

**THOMPSON HOSPITAL
DEPARTMENT OF NURSING
PROFESSIONAL ADVANCEMENT SYSTEM (PAS)
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**THOMPSON HOSPITAL
DEPARTMENT OF NURSING PHILOSOPHY**

Our practice of Nursing at F.F. Thompson is well grounded in the art science of the profession, based on inquiry, nursing theory, and the nursing process. Our professional practice is promoted and demonstrated through advocacy, collaboration, autonomy and accountability. We believe that education is a life-long, individualized process that enhances the identification, evaluation and validation of quality outcomes. Our ethical nursing practice has its basis in the recognition of diversity, beneficence, and the sanctity of life and death.

Patients/residents, families and significant others are respected and their individuality recognized. Paramount is the belief that each person has control over his/her healthcare decisions. We believe patients are an integral part of the healthcare team and will be provided information to enhance their knowledge.

Health is multidimensional and individual; it has spiritual, physical, environmental, cultural, emotional and psychosocial dimensions. Health exists on a wellness-illness continuum; it is an adaptive state, not exclusive of disease. All people have capabilities and potential to reach a state of balance and harmony.

Health care needs are met in diverse settings: community, home and hospital. Patient/resident care needs are best provided in a safe, trusting and caring environment. Registered professional nurses are the healthcare provider best qualified by training and licensure to oversee continuity of care.

**THOMPSON HOSPITAL
DEPARTMENT OF NURSING**

PROFESSIONAL ADVANCEMENT SYSTEM

PREFACE: The Professional Advancement System is based on Patricia Benner's theoretical model that encompasses experiential learning as the primary component of the development of expertise in nursing practice. Utilizing this model, practice is evaluated at the novice, competent, proficient and expert levels. The advancement system serves to develop and define practice levels according to Benner as well as provides a mechanism for enhancing the development of professional nursing endeavors.

PURPOSE: To promote clinical expertise at the bedside, increase the leadership competency of clinical nurses and promote a strong relationship with the profession of nursing. All registered nurses participate in the advancement program. Per diem nurses must work at least 520 hours in the past year. However, advancing to levels III and IV are optional. 70% of the nurses' responsibility must be bedside care.

PORTFOLIO: Portfolios must be prepared and maintained by all registered nurses (full and part-time) whether there is intent to advance or not. These portfolios will be maintained by the nurse and presented to the manager to be used for performance reviews as well as utilized for advancement. The nurse will receive a portfolio notebook in New Associate Beginning.

LEVELS of PRACTICE: The four (4) levels of the advancement system, novice, competent, proficient, and expert, are attained based on clinical experiences and delineated leadership competencies. A minimum number of years of practice are critical to the model, as according to Benner, it takes approximately the following:

- Novice (Level I): 0-2 years
- Competent (Level II): 2-5 years
- Proficient (Level III): greater than 5 years
- Expert (Level IV): greater than 8 years

CRITERIA:

- All new graduates up to two (2) years of experience will be hired as novice nurses (RN1).
- Experienced nurses with various years of clinical practice will be hired as a level II and given a probationary period of six (6) months. Within that time frame, if the nurse has the ability to meet required criteria per mandatory and leadership activities, the nurse may apply for Level III or IV. This expectation will be mutually agreed upon between the new hire at time of employment and the nurse manager. Therefore, a Level II nurse may apply for advancement to Level IV with the nurse manager's approval.
- All applicants must have the approval of their nurse manager at the time they are contemplating applying for advancement.
- The Professional WorkLife Council will review all applications and portfolios for nurses advancing for the first time to Levels III and IV. The unit based Professional WorkLife Council and manager will determine advancement to Level II.
- Every two years from time of advancement, nurses will validate their continued status by completing their portfolio according to established criteria. The manager will approve

continued status. Any conflicts may be referred to the Professional WorkLife Council's Appeals Board.

- All Registered staff nurses may participate in the advancement process. Per diem nurses will receive no monetary rewards.
- The Professional WorkLife Council approves all first time Level III and IV applications. Every two years the manager will approve continued status based on completion of the mandatory and leadership criteria.

PROCESS:

- Nurses will be recognized annually in May at a ceremony during Nurses' Week. This will include advancements to Levels II, III and IV and continued status renewals.
- All forms for criteria and portfolio requirements will be accessible on the Intranet under "Nursing Information". For those advancing to Levels III and IV for the first time, their portfolio is to be submitted to Nursing Administration and placed on the agenda for the next Professional WorkLife Council meeting.
- All nursing leadership activities except the community activities must be completed at Thompson Health.
- If a nurse fails to meet established criteria at the time of their performance review for continued status there will be no monetary compensation.
- If failure to meet criteria occurs, on-going mentoring by the manager and involvement of the unit based Professional WorkLife Council will take place with a corrective action plan to help this nurse succeed. If the nurse fails to meet the criteria, coaching and mentoring will take place for a maximum of one year by the manager and Professional WorkLife unit representative. If unsuccessful, the nurse will be dropped by one level not to exceed Level II.
- In order to assure an appropriately completed portfolio is prepared for the Council's review, the manager and/or unit council representative will review the packet for completion. If the council determines that there is an omission that can be readily rectified, the applicant will be given until the next meeting to resubmit.
- Any portfolio enhancements that are required by the applicant, as decided by the Professional WorkLife Council, will be communicated to the applicant by a designated Council member.
- After portfolio and application approval by the Professional WorkLife Council, the nurse will receive a monetary reward of \$1500 for Level III and \$3000 for Level IV over a two year period. The monetary reward will start in a reasonable time frame. It will be listed on the pay print out under REGULAR. It will be labeled Regular – lump sum.

APPEALS PROCESS:

- Applicants with portfolios that have been rejected by either the manager or the Professional WorkLife Council may appeal the decision.
- The applicant must notify in writing the Professional WorkLife Council within ten days of notification of refusal.
- The applicant will be notified in writing of the date and time of the appeals meeting. The applicant may bring their manager or another nurse who functions at the level they are applying for, or higher, if they choose to do so. Any appeals related to continued status will be heard by the Appeals Board preliminarily to meeting with the applicant's manager.
- The Appeals Board must have a minimum of five representatives for decision making. This will include one of the Nursing Leadership members and at least one at the level the applicant is applying for.

- All decisions will be relayed to the applicant in writing by the Council Chair within one week of the appeal decision. A copy of the letter will be sent to the manager as well.

PEER EVALUATION TOOL:

- The Peer Evaluation tool will be utilized for all original and continued status evaluations.
- One peer review will be chosen by the applicant and one chosen by the manager.
- A minimum score of 7 for level III (proficient) and a minimum score of 8.5 for level IV (expert) must be attained for advancement.
- All categories on the Peer Evaluation form must have a narrative explanation.

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MANAGER RESPONSIBILITIES

1. Validate that a prospective candidate is ready to apply for a particular level.
2. Validate this through a letter of recommendation that reflects a satisfactory performance evaluation.
3. Provide on-going mentoring to assist successful completion of any leadership projects or other criteria needed to be met.
4. Provide the bi-annual review for continued practice at the level the nurse has attained. Failure to maintain criteria will require on-going mentoring (see policy).
5. Complete the *Maintenance of Continued Status* form and send it to Hazel Robertshaw indicating the required criteria was met to maintain the level of practice.
6. Any compensation related to advanced status will be the responsibility of the manager to communicate to the Associate Services Department.
7. Maintains records at the unit level of status of each nurse.
8. Will advance the nurse to Level II.

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PROFESSIONAL WORK LIFE COUNCIL RESPONSIBILITIES

1. Review all first time portfolios for level III and IV
2. Complete inter-rater reliability on a selected number of those who are reapplying to the manager for continued status annually.
3. Implements the appeal process if requested by a candidate.
4. Aggregate data such as number of advancements for Department of Nursing reports.
5. Annually reviews policies and accept recommendations for enhancements to ensure continued evaluation of the program.
6. Unit based Council representatives will assist in the mentoring, application process and communication to staff/manager of any Council endeavors.
7. Assist in the mentoring of exemplar writing.
8. Determine Portfolio criteria.
9. Provides notification to first time candidates of any acceptances or unsuccessful applications.

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PROFESSIONAL ADVANCEMENT GUIDELINES: First Time Application

Please use the following guidelines to submit the application. All material must be collected and organized in the designated portfolio. Portfolio notebooks may be obtained from the Nursing Administration Office or at New Associate Beginnings. It is your responsibility to maintain this professional portfolio.

1. Applications/portfolios may be submitted to Nursing Administration at any time pending meeting all required criteria for submission.
2. Submit only those items that are relevant to the application.
3. All activities and materials submitted must be completed within one year of application date.
4. Submit material in the order of the dividing pages of your portfolio notebook.
5. Exemplars must be typed. It is recommended that all written material also be typed.

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CONTINUING STATUS ON THE PROFESSIONAL ADVANCEMENT SYSTEM

Initial professional advancement status is granted for a two year period. After two years, the manager is accountable for renewing the status based upon the candidate meeting the criteria as delineated in the requirements.

For renewing the status, it will not be required to complete a patient care exemplar, an interdisciplinary letter of recommendation nor a manager's letter of recommendation. All other requirements must be met to include portfolio requirements, education, two peer evaluation forms and the required leadership activities.

The nurse manager will evaluate and determine continued status. If continued status is not granted, coaching and mentoring action plans will be put into place. (See PAS for details).

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PROFESSIONAL ADVANCEMENT SYSTEM CONTINUED STATUS FORM

Name: _____, RN

Date: _____

After reviewing this nurse's portfolio and having completed a satisfactory performance evaluation, I am recommending this nurse remain as a level _____ on the Advancement System. This nurse has consistently maintained a level _____ status for a period of two years.

The following "leadership activities" have been accomplished to meet the required criteria for continued status. (The candidate must submit all appropriate paperwork in his/her portfolio for each criteria).

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

(Four leadership activities for level III and six leadership activities for level IV are required)

Manager's comments:

Chair Signature

Date: _____

Manager/Director signature:

Date: _____

VP, Patient Care Services / CNO

Please send one copy to Associate Services and one copy to the Chair of the Professional WorkLife Council.

This nurse will remain at Level III or IV (circle correct level) and will be receiving financial recognition of \$1500.00 (Level III) or \$3000.00 (Level IV) over a two year period

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RE-EVALUATION OF ADVANCEMENT LEVEL STATUS

I, _____, Nurse Manager, have reviewed the clinical and professional performance of _____, RN. Their performance over the past two years does not continue to meet the requirements of their present level.

Areas requiring improvement:

Suggested activities for improvement:

RN Acknowledgement: _____ Date: _____

Manager (Mentor): _____ Date: _____

Date of re-evaluation: _____

Please submit a copy of this document to Associate Services and the Professional WorkLife Council Chair

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PROFESSIONAL ADVANCEMENT SYSTEM ADVANCEMENT FORM

Name _____ RN Date: _____

After reviewing this nurse's application and portfolio for advancement on the Professional Advancement System, the Professional WorkLife Council recommends this nurse as a Level _____ on the Advancement System.

Co-Chair Signature Date: _____

Co-Chair Signature Date: _____

Vice President, Patient Care Services / CNO Signature Date: _____

Please send one copy to Associate Services and one copy to the nurse manager.

Yes	No	
_____	_____	Status change for this nurse to Level _____
_____	_____	New name tag
_____	_____	New picture needed

This nurse will remain at Level III or IV (circle correct level) and will be receiving financial recognition of \$1500.00 (Level III) or \$3000.00 (Level IV) over a two year period

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Advancement to Level II on the Professional Advancement System

Name: _____, RN **Date:** _____

I am recommending this nurse for advancement to Level II on the Professional Advancement System.

RN Signature: _____, RN

Manager Signature _____, RN Date: _____

Unit Based Rep: _____, RN

Vice President, Patient Care Services / CNO Signature Date: _____

Please send one copy to Associate Services and one copy to the
Chair of the Professional WorkLife Council

Yes	No	
_____	_____	Status change for this nurse to Level II
_____	_____	New name tag
_____	_____	New picture needed

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PORTFOLIO REQUIREMENTS

All registered nurses, whether applying for advancement or not, will be expected to maintain a professional portfolio to be reviewed with their manager at the time of their annual performance evaluation. In addition, this portfolio is utilized for those who are applying for advancement.

Professional Portfolio: A portfolio is collection of visible documentation of your credentials and contributions to the practice of nursing. The grouping of your accomplishments communicates to others your professional development and achievements. Engaging in this process assists you in providing self-assessment and enhanced self-esteem as you focus on your professional journey. The portfolio validates your strengths and professional accomplishments.

Requirements for the portfolio for advancement include the following: **(Your resume or curriculum vitae are encouraged, but optional for the portfolio. If you include it, please place it in the front of the portfolio notebook).**

1. PORTFOLIO FACE SHEET (application for those desiring to advance)
2. COPIES OF PEER EVALUATIONS
3. MANAGER'S AND INTERDISCIPLINARY LETTER OF RECOMMENDATION
4. CERTIFICATIONS
5. CLINICAL EXEMPLAR
6. PROOF OF CONTINUING EDUCATION HOURS/COMPETENCIES (INCLUDE CERTIFICATES, HOURS ETC.)
7. LEADERSHIP ACTIVITIES (REQUIRED COMPONENTS)

You may add any additional professional accomplishments to your portfolio such as commendations, thank you letters, etc.

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PORTFOLIO FACE SHEET: CLINICAL NURSE LEVEL III

Name: _____ **Unit:** _____ **Date:** _____

Home Address _____

Unit Telephone # _____ **Home Telephone #** _____

Thompson Health Hospital Employment Date as an RN _____

School of Nursing attended/graduation date _____

Degree _____ **Certification** _____

Application Components: (check items included with application)

A. Required: completed portfolio with the following

- _____ 5 years experience required
- _____ 35 hours continuing education required annually
- _____ Written nurse manager recommendation
- _____ 2 peer evaluations
- _____ Patient care exemplar
- _____ 1 interdisciplinary letter of recommendation

B. Leadership Activities – Clinical Nurse III

Must complete 4 activities. Choose at least one activity marked with an asterisk *

- _____ National certification*
- _____ BSN or MSN
- _____ Active membership in a professional nursing organization*
- _____ Advanced specialty training (i.e. ACLS, PALS, tele)
- _____ Professional or health related publication, paper, education presentation or poster
- _____ Primary precepting responsibilities*
- _____ Serves on a hospital committee/task force
- _____ Coordination of special community health event
- _____ Ongoing participation in community activity/community service
- _____ Patient/family education materials/program
- _____ Chairs/active participant in Department of Nursing Council*

- _____ Active participant on a unit based council
- _____ Other projects negotiated with nurse manager
- _____ Health support group (other than required by unit position)

- _____ EBP project
- _____ Serves as a clinical specialty resource nurse
- _____ Participates in one DIG and submits two JDIs
- _____ QI project/focus study
- _____ A mentoring narrative
- _____ Research project
- _____ Unit specific leader

I have reviewed this application and support this candidate without reservation.

Nurse Manager _____

Committee Advisor _____

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PORTFOLIO FACE SHEET: Clinical Nurse Level IV

Name: _____ **Unit:** _____ **Date:** _____

Home Address _____

Unit Telephone # _____ **Home Telephone #** _____

Thompson Health Hospital Employment Date as an RN _____

School of Nursing attended/graduation date _____

Degree _____ **Certification** _____

Date attained level III: _____

Application Components: (check items included with application)

A. Required: completed portfolio with the following

- _____ 8 years experience as an RN required
- _____ 40 hours continuing education required annually
- _____ Written nurse manager recommendation
- _____ 2 peer support evaluations
- _____ One patient care exemplar
- _____ 1 interdisciplinary letter of recommendation
- _____ Belong to a professional organization or be nationally certified.

B. Leadership Activities – Clinical Nurse IV

Must complete 6 activities; must choose at least one activity marked with an asterisk

* (cannot repeat i.e. professional organization membership)

- _____ National certification (active) *
- _____ BSN or MSN
- _____ Advanced specialty training (i.e. ACLS, PALS, tele)
- _____ Professional or health related publication, paper, education presentation or poster
- _____ Primary precepting responsibilities*
- _____ Serves on a hospital or departmental committee/task force (can only use one; i.e. Medication Safety Committee etc*.
- _____ Coordination/participation of special community health event
- _____ Ongoing participation in community activity/community service*
- _____ Patient/family education materials/program
- _____ Active membership in professional nursing organization
- _____ Participates in one DIG and submits two JDIs

- _____ Other department of nursing or unit based projects negotiated with nurse manager
- _____ Health support group (other than required by unit position)
- _____ QI project/focus study
- _____ EBP project*
- _____ Research project
- _____ Serves as a clinical specialty resource nurse (i.e. diabetes, skin care etc...)
- _____ Chairs/active participation on Department of Nursing council
- _____ Active member of unit based council
- _____ A mentoring narrative

I have reviewed this application and support this candidate without reservation.

Nurse Manager _____

Committee Advisor _____



Peer Evaluation Form
(To be used for annual review and PAS)

Name: _____ Date: _____

Please answer the following questions on a 1-10 scale as demonstrated below. Statements supporting the score must accompany each evaluation criteria. Nurse characteristics identified in the Synergy Model are used to rate the applicant. Definitions of each nurse characteristic are at the end of this form.

1. How would you rate your peer in the area of “clinical judgment?”

1	2	3	4	5	6	7	8	9	10
Poor				Good					Excellent

2. How would you rate your peer in the area of “advocacy and moral agency?”

1	2	3	4	5	6	7	8	9	10
Poor				Good					Excellent

3. How would you rate your peer in the area of “caring practices?”

1	2	3	4	5	6	7	8	9	10
Poor				Good					Excellent

4. How would you rate your peer in the area of “collaboration?”

1	2	3	4	5	6	7	8	9	10
Poor				Good					Excellent

5. How would you rate your peer in the area of “systems thinking?”

1 2 3 4 5 6 7 8 9 10
Poor Good Excellent

6. How would you rate your peer in the area of “response to diversity?”

1 2 3 4 5 6 7 8 9 10
Poor Good Excellent

7. How would you rate your peer in the area of “facilitation of learning?”

1 2 3 4 5 6 7 8 9 10
Poor Good Excellent

8. How would you rate your peer in the area of “clinical inquiry?”

1 2 3 4 5 6 7 8 9 10
Poor Good Excellent

Definitions of Nurse Characteristics:

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 informal experiential knowledge and evidence-based guidelines.

Advocacy and Moral Agency: Working on another’s behalf and representing the concerns of the patient/family and nursing staff; serving as a moral agent in identifying and helping to resolve ethical and clinical concerns within and outside the clinical setting.

Caring Practices: Nursing activities that create a compassionate, supportive, and therapeutic environment for patients and staff, with the aim of promoting comfort and healing and preventing unnecessary suffering. Includes, but is not limited to, vigilance, engagement, and responsiveness of caregivers, including family and health care personnel.

Collaboration: Working with others (patients, families, health care providers) in a way that promotes/encourages each person's contributions toward achieving optimal/realistic patient/family goals. Involves intra- and inter-disciplinary work with colleagues and community.

Systems Thinking: Body of knowledge and tools that allow the nurse to manage whatever environmental and system resources exist for the patient/family and staff, within or across health care and non-health care systems.

Response to Diversity: The sensitivity to recognize, appreciate, and incorporate differences into the provision of care. Differences may include, but are not limited to, cultural differences, spiritual beliefs, gender, race, ethnicity, lifestyle, socioeconomic status, age, and values.

Facilitation of Learning: The ability to facilitate learning for patients/families, nursing staff, other members of the health care team, and community. Includes both formal and informal facilitation of learning.

Clinical Inquiry: the ongoing process of questioning and evaluating practice and providing informed practice. Creating practice changes through research utilization and experiential learning.

Total score: _____

Additional comments:

Signature of reviewer: _____

Date: _____

Submit peer review to the applicant's nurse manager. After reviewing the validity, the manager will discuss with the candidate. Peer reviews will be place in the nurse's portfolio.

Thompson Hospital
Department of Nursing / Exemplar Preparation

As nurses we are continually learning and gaining knowledge through the people and situations we encounter on a daily basis. We may not realize how much our learning impacts our profession until we stop and think about those situations and how we have gained immeasurable experience from them. Writing a clinical exemplar enables us to reflect on those situations, understand how critical thinking plays a role and helps define excellent patient care.

THE EXEMPLAR

The exemplar is a written paper about a critical incident or particularly challenging situation in which you feel your interventions made a difference. It may include:

- An incident involving direct patient care with a positive outcome.
- An unusual or typical incident that captures the true essence of nursing
- An incident where you addressed the emotional, spiritual or physical needs of a patient or family.
- An incident that was particularly demanding or challenging.

Your exemplar should include:

- The context (shift, location of incident, staff resources).
- A detailed description of events.
- Why this incident was memorable to you.
- What you were thinking at the time and what decisions or actions you took.
- How you came to your decisions or identified potential problems during the course of the event.
- How you communicated your concerns to the patient, family and other members of the healthcare team.

With the Synergy Model of Care in mind, please include one patient characteristic that influenced your critical thinking, decisions or actions. The patient characteristics are:

- Resiliency
- Vulnerability
- Stability,
- Complexity,
- Resource availability,
- Participation in care,
- Participation in decision making, and
- Predictability

All of these characteristics influenced your care but most important, this patient's outcome.

Exemplar writing hints:

- Have your manager, mentor, peer read your exemplar for constructive improvement.
- Remember you were there but the story has to include enough information so the reader feels like they were there
- Writing an exemplar takes time – don't expect that one writing in a short period of time produces a good story – write it, read it and then read it again a couple of days later - rewrite it until it tells a good story.
- Use your resources – Clinical Nurse Specialist, Clinical Nurse Leader, advance practice peers, professional directors, council members, etc.

- Remember you're in a specialty and not all council members (reviewers) know your specialty so include some explanations.

In this packet is the critique form we will be using to evaluate your exemplar.

**REMEMBER
THE EXEMPLAR IS YOUR STORY**

Level III Exemplar Critique

Directions for reviewers: Eight nurse characteristics, identified by the Synergy Model are outlined below with cues for each. After reading the exemplar, comment on any of the nurse characteristics highlighted in the exemplar. It is not necessary for each characteristic to be represented. The Peer Evaluation Form will address each of the characteristics. Definitions of each nurse characteristics are listed below the table.

Nurse Characteristics Identified:	Exemplar 1	Comments
<p><u>Clinical Judgment:</u> Collects and interprets complex patient/resident data; makes clinical judgments based on an immediate grasp of the whole picture for common or routine patient/resident populations; recognizes patterns and trends that may predict the direction of illness; recognizes limits and seeks appropriate help; focuses on key elements, while sorting out extraneous details.</p>		
<p><u>Advocacy and Moral Agency:</u> Works on behalf of the patient/resident/family; considers patient values and incorporates in care, even when differing from personal values; supports colleagues in ethical and clinical issues; moral decision making can deviate from rules; demonstrates “give and take” with patient/resident’s family, allowing them to speak/represent themselves when possible; aware of patient/resident family rights.</p>		
<p><u>Caring Practices:</u> Responds to subtle patient/resident and family changes; engages with the patient/resident as a unique patient/resident in a compassionate manner; recognizes and tailors caring practices to the individuality of patient/resident and family; domesticates the patient/resident’s and family’s environment; recognizes that death may be an acceptable outcome.</p>		
<p><u>Collaboration:</u> Seeks opportunities to be taught, coached, and/or mentored; elicits others’ advice and perspectives; initiates and participates in team meetings and discussions regarding patient/resident care and/or practice issues; recognizes and suggests various team members’ participation.</p>		
<p><u>Systems Thinking:</u> Develops strategies based on needs and strengths of patient/resident/family; able to make connections within components; sees opportunity to negotiate but may not have strategies; developing a view of the patient/resident/family transition process; recognizes how to obtain resources beyond self.</p>		
<p><u>Response to Diversity:</u> Inquires about cultural differences and considers their impact on care; accommodates personal and professional differences in the plan of care; helps patient/resident/family understand the culture of the health care system.</p>		
<p><u>Facilitation of Learning:</u></p>		

<p>Adapts planned educational programs; begins to recognize and integrate different ways of teaching into delivery of care; incorporates patient/residents understanding into practice; sees the overlapping of educational plans from different health care providers' perspectives; begins to see the patient/resident as having input into goals; begins to see individualism.</p>		
<p><u>Clinical Inquiry:</u> Questions appropriateness of policies and guidelines; questions current practice, seeks advice, resources, or information to improve patient/resident care; begins to compare and contrast possible alternatives.</p>		

Definitions of Nurse Characteristics:

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 informal experiential knowledge and evidence-based guidelines.

Advocacy and Moral Agency: Working on another's behalf and representing the concerns of the patient/resident/family and nursing staff; serving as a moral agent in identifying and helping to resolve ethical and clinical concerns within and outside the clinical setting.

Caring Practices: Nursing activities that create a compassionate, supportive, and therapeutic environment for patients/residents and staff, with the aim of promoting comfort and healing and preventing unnecessary suffering. Includes, but is not limited to, vigilance, engagement, and responsiveness of caregivers, including family and health care personnel.

Collaboration: Working with others (patients/residents, families, health care providers) in a way that promotes/encourages each person's contributions toward achieving optimal/realistic patient/resident/family goals. Involves intra- and inter-disciplinary work with colleagues and community.

Systems Thinking: Body of knowledge and tools that allow the nurse to manage whatever environmental and system resources exist for the patient/resident/family and staff, within or across health care and non-health care systems.

Response to Diversity: The sensitivity to recognize, appreciate, and incorporate differences into the provision of care. Differences may include, but are not limited to, cultural differences, spiritual beliefs, gender, race, ethnicity, lifestyle, socioeconomic status, age, and values.

Facilitation of Learning: The ability to facilitate learning for patients/families, nursing staff, other members of the health care team, and community. Includes both formal and informal facilitation of learning.

Clinical Inquiry: the ongoing process of questioning and evaluating practice and providing informed practice. Creating practice changes through research utilization and experiential learning.

Adapted from: Czerwinski S, Blastic L, Rice B. (1999). The Synergy Model: Building a clinical advancement program. Crit Care Nurse. 4: 72-77.

Level IV Exemplar Critique

Directions for reviewers: Eight nurse characteristics, identified by the Synergy Model are outlined below with cues for each. After reading the exemplar, comment on any of the nurse characteristics highlighted in the exemplar. It is not necessary for each characteristic to be represented. The Peer Evaluation Form will address each of the characteristics. Definitions of each nurse characteristics are listed below the table.

Nurse Characteristics Identified:	Exemplar 1	Comments
<p><u>Clinical Judgment:</u> Synthesizes and interprets multiple, sometimes conflicting, sources of data; makes judgment based on an immediate grasp of the whole picture, unless working with new patient/resident populations; uses past experiences to anticipate problems; helps patient/resident/family see the “big picture;” recognizes the limits of clinical judgment and seeks multidisciplinary collaboration and consultation with comfort; recognizes and responds to the dynamic situation.</p>		
<p><u>Advocacy and Moral Agency:</u> Works on behalf of the patient/resident/family and community; advocates from patient/resident/family perspective, whether similar to or different from personal values; advocates ethical conflict and issues from patient/resident/family perspective; suspends rules; patient/resident and family drive moral decision making; empowers the patient/resident and family to speak for/represent themselves; achieves mutuality within patient/resident /professional relationships.</p>		
<p><u>Caring Practices:</u> Has astute awareness and anticipates patient/resident/family changes and needs; fully engaged with and sensing how to stand alongside the patient, resident, family, and community; caring practices follow the patient/resident/family lead; anticipates hazards and avoids them, and promotes safety throughout patient/resident’s/family’s transitions along the health care continuum; orchestrates the process that ensures patient/resident /family’s comfort and concerns surrounding issues of death and dying are met.</p>		
<p><u>Collaboration:</u> Working with others (patients/residents, families, health care providers) in a way that promotes and encourages each person’s contributions toward achieving optimal/realistic patient/resident/family goals. Involves intra- and inter-disciplinary work with colleagues and community. Seeks opportunities to teach, coach, and mentor and to be taught, coached, and mentored; facilitates active involvement and complementary contributions of others in team meetings and discussions regarding patient/resident care and/or practice issues; involves/recruits diverse resources when appropriate to optimize patient/resident outcomes.</p>		
<p><u>Systems Thinking:</u> Develops, integrates, and applies a variety of strategies that are driven by the needs and strengths of the patient/resident/family; global or holistic outlook – sees the whole rather than the pieces; knows when and how to negotiate and navigate through the system on behalf of patients/residents and families; anticipates needs of patients/residents/families as they move through the health</p>		

care system; utilizes untapped and alternative resources as necessary.		
Response to Diversity: Responds to, anticipates, and integrates cultural differences into patient/resident/family care; appreciates and incorporates differences, including alternative therapies, into care; tailors health care culture, to the extent possible, to meet the diverse needs and strengths of the patient/resident/family.		
Facilitation of Learning: Creatively modifies or develops patient/resident/family education programs; integrates patient/resident/family education throughout the delivery of care; evaluates patient's/resident's understanding by observing behavior changes related to learning; is able to collaborate and incorporate all health care providers' and educational plans into the patient/resident/family educational program; sets patient/resident-driven goals for education; sees patient/resident/family as having choices and consequences that are negotiated in relation to education.		
Clinical Inquiry: Improves, deviates from, or individualizes standards and guidelines for particular patient situations or population; questions and/or evaluates current practice based on patient/residents' responses, review of the literature, research and education/learning; acquires knowledge and skills needed to address questions arising in practice and improve patient care. (The domains of clinical judgment and clinical inquiry converge at the expert level; they cannot be separated).		

Definitions of Nurse Characteristics:

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 informal experiential knowledge and evidence-based guidelines.

Advocacy and Moral Agency: Working on another's behalf and representing the concerns of the patient/resident/family and nursing staff; serving as a moral agent in identifying and helping to resolve ethical and clinical concerns within and outside the clinical setting.

Caring Practices: Nursing activities that create a compassionate, supportive, and therapeutic environment for patients/residents and staff, with the aim of promoting comfort and healing and preventing unnecessary suffering. Includes, but is not limited to, vigilance, engagement, and responsiveness of caregivers, including family and health care personnel.

Collaboration: Working with others (patients, residents, families, health care providers) in a way that promotes/encourages each person's contributions toward achieving optimal/realistic patient/resident/family goals. Involves intra- and inter-disciplinary work with colleagues and community.

Systems Thinking: Body of knowledge and tools that allow the nurse to manage whatever environmental and system resources exist for the patient/resident/family and staff, within or across health care and non-health care systems.

Response to Diversity: The sensitivity to recognize, appreciate, and incorporate differences into the provision of care. Differences may include, but are not limited to, cultural differences, spiritual beliefs, gender, race, ethnicity, lifestyle, socioeconomic status, age, and values.

Facilitation of Learning: The ability to facilitate learning for patients/residents/families, nursing staff, other members of the health care team, and community. Includes both formal and informal facilitation of learning.

Clinical Inquiry: The ongoing process of questioning and evaluating practice and providing informed practice. Creating practice changes through research utilization and experiential learning.

Adapted from: Czerwinski S, Blastis L, Rice B. (1999). The Synergy Model: Building a clinical advancement program. Crit Care Nurse. 4: 72-77.

**THOMPSON HOSPITAL
DEPARTMENT OF NURSING
LEADERSHIP ACTIVITIES**

Professional Certification

Certification in a nationally recognized professional nursing specialty (i.e. CEN, AORN, CGRN etc). Must be valid for period of application.

Required Components:

_____ Attach a copy of your Certification in the area of expertise in which you are currently working.

I verify that the above is accurate:

Nurse Manager: _____

Date: _____

**THOMPSON HOSPITAL
DEPARTMENT OF NURSING
LEADERSHIP ACTIVITIES**

Bachelor's of Science in Nursing or Masters in Nursing Science

The degree must have a major in nursing.

Required Components:

_____ Attach a copy of your degree for BSN or MSN

I verify that the above is accurate:

Nurse Manager: _____

Date: _____

**THOMPSON HOSPITAL
DEPARTMENT OF NURSING
LEADERSHIP ACTIVITIES**

Professional Organization Membership

Must belong to a national, state or local level of a nursing professional organization.

Required Components:

- _____ Submit copy of membership (past 6 months)
- _____ Summary of attendance
- _____ Summary of contributions to membership organization
- _____ Short narrative on value of membership

I verify that the above is accurate.

Nurse Manager: _____ Date: _____

**THOMPSON HOSPITAL
DEPARTMENT OF NURSING
LEADERSHIP ACTIVITIES**

Advanced Specialty Training

Training that involves a minimum of two days of education or preparation beyond the required mandatory hours of education for each level. May use only one course to complete this requirement.

Required Components:

_____ Attach copy of verification of course completion (i.e. ACLS, ACLS instructor, TNCC, ENPC, BLS instructor, ECCO, PALS, NALS, arrhythmia course; others if questionable, may bring to Professional Practice Council for approval)

OR

_____ Advanced training as an instructor: provide evidence of two classes taught within the above 12 month time frame.

- **If you complete the ECCO program, you may use 10 hours towards your mandatory education requirements**

I verify that the above is accurate.

Nurse Manager: _____ Date: _____

**THOMPSON HOSPITAL
DEPARTMENT OF NURSING

LEADERSHIP ACTIVITIES**

Professional Publication, Poster or Oral Presentation at a Nursing Conference

Includes publication in a professional journal or presentation at a professional nursing conference. Activity must be done within 24 months of application.

Required Components:

_____ Copy of article or abstract you have written or co-authored which has been published or accepted for publication in a professional or health related journal,

OR

_____ Copy of paper or poster abstract presented at a national, state, or regional professional (nursing, medical, allied health) meeting.

_____ For either, include a copy of verification of acceptance.

I verify that the above is accurate.

Nurse Manager: _____ Date: _____

**THOMPSON HOSPITAL
DEPARTMENT OF NURSING**

LEADERSHIP ACTIVITIES

Educational Activity

(Grand Rounds, poster, in-service, Journal Club, etc.)

Submit information pertaining to an educational presentation/coordination of a program.

Required Components

_____ The following criteria

- a. Introduction (for poster, submit abstract)
- b. Objectives and goals
- c. Outline of content (or your power-point presentation)
- c. Outcomes/evaluation of program
- d. Bibliography of resource material to include evidence based practice resources

_____ Time and participants

- a. Presentation at least 30 minutes
- b. A minimum of 3 – 5 participants/sign-in sheet

I verify that the above information is accurate.

Signature of Nurse Manager or CNE _____ Date _____

**THOMPSON HOSPITAL
DEPARTMENT OF NURSING**

LEADERSHIP ACTIVITIES

Serves as a Unit Preceptor

Must serve as the primary preceptor. Completion of a preceptor educational program as required by the hospital. The candidate must have had a minimum of two experiences as a preceptor.

Required Components:

- _____ Collaboration with manager/CNE in providing the orientation
- _____ Identification of orientation goals in collaboration with manager and preceptee.
- _____ Gives feedback constructively
- _____ Submit a narrative with examples of the above
- _____ Submit an orientee's evaluation of you as a preceptor: utilize the "Orientation Evaluation Tool"

I verify the above information is accurate.

Nurse Manager: _____ **Date:** _____

**THOMPSON HOSPITAL
DEPARTMENT OF NURSING**

ORIENTATION EVALUATION TOOL

In order to continually improve the orientation process, your feedback is invaluable. Please return in a confidential envelope to the Clinical Nurse Educator in the Nursing Administration Office.

NAME: _____ UNIT: _____ PRECEPTOR: _____

EVALUATION OF ORIENTATION

	Excellent		Average		Poor	N/A
	5	4	3	2	1	
1. CLASSROOM CONTENT:						
a. To what extent did the classroom education increase your understanding of the subject matter?						
b. Were the subjects current, valid and relevant?						
c. Was the printed material helpful?						
2. PRECEPTOR SKILLS:						
a. Did the preceptor achieve your learning objectives effectively?						
b. Did the preceptor articulate realistic expectations?						
c. Did your preceptor continually test your understanding?						
d. Were you given supportive and constructive feedback?						
e. Rate the preceptor's teaching skills						
3. SUMMARY:						
a. Rate the overall feelings of being socialized into the unit culture						
b. What was your overall feeling about your orientation?						
c. Was the interaction/communication between you and your Nurse Manager sufficient?						

4. What was the most memorable portion of the orientation? _____

5. What areas would you approach differently? _____

6. If this was not the right preceptor for you, please explain: _____

**RETURN FORM TO:
The Clinical Nurse Educator in the Nursing Administration Office
If you need more room, please use back of form. Thanks**

**THOMPSON HOSPITAL
DEPARTMENT OF NURSING
LEADERSHIP ACTIVITIES**

Committee Member:

Serves as a member of a hospital/system committee or task force for a minimum of 6 months.

Required Components:

____ Name of Committee/task force

____ Purpose/function

____ Attach attendance roster (75% attendance required)

____ Tenure on the committee

____ A narrative of your contributions to the group (support with meeting minutes)

____ Summary of progress and outcomes

I verify the above information is accurate.

Signature of Committee Chair _____ **Date** _____

**THOMPSON HOSPITAL
DEPARTMENT OF NURSING
LEADERSHIP ACTIVITIES**

Coordination/Participation in a Special Community Health Event

A community event that focuses on prevention, early detection and/or health maintenance.

Required Components:

Describe the event and your personal contribution to include the following:

- _____ Effective delegation/communication skills
- _____ Strong networking skills
- _____ Knowledgeable about community resources or where to obtain
- _____ Involvement in identifying funding sources; operating within a designated budget
- _____ Recruitment of volunteers from multidisciplinary team as appropriate
- _____ Development of a tool/feedback to evaluate effectiveness of event/project

I verify the above information is accurate.

Signature of project supervisor: _____ **Date:** _____

**THOMPSON HOSPITAL
DEPARTMENT OF NURSING**

LEADERSHIP ACTIVITIES

Ongoing Participation in Community Activity

Voluntary participation in community activity: (scout leader, soup kitchen, coach, etc.) for at least one year. **Provide evidence of a minimum of 10 hours of involvement in the past two years.**

Required components: Meet 4 out of 5

- _____ Identify need of education/service within the community
- _____ Demonstrate commitment to program/project by tracking attendance to volunteer position
- _____ Possess effective delegation/communication skills
- _____ Knowledge about community resources or where to obtain
- _____ Recruit volunteers to assist in project

Describe individual contribution to project – include dates of time served on activity

I verify attendance and participation of the applicant.

Signature of Project Manager:_____ **Date:**_____

**THOMPSON HOSPITAL
DEPARTMENT OF NURSING**

LEADERSHIP ACTIVITIES

Patient/Resident Family Educational Materials or Program Development

Development or enhancement of patient education materials or program.

Required Components:

_____ Rationale for target population education plan

_____ Literature review of evidence/best practices to support endeavor

_____ Copy of tool or teaching plan

_____ Patient/Resident family outcomes as a result of education endeavor

I verify the above information is accurate.

Signature of Nurse Manager: _____ **Date:** _____

**THOMPSON HOSPITAL
DEPARTMENT OF NURSING**

LEADERSHIP ACTIVITIES

Chair/Active Participation on Department of Nursing Council

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

Required components:

_____ Name of the council/role

_____ Membership (Required 75% Attendance) – attach attendance records

_____ Personal contributions; include a typed description of individual contributions and how you contributed to the outcomes of the council goals.

I verify the above information is accurate.

Signature of Nurse Manager: _____ **Date:** _____

Signature of Council Chair/Co-chair: _____ **Date:** _____

**THOMPSON HOSPITAL
DEPARTMENT OF NURSING**

LEADERSHIP ACTIVITIES

Health Support Group

Participate as a facilitator or presenter for a minimum of one session. (Examples of support groups include “Man to Man”, Diabetes Support Group”, etc.)

Required components:

_____ Name of group

_____ Attendance at group

_____ Purpose/goals/target population of group

_____ Personal contribution to include a narrative of the facilitation/presentation experience

_____ Summary of outcomes/evaluation

I verify the above information is accurate.

Signature of sponsoring agent: _____ **Date:** _____

**THOMPSON HOSPITAL
DEPARTMENT OF NURSING**

LEADERSHIP ACTIVITIES

Active participant on Unit Based Council

Council (unit team) participation must be for a minimum of one year

Required Components:

_____ Name of Council

_____ Membership (required 75% attendance); attach attendance record

_____ Purpose/role/function

_____ Summary of progress and outcomes (include time frame)

_____ Personal contribution: include a typed description of individual contribution and how you contributed to the outcomes of the group activities.

I verify the above information is accurate.

Signature of Nurse Manager: _____ **Date:** _____

**THOMPSON HOSPITAL
DEPARTMENT OF NURSING**

LEADERSHIP ACTIVITIES

Other Projects as Negotiated with Nurse Manager

A project may include a unit based change in process, operation or practice

Required Components:

_____ Purpose/objectives/ rationale for project and narrative of project proposal

_____ Copy of project if appropriate (i.e. revision of standards, care map, care delivery change)

_____ Outcomes; include evidence of the outcomes of your project (i.e. increased knowledge of others, etc.) Provide validation.

I verify that the above information is accurate.

Signature of Nurse Manager: _____ **Date:** _____

**THOMPSON HOSPITAL
DEPARTMENT OF NURSING**

LEADERSHIP ACTIVITIES

Evidence Based Practice

Complete a computerized literature review, summarizing the articles, and presenting the findings to staff. The literature review must be on a topic relevant to nursing practice. Provide articles reflecting the highest level of evidence available (summary articles or editorials are not allowed).

Required Components:

____ Documentation of the presentation of findings to the staff/council through an in-service, poster. (meeting minutes or other verification).

____ Copy of attendance roster.

____ Copy of the summarized literature review (must be done by the applicant)

____ Attach 4 summaries (1 summary for each of 4 articles) from the literature review. Summaries must include a research critique. In your analysis of each article, state specifically which of the articles validates current nursing practice in your practice setting or suggests a change in practice.

I verify attendance and participation of the applicant.

Signature of Evidence Based Practice Council Chair: _____

Date: _____

**THOMPSON HOSPITAL
DEPARTMENT OF NURSING**

LEADERSHIP ACTIVITIES

Serves as a Clinical Specialty Resource Nurse

Provide documentation of your individual contributions to the specialty: ie skin care liaison, infection control liaison, diabetes liaison. Participation must be for a minimum of one year.

Required components:

_____ Name of specialty

_____ Membership (required 75% attendance at specialty meetings if pertinent): or validation from over-sight person of appropriate education and engagement in specialty activities.

_____ A narrative of your role and contributions to include any studies, education, etc.

I verify the above information is accurate.

Signature of over-sight person for the specialty: _____

Date: _____

**THOMPSON HOSPITAL
DEPARTMENT OF NURSING**

LEADERSHIP ACTIVITIES

Participates in 1 DIG (Do it Group) and 2 JDIs (Just Do It)

Submit written documentation to include:

- _____ Participation in 75% of scheduled DIG meetings
- _____ Narrative of DIG progression and your contributions
- _____ Summary of DIG outcomes

* For each JDI document a narrative of JDI to include a summary along with outcomes

I verify the above information is accurate.

Signature of DIG Chair: _____ **Date:** _____

Signature of Nurse Manager (JDI): _____ **Date:** _____

**THOMPSON HOSPITAL
DEPARTMENT OF NURSING**

LEADERSHIP ACTIVITIES

Quality Improvement Project or Focused Study

Project may include any improvement or project that impacts clinical outcomes. If doing a focused study, you must use the hospital format. (located on the “x” shared drive)

Required Components:

_____ Description of project to include rationale of purpose along with supporting data collection tools to include the outcome data.

_____ A narrative or focused study of the outcomes to include further recommendations for practice improvement.

I verify the above information is accurate.

Signature of Unit QI representative: _____

Date: _____

Sample Focused Study: Title

Focused Study

Thompson Health

DATE

Report Prepared by:

{ Associate, Title }

{ Associate, Title }

{ Associate, Title }

Confidential: For Peer Review and Quality Improvement Purposes Only
THOMPSON HEALTH FOCUSED STUDY

Title: Title of the Focused Study

Objective: (Objective, what you are trying to accomplish or determine)

Material and Methods: (How you collected your data and methods used to analyze the data.)

Data: (Actual data, Pareto Charts, Control Charts, etc.)

Discussion: (Summary of your discussion of the data)

Conclusions: (Conclusions of the study)

Action: (Any action taken as a result of the discussion and/or conclusions)

Follow-Up Date: (Month, Year if applicable; otherwise N/A)

Closed: (Yes if closed; No if still ongoing)

Date of Study:

FOR QUALITY ASSURANCE AND PEER REVIEW PURPOSES ONLY

REVISED: 6/20/02

X:\Shared\Focused Study Outline.doc

**THOMPSON HOSPITAL
DEPARTMENT OF NURSING**

LEADERSHIP ACTIVITIES

Mentoring Experience

Documentation of a mentoring experience over a period of time. The candidate is the mentor.

Required Components:

_____ Provide a written narrative (minimum of two pages, double spaced) reflecting a mentoring experience. Must encompass at least 3-5 encounters with the individual being mentored.

_____ A statement from the mentee relating the value of the mentoring experience.

I verify the above information is accurate:

Signature of nurse manager/mentee: _____ **Date:** _____

**THOMPSON HOSPITAL
DEPARTMENT OF NURSING**

LEADERSHIP ACTIVITIES

Research Project

The research must be done at Thompson Health. The research may be inclusive of required nursing course work in graduate school. Activity must be done within twenty four months of application.

Required Components:

_____ Abstract of research proposal to include hypothesis and research design

_____ Literature review

_____ Evidence Based Practice Council/approval granted

_____ Ethics Committee approval/submit to IRB if appropriate

_____ Implement research project

_____ Summary of research outcomes

*If project approved and is monumental, may negotiate with the Professional Practice Council to complete fewer required asterisked projects under the “leadership activities” requirements.

I verify the above information is accurate.

Signature of Evidence Based Practice Council Chair: _____

Date: _____

**THOMPSON HOSPITAL
DEPARTMENT OF NURSING**

Leadership Activities

Serves as a Unit Specific Leader. Provide documentation of your individual contributions to this role, i.e., Head of Service in OR, Bereavement in the Birthing Center, Lactation Program in the Birthing Center. Participation must be for a minimum of one year. Charge nurses do not fall under this activity.

Required components;

_____ Name of leadership role.

_____ Present two (2) in-services during the year on the specialty related to Evidence Based Practice (EBP), new procedures with rationale, etc.

_____ A narrative of your role and contributions to include any studies, education, etc.

I verify the above information is accurate.

Signature of Nurse Manager: _____

Date: _____

**THOMPSON HOSPITAL
DEPARTMENT OF NURSING**

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**Thompson Hospital
Department of Nursing**

Monetary Rewards for the Professional Practice Advancement System

All Level III and IV nurses that have shown their ability to fulfill the requirements for advancement will receive a monetary reward. Per Diem nurses who work 520 hours per year will be eligible to receive a monetary award. This financial recognition rewards the nurse for achieving increased growth in their professional career. Any growth that a nurse gains always impacts the care of their patients/residents. The monetary reward will be given upon achieving a new level or maintaining continued status at the bi-yearly evaluation. The financial recognition is:

Level III - \$1,500.00 - which will be given over a 2-year period in each pay period

Level IV - \$3,000.00 – which will be given over a 2-year period in each pay period

At the end of the two year period, the financial recognition will stop. If the nurse maintains continued status in the Professional Advancement System, the monetary amount will be renewed for two years in the same fashion. The nurse will be able to find the financial documentation on their paystub below Regular. It will be labeled Regular – lump sum.

7/10; 1/11, 3/11