Specialty-specific CEUs in addition to 20 required per job description. (Excludes ACLS, NRP, etc.) ▪ Share knowledge with Nursing Leadership/House-wide In-service. Case study of a complex patient or research project. Presentation at staff meeting and Nursing Leadership meeting. Prepare publishable manuscript or poster PEP Practice Review of 8 Essential Functions (See Appendix B, Part B) Portfolio (Initial Advancement & Updated Annually) (See Appendix C) Participate on hospital or unit level process improvement committee <u>Additional Requirement (1 minimum):</u> 1) Green Belt 2) Lead Instructor (ACLS, PALS, etc.) 3) Nurse Champion on Hospital Process Improvement Committee
Maintenance	1 year to advance	Mandatory for continued employment	Must meet CN III requirements to maintain level status at time of annual review.	Must meet CN IV requirements to maintain level status at time of annual review.
Incentive			$3000 paid in quarterly bonuses	$5000 paid in quarterly bonuses
Conceptual Framework	The professional development of the registered nurse is based on Benner's (2001) theory of novice to expert as outlined in the PEP process. This model serves as the foundation for the professional development of nursing within the Floyd Health System. Reference: Benner, P. (2001) *From Novice to Expert*, Menlo Park, CA: Addison-Wesley.			

ADVANCEMENT PROCESS

1. Explore: take a look at the PEP Handbook, talk with your manager, educator, or CCE Director.
2. If you wish, find a mentor such as your manager or educator or the CCE Director to discuss your desire to enter the PEP.
3. Look at your current competencies and make sure you're up-to-date.
4. Review your continuing education hours and note if you have enough to meet the new requirements or will have enough by review date (March of each year).
5. Submit your Notice of Intent to the Clinical Manager by January 15 (See Appendix A).
6. Continue working on the portfolio, getting all the components completed and organized.
7. Submit the completed portfolio to your Clinical Manager by last business day in February.
8. The PEP Review Team will evaluate the portfolio and give a recommendation to the Clinical Manager and CCE Director (last week of March).
9. Clinical Manager along with the Review Team notifies the candidate of the decision about advancement (April 15).
10. If approval is given, the CCE Director notifies HR of the advancement. Congratulations!
11. If approval is not given the candidate will meet with the Clinical Manager and CCE Director to discuss the portfolio and decide the next course of action.

Review Cycle

Review Cycle	Notice of Intent to Clinical Manager by:	Portfolio Submission to the Clinical Manager by:	Review Process Completed by:	Notification
	January 15	Last business day of February	Last week of March	April 15

FAQ

What does it mean to be a Nurse Champion?

A Nurse Champion is a registered nurse who leads a process or quality improvement project. This may be either a unit-based or multi-disciplinary approach to improve an identified process issue.

What is Green Belt Certification?

Green Belt certification is achieved through Floyd's Lean Six Sigma program. A Green Belt is a Lean Six Sigma designation for an individual who facilitates Lean Six Sigma methodologies in their area and throughout the organization. Floyd incorporates both Six Sigma and Lean Production methodologies into its teaching so that Green Belts have the tools needed to improve the capability of Floyd's business processes. This increase in performance and decrease in process variation leads to defect reduction and vast improvement in quality, safety, finances and satisfaction for the organization.

To obtain Green Belt distinction, candidates must complete four- six months of Lean Six Sigma training, pass a written exam, facilitate a full process improvement team, and defend a project that brings meaning and value for Floyd in front of two Black Belts and a member of Floyd's Executive Team. Green Belt distinction is an intermediate step that must be achieved before pursuing Black Belt status.

Those interested in Green Belt training must complete the Green Belt Trainee application for consideration. The application is available from the Lean Six Sigma department and outlines specific criteria that must be met to obtain Green Belt certification.

What does "National Certification" mean?

National certification is a way for registered nurses to demonstrate proficiency and expertise in their chosen nursing specialty. Certification provides a credential that signifies a commitment to personal and professional development. National certification is offered through a variety of organizations: The National Certification Corporation (http://www.nccwebsite.org/), AORN, AACN, NLN, ENA etc.

I'm interested in getting my national certification, will Floyd reimburse any of the costs?

Yes. Floyd will reimburse you for the cost of a prep course regardless of whether you pass the certification exam. The exam fee will be reimbursed if you pass the exam. When you pass the exam, you will receive a one-time bonus of $750. Re-certification fees will not be reimbursed due to the ongoing support provided to the employee for continuing education required to maintain the certification.

Will CEUs be offered at Floyd so I can maintain national certification or requirements for CN II, III, and IV?

Yes. Floyd is an approved GNA CEU provider and will offer many educational opportunities to achieve and maintain national certification as well as PEP classification.

If a nurse qualifies for 2 national certifications, for example, OR and PACU will Floyd reimburse for both or just one?

No. Reimbursement will occur only for the certification that applies to the employee's primary job.

Will Floyd reimburse if an employee chooses to take a national certification exam without joining the professional organization, for example, the CNOR exam costs $125 more if not a member.

Floyd will reimburse the employee's national certification exam fee at the rate offered for someone who belongs to the professional organization. If the employee does not belong to the professional organization and chooses to take the certification exam, Floyd will not cover the difference between the member and non-member fee. For example, the CNOR exam costs $250 for AORN members and $400 for non-AORN members. If a non-AORN member takes and passes the exam, the employee will be reimbursed $250.

Will Floyd pay for an employee's membership in a professional organization such as AORN or AWHONN?

No. Joining and investing in a professional organization is a principle of professionalism owned by the individual. Floyd supports and highly encourages each registered nurse to join their representative nursing organization such as AORN or the ANA. If you're unfamiliar with which professional organization might be right for you, ask your peers, clinical educator or clinical manager for guidance.

What counts as a CEU? and What documentation is required in my portfolio?

Continuing education units (CEU) are approved educational activities that meet professional standards for continuing nursing education. CEUs beyond your job description (20) should be specific to your practice specialty and may be either Floyd approved educational actitivies or GNA approved programs. You must provide a printed certificate of completion for all CEUs. A transcript from the learning management system will suffice.

How do you do a case study? Who can help me with this?

The case study approach allows in-depth exploration of complex issues in real-life settings. The value of the case study is particularly useful in nursing because it allows appreciation of an issue, event or phenomenon in a *real-life rather than a text book* setting. Another plus to doing a case study is the *broader lessons learned* by examining a singular patient event. Take a look at Appendix D for an outline, rubric, and example. As you move through the case study process, you can get help from your peers, coworkers, managers, educators and the CCE director. Just ask for help!

Can a case study be done by a team of two registered nurses?

No. The purpose of the PEP is to illustrate professional development of an individual. The candidate can certainly work collaboratively with any of the interdisciplinary staff and seek input from peers who may also be developing their own case study. Ultimately, the case study must be a product prepared and presented by the individual.

What guidelines are available for preparing a publishable manuscript? Who can help me with this?

The CCE director can guide you through the process of finding a journal that matches your subject or research. Each journal has specific guidelines for submission which are easily found on the journal's website.

If I'm employed part-time or prn, do I qualify for the PEP?

The PEP applies to **full-time** and **part-time** employees only. The PEP does not apply to prn, contract, or temporary employees. According to Human Resources, part-time employees are defined as those employees who work between 24-35 hours per week which makes them eligible for benefits.

As a part-time employee, how does the pay incentive apply to my hours worked?

Part-time employees who consistently work the minimum requirements for part-time (24-35 hours/week) will receive the full bonus rather than a pro-rated bonus. For those part-time employees who work less than the HR requirements (<24 hours/week), a pro-rated bonus will be paid based on hours worked. (Reference: Human Resources; 2013 Floyd Benefits Open Enrollment Guide (p. 2)

I work night shift. Are there committees I can participate on without coming in on day shift?

Yes. Unit-specific committees such as policy review or customer service initiatives/committees are available for night shift employees. Consult with your manager about opportunities.

I have an associate degree in nursing but a bachelor's degree in psychology. How does that fit into the PEP? Do I qualify for CN IV?

Because the PEP is a nursing centered program focusing on professional development within nursing, a Bachelor of Science in Nursing degree is required. We recognize the value and effort put into obtaining a baccalaureate degree in another discipline but Floyd wants to remain focused on the professional evolution of nursing.

I'm an LPN back in school for RN completion. Do years of experience as an LPN count when considering eligibility for the PEP? For example, CN III requires at least 3 years of "nursing experience" so when I become licensed as an RN, will my 5 years of experience as an LPN qualify?

Yes, years of nursing experience includes LPN experience.

As a Clinical Educator, I maintain the ability to not only provide care at the bedside but to teach many aspects of patient care to new employees. Do I qualify for the PEP?

Direct patient care is a vital requirement for anyone to take part in the PEP. Indeed, Clinical Educators at Floyd are vital in fostering the transition of new employees to the bedside. In addition, Clinical Educators must continually be up-to-date on current practice in their specialty as they're the primary source of

continuing education for all employees. As such, in order to qualify for the PEP, Clinical Educators must complete a minimum 12 hours per month in direct patient care. These hours will be validated between the Clinical Educator and Clinical Manager as each specialty will offer unique opportunities for participation in direct patient care.

I've never presented in front of a group, can someone help me prepare and practice? If so, who?

Absolutely. As you work through the case study or process improvement process, seek advice and mentoring from a variety of experts: managers, educators, peers, coworkers, physicians, the CCE Director, etc. Practice with them and when it comes time to present, utilize the CCE and its staff for pointers and a practice audience.

What are the criteria for "exceptional role model" in the performance evaluation system?

Criteria	Does Job Well	Exceptional Role Model
What did employee do this year? Accomplishments, external factors	Met most of the expected levels of performance; notable and solid accomplishments	Met and exceeded some expected levels of performance; significant accomplishments
How did employee do it? Techniques, completeness	Work was thorough and complete; displayed professionalism and competence	Work was thorough and complete; contributions were professional and added value to the department
How hard did the employee try? Effort, persistence, dedication	Demonstrated persistence and dedication in applying abilities	Demonstrated a willingness to go the extra mile to work until the job, project or interaction was complete; demonstrated strong commitment to the customer, department and Floyd
How involved and linked was the employee to outcomes and results? Accountability, responsibility	Connected to expected outcomes; demonstrated accountability for work outcomes	Responsible and accountable for successful outcomes

I'm fearful there's a "quota" system in place that will somehow exclude or discourage application to the system. I'm afraid of doing all the work and then being denied based on a quota.

No, there is not a quota system. All qualified applicants will be considered and all employees that meet the requirements will be granted advancement. Rest assured, success of our nursing team is the priority!

Appendix A

Notice of Intent

RN Professional Excellence Pathway

Notice of Intent for Initial Advancement

APPLICANT INFORMATION

NAME: _____

CURRENT POSITION: CN II ☐ CN III ☐

PRIMARY NURSING CARE UNIT: _____

APPLYING FOR ADVANCEMENT TO: CN III ☐ CN IV ☐

ATTESTATION

This letter is intended as notification of my intent to apply for promotion on the RN Clinical Ladder (PEP). I believe that I am qualified for the position for which I am applying. I understand that this application and the accompanying documentation will be reviewed by my nurse manager and PEP Review Team.

_____ _____

RN Applicant Signature Date

Acknowledgement of Notice of Intent by Nurse Manager

_____ _____

Nurse Manager Signature Date

Review Cycle	Notice of Intent to Clinical Manager by:	Portfolio Submission to the Clinical Manager by:	Review Process Completed by:	Notification
	January 15	Last business day of February	Last week of March	April 15

RN Professional Excellence Pathway

Notice of Intent: Annual

APPLICANT INFORMATION

NAME: _____

CURRENT POSITION: _____

PRIMARY NURSING UNIT: _____

SUBMISSION FOR EVALUATION PERIOD: _____

ATTESTATION

This letter is intended as notification of my intent to submit documentation verifying qualifications for the position which I currently hold. I understand that this documentation will be reviewed.

_____ _____

RN Applicant Signature Date

Review Cycle	Notice of Intent to Clinical Manager by:	Portfolio Submission to the Clinical Manager by:	Review Process Completed by:	Notification
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Appendix B: Part A

PEP Practice Review

Checklists

Checklist CN III

NAME: _____
CURRENT CN LEVEL: _____
CN LEVEL SOUGHT: _____CN III_____
PRIMARY UNIT: _____

REQUIREMENTS:

- ☐ 1+ YEAR WITH FMC
- ☐ 3+ YEARS NURSING EXPERIENCE
- ☐ EDUCATION: ASN w/National Certification or BSN
- ☐ PRACTICE REVIEW (self)
- ☐ PRACTICE REVIEW (manager)
- ☐ CEUs (+10 above job reqs) _____ (total # for past year)
    - Share with staff (staff meeting, in-service)
- ☐ "Exceptional Role Model" per Service Standards & Job Performance
- ☐ Case study of a complex patient. Presentation at staff meeting.
- ☐ PEP Practice Review of 8 Essential Functions (see Appendix B, Part B)
- ☐ Portfolio (Initial Advancement & Updated Annually) (See Appendix C)
- ☐ Participate on hospital or unit level process improvement committee
- ☐ Additional Requirement (1 minimum; circle)
    - Preceptor + training
    - Charge Nurse
    - Super User
    - Instructor (ACLS, PALS,etc)

*Meets requirements for CN III ___yes___no

If "no", plan of action to meet requirements including timeframe: _____
_____
_____

_____ Registered Nurse (signature & date)

_____ Clinical Manager (signature & date)

_____ Director of Clinical Excellence (signature/date)

Review Cycle	Notice of Intent to Clinical Manager by:	Portfolio Submission to the Clinical Manager by:	Review Process Completed by:	Notification
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Checklist CN IV

NAME: _____
CURRENT CN LEVEL: _____
CN LEVEL SOUGHT: _____CN IV_____
PRIMARY UNIT: _____

REQUIREMENTS:

- ☐ 1+ YEAR WITH FMC
- ☐ 5+ YEARS NURSING EXPERIENCE
- ☐ EDUCATION: BSN w/National Certification or Master's Degree
- ☐ PRACTICE REVIEW (self)
- ☐ PRACTICE REVIEW (manager)
- ☐ CEUs (+15 above job reqs) _____ (total # for past year)
- ☐ "Exceptional Role Model" per Service Standards & Job Performance
- ☐ Case study of a complex patient. Presentation at staff meeting.
    - Share with Nursing Leadership, House wide in-service
- ☐ PEP Practice Review of 8 Essential Functions (see Appendix B, Part B)
- ☐ Portfolio (Initial Advancement & Updated Annually) (See Appendix C)
- ☐ Participate on hospital or unit level process improvement committee
- ☐ Additional Requirement (1 minimum; circle)
    - Green Belt
    - Lead Instructor (ACLS, PALS,etc)
    - Nurse Champion on Hospital Process Improvement Committee

*Meets requirements for CN IV ___yes___no

If "no", plan of action to meet requirements including timeframe: _____
_____
_____

_____ Registered Nurse (signature & date)

_____ Clinical Manager (signature & date)

_____ Director of Clinical Excellence (signature/date)

Review Cycle	Notice of Intent to Clinical Manager by:	Portfolio Submission to the Clinical Manager by:	Review Process Completed by:	Notification
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Appendix B: Part B

PEP Practice Review

Assessment of 8 Essential Functions of Professional Practice

Assessment of 8 Essential Functions of Professional Practice

Directions for Completion:

- **Completed by RN and submitted with Portfolio at Initial and Annual Reviews**

Use the 8 Essential Functions of Professional Practice to guide completion. (refer to p. 2 and p. 18-25)

- **Reviewed by Clinical Manager with comments added**

Essential Function	Clinical Nurse Level				Comments (include examples of performance for each Essential Function-minimum 6)	
1-Clinical Judgment	I ☐	II ☐	III ☐	IV ☐	RN: Manager:	
2-Advocacy/Moral Agency	I ☐	II ☐	III ☐	IV ☐	RN: Manager:	
3-Caring Practice	I ☐	II ☐	III ☐	IV ☐	RN: Manager:	
4-Facilitation of Learning	I ☐	II ☐	III ☐	IV ☐	RN: Manager	
5-Collaboration	I ☐	II ☐	III ☐	IV ☐	RN: Manager:	
6-Systems Thinking	I ☐	II ☐	III ☐	IV ☐	RN: Manager:	
7-Response to Diversity	I ☐	II ☐	III ☐	IV ☐	RN: Manager:	
8-Clinical Inquiry	I ☐	II ☐	III ☐	IV ☐	RN: Manager:	
OVERALL RATING .	I ☐	II ☐	III ☐	IV ☐	Must demonstrate practice behaviors in 6 of 8 essential functions at a given level to receive an overall rating at that level	Meets ☐ Needs Improvement ☐

Rubric for Assessment of 8 Essential Functions of Professional Practice

PROFESSIONAL PERFORMANCE REVIEW

1-CLINICAL JUDGMENT: Clinical reasoning, which includes clinical decision making, critical thinking, and a global grasp of the situation, coupled with nursing skills acquired through a process of integrating formal and experiential knowledge.			
CN I	**CN II**	**CN III**	**CN IV**
PRACTICE BEHAVIORS:			
• Collects, interprets and documents vital signs and basic assessment of body systems. • Aware of normal vs. abnormal data. Questions abnormal diagnostic results. • Recognizes obvious changing patient situations (e.g., deterioration, crisis). • Follows policies, procedures, and protocols with limited variation. • Matches formal knowledge with clinical events. • Questions the limits of one's ability to make clinical decisions and defers decisions to other clinicians. • Limited ability to prioritize assignment. • Limited ability to manage time.	• Collects, interprets, and documents holistic assessment data. • Recognizes changing patient situations (e.g. deterioration, crisis). • Analyzes pertinent normal & abnormal data to guide plan of care. • Comprehends the rationale and logic of algorithms, decision trees, and protocols that are the basis of clinical judgment. • Confirms suspicious findings and collaborates with other clinicians. • Recognizes limits of clinical judgment and seeks appropriate help. • Recognizes key elements of case and begins to recognize extraneous details. • Appropriately prioritizes stable assignment. • Manages time to be able to assist others • Appropriately reports relevant/key data.	• Collects, interprets, and documents complex patient data from multiple sources. • Makes clinical judgments based on immediate grasp of the whole picture for common or complex diagnostic groups. • Recognizes patterns and trends that may predict the direction of illness and plans care accordingly. • Considers past experiences to anticipate outcomes. • Recognizes limits of clinical judgment; seeks appropriate help. • Initiates multidisciplinary collaboration and consultation. • Comfortable in sharing findings with patient/family; evaluates their understanding. • Plan of care reflects input from patient and family. • Recognizes and responds to dynamic situations (patient, family, unit, hospital-wide). • Manages dynamic and complex patient assignments. • Readily reprioritizes for changing care assignments (e.g., admissions, discharges, acuity changes, room changes, etc.). • Clinical resource for nursing staff.	• Synthesizes and interprets multiple, sometimes conflicting, sources of data. • Helps multidisciplinary team to see "the big picture". • Considers past experiences and the uniqueness of the situation to anticipate outcomes and routinely anticipates variances. • Manages multidisciplinary collaboration and consultation with comfort. • Practice routinely reflects incorporation of other disciplines. • Assists others and manages own dynamic and complex patient assignments. • Clinical resource for hospital and community. • Proposes and implements practice changes based on evidence-based and/or benchmark data.

2-ADVOCACY/MORAL AGENCY: Working on another's behalf and representing the concerns of the patient, the patient's family, and the community. Assuming a leadership role in determining and helping to resolve ethical and clinical concerns within the clinical and community settings.			
CN I	**CN II**	**CN III**	**CN IV**
PRACTICE BEHAVIORS:			
• Provides care based on own values and beliefs. • Beginning awareness of ethical conflicts/issues that may surface in clinical settings and informs supervisor of clinical and ethical conflicts as they arise. • Makes decisions based on personal values and knowledge of published regulations (P&Ps, Federal, State, etc.) • Understands and observes patient rights and responsibilities. • Works on behalf of the patient and family after conferring with experienced staff. • Utilizes volunteer chaplains as a resource. • Collects a meaningful database regarding spiritual needs of patients.	• Acknowledges own values and beliefs and begins to differentiate those from patients and colleagues. • Develops an understanding of ethical conflicts/issues that may surface in clinical settings. • Makes ethical/moral decisions based on published regulations such as the Nurses' Code of Ethics (ANA) and customary practice. • Comprehends basic patient rights. • Works on behalf of the patient and family. • Recognizes individual and community resources that support moral agency. • Demonstrates the courage to forward specific patient clinical and ethical concerns to other members of the healthcare team. • Facilitates revisions in the plan of care based on changing patient and family needs.	• Recognizes colleagues' perspectives in ethical and moral issues. • • Initiates multidisciplinary advocacy from patient's/family's perspective e.g. Ethics Consult. • Facilitates development of nurse advocacy through role modeling and teaching. • Routinely identifies, and forwards for resolution, ethical and moral concerns that arise in the clinical setting. • Routinely empowers the patients and family to speak for/represent themselves. • Routinely works on behalf of the patient, family, and community. • Serves as a resource person to bring moral or ethical issues to resolution. • Recognized as a role model for moral agency by staff, patients, and/or community members.	• Establishes an environment that promotes ethical decision-making and patient advocacy. • Challenges established practice based on current research. • Actively facilitates resolution of ethical issues. • Develops programs to ensure patient/family rights. • Resource for advocacy in hospital and community. • Works to integrate consideration of patient rights into aspects of unit/facility policies and programs. • Able to represent the nursing discipline as an unbiased expert when clinical or moral conflicts occur.

3-CARING PRACTICES: Nursing activities that are responsive to the uniqueness of the patient and family and that create a compassionate and therapeutic environment, with the aim of promoting comfort and preventing suffering. These caring behaviors include, but are not limited to, vigilance, engagement, and responsiveness.			
CN I	**CN II**	**CN III**	**CN IV**
PRACTICE BEHAVIORS:			
• Focuses on current basic physical and psychosocial needs of the patient. • Maintains a safe physical environment. • Maintains patient privacy and confidentiality. • Aware of and documents patient needs related to body image, pain control, loss, healing, death and dying. • Listens for patient/family needs and engages them in conversations about patient care needs.	• Responds attentively to subtle physiological, emotional and spiritual needs; readily involves chaplains, social workers, and other support resources. • Individually tailors caring practices to the patient and family. • Individualizes a safe physical and psychosocial environment. • Patient need drives visiting hours and patient care as able (e.g., allows sleep time, holds meals) • Takes time with patient and family for special needs and care planning. • Recognizes patient need for chaplains, social workers, and other support resources. • Comprehends the impact of illness on the patient/family and acts to alleviate fears; explains procedures/routines; answers questions	• Routinely anticipates patient/family emotional and spiritual needs. • Incorporates family support into the daily plan of care. • Empowers patient/family/ colleagues in providing a safe environment. • Prepares and supports patient/family for variable outcomes. • Facilitates multidisciplinary support for patient/family grieving and effective coping. • Routinely identifies, incorporates, and communicates caring practices for self, patients/family, and staff. • Supports and encourages colleagues to provide a holistically safe environment. • Explores non-verbal communication. • Anticipates discharge planning (e.g., discusses pros/cons of home care, transport, AMA).	• Routinely models caring practice development; acts as “caring” mentor to other nurses (e.g., alternatives for pain management, comfort measures). • Actively teaches, coaches and mentors caring practice. • Uses evidenced-based research to improve and develop new caring practices.

4-FACILITATION OF LEARNING: The ability to facilitate patient and family learning.			
CN I	**CN II**	**CN III**	**CN IV**
PRACTICE BEHAVIORS:			
• Follows established educational programs; provides patient education materials (e.g., pamphlets, packets, videos, demonstrations) as prescribed in care plan and orders. • Sees patient/family education as a separate task from delivery of care. • Understands concept of assessing patient's learning readiness and understanding. • Focuses on single aspects of patient's educational needs. • Identifies required patient education needs per diagnosis. • Documents completion of teaching tasks.	• Routinely adapts established educational programs to meet patient/family needs and goals. • Sees the patient as having input into goals, and individualizes teaching accordingly. • Incorporates patient education into daily care. • Identifies patient's readiness for learning. • Begins to acknowledge patient's multidisciplinary educational needs and consults other disciplines for specific teaching needs. • Consults peers to alter teaching based on individual patient needs. • Teaching is developmentally appropriate. • Teaching documentation reflects ongoing assessment of readiness, understanding and modification of approaches accordingly.	• Acknowledges patient/family choices and potential consequences in relation to educational efforts. • Establishes patient-driven goals for education. • Integrates different methods of teaching into delivery of care. • Acknowledges family support as critical to the learning process. • Coordinates and communicates multidisciplinary team teaching plans for diagnostic types. • Researches additional materials/resources to meet teaching goals. • Identifies/implements teaching plans for dysfunctional, difficult, culturally diverse, learning impaired or non-English speaking patients/families. • Teaching reflects multidisciplinary perspectives • Modifies teaching based on on-going assessment and evaluation.	• Considers educational needs throughout the continuum of care incorporating community resources and referrals. • Coordinates, creates, delivers and evaluates formal and informal multidisciplinary education to improve patient/family learning. • Leads efforts to develop/revise patient education materials and guides. • Develops culturally and developmentally specific teaching resources.

5-COLLABORATION: Working with others (e.g., patients, families, healthcare providers) in a way that promotes and encourages each person's contributions toward achieving optimal and realistic patient goals. Involves intra- and multidisciplinary work with all colleagues.			
CN I	**CN II**	**CN III**	**CN IV**
PRACTICE BEHAVIORS:			
• Accepts teaching, coaching and precepting. • Participates in team meetings and discussions regarding patient care and/or practice issues. • Considers recommendations from team members. • Follows directions given in staff meetings. • Self-directed, engaged, interested in improving proficiency. • Makes use of suggestions and information. • Attentive during report; asks questions. • Attends staff meetings and follows through on instructions.	• Seeks opportunities to be taught, coached and/or mentored. • Elicits others' advice and perspectives. • Actively participates in team meetings, staff meetings and discussions. • Acknowledges contributions of other team members. • Seeks clarification and applies information/decisions from staff meetings to practice. • Identifies own knowledge/skills deficits and sets goals to address them. • Openly discusses concerns/findings with team to formulate/revise care plans. • Contributes to unit problem solving. • Practice reflects team building. • Initiates discussions regarding patient care and/or practice issues.	• Demonstrates positive leadership qualities with the organization. • Seeks opportunities for teaching. • Develops mentoring relationships. Seeks opportunities to teach, coach and/or precept. • Monitors progress and provides feedback to preceptors and preceptees. • Actively works toward resolution of unit/department concerns using a variety of resources. • Practice reflects knowledge of staff meeting information. • Models communication, conflict resolution, and decision-making skills in unit activities and meetings. • Assists with development/revision of orientation and preceptor programs. • Models active listening/communication skills with patient/family and team members. • Recognizes problems and takes the lead in involving others to find solutions. • Includes community and regional agencies/resources to optimize patient/family outcomes. • Serves as mentor for clinical ladder advancement for CN I-II.	• Acts as a role model in advanced professional nursing practice and leadership. • Demonstrates leadership in multidisciplinary teams to develop programs focused on patient care or practice issues. • Initiates collaborative relationships among teams to facilitate multidisciplinary practice. • Recruits/involves external resources to optimize patient outcomes and promote staff development. • Facilitates critical thinking in problem-solving throughout the organization. • Uses professional nursing standards to guide own and others' practices. • Sought out as a nursing leader, resource, mentor, coach, and educator. • Leads protocol/pathway development. • Guides problem solving throughout the organization using QI processes. • Points to clinical research as a basis for problem solving. • Serves as mentor for advancement for CN III-IV.

6-SYSTEMS THINKING: The body of knowledge and tools that allow the nurse to appreciate the care environment from a perspective that recognizes the holistic interrelationship that exists within and across healthcare systems.			
CN I	**CN II**	**CN III**	**CN IV**
PRACTICE BEHAVIORS:			
• Focuses on nursing care of patients. • Acknowledges multidisciplinary care providers and their functions. • Processes orders individually; understands that some orders need to be questioned. • Begins to develop unit-based professional relationships with all disciplines. • Acknowledges importance of using data to measure quality of care. • Consistently documents tasks performed. • Provides care on one patient care unit. • Treats/handles confidential documents appropriately. • Aware of hospital commitment to QI principles. • Developing delegation skills.	• Identifies need for multidisciplinary care of patients and utilizes team for input into care issues. • Demonstrates awareness of available community resources and uses these resources to assist patient and family with needs beyond hospitalization. • Critically analyzes and clarifies appropriateness of orders. • Integrates time and resource management skills into assignment. • Views patient and family within the hospital context; focuses on current care needs. • Cooperates in data collection to measure quality of care. • Accurately assigns patient charges. • Daily care planning includes time allowance for multiple treatment modalities (e.g., PT, OT, RT, Speech). • Supervises team members and delegates tasks appropriately. • Makes appropriate assignments based on census and acuity changes. • Effective use of technology.	• Actively participates in at least one multidisciplinary team to evaluate and improve practice. • Coordinates appropriate resources to move patient/family along health care continuum. • Utilizes untapped and alternative resources as necessary. • Analyzes and synthesizes data to improve quality of care. • Views the healthcare environment in its entirety (sees the “big picture”). • Demonstrates leadership in personal practice. • Analyzes organization of care and makes improvement recommendations. • Makes team assignments consistently utilizing member strengths and considering patient acuity and needs. • Contributing member on hospital committee (e.g. quality improvement) • Contributes in data collection and analysis for quality improvement. • Considers resource utilization and payment issues in d/c planning. • Acts as technological resource person. • Works to improve shift-to-shift relationships.	• Acts in a leadership role in at least one multidisciplinary team. • Collaboratively develops and implements research-based and patient-driven systems and processes to improve patient care and system outcomes. • Promotes chronic disease management, illness prevention and wellness for patient/ family/community. • Anticipates possible consequences of systems change and develops proactive strategies to manage them. • Reviews and rewrites P&Ps, care plans, pathways, protocols, etc. based on new research. • Available as a resource to other nursing staff and other disciplines. • Seeks opportunity to expand use of technology for patient care and documentation.

7-RESPONSE TO DIVERSITY: The sensitivity to recognize, appreciate, and incorporate differences into the provision of care. Differences may include, but are not limited to, individuality, cultural differences (e.g., in child rearing, family relations), spiritual beliefs, gender, race, ethnicity, disability, family configuration, lifestyle, socioeconomic status, age values, and alternative medicine involving patients and their families and members of the healthcare team.			
CN I	**CN II**	**CN III**	**CN IV**
PRACTICE BEHAVIORS:			
• Provides care based on own values and belief system. • Assesses cultural diversity. • Assesses lifestyle, socioeconomic status and support systems. • Acknowledges the culture of the healthcare environment. • Understands the effects of active listening. • Acknowledges the existence of various communication styles. • Learns hospital routines. • Orients patient/family to Floyd routines (e.g., medication times, visiting hours, meal times). • Seeks help with language barriers (e.g., arrange translators).	• Comprehends the need to accommodate varying values and beliefs in the plan of care. • Inquires about cultural practices and considers the impact on care. • Considers lifestyle and socioeconomic status when planning care and discharge. • Contributes positively to the culture of the healthcare environment. • Uses active listening skills and encourages clear communication with others. • Explains Floyd routines to patient/family and elicits/encourages cooperation and collaboration. • Expands knowledge of diversity issues. • Applies active listening skills to clarify communications and resolve communication problems.	• Appreciates, accommodates, and seeks in-depth understanding of others' values and beliefs to optimize care. • Translates patient/family decisions into practical plan of care for optimal outcomes. • Facilitates Floyd and community resources to meet lifestyle and socioeconomic needs. • Tailors healthcare culture, to the extent possible, to meet diverse needs and strengths of the patient/family. • Integrates effective communication skills with patient/family and healthcare team. • Researches information on cultural awareness and disseminates to staff. • Advocates for understanding of issues with staff and management. • Models and mentors sensitivity.	• Integrates differences into interdisciplinary programs focused on optimal patient outcomes. • Identifies issues arising from diversity and facilitates awareness, understanding and acceptance of these differences with others. • Develops CE opportunities in diversity for staff and management. • Develops and/or improves protocols to enhance care for diverse populations. • Acts as patient advocate to accommodate differences in lifestyle, economics, etc. • Practice reflects a vision of "what is possible" for self, clients, and staff.

8-CLINICAL INQUIRY: The ongoing process of questioning and evaluating practice, providing informed practice based on available data, continuing education, and innovating through research and experiential learning. The nurse engages in clinical knowledge development to promote the best patient outcomes.			
CN I	**CN II**	**CN III**	**CN IV**
PRACTICE BEHAVIORS:			
• Follows policies, procedures, and protocols. • Incorporates research-based practices developed by others. • Recognizes the need for further learning to improve patient care. • Attends in-services and utilizes continuing education opportunities. • Evaluates and appropriately modifies plan of care. • 20 CE contact hours per year.	• Understands policies, procedures, and protocols. • Identifies need for P&P revisions and provides suggestions. • Integrates acquired knowledge to individualized plans of care. • Identifies own learning needs and seeks opportunities and resources to meet educational goals. • Consults with multidisciplinary team members (e.g., RT breathing treatment, pharmacy to discuss drug interactions, etc.). • 20 CE contact hours per year.	• Researches and identifies improvements in policies and guidelines. • Demonstrates use of expanding knowledge in anticipating and meeting patient and family needs. • Participates in efforts to develop and improve practice guidelines for various patient populations. • Implements alternative models of care. • Able to critically evaluate practice strengths and weaknesses. • Shares research, new information with staff, leadership, and patients. • Organizes and/or promotes continuing education materials and/or programs for staff. • Recommended: Active member of professional organization. • Compares and contrasts possible alternatives for practice changes. • 10 Specialty-specific CEUs in addition to 20 required per job description. (Excludes ACLS, NRP, etc.)	• Improves and individualizes standards and guidelines for particular patient situations or populations. • Evaluates and modifies current practice based on patients' responses, review of the literature, research and education. • Shares knowledge and skills needed to modify practice and improve patient care. • Creates, evaluates, delivers, and coordinates formal/informal staff education. • Evaluates and updates educational materials for staff development. • Promotes/models advanced practice (e.g., specialty certification, formal education, etc.). • Assists staff to critically evaluate nursing practice. • 15 Specialty-specific CEUs in addition to 20 required per job description. (Excludes ACLS, NRP, etc.)

Appendix C

Portfolio Checklist

What to Include in Your Initial and Annual Clinical Nurse Portfolio

IMPORTANT: Include documents from the past 12 months ONLY.

Notice of Intent (submitted to Clinical Manager)

Curriculum Vitae

Professional credentials and memberships:
- Licenses and certifications
- Memberships and offices held if applicable.

Awards and Achievements:
- Service awards, citations from employers, community groups and professional associations.
- Classes you have taught
- Papers published
- Commendations

Community and Volunteer Activities:
- Activities related to health care; e.g., Diabetes Camp, Hospice, health fairs, screening programs, immunization projects, parish nursing.

Checklist of Requirements for Intended CN Level (See Appendix B)
- Include supporting documentation such as a copy of presentations, case study, etc.

PEP Practice Review (see Appendix B)
- Self & Manager

Continuing Education:
- Include a list the courses you have taken in the previous 12 months with the dates and number of contact hours tallied.

Projects: Include any relevant deliverables such as manuscripts, power points, etc.
- Case Study
- Research Project
- Presentations
- Posters

Appendix D

Case Study

A-Guidelines and Template

B-Case Study Rubric

A- Guidelines and Template

What should I write about?

Publishable patient case reports include cases that:

• Describe rare, perplexing, or novel diagnostic features of a disease state;
• Describe how nursing care can affect a patient's outcome e.g. LOS, readmission
• Report how system-wide initiatives (e.g. electronic charting, falls prevention) can affect a patient's outcome
• Describe a new procedure: nursing, medical, collaborative, etc.
• Teach humanistic lessons to the health care professional;
• Describe the effect of nursing or social interventions on pregnancy and lactation;
• Review a unique job description of a health care professional that improves patient care e.g. physician-liaison, palliative care nurse, infection control liaison,
• Report new medical errors or medication errors;
• Discover a device malfunction that results in patient harm;
• Describe life-threatening adverse events;
• Describe dangerous and predictable adverse effects that are poorly appreciated and rarely recognized;
• Report therapeutic challenges, controversies, or dilemmas;
• Describe rare or novel adverse drug reactions;
• Describe rare or novel drug–drug, drug–food, or drug–nutrient interactions;
• Report unlabeled or unapproved uses of a procedure, therapy, or medication;
• Use life-saving techniques not previously documented;
• Describe use of collaborative care principles that improve patient care;
• Uncover barriers to patient adherence with prescribed therapies
• Report how technology can improve patient outcomes.
• Advance nursing science and spawn research;

Template for Writing Patient Case Reports

The following checklist is comprehensive; some items may not apply to all types of case reports.

Title

Author Name, academic degrees, title

Key words (limit to five)

I. Abstract (maximum of 150 words)
 Purpose
 Case presentation
 Management and outcome
 Conclusions & Recommendations

II. Introduction
 Describe the subject matter.
 State the purpose of the case report.
 Provide background information.
 Provide pertinent definitions and a brief pathophysiology of the diagnosis.
 Describe the strategy of the literature review and provide search terms.
 Justify the merit of the case report by using the literature review. This provides context for your case.

> You have access to a large online library of professional journals. Access via GreenLink →Education → Medical Library e-Journals and e-textbooks
>
> Resources from Floyd's medical library are available online through access to the GaIN website.
>
> Username : floydmcl
> Password : floy304d

 Introduce the patient case to the reader.
 Make the introduction brief and less than three to four paragraphs.

III. Patient case presentation
 Describe the case in a narrative form.
 Provide patient demographics (age, sex, height, weight, race, occupation).
 Avoid patient identifiers (date of birth, initials).
 Describe the patient's complaint.
 List the patient's present illness.
 List the patient's medical history.
 List the patient's family history.
 List the patient's social history.
 List the patient's medication history before admission and throughout the case report.
 Ensure that the medication history includes herbals, vaccines, and nonprescription medications.
 Provide specifics of medication dosages and routes as are pertinent to the case.
 Verify the patient's medication adherence.

 Provide renal and hepatic organ function data if pertinent to the case.
 Provide the patient's dietary history as pertinent to the case.
 Provide pertinent findings on physical examination.
 Provide pertinent laboratory values that support the case.
 Provide the reference range for laboratory values that are not widely known or established.
 List the completed diagnostic procedures that are pertinent and support the case.
 Paraphrase the salient results of the diagnostic procedures.
 Provide photographs of histopathology, roentgenograms, electrocardiograms, skin manifestations, or anatomy as they relate to the case.
 Obtain permission from the patient to use the photographs or follow institutional guidelines.
 Provide the patient's events in chronological order.
 Ensure a temporal relationship.
 Ensure a causal relationship.
 Ensure that the patient case presentation provides enough detail for the reader to establish the case's validity.

IV. Discussion
 Compare and contrast the nuances of the case report with the literature review.
 List the limitations of the case report and describe their relevance.
 Summarize the salient features of the case report.
 Justify the uniqueness of the case.
 Provide conclusions and recommendations.

V. Conclusion
 Provide a justified overarching conclusion.
 Provide evidence-based recommendations.
 Describe how the information learned applies to one's own practice.
 List opportunities for research.
 Ensure that this section is brief and does not exceed one paragraph.

References (APA 6th Ed.)

*PLEASE seek help with APA formatting from the CCE Director or a mentor. It may have been a while since you formatted references, so just ask for guidance!

Examples:

Benner, P. (2001) *From Novice to Expert*, Menlo Park, CA: Addison-Wesley

Maldonado, J. R. (2008). Delirium in the acute care setting: Characteristics, diagnosis and treatment. *Critical Care Clinics 24*, 657-722.

Nicolás, A., Aizpitarte, E., Angélica, I., Vázquez, M., Margall, A., & Asiain, C. (2008). Perception of night-time sleep by surgical patients in an intensive care unit. *British Association of Critical Care Nurses, 13*(1), 25-33.

Tables, Figures, or Images (numbered according to the order in which they appear in the text)

B-Case Study Rubric

Case Criteria	Performance Indicators				
	Unsatisfactory	**Somewhat less than satisfactory**	**Satisfactory**	**More than satisfactory**	**Excellent**
Abstract	(0 points) Either all four criteria of the abstract are missing or not clearly stated; or the abstract is greater than 150 words.	(3 points) Either three criteria of the abstract are missing or not clearly stated; or the abstract is greater than 150 words.	(6 points) Either two criteria of the abstract are missing or not clearly stated; or the abstract is greater than 150 words.	(8 points) Either one criterion of the abstract is missing or not clearly stated; or the abstract is greater than 150 words.	(10 points) Purpose, case presentation, management and outcome, conclusions, and recommendations are *clearly stated in 150 words or less*.
Introduction	(0 points) Subject, purpose of the paper, background, pathophysiology, literature review, and brief introduction to the case are *either not present or not evident to the reader*.	(3 points) Subject, purpose of the paper, background, pathophysiology, literature review, and brief introduction to the case are *insufficiently developed and/or vague*.	(6 points) Subject, purpose of the paper, background, pathophysiology, literature review, and brief introduction to the case are *present but lack depth and/or clarity*.	(8 points) Subject, purpose of the paper, background, pathophysiology, literature review, and brief introduction to the case are *clearly stated*.	(10 points) Subject, purpose, background, pathophysiology, literature review, and brief introduction to the case are *clearly stated and comprehensive, forecasting further development in the paper*.
Patient Case Presentation	(0 points) Identification of defining attributes of the case not present or not evident to the reader.	(20 points) Identification of defining attributes of the case vague and poorly developed	(30 points) Identification of defining attributes of the case present but claims are supported with cursory evidence.	(40 points) Identification of defining attributes of the case present, adequately stated, and well-supported.	(50 points) Identification of defining attributes of the case present, substantive, and well-supported.
Discussion	(0 points) Either four or more attributes are not present or not evident to the reader.	(3 points) Either three attributes are not present or all attributes are present but vague and poorly developed	(6 points) Either two attributes are not present or all attributes are present but underdeveloped.	(8 points) Either one attribute is not present or all attributes are present and adequately developed.	(10 points) All attributes (Compare and contrast, limitations, summary, uniqueness, conclusions, recommendations) are clearly stated and well-developed.
Conclusion	(0 points) Either all attributes are not present or not evident to the reader.	(3 points) Either three attributes are not present or all attributes are present but vague and poorly developed.	(6 points) Either two attributes are not present or all attributes are present but underdeveloped.	(8 points) Either one attribute is not present or all attributes are present and adequately developed.	(10 points) All attributes (overarching conclusion, evidence-based recommendations, application to practice, research opportunities are present, clearly stated, and well-developed.
References, APA format, grammar, sentence structure, logical organization	(0 points) Consistent errors are present in formatting elements, grammar, sentence structure, and logical organization.	(3 points) A lack of control is present in formatting, grammar, sentence structure, and logical organization.	(6 points) Format, grammar, sentence structure, and logical organization are present with some errors (3-5 errors).	(8 points) Format, grammar, sentence structure, and logical organization are present with minimal errors (1-3 errors).	(10 points) Format, grammar, sentence structure, and logical organization are correct and well-done. No errors present.
					out of 100

Appendix E

Example of a Curriculum Vita

Lucy Megginson, PhD, RN

304 Turner McCall Blvd
Rome, GA 30165
(706) 766-8435
lmegginson@floyd.org

PROFESSIONAL EXPERIENCE

2012-present **Director of Clinical Excellence**
Floyd Medical Center
Rome, GA

Oversee professional development and clinical education for Floyd's nursing team.

Develop the Center for Clinical Excellence (CCE) to provide a framework for fostering a professional nursing environment within FMC's growing healthcare system. The primary mission of the CCE is to support excellence in clinical practice by merging education, research, and professional development for the more than 1000 nurses within the FMC health system.

2010-May 2012 **Assistant Professor-Nursing (full-time, tenure track)**
University of West Georgia
School of Nursing, Carrollton, GA

2010-2012: Curriculum Committee-Team Member & Subcommittee Captain
2010-2012: Graduate Committee-Team Member
2010-2012: International Services & Program Task Force=Team Member
2010-2012: EdD in Nursing Task Force-Team Member
2010-2012: Courses: 1) Scholarly Inquiry-Research (Graduate); 2) Theory (Graduate); 3) Data Analysis (Graduate); 4) Family Health (OB-Undergrad); 5) Community Health (Undergraduate), 6) Translating Research into Practice (RN-BSN); 7) Clinical Nurse Leader Practicum (Graduate)

2011 **Adjunct Professor-Nursing-Study Abroad**
Shorter University
Rome, GA

Study Abroad-Global Health and Clinical Practicum for Pediatric/Vulnerable Populations -Bulgaria/London

2005-2010: **Assistant Professor-Nursing (full-time, tenure-track)**
Georgia Highlands College, Rome, GA

2008-2010	Health Sciences Division: Assessment Team-Team Facilitator
	Nursing: Readmission Committee-Chair
	Nursing: Policy & Procedure Committee-Chair
	Georgia Board of Nursing Self-Assessment Team-Member
	GHC: Scholarship Committee, Member
2007-2008	Student Services Committee
	Health Sciences Assessment Team
	NLNAC Self-Assessment Team
	Heritage Hall-Nursing-Renovation Committee-Chair
	Nursing, Readmission Committee-Chair

2006-2007 Student Services Committee
Critical Thinking Assessment Team
NLNAC Self-Assessment Team
Heritage Hall-Nursing-Renovation Committee-Chair

2003-2005: **Staff Education Coordinator, Women's & Children's Services**
Work Injury Coordinator-interdepartmental
Floyd Medical Center, Rome, GA

1994-1998: **Flight Nurse, United States Air Force Reserve**
Charleston, SC

1994-1997: **Perinatal Nurse Educator; Regional Perinatal Nurse Trainer**
Apria Healthcare, Charleston, SC

1992-1998: **RN (High-Risk L&D, Antepartum);** NRP/BLS Instructor; Orientation Instructor; **Preceptor**
Medical University of South Carolina, Charleston, SC

1991-1992: **RN (High-Risk L&D); BLS Instructor**
Tulane University Medical Center, New Orleans, LA

1989-1991: **RN (High-Risk L&D, Ante-partum, Post-partum, Newborn Nursery, Gyn. Surgery)**
Geisinger Medical Center, Danville, PA

EDUCATION

2010 Medical University of South Carolina
Doctor of Philosophy

2004 University of West Georgia
Master of Science in Nursing-Focus in Nursing Education

1998 Medical University of South Carolina
Bachelor of Science in Nursing

1989 Geisinger Medical Center School of Nursing
Diploma in Nursing (RN)

PROFESSIONAL MEMBERSHIPS

- Southern Nursing Research Society, 2008-present
- American Nurses Association, 2004-present
- National League for Nursing, August, 2005-present
- Sigma Theta Tau International, Honor Society of Nursing, 1998-present
- Christian Nurses Association, 2007-present
- Association of Women's Health, Obstetric, and Neonatal Nurses, 1991-2003
- Reserve Officer's Association, 1994-1999

PUBLICATIONS AND PRESENTATIONS

Authored Works

- Megginson, L. (2012). Exploration of Nursing Doctoral Admissions and Performance Outcomes: A Descriptive Study, *Journal of Nursing Education* 50(9), 502-512.
- Megginson, L. (2009). Non-Cognitive Constructs in Graduate Admissions: An Integrative Review of Available Instruments. *Nurse Educator*, *34*(6), 254-261.
- Megginson, L. (2009). Birth. *Journal of Christian Nursing, 26(1),* 20-21.
- Megginson, L. (2008). RN-BSN education: 21st century barriers and incentives. *Journal of Nursing Management, 16*, 47-55.

Presentations

- *A Dimensional Analysis of Marginalization*
    - Poster presentation at Southern Nursing Research Society's 2009 Annual Conference, *Interdisciplinary Research: A Road More or Less Traveled*; Baltimore, MD, February 11-14, 2009.
- *The Perceived Barriers and Incentives to Obtaining a BSN Degree for Returning RN Students: A Phenomenological Study.*
    - Presented at The Sixth Summer Institute of The Chicago Institute for Nursing Education, "Nursing Education in the 21st Century: Beyond the Textbook." Saint Xavier University, Chicago, Illinois, June 23-25, 2005
    - Presented at Sigma Theta Tau International's "16th International Nursing Research Congress," Hawaii's Big Island, July 14-16, 2005
    - Presented at the 38th Biennial Convention of Sigma Theta Tau International, "Create the Future Through Renewal," Indianapolis, Indiana, November, 11-16, 2005

HONORS

- 2006-2007 GHC Faculty of the Year
- 2007 Georgia Highlands College Pinning Ceremony: Invited Speaker
- 2007 Awarded Tylenol Scholarship for essay on potential contributions to health care: $1000
- 2004 Graduate Nurse Research Award- University of West Georgia

PROFESSIONAL LICENSE

- GA-RN 108604

RELEVANT SKILLS AND EXPERIENCE

Academic Committees

- 2010-present Curriculum Committee, Team Member & Subcommittee Captain; UWG
- 2010-present Graduate Committee: Team Member: UWG
- 2010-present International Services and Programs Task Force, Team Member; UWG
- 2010-present EdD in Nursing Task Force: Team Member; UWG
- 2008-2009 Health Sciences Assessment Team, Team Facilitator, Georgia Highlands College
- 2008-2009 Scholarship Committee, Team Member; Georgia Highlands College
- 2007-2008 Admissions Committee, Chair; Georgia Highlands College
- 2005-2008 Assessment Team-Critical Thinking, Team Member; Georgia Highlands College
- 2005-2008 Student Services Committee, Team Member; Georgia Highlands College

Technical

- Proficient in use of Microsoft PowerPoint, Microsoft Word, EndNote, SPSS, and educational software and platforms; Familiar with Microsoft Excel.
- Excellent research skills (literature, journals, internet, etc).

Social Action and Volunteerism

- *2003-present: Free Clinic of Rome*
  - Current member, Board of Directors
  - Played an integral role in assessment, design, planning, and implementation of the Free Clinic of Rome. The Free Clinic of Rome is a non-profit, donation-funded, medical clinic for the underserved and uninsured population of Rome and Floyd County.
  - Established all policies and procedures for the clinic, reviewed HIPAA application, and assisted with recruitment of volunteers and medical equipment.

- *2004-2008: Ethics Committee*
  - Community representative serving on the Ethics Committee at Floyd Medical Center Rome, GA. The Ethics Committee is a multidisciplinary forum to consider issues of biomedical ethics in order to meet the needs of patients, families, medical and hospital staff, and the community.

Rev 6/25/12 LM; 7/3/12 LM; 7/12/12 LM; 7/18/12 LM;
8/13/12; 8/21/12 LM; 9/7/12 LM; 9/13/12 LM; 9/17/12 LM; 10/23 PEP Team