

# Clinical Advancement Program Bradley Hospital



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# Clinical Advancement Program:

## Introduction

### Philosophy:

Excellent nursing care at Emma Pendleton Bradley Hospital starts with excellent nurses. Each nurse has a professional, and ethical, responsibility to continue to grow and learn throughout their career. Our mission is to “... create a culture in which each nurse has a passionate belief in the application of skills, knowledge, and compassion to make a difference in the life of each patient in every interaction, every time.” It is our belief that every patient, regardless of creed, race, age, or sexual orientation is entitled to excellent care. Bradley Hospital has created a Clinical Advancement Program (CAP) to provide nurses with the ability and structure to become professional, expert nurses that can provide each patient with excellent care

### Goals:

-  Promote excellence in nursing by promoting professionalism, leadership, and clinical competence.
-  Provide the supports needed for nurses to become leaders via the instillation of critical thinking, advocacy and competence.
-  Promote academic advancement
-  Provide support and framework for those who are taking steps toward becoming expert nurses.

### Theoretical Framework:

Patricia Benner, RN, Ph.D. work on novice to expert nursing was utilized as the basis in the development of the structure within the CAP. Ida Jean Orlando's work on the dynamic nurse patient relationship was used as the theoretical underpinnings of the CAP program. The Bradley Hospital leadership team wishes to encourage clinical growth at the bedside while recognizing that through the therapeutic use of the self, each nurse is the most powerful tool in psychiatric mental health nursing. By fostering the growth of competence,

autonomy, and leadership within each nurse, the nurses will be better prepared to meet the needs of the patients served and cared for.

### Program Structure

The professional nursing portfolio will be used to show evidence that a nurse candidate is ready to join, or progress through the CAP program. There is no firm timeline for to work toward gradation to the next level of professional practice.

Interested candidates must submit a completed portfolio to the clinical advancement committee (CAC) before the expected due date. Portfolios may be submitted at any time to the clinical development specialist's in room 307. The CAC will meet at least twice per year to review the submitted portfolio, generally in January and June. Applicants may generally expect a committee decision in about one month. Any interested applicant is invited to present to the shared governance committee with questions.

In the future, the CAC will be compromised of previous clinical advancement participants and the clinical development specialist.

Lifespan is committed to encouraging each registered nurse toward growth and commitment to nursing excellence. This CAP program was made possible after a collaborative effort between Emma Pendleton Bradley Hospital, Miriam Hospital, Rhode Island Hospital, and Newport Hospital with the hope that core components of all Lifespan CAP programs are the same. This CAP takes inspiration from Miriam Hospitals CAP program.

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## From Novice to Expert: Understanding Clinical Advancement

The **level one** nurse is an entry level nurse that has graduated from an accredited nursing program and passed exam for nursing licensure (NCLEX-RN). A novice level nurse is expected to rely heavily on tasks, policies, and guidelines to direct their practice. The nurse at this level will require high levels of support from more clinically experienced nurses to determine what is critical in each situation. Focus will be on patient safety, task mastery, and the early development of critical thinking. Many nurses may take a year or more to master this level of practice. The nurse manager will discuss this with each RN at the first performance evaluation.

The **level two** nurse is an advanced beginner that can identify global characteristics from past situations that may affect current patient care, but may still be learning what aspect of patient care to prioritize. Focus on this level will be the identification of aspects of care, and priority setting. The nurse within this level of expertise will continue to require support from more competent nurses and colleagues. Many nurses will take between 1-2 years to master this level of practice.

The **level three** nurse is considered a competent nurse. A competent nurse begins to see nursing actions in terms of short and long-term patient goals or plans. The competent nurse is better able to organize their day based on incorporation of past knowledge. Competent nurses demonstrate the ability to cope with critical situations and will be able to problem solve, and use critical thinking to improve clinical outcomes. Most nurses will need 2-3 years to master this level of care.

The **level four** nurse is a proficient nurse. The nurse at this level demonstrates the ability to focus on the patient, as opposed to being focused on each task. They will demonstrate a holistic understanding of the patient and will use the perspective guided from similar past situations to draw from to guide current practice. They will demonstrate the ability to recognize unexpected patient outcomes in each situation and will use critical thinking to address these variations. Organizational skills have evolved based on new learning, critical

thinking, and experience. A heightened sense of self confidence and self-efficacy is present. Most nurses will take at least three years to reach this level of competence.

The **level five** nurse is considered a nurse expert. The nurse at this level no longer needs to rely on rules for decision making and draws from a vast pool of knowledge and experience to make critical choices. Finely honed leadership skills and the advanced clinical expertise will be evidenced by the ability to navigate complicated and quickly changing patient situations. The level five RN can identify subtle changes in patient behavior, affect and mood and will demonstrate the expert clinical skills required to identify and meet patient's immediate needs for help in these situations. In addition, the nurse expert is able to draw from other resources to support clinical decision making. The expert nurse will be committed to lifelong education, research, mentoring and acquisition of advanced level skills and goals.

While it is expected that each professional clinical nurse advance along this continuum, it is recognized that each nurse brings a specific set of skills and life experience to this endeavor. Please note that while a general timeline is provided. Nurses that demonstrate each level of ability are encouraged to self-reflect and work toward continued growth as a professional nurse. In collaboration with the clinical nurse manager (CNM) each nurse will progress through these steps at an individualized pace. When the nurse experiences mastery at level two, advanced beginner level, they are encouraged to apply to the clinical advancement program at Bradley hospital. (Clinical Advancement Program: Staff nurses. The Miriam Hospital. 2017)

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Clinical Nurse Two Application Cover Page:

Name:

Date of Application:

Unit/Program:

Qualifications:

- Must be a benefitted registered nurse at Bradley Hospital
- Endorsement from Clinical Nurse Manager required verifying application is eligible for advancement according to performance evaluation and quality of documentation

\_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Clinical Nurse Manager, ACNM, or DON

- Completion of Orlando Education

Date: \_\_\_\_\_

Required Documentation:

- Current resume
- 12 Continuing Education hours- 10 must be in psychiatric mental health nursing within the last two years or evidence of completion of college course applicable to nursing practice.
- Clinical Exemplar

Sharing of knowledge and evidence of expertise: The Professional Nursing Portfolio

- Submission of a professional portfolio that includes 100 points earned from menu.

Signature of Applicant: \_\_\_\_\_

Name of Applicant (Print): \_\_\_\_\_

Date: \_\_\_\_\_

Clinical Nurse Three Cover Page:

Name:

Date of Application:

Unit/Program:

Qualifications:

- Must be a benefitted registered nurse at Bradley Hospital
- Endorsement from Clinical Nurse Manager required verifying application is eligible for advancement according to performance evaluation and quality of documentation

\_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Clinical Nurse Manager, ACNM, or DON

- Completion of Orlando Education

Date: \_\_\_\_\_

Required Documentation:

- Current resume
- 15 Continuing Education hours- 12 must be in psychiatric mental health nursing within the last two years or evidence of completion of college course applicable to nursing practice
- Clinical Exemplar
- Evidence of national certification in Psychiatric mental health nursing

Sharing of knowledge and evidence of expertise: The Professional Nursing Portfolio

- Submission of a professional portfolio that includes 150 points earned from menu.

Signature of Applicant: \_\_\_\_\_

Name of Applicant (Print): \_\_\_\_\_

Date: \_\_\_\_\_

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Clinical Nurse Four Cover Page:

Name:

Date of Application:



Unit/Program:

Qualifications:

- Must be a benefitted registered nurse at Bradley Hospital
- Endorsement from Clinical Nurse Manager required verifying application is eligible for advancement according to performance evaluation and quality of documentation

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Clinical Nurse Manager, ACNM, or DON

- Completion of Orlando Education

Date: \_\_\_\_\_

Required Documentation:

- Current resume
- 18 Continuing Education hours- 14 must be in psychiatric mental health nursing within the last two years or evidence of completion of college course applicable to nursing practice
- Clinical Exemplar
- Evidence of national certification in Psychiatric mental health nursing
- Evidence of completion of a Bachelor of Science in Nursing Degree

Sharing of knowledge and evidence of expertise: The Professional Nursing Portfolio

- Submission of a professional portfolio that includes 150 points earned from menu.
  - Evidence of QI or Evidence Based Project must be included for 50 of these 150 points

Signature of Applicant: \_\_\_\_\_

Name of Applicant (Print): \_\_\_\_\_

Date: \_\_\_\_\_

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## Clinical Nurse Five Cover Page:

Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Unit/Program: \_\_\_\_\_

### Qualifications:

- Must be a benefitted registered nurse at Bradley Hospital
- Endorsement from Clinical Nurse Manager required verifying application is eligible for advancement according to performance evaluation and quality of documentation

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Clinical Nurse Manager, ACNM, or DON

- Completion of Orlando Education

Date: \_\_\_\_\_

### Required Documentation:

- Current resume
- 18 Continuing Education hours- 16 must be in psychiatric mental health nursing within the last two years or evidence of completion of college course applicable to nursing practice
- Clinical Exemplar
- Evidence of national certification in Psychiatric mental health nursing
- Evidence of completion of a Bachelor of Science in Nursing Degree
- Evidence of completion of a Master of Science in Nursing Degree

### Sharing of knowledge and evidence of expertise: The Professional Nursing Portfolio

- Submission of a professional portfolio that includes 150 points earned from menu.
  - Evidence of QI or Evidence Based Project must be included for 50 of these 150 points

Signature of Applicant: \_\_\_\_\_

Name of Applicant (Print): \_\_\_\_\_

Date: \_\_\_\_\_

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## Criteria Menu

The applicant may choose from the criteria menu below. Points are awarded based on the fulfilled behaviors/skills and are used toward the requirement for each level. Applicants who have been on an extended LOA must discuss eligibility with their preceptor and CNM/ACNM.

Any specific behavior may only be used once unless a behavior results in generation of others. For example, if an applicant developed a policy and procedure in a committee, the applicant cannot use both policy and procedure development and committee involvement for points. However, if an applicant sits on a committee that raises a research question and the applicant researches, publishes and in-services staff, all those behaviors are eligible for inclusion.

\*Applicants may confer with their clinical advancement preceptor if they have any questions about the criteria. Shared governance will temporarily serve as the forum for questions until such a time the clinical advancement preceptor program is operational.

It is highly recommended that the applicant confers with their clinical advancement preceptor or CNM/ACNM with any questions regarding criteria.

**Criteria must be fulfilled within 12 months preceding application.**

**May not receive points for submitting same documentation for more than one criterion.**

**PLEASE REMEMBER TO BE CONSCIENTIOUS OF HIPAA AND REMOVE PHI**

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**Criteria 1: Coordination of Interdisciplinary Patient Care Conference (10 points)**

Conference must focus on coordination of patient care and communication between all disciplines providing care for a patient. Attendees may include nurse, patient, family, physicians, Nutrition Services, Rehabilitation Services (i.e. OT speech, art therapy), Social Services, etc. Conference must be at least 20 minutes in length, have at least 3 to 4 in attendance and represent at least 2 to 3 disciplines. Portfolio documentation must include complete patient care conference note from record and revised/documented plan of care based on conference.

**Maximum of 30 points (for three conferences).**

**Criteria 2: Professional Nursing Organization Membership (10 points)**

Applicant must be a member of a professional nursing organization. Applicant must provide evidence of **active** membership for at least six months. If applicant belongs to the local and national chapter of an organization, she/he can only count this as one membership.

**May add 10 points** if attendance at professional organization committee meetings is greater than 50%. Applicant must provide proof of attendance e.g., an attendance roster or letter from an officer of the organization.

**May add 10 points** if an officer within the organization (e.g. treasurer, president).

**\*\*To receive the additional points in this criterion, applicant must submit a narrative describing role, contributions and communication to peers. This narrative needs to be signed by an officer of the professional organization.**

**Maximum of 30 points (if all requirements are met).**

**Criteria 3: Reward and Recognition (10 points)**

Examples of reward and recognition include patient letters, peer letters, satisfaction surveys, e-mails (must be individualized and unsolicited), nomination for award (e.g. employee of the month). If recognition is related to another criterion used in the portfolio it may not also be used in this criterion (e.g. receiving a thank you email for your work on a committee). Block out patient names.

**Maximum of 30 points (for three examples).**

**Criteria 4: Award or Honor (15 points)**

Examples of Award or Honor include: Employee of the Month, DAISY Award, Emma Award, community or professional awards (excluding clinical advancement), merit based scholarship. Must provide proof of award.

**Maximum of 30 points**







**Criteria 5: Charge Nurse Role/Team Leader/Lead RN (25 points)**

Applicants using this criterion utilize assertive communication and interpersonal skills to enhance teamwork. They assume a leadership role in resolving problems at the unit level and consistently manage the workflow of the unit. They must show evidence of charge role effectiveness e.g. through performance appraisal or peer review evaluation.

**Applicant must submit Appendix A to validate that Charge Nurse Role was held for at least 300 hours within the past twelve months and that he/she was effective in this role. Do not include time sheets.**

**Criteria 6: Development or Revision of Policies/Procedures/Standards of Care/Tools/Forms (15 points)**

Examples that meet this criterion include:

-  Develops a new nursing policy and procedure, or revises current policy and procedure (based on new evidence-based practice research and guidelines and changes presented and approved by committee)
-  Develops standards of care for selected patient populations
-  Develops new documentation tools and if appropriate suggests these changes to the LifeChart team
-  Develops and/or revises forms (makes significant revisions based on current evidence and/or feedback)
-  Designs educational aide intended for use as reference in the clinical area
-  Develops nursing practice alerts

Portfolio must include documentation of references used to build or revise policy/procedure or standard of care and a copy of final signed document.

**Maximum of 45 points (for three examples)**

**Criteria 7: Presentation of Clinical Exemplar or Case Study/Lunch and Learn/Mini Grand Rounds/**

**In-Service or Unit Presentation (15 points)**

Presentation must occur at unit level or higher. Applicant must include copy of patient centered exemplar, case study, lunch and learn or presentation content. Include objectives, outline/educational materials and attendance record/sign in sheet with date. Applicant may only use the same presentation/in-service once for points even if presented multiple times.

**Maximum of 45 points (for three separate examples of presentations)**

**Criteria 8: Educational Improvement (20 points)**

Applicant must include: evidence of identification of a learning need, development and implementation of educational program on a nursing unit. Applicant must include attendance record, copy of program, objectives, outline of content, bibliography and staff evaluations. Applicant may only use program once for points even if presented multiple times.

**Maximum of 40 points (for examples of two separate learning needs)**

**Criteria 9: Continuing Formal Education (10 points)**

Education must be obtained in school year prior to applying for advancement. Courses must be required for degree at baccalaureate or master's level. Submit photocopy of transcript or grade report. Please circle course and date/semester. If applicant is using the classes for this criterion then she/he may not use the same course for continuing education requirements.

**Maximum of 20 points (for two classes)**

**Criteria 10: Promoting a Positive Image of Nursing (15 points)**

Examples for this criterion include promoting a positive image of nursing through activities such as assisting with recruitment, speaker at a graduation, speaking at schools about nursing as a career, involvement at open houses, involvement in hospital related activities that highlight the contributions of nursing and/or the profession of nursing, development of a new poster or have made significant changes on an existing poster (with a narrative of your role in making the poster), participation as an active member (include narrative of role in team presentation). Applicant must include supportive evidence of role. (may not use in these criteria if it falls into another criterion and does not meet the requirements i.e. mentoring students, community service). Applicant must also present a positive image of nursing through professional appearance.

**Maximum of 45 points (for three separate examples)**

**Criteria 11: Ethics Presentation (15 points)**

Applicant must include copy of presentation, evaluations and, if provided, contact hours.

**Criteria 12: Participates in Competency Training (15 points)**

Applicant must participate in Competency Training at either unit based level, hospital based level or as part of Professional Development Day. Applicant must have a minimum of 2 hours per competency taught. Applicant must include description of competency taught, content/educational materials/outline and **Appendix** . Applicant is required to write the narrative/description of competency taught.

**Maximum of 45 points (for three separate examples with a minimum of 2 hours each)**

**Criteria 13: Presentations to other Healthcare Professionals/Public (15 points)**

Examples for this criterion include: presentation at a Community Advisory Board or to other health care professionals/public (clearly state who the healthcare professionals are). Applicant must include a narrative of your role, presentation content and any brochures, flyers, contact hours if applicable. Presentations to classmates as part of normal coursework may not be

included, you may include coursework that is presented to your work colleagues.

**May add 10 points if presentation is at a national level.**

**Criteria 14: Development of Poster /Poster Presentation (10-15 points)**

Development of an educational health-related poster and did not present at conference= 10 points.

Development of an educational health related poster, attended local conference and presented poster = add 10 points.

Development of an educational health related poster, attended national conference and presented poster = add 20 points.

**May only use same poster at two different conferences** (e.g. developed a poster and attended 2 different local conferences for 30 points or developed a poster and attended a local and a national conference for 40 points)

Applicant must include a narrative of role in presentation. Must include picture of poster or poster content, conference registration and, if applicable, contact hours.

**Criteria 15: Roundtable discussion at a local conference (15 points)**

Applicant must include narrative describing conference and roundtable content.

**May add 10 points if roundtable discussion is at a national conference.**

**Criteria 16: Podium Presentation at a Local Conference (25 points)**

Applicant must include narrative describing conference, presentation content and any brochures, flyers, contact hours if applicable.

**May add 10 points if presentation is at a national conference**

**Criteria 17: Member of Hospital or Unit Level Committee (20 points)**

Applicant must meet each component of the criterion and document the following in a narrative:



1. Must be a member of the committee with active participation for 9-12 months. If applicant only has been a member for 9 months: 100% attendance at the committee meetings is required. If applicant has been a committee member for 12 months: 80 % attendance at the committee meetings is expected. If applicant has not attended the required percentage of meetings but feels that she/he has met the intent of the criterion through active participation in the committee then this must be explained in the narrative. Applicant may be asked to submit a letter from the committee chair to substantiate applicant's participation.
2. Must include official roster with evidence of meeting attendance.
3. Must function as a role model for nursing practice, show evidence of communication with peers and, if a hospital level committee, must represent your nursing unit at the committee.
4. Must show active engagement in the committee by accepting responsibilities and completing assigned tasks.
5. Must submit a clear and concise narrative report documenting contributions of time and accomplishments. **Must include evidence of dissemination/sharing of committee information to unit staff members e.g. staff meeting minutes, emails or other communications to staff (if dissemination is verbal please specify this in the narrative).**

Do not include meeting minutes unless there is something that mentions something that you would like the committee to review.

**Maximum of 60 points (for three committees)**

**May add 15 points if Chair of Committee**

**May add 10 points for formal presentation for committee (max 10 points)**

**Criteria 18: Short Term Committee/Task Force (20 points)**

Applicant may be a member of a new or short-term committee/task force e.g. OpX that has not been/may not be in existence for at least 9 months. In that event, applicant must submit a supporting narrative that demonstrates her/his dedication and commitment to impacting practice through her/his

involvement in the committee. 100% attendance at the meetings is required however if an applicant has not met this requirement but feels she/he meets the intent of the criterion through active participation then this must be explained in the narrative. Applicant may be asked to submit a letter from the committee/task force Chair to substantiate the applicant's participation. Applicant also must include the following information in her/his submission:

1. Frequency and duration of meetings (e.g. "two-hour weekly meeting")
2. Schedule of meetings and attendance roster. Explanation of missed meetings must be provided. If no roster, please provide letter from chair with proof of attendance.
3. Evidence of active participation in the committee by accepting responsibilities and completing assigned tasks.
4. Must submit a clear and concise narrative report documenting contributions of time and accomplishments. **Must include evidence of dissemination/sharing of committee information to staff members e.g. through staff meeting minutes, emails or other communications to staff (if dissemination is verbal please specify this in the narrative).**

Do not include meeting minutes unless there is something that mentions something that you would like the committee to review.

**Maximum of 60 points (for three committees)**

**May add 15 points if Chair of Committee**

**May add 10 points for formal presentation for committee (max 10 points)**

#### **Criteria 19: Community Service (20 points)**

Examples for this criterion include volunteer work with hospital related events, health-related community groups (e.g. blood pressure screening at church or community health fair, RN chaperone on field trip/sporting event, teaching Scouts first aid, bake sale or fundraiser for a health-related cause, "walk" for health-related cause, volunteering at blood drives, soup kitchens, Habitat for Humanity, etc.). Applicant must provide proof of being

involved in the community service such as a brochure, a letter from the sponsor or other supporting evidence if available. Include a narrative of what your community service entails, dates and hours volunteered and how your role relates to your professional growth as a nurse, if no proof of community service exists please explain in your narrative.

**20 points for 10 hours**

**Maximum of 40 points**

**Criteria 20: Development of Patient Education Tool/Resources/Library (20 points)**

Applicant may develop a patient education tool that is part of an overall teaching plan designed to facilitate understanding of one or more learning objectives. The tool must be utilized on a regular basis and used by other professionals. A copy of teaching tool must be included. Or, applicant may provide documentation of development of a current evidence based resource or compilation of resources for patient education. The resources must be part of a teaching plan designed to facilitate understanding of learning objectives. Evidence of integration of tool/resource/library into daily practice on unit is required.

**Criteria 21: Published Editorial or Unpublished Master's Thesis (20 points)**

Applicant may submit a copy of a health care related published editorial or an unpublished master's thesis. The thesis must have been presented at the hospital level e.g. Grand Rounds, Shared Governance or Practice Committee meeting

**Criteria 22: Published article (50 points)**

Article must be health care related and published in a professional peer reviewed journal. Applicant must include copy of article.

**Criteria 23: Article in Newsletter (10 points)**

Article must be health care related. Applicant must include a copy of the newsletter containing the article.

**Criteria 24: Research Study (Points dependent on role. See below)**

Applicant develops, or assists in developing, a research study and/or implements the study and conducts the research.

This research may not be part of your usual job requirements e.g. your job role is as a research nurse. Applicant must include a copy of the research proposal/protocol and the Nursing Research or IRB approval letter. Also include a narrative outlining your role and contributions to the study. You must either include the results of your data analysis or you must describe the current state of the analysis in your narrative. **This criterion also requires a separate review by a Research Reviewer from the Clinical Advancement Committee who will review your documentation and must sign Appendix F prior to submission of your portfolio.** Please contact a co-chair of the Clinical Advancement Committee who will put you in touch with a Research Reviewer.

**Primary Investigator: 50 points**

**Co-Investigator: 40 points**

**Study Assistant: 10 points. May** apply for only these points if you do not fulfill the full requirements for an investigator but have assisted with study development or implementation in some manner. Please clearly describe your role.

**Add 10 points** when a prepared report on your findings is complete with evidence of dissemination.

#### **Criteria 25: Chair or Co-Chair of a Unit Based Journal Club (15 points)**

Applicant selects appropriate peer reviewed articles for the journal club that are approved by the Clinical Nurse Manager/Assistant Clinical Nurse Manager. She/he must make articles available to peers prior to meeting and advertise meeting time and place. She/he must actively participate and facilitate discussion of how articles reflect evidence-based practice and the implications for use in unit practice. Must include abstract, summary of discussion and narrative noting how articles relate to your practice and impact your patient care. At least 5 journal club meetings spaced over a 12-month period must occur. Attendance records must be included however **do not include the articles.**

**Criteria 26: Clinical Advancement Preceptor (20 points)**

Applicant acts as a resource for the successful advancement of another RN to an advanced level (first time applicants only). See Clinical Advancement Preceptor Criteria/Guidelines. Portfolio must include evidence that criteria have been met (e.g. narrative from other nurse demonstrating mentoring process, copies of e-mails or other sources of communication to each other, copy of application page or reviewer checklist).

**Maximum of 40 points (for two separate first-time applicants)**

**Criteria 27: Preceptor Role (20 points for a minimum of 72 hours of precepting)**

A preceptor is defined as someone who helps another person to develop clinical competencies, prioritization, time management, organizational and problem-solving abilities. This relationship transitions from preceptor to peer. Applicant acts as a preceptor for new nursing employees to a unit. Applicant must demonstrate dedication and commitment to teaching, mentoring and encouraging the advancement of the preceptee/s in the nursing role. Applicant must present evidence of his/her work with the preceptee/s through inclusion of, e.g. clinical checklist or narrative describing debriefings or meetings with the preceptee/s, and areas of clinical competency that were addressed. If including multiple preceptees to meet the 72-hour criteria then a clinical checklist or short (one or two sentence) narrative must be included describing your work with each preceptee. Applicant may include preceptor expertise evaluation or letter of support from preceptee/s. Applicant must include documentation from Clinical Nurse Manager/Assistant Clinical Nurse Manager (**see Appendix B**). CNM/ACNM must only sign Appendix if there is confirmation that applicant has met the expectations and standards associated with being a preceptor. Do not include timesheets.

**Maximum of 40 points**

**Criteria 28: Quality Improvement (10 points)**

Applicant must be responsible for audits and for driving change process for unit based outcomes. Audits shall be completed on a continuous basis,

preferably monthly and throughout the year. A narrative of your role is required. Applicant must include the audit tool, number of audits completed and a narrative describing how applicant disseminated the outcomes to her/his peers. **(For QOPI audits only: Must complete at least 10 audits. May use for both Spring and Fall rounds, 10 audits each round. Include certificate of completion and narrative of modules completed and number of audits completed, do not include copy of QOPI audit, include list of completed audits only).**

**Maximum of 30 points (10 points per separate audit)**

**Criteria 29: Evidence Based Practice/Performance Improvement Activity (40 points)**

Applicants may engage in an improvement activity in the areas of operational efficiency, clinical practice, leadership, customer relations, or financial responsibility. All steps taken in the activity must be submitted in a written report including the following steps:

1. Identify the problem
2. Methods (how you plan to address the problem): describe the steps, procedures and strategies for gathering and analyzing the collected data (e.g. were qualitative or quantitative methods used)
3. Document data collection and analysis (may include charts, graphs, etc.)
4. Discuss findings with nursing staff
5. Document solutions developed
6. Follow up and evaluation
7. Documentation must be provided that includes verification of practice or policy change/improvements.
8. References must be cited. Revised November 2017 12

**Criteria 30: Additional National Certification (10 points)**

Applicant may receive points for holding each additional national certification. Applicant must submit copy of certification.

**Criteria 31: Conference Planning Committee (20 points)**

Applicant must attend 80% of committee meetings and show active participation in planning a conference. Applicant must provide a narrative explaining role, responsibilities and accomplishments. Applicant may include emails, documentation of phone calls and other pertinent information or letter of support from committee chair. Applicant must include conference brochure or invitation along with contact hours information if applicable.

**Add 10 points if Chair of Committee**

**Criteria 32: Mentoring Students (15 points)**

A mentor is defined as a role model who focuses on the personal interests, career needs and overall development needs of his/her student. Reflection is considered a critical part of professional growth therefore applicant must submit a narrative describing their work with the student/s and documentation of the hours spent with the student/s. Applicant must work with the student/s for a minimum of 48 hours per semester/year. Applicant may include one student or multiple students throughout the semester/year and “shadowing” may be included. **Applicant must include either Appendix C or include a letter/email from the instructor/s.**

**Maximum of 45 points**

Please include a narrative of your role (do not include any peer names).

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## Bradley Specific Criteria:

### **Criteria 33: Patient Education Resource (10 points)**

Develop and implement a patient education resource or edit and implement an existing patient education resource utilizing evidence based practice literature and research. Include the following in the documentation: Need for new or revised education, new or revised education resource, copies of at least 2 evidence based sources, departmental approval for change or implementation, original education source if revising.

Maximum of 30 points

### **Criteria 34: Staff Education (10 points)**

Provide staff education on a relevant topic using evidence-based practice literature. Include the following in the documentation: relevancy of topic to practice, sign in sheet of participants, objectives for the activity, evaluation form, copies of the evidence based resources (at least 2) and a personal evaluation of lessons learned.

Identify an area for research. Do a citation index that includes at least 10 evidence based research articles. The scope of the literature should not focus exclusively on the scope of the problem, but rather which types of interventions have been found to help decrease or eliminate the problem.

Maximum of 30 points

### **Criteria 35: Nursing Theory (15 points)**

Choose one of the nursing theorists (Watson, Orlando, Barker) and design a teaching tool or group for patients in the area in which you work using the tenets of one of these three theories. It is acceptable to request assistance from clinical development specialist or Director of Nursing (DON). Present this material to peers (at unit level or higher). Present proof of presentation and attendees



**Criteria 36: Presenting Research (10 points)**

Research: Identify an area of relevant research applicable to the population in your work area. Do a literature search on peer-reviewed articles published within the last 5 years. Synthesize the findings based on the model provided of at least 5 articles and present this during a staff meeting.

**Criteria 37: Ethical presentation (10 points)**

Choose an area of ethical or legal relevance to Bradley Hospital. Create an in service, based on findings for staff. There must be at least 6 relevant, up to date resources included.

Add additional 10 points if presented at Ethics committee

Maximum of 30 points

**Criteria 38: Development of Groups (15 points)**

Develop and implement three groups to be implemented on any unit. The group/topic must demonstrate understanding of the age group as well as provide a therapeutic context. Provide proof of group content and evidence basis.

Maximum of 30 points

**Criteria 39: Nursing diagnosis exploration (15 points)**

Identify a nursing diagnosis that requires future development. Write a research paper using the rubric provided to connect the medical diagnosis and how it relates to mental illness.

**Criteria 40: APNA Transitions (15 points)**

Take the APNA transitions course and present evidence of passing

**Criteria 41: Hospital Supervisor (25 points)**

Complete hospital supervisor training and complete required 6 shifts over the course of the year as hospital supervisor.

## Advancement

The clinical advancement committee will review all portfolios of those they feel are ready for advancement twice per year typically in January and June. There will be an award ceremony twice per year typically in February and July. It is required that the applicant attend this ceremony and share their portfolio to obtain advancement.

## The Clinical Advancement Committee

The Clinical Advancement Committee (CAC) will be responsible to review all portfolios for advancement. It will be comprised of nursing leadership members, and members of the nursing staff that have been successful applicants themselves. All members of the Clinical Advancement Steering Committee (CASC) have one vote on applicants brought forth advancement. For voting to occur,  $\frac{3}{4}$  of The Clinical Advancement Committee must be in attendance.

They will also be responsible to monitor the CAP, recommend, review and accept any changes to the CAP program standards and criteria. This committee will also elect two co-chairs annually- ideally with representation from nursing leadership and professional direct care registered nurses (RN). Co-chairs will be elected annually. Resignations from the CAC must be submitted, in writing, to the co-chairs.

## Appeals

If an applicant seeks to challenge a decision denying or revoking advanced status this appeal must request a review of their portfolio to the co-chairs. This written appeal must be done within 15 days of receiving denial/revocation and must include the basis for the appeal. This appeal may not contain any information that was not submitted with the original application. The appeal committee will have representation from nursing administration and RN nursing staff (none from the same unit as the applicant). The appeals committee must respond to the applicant, in writing, in no less than 30 days from original committee decision. This decision is final.

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# Compensation

Once a portfolio has been submitted and accepted the RN will receive a onetime payment dependent on clinical nurse level:

Clinical nurse level	Compensation
1	\$0
2	\$1000
3	\$2500
4	\$4500
5	\$6000

## Portfolio Guideline Sheet

- Portfolio must be reflective of the previous year's achievements
- All documents must be dated legible and signed (if applicable).
- Portfolio must be in a three-ring binder with a cover page, title page for qualifications and required documentation for each criterion.
  - Please include expected points on criteria title pages
- All documents must be on 8 ½ x 11-inch paper, please avoid double sided paper, remove all staples and black out all PHI
- Clinical nurse manager or ACNM and applicant must sign the application page.
- Please ensure all your documentation is included- supporting documents, short narratives etc.
- Please number your portfolio pages and develop a table of contents

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# The Clinical Exemplar

## The Clinical Narrative:

The sharing of experiences, also called narrative storytelling or exemplars, is a means of sharing a nurse's history, tacit knowledge and creativity. It promotes critical thinking between novices and experts, strengthens collegiality and builds self-esteem and rapport. Patricia Benner, author of *"From novice to expert"* and *"The primacy of caring,"* identifies the value of clinical narratives in promoting reflective nursing practice and uncovering the knowledge embedded within practice. Narrative accounts reveal aspects of excellent nursing practice that cannot be captured by task analyses or job descriptions.

The philosophy of nursing at Bradley Hospital is based in part on Jean Watson's theory of human caring and the theory of the deliberative nursing process by Ida Jean Orlando. These theories recognize that only through the use of the authentic presence of the nurse can healing begin. Utilizing these theories, we validate that only through caring moments, the use of the dynamic nurse patient relationship, and the caritas processes can the nurse truly demonstrate the love, kindness and equanimity needed to connect human to human with patients.

Orlando defined the main role of the nurse as identifying and meeting the patients immediate need for help. To correctly identify the patients, need the nurse must utilize their perceptions, thoughts, and feelings to explore the source of distress with the patient.

Orlando's deliberative nursing process has three main elements:

1. The presenting behavior of the patient

2. The reaction of the nurse
3. The process that identifies the nursing actions taken to help decrease this patients distress

Watson defined the Caritas as ten factors:

1. Practicing loving-kindness and equanimity within context of caring consciousness.
2. Being authentically present and enabling, and sustaining the deep belief system and subjective life world of self and one-being cared for.
3. Cultivating one's own spiritual practices and transpersonal self, going beyond ego self.
4. Developing and sustaining a helping-trusting, authentic caring relationship.
5. Being present to, and supportive of the expression of positive and negative feelings.
6. Creatively using self and all ways of knowing as part of the caring process; engaging in artistry of caring-healing practices.
7. Engaging in genuine teaching-learning experience that attends to wholeness and meaning, attempting to stay within other's frame of reference.
8. Creating healing environment at all levels, whereby wholeness, beauty, comfort, dignity, and peace are potentiated.

9. Assisting with basic needs, with an intentional caring consciousness, administering ‘human care essentials,’ which potentiate alignment of mind-body-spirit, wholeness in all aspects of care.

10. Opening and attending to mysterious dimensions of one’s life-death; soul care for self and the one-being-cared for; “allowing and being open to miracles.”

Nursing Theory. (2016) Orlando's Nursing Process Discipline Theory. Retrieved from <http://nursing-theory.org/theories-and-models/orlando-nursing-process-discipline-theory.php>

Orlando, I.J. (1961) *The Dynamic Nurse Patient Relationship*. New York: G.P. Putnam’s Sons

Wagner, A. L. (n.d.). Core Concepts of Jean Watson’s Theory of Human Caring/Caring Science. Retrieved from <https://www.watsoncaringscience.org/files/PDF/watsons-theory-of-human-caring-core-concepts-and-evolution-to-caritas-processes-handout.pdf>

### **Instructions for Writing a Clinical Narrative or Exemplar:**

Together with your Clinical Nurse Manager/Assistant Clinical Nurse Manager reflect upon the ten caritas processes and the dynamic nurse patient relationship to examine your practice and formulate your professional development progression.

Identify and describe your ability to function in one or more of the competencies as defined in the professional practice model. In your own words write a reflective narrative of a clinical situation that impacted your practice. Examples of situations include:

1. An experience where you feel you were present in the moment with a patient and honored human dignity of the patient and yourself.
2. An experience where you turned a task into a healing interaction.

3. An experience that by responding to the patients' needs resulted in a more trusting/caring relationship.
4. An experience where you helped the patient identify and meet their needs/goals with the outcome of relief from distress.

For more information on the caritas and their related competencies please see attached PDF.

(Clinical Advancement Program: Staff nurses. "The Clinical Exemplar". The Miriam Hospital. 2017)

# Appendixes

## Appendix A

### Charge Nurse Role Validation: Criteria 5

I, \_\_\_\_\_ (name), DON, CNM, ACNM, of \_\_\_\_\_,

Verify that \_\_\_\_\_ (Applicant name) has completed the minimum requirement of **300 charge nurse hours** in order to satisfy **Criteria 5** of the Clinical Advancement packet. I also validate that the quality of the applicant's work in this role meets all the high standards and expectations associated with advancement and as outlined in the charge RN expectations policy.

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Clinical Nurse Manager/ Assistant Clinical Nurse Manager

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Date

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**Appendix B**  
**Preceptor Role Validation: Criteria 27**

I, \_\_\_\_\_ CNM/ACNM of  
\_\_\_\_\_

verify that \_\_\_\_\_ has completed the minimum requirement of **72 preceptor hours** to satisfy **Criteria 27** of the Clinical Advancement packet. By signing this form, I confirm that the applicant has shown dedication and commitment to the role of preceptor and to promoting the development of the nurses she/he has precepted. I also validate that the quality of the applicant’s work in this role meets all of the high standards and expectations associated with being preceptor as outlined in the APNA Guidance Regarding Precepting and Mentorship found at

[https://www.apna.org/files/public/Resources/PRECEPTING%20%26%20MENTORSHIP%20GUIDANCE%20\(APPROVED%20April%202019\).pdf](https://www.apna.org/files/public/Resources/PRECEPTING%20%26%20MENTORSHIP%20GUIDANCE%20(APPROVED%20April%202019).pdf)

Name of nurse precepted:

\_\_\_\_\_

Time frame/hours nurse was precepted:

\_\_\_\_\_

Name of nurse precepted:

\_\_\_\_\_

Time frame/hours nurse was precepted:

\_\_\_\_\_

Name of nurse precepted:

\_\_\_\_\_

Time frame/hours nurse was precepted:

\_\_\_\_\_

Name of nurse precepted:

\_\_\_\_\_

Time frame/hours nurse was precepted:

\_\_\_\_\_

\_\_\_\_\_  
Clinical Nurse Manager/Assistant Clinical Nurse Manager

**Appendix C****Mentoring of Students Validation: Criteria 35**

<b>Name of student</b>	<b>School</b>	<b>Time Frame/ Date</b>	<b>DON ACNM CNM signature</b>	<b>Clinical Development Specialist Signature</b>

Nursing Diagnosis Exploration: **Criteria 39**

	Met Expectations	Partially Met Expectations	Expectations Not Met
Diagnosis	Diagnosis identified is clearly explained and includes signs/symptoms, pathophysiology, frequency in population, causes, and treatments.  3	Diagnosis identified is not clearly explained or is lacking in one of the required areas.  2	Diagnosis is not clearly explained and is lacking in one of the required areas.  1
Impact on Mental Health	Strong correlation demonstrated regarding impact of diagnosis on pediatric/adolescent population with more than 4 examples of how it makes an impact.  3	Correlation is made regarding impact, but is lacking in detail to strongly make connection.  2	Correlation is weak and examples given are less than 4 or not relevant.  1
Implications for Nursing Practice	3 or more implications for nursing practice are identified with rationale.  3	3 or more implications for nursing practice are identified, but the rationale is lacking in strength and clarity.	Less than 3 implications for nursing practice are given.  1

		2	
Professional Presentation	Paper is written at a professional level in APA style free from grammatical and spelling errors.  3  (Please note it is acceptable to request support from an editor)	Paper does not display the level of professionalism expected. Paper has grammatical errors and/or is not in correct format.  2	Paper does not display level of professionalism expected. It has more than 5 grammatical and/or spelling errors and is in incorrect format.  1

(K. Lundsten, n.d)

### Participates in Competency Training: Criteria 12

I, \_\_\_\_\_, of \_\_\_\_\_ (unit), verify that \_\_\_\_\_ has completed the minimum requirement to satisfy Criteria 12 of the Clinical Advancement packet. I also validate that the quality of the applicants work in this role meets all the high standards and expectations associated with clinical advancement. It is expected the applicant will write the narrative description of the material taught:

Material Taught: \_\_\_\_\_

Date(s): \_\_\_\_\_

Number of Hours: \_\_\_\_\_

Number of staff attended: \_\_\_\_\_

**Material Taught:** \_\_\_\_\_

**Date(s):** \_\_\_\_\_

**Number of Hours:** \_\_\_\_\_

**Number of staff attended:** \_\_\_\_\_

**Material Taught:** \_\_\_\_\_

**Date(s):** \_\_\_\_\_

**Number of Hours:** \_\_\_\_\_

**Number of staff attended:** \_\_\_\_\_

**Research Reviewer Validation: Criteria 24**

I, \_\_\_\_\_, Research Reviewer for the Clinical Advancement Committee, verify that I have reviewed the documentation submitted by \_\_\_\_\_ for Criteria 23: Research Study. I confirm that the applicant's documentation is complete and meets the requirements necessary to fulfill this criterion. I further validate that the quality of the applicant's work in this role meets all of the high standards and expectations associated with being a Clinical Scholar and/or Clinical Mentor.

\_\_\_\_\_  
**Research Reviewer Signature**

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