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

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

The Chief Nursing Officer has approved this program.

Effective: July 1, 2005
Revised: November 4, 2005
Revised: March 30, 2006
Revised: July 01, 2006
Revised: March 1, 2007
Revised: July 1, 2007
Revised: July 15, 2008
Revised: September, 2009
Revised: September 23, 2010
Revised: September 22, 2011
Revised: September 13, 2012
Revised: August 22, 2013
Revised: September 1, 2014
Revised: February 7, 2015
Revised: August 1, 2015
Revised: August 1, 2016
Revised: August 9, 2017
Revised: August 29, 2018
CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
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Augusta University Medical Center provides patient services across inpatient and outpatient settings based upon a special commitment to excellence as evidenced through Patient-Family Centered Care, integrated practice, education and research. Nursing is central to this mission. The ladder reflects clinical and leadership experience/expertise and includes Clinical Nurse I through Clinical Nurse IV. The Clinical Ladder and Peer Review is a way to acknowledge the experience, expertise and contributions of our nursing staff.

Patients, at Augusta University Medical Center, can expect their nursing care to provide them with:

- Dignity, respect, privacy and confidentiality
- Autonomy over personal health care decisions
- Consideration for personal preferences and comfort
- Health status information
- Advocate in patient/family centered care
- Health care education prior to discharge
- Compassionate, economically responsible, goal-directed care
The purpose of the Clinical Ladder and Peer Review Program is to promote professional practice and recognize excellence for advanced performance, leadership, and education at the point of service.

1. Recognize nursing as an intellectual process.
2. Develop standards and evaluate nursing practice based on evidence-based research.
3. Identify and develop leaders in the clinical staff.
4. Recognize expert nurses at the point of service.
5. Promote excellence in providing patient/family centered care
6. Encourage life long learning through personal and professional development.
7. Provide career mobility and compensation to all nurses and especially those who distinguish themselves through expert practice and through professional development.
8. Increase personal job satisfaction.
Augusta University Medical Center’s Clinical Ladder and Peer Review Program is based on Patricia Benner’s Novice to Expert theory, which recognizes expertise in nursing practice based on experiential learning. The four levels include the novice, the competent clinician, the proficient clinician, and the expert clinician. The Clinical Ladder and Peer Review Program outlines the experience, education, critical thinking skills and professional activities of nurses seeking promotion within the Department of Nursing. The Clinical Ladder and Peer Review Program affords all nurses opportunities for growth and development and provides a consistent framework for promotions.

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

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

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

Clinical Nurse IV (CNIV) - Expert: Registered nurse responsible and accountable for advanced clinical practice, who has demonstrated expertise in their clinical area and serves as a professional role model and staff/community educator.
CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
CLINICAL LADDER AND PEER REVIEW
PROCESS FOR ADVANCEMENT

Clinical Nurse I
- Entry level
- Process done at unit level.

Clinical Nurse II
- Nurse Manager reviews performance of nurse
- All registered nurses must be at CNII level after a year.
- Process done at unit level.

Clinical Nurse III
- Potential applicant discusses desire to move forward with manager
- A current performance evaluation that reflects the applicants consistently meets or exceeds performance standards as established by the applicants’ management team.
- Applicant sends letter of intent to promote or maintain via e-mail to the Nursing Clinical Ladder and Peer Review Council by published due date. Copy e-mail to nurse manager. (Intent must be sent from applicant.)
- Nursing Clinical Ladder and Peer Review Council will then acknowledge your intent by forwarding a Word Document of Program Guide. This allows you to type directly on the document so you may complete your portfolio.
- Completed portfolio is turned in to the Nursing Clinical Ladder and Peer Review Council by published application due date. (Instructions for portfolio follow in this packet.)
- Three different members of the Nursing Clinical Ladder and Peer Review Council will review the applicant’s completed portfolio.
- Notification of approval or denial will be sent via email to both the applicant & nurse manager. Should your portfolio be denied, you may be given an opportunity for appeal based on reason for denial. (Refer to Appeals Process – Appendix D)
- The Nursing Clinical Ladder and Peer Review Council will send a list of the candidates to Human Resources.
- Maintenance of CNIII/IV is accomplished by submission of an intent and portfolio on a yearly basis.

Clinical Nurse IV
- See process for CN III.
- One year as a CN III and five years clinical practice
- National Certification: This national certification is required and is not accepted as a leadership activity. (A second or third national certification may be utilized as a leadership activity when advancing to CNIV.)
- Requires participation in reading at least 4 portfolios during each of the portfolio review periods in May & November. If a CNIV fails to read the required portfolios, this will result in immediate demotion to CNIII level. Exceptions will only be made for those CNIVs on FMLA.
ALL applicable sections must be completed. Remember to check and recheck your document for completeness. Please include copies of supportive material where indicated.

You can email the members of the Nursing Clinical Ladder and Peer Review Council at New_Clinical_Ladder_Council@augusta.edu to request a mentor. Any member of the council can answer questions you may have as you complete your portfolio.

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

REMINDER:

A. Select and submit ONLY the number of leadership activities for the level in which you are applying. CNIII select 4 different leadership activities. CNIV select 6 different leadership activities. At least ½ of which must utilize nursing skill/knowledge.

B. All leadership activities have templates that must be used. All activities require written documentation and some require supporting documentation. Each leadership activity should be different & separate from any other. (i.e. If you do a teaching sheet for the Education Council, this is your personal contribution to the council, and should not be used as a separate activity)

C. You are provided with a Word document for portfolio creation by the council upon receipt of your intent. As such, you are expected to type directly into the document. All templates should be addressed directly on the template with information supporting/answering the template criteria directly below the requested information (similar to bulleted format). You should address all required elements and should reserve “see attached” for those items that cannot be typed into the template such as copies of projects or letters of support. Templates that include signatures, but are otherwise blank, will be denied.

D. For new CNIII applicants, you are required to address the appropriate Job Responsibilities within this document. (See Appendix E for examples)

E. All Clinical Ladder applicants are required to complete contact hours (CNIII 16 & CNIV 24). If submitting contact hours from a service such as Medscape, please print off the transcript of completed hours rather than individual certificates. Contact hours for November portfolios should be from November of the previous year to October of the submission year. Contact hours for May portfolios should be from May to April.

F. Please read entire packet carefully as revisions to the document are done annually.
G. Nursing Clinical Ladder and Peer Review Council Members will be available to answer questions. *It is recommended that you request and utilize a mentor.* Current Chair will have the names of individuals who can offer assistance.

H. CNIV Maintenance: Requires participation in reading at least 4 portfolios during each of the portfolio review periods in May & November. If a CNIV fails to read the required portfolios, this will result in immediate demotion to CNIII level. Exceptions will only be made for those CNIVs on FMLA.

I. **No exceptions will be made for late portfolio submissions.**

J. Portfolios that do not include all **REQUIRED ELEMENTS** set forth on the Facesheet, **will not be read and will not be eligible for appeal.** Portfolios will be returned to the applicant for re-submission during the next submission cycle.

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

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

Clearly label all supporting documentation to identify which criteria are being supported by the documentation.
CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
PROFESSIONAL NURSING PRACTICE MODEL

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

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

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

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

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

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

The professional nurse must be able to:

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

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

CL. Program 8/2018
Clinical Nurse I ("Novice or Advanced Beginner" in Benner’s model)

- Entry-level Registered nurse focused primarily on developing knowledge and skills. Provides safe patient care at a basic level and shows growth in ability to care for increasingly complex patients. Requires precepting/mentoring from more experienced clinicians and benefits from feedback.
- There is no differential associated with this level.

Clinical Nurse II ("Competent" in Benner’s model)

- Registered nurse responsible and accountable for safe clinical practice, focused on expanding knowledge and skills. Consistently provides effective direct care as part of the interdisciplinary team, to a variety of complex patients. Seeks as well as provides feedback for improved clinical practice. Assumes a beginning leadership role but seeks mentoring in the process.
- Has completed a minimum of 12 months of clinical nursing practice including six months working at least a .5 FTE or above at Augusta University Medical Center.
- A current performance evaluation that reflects the applicant consistently meets or exceeds performance standards as established by the applicants’ management team.
- Completion of 8 contact hours and 2 leadership activities, as outlined by the document. This will be tracked by the unit manager at time of evaluation.
- There is no differential associated with this level.

Clinical Nurse III ("Proficient" in Benner’s model)

- Registered nurse responsible and accountable for advanced clinical practice and serves as a professional role model. Demonstrates clinical expertise within a defined specialty and functions consistently and autonomously in a leadership role. Works predominantly with patients, families, and nursing staff. Incorporates current literature and research into personal practice and in leading others. Using an interdisciplinary approach the CNIII creatively implements the nursing process across the continuum of care. Identifies the strengths within the service area and takes the opportunity to develop and mentor others to promote professional growth and improve patient outcomes.
- Must have demonstrated leadership at the unit level.
- BSN or MSN must have three years (3) clinical nursing practice in an acute care facility including at least one full year of .5 FTE commitment at Augusta University Medical Center.
- ADN or Diploma Nurses must have 4 years RN experience to include three years (3) clinical nursing practice in an acute care facility including at least one full year of .5 FTE commitment at Augusta University Medical Center.

- RNs with previous LPN experience will be given one year credit towards clinical nursing experience requirement for every two years worked within an acute care facility. For example if you were a LPN for four years prior to becoming a RN, you would receive two years credit for clinical nursing practice experience.
- A current performance evaluation that reflects the applicant consistently meets or exceeds the performance standards established by the applicant’s management team. This is verified by the manager’s support template.
- Completion of portfolio as described later in the document, with 16 contact hours and 4 leadership activities.

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

- Clinical Nurse IV (CNIV) - Expert: Registered nurse responsible and accountable for advanced clinical practice that has demonstrated expertise in their clinical area and serves as a professional role model and staff/community educator.
- Must demonstrate leadership at department, hospital or regional/national level.
- One year as a CN III and five years (5) clinical nursing practice in an acute care facility including two years of a .5 commitment at Augusta University Medical Center.
- A current performance evaluation that reflects the applicant consistently meets or exceeds the performance standards established by the applicant’s management team. This is verified by the manager’s support template.
- National Certification: This national certification is required and is not accepted as a leadership activity. (A second or third national certification may be utilized as a leadership activity when advancing to CNIV.)
- CNIV Maintenance requires participation in reading at least 4 portfolios during each of the portfolio review periods in May & November. If a CNIV fails to read the required portfolios, this will result in immediate demotion to CNIII level. Exceptions will only be made for those CNIVs on FMLA.
- Completion of portfolio as described later in the document, with 24 hours and 6 leadership activities in addition to certification.
Transfer to CN level: The transfer process describes the process for maintaining or acquiring a CNII, CNIII, or CNIV position when changing nursing care units or job positions. The goal is to allow time for unit orientation and the development of new skills related to a patient population while acknowledging an individual’s previous expertise and experience.

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

- Nurse Manager
- Assistant Nurse Manager
- Clinical Nurse Educator
- Nursing Supervisor
- Clinical Outcomes Manager
- Nurse Clinicians
- Nurse Practitioners
- Case Managers
- Research Nurse
- Previously Leased MCG Employees

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

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

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

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

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

- Name of nurse
- Previous job position
- Start date on nursing unit
- Criteria unit manager used to determine level of entry (CNIII or CNIV)
- The Nursing Clinical Ladder and Peer Review Council will respond in writing acknowledging the communication. A copy of the Clinical Ladder and Peer Review Program will be provided to the transferring individual. The new/return hire employee
must submit an application portfolio during the first clinical ladder program period following the 180 day evaluation.

- Upon review and acceptance of the Clinical Ladder and Peer Review application portfolio the applicant will continue with the Clinical Ladder and Peer Review process as per current guidelines.

TRANSFER FROM ANOTHER HOSPITAL:
Any experienced RN who presents for employment at Augusta University Medical Center that provides evidence of participating on a clinical ladder at a previous employer is eligible for consideration for provisional acceptance in Clinical Ladder and Peer Review program at Augusta University Medical Center.

- Evidence of participation in a clinical ladder program within five years.
- Evidence must be presented to HR at the time of hire.
- Evidence must be in the form of a letter, certificate, or other document from previous employer confirming clinical ladder program participation.
- Provisional acceptance will be granted at the equivalent Clinical Nurse level at Augusta University Medical Center.
- The new/return hire employee must submit an application portfolio during the first clinical ladder program period following the 180 day evaluation.
- Upon review and acceptance of the Clinical Ladder and Peer Review application portfolio the applicant will continue with the Clinical Ladder and Peer Review process as per current guidelines.
Clinical Nurse III and Clinical Nurse IVs maintain their status through yearly submissions of portfolios that meet the selection process and criteria and through Annual Performance Appraisals.

An email of intent to maintain must be submitted during the intent process (March and September of each year) to the New_Clinical_Ladder_Council@augusta.edu (See intent form in Appendix F)

CNIII and CNIV must maintain a current performance evaluation that reflects the applicant consistently meets or exceeds the performance standards established by the applicant’s management team. This will be confirmed via the manager’s signature on the Nurse Manager Support Template.

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

- After successfully achieving a level on the Clinical Ladder and Peer Review program, maintaining the same level will not require resubmission of an entire portfolio. Your maintenance portfolio should consist of the agreement form, portfolio facesheet, current contact hours, Nurse Manager Support Template (Page 1 only signed/dated), and the four (CNIII) or six (CNIV) current leadership activities.
- CNIV Maintenance requires participation in reading at least 4 portfolios during each of the portfolio review periods in May & November. If a CNIV fails to read the required portfolios, this will result in immediate demotion to CNIII level. Exceptions will only be made for those CNIVs on FMLA.
- Resubmission is for applicants that are denied advancement at the last submission, but were advised on what needed to be corrected. An updated portfolio, with corrections made, may be resubmitted at the next application process in six months. (All dated material must be within the designated time frame for the resubmission.)
Date: ______________

I, ________________________, am applying for/maintaining my Level ______ in Augusta University Medical Center Clinical Ladder and Peer Review program in nursing. I am aware of and in agreement with the following terms:

1. I am entering this program by my own choice and understand that I am solely responsible for meeting all requirements.

2. I am responsible for obtaining documentation and validation signatures as required, as well as maintaining any other information that may be needed.

3. I understand that in order to advance or maintain my level in the Clinical Ladder Program I must meet annual requirements as outlined in the program.

4. I have checked my portfolio for completeness including dates and signatures. All material supplied reflects events in the past 12 months with the exception of the patient care exemplar which reflects events in the last 18 months.

5. **I understand that if any required element listed on the face-sheet is missing from my portfolio, promotion/maintenance of the Clinical Nurse level will be denied and I will not be eligible to appeal this decision. This includes contact hours that are not within the noted time frame (Contact hours for November portfolios should be from November of the previous year to October of the submission year. Contact hours for May portfolios should be from May to April).**

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

Signature: ________________________________ Date: __________________________

Name (Print): ______________________________________________________________

Unit: ________________________________ Nurse Manager: _________________________

Signature Chair or designee: ___________________________ Date: ________________________

Clinical Ladder and Peer Review Council

**CL Program 8/2018**
CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
PORTFOLIO FACESHEET: CNII/IV

Applicant's Demographic Information:
Full Name: ________________________________________________________________
AUMC Email Address: ____________________________@augusta.edu
AUMC RN Hire Date: ______________________
Preferred Phone #: ____________________________ Degree: Diploma  ADN  BSN  MSN
DNP/PhD  Graduation Date: __________________
Clinical level of application: Select CN Level and Portfolio Type
☐ CNIII  ☐ Application
☐ CNIV  ☐ Maintenance
Unit & Nurse Manager: _______________  Unit Phone#: _______________  Usual Shift: _______________

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

Promotion Portfolio- Required Elements (All elements are required except as noted.)
☐ Signed Copy of Agreement Form
☐ Completed Facesheet
☐ Contact Hours (CNIII-16, CNIV-24) within the last 12 months. Contact hours for November portfolios should be from November of the previous year to October of the submission year. Contact hours for May portfolios should be from May to April.
☐ Written Nurse Manager recommendation/Peer Support letters x3
☐ Patient Care Exemplar
☐ Professional Resume
☐ Job Responsibilities *CN III Only* (must address each standard individually and provide examples)
☐ National Certification *(Required for CNIV)
☐ Leadership activities: 4 distinctly different activities for CNIII and 6 distinctly different activities for CNIV of which 1/2 must be activities where nursing skill/knowledge is utilized

Maintenance Portfolio- Required Elements (All elements are required except as noted.)
☐ Signed Copy of Agreement Form
☐ Completed Facesheet
☐ Contact Hours (CNIII-16, CNIV-24) within the last 12 months.(See above criteria)
☐ Signed and Dated Nurse Manager Letter Template (Page 1 only)
☐ National Certification *(Required for CNIV)

CL Program 8/2018
Leadership activities: 4 distinctly different activities for CNIII and 6 distinctly different activities for CNIV of which 1/2 must be activities where nursing skill/knowledge is utilized.

CNIV Maintenance Applicants - 4 portfolio readings in the review periods of May & November. This participation will be verified by the clinical ladder & peer review council beginning your first cycle after CNIV approval.

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

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

*This activity type may be used twice for this application; all others may be used once.
All activities must be distinctly different and not contain the same supporting documentation.

At least ½ of the chosen leadership activities must demonstrate utilization of nursing skill/knowledge.

Applicant Signature: _______________________________  Date: __________________
Contact hours are a required portion for every clinical ladder participant. As a CNIII, you will need 16 contact hours. As a CNIV, you will need 24 contact hours. All contact hours certificates or a transcript of contact hours should be included as part of your portfolio. Please keep in mind for contact hour databases such as Medscape, you should print a transcript of lessons rather than a certificate for each lesson.

All contact hours must be within the last 12 months. Contact hours for November portfolios should be from November of the previous year to October of the submission year. Contact hours for May portfolios should be from May of the previous year to April of the submission year.

Below is a quick reference for how different program hours equate to contact hours.

**Contact Hour Conversions**

<table>
<thead>
<tr>
<th>Program Hours</th>
<th>Contact Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 AMA Category 1 hour</td>
<td>1 contact hour</td>
</tr>
<tr>
<td>1 CME</td>
<td>1 contact hour</td>
</tr>
<tr>
<td>1 CEARP</td>
<td>1 contact hour</td>
</tr>
<tr>
<td>1 ACOG cognate</td>
<td>1 contact hour</td>
</tr>
<tr>
<td>1 CEPTC</td>
<td>1 contact hour</td>
</tr>
<tr>
<td>1 semester credit</td>
<td>15 contact hours</td>
</tr>
<tr>
<td>1 quarter credit</td>
<td>12.5 contact hours</td>
</tr>
<tr>
<td>1 CEU</td>
<td>10 contact hours</td>
</tr>
</tbody>
</table>

You are required to include a Contact Hours Table of Contents in addition to your certificates or transcripts. This table of contents must include the title of the course, date of completion and number of contact hours awarded. You must also include a total number at the end. Below is a reference of how this table of contents page should look. While you are not required to include this specific table, you are required to include all of the required elements, along with the copies of certificates and/or transcripts. This will assist both you and the council with double-checking all required contact hours.

**Contact Hours Table of Contents**

<table>
<thead>
<tr>
<th>Title of Course</th>
<th>Date of Completion</th>
<th># of Contact Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
<tr>
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</tr>
</tbody>
</table>

TOTAL HOURS = ________
The purpose of the support templates is to communicate to the Portfolio Review Team that the applicant is supported by both their management and peers for promotion.

Managers:

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

Initial application portfolios, for either CNIII or CNIV, require both pages 1 & 2 of the manager support template.

Maintenance portfolios only require submission of Page 1 of the manager support template.

Peers:

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

Initial application portfolios, for either CNIII or CNIV, require completion of the peer support template by 3 different peers.

Maintenance portfolios do not require submission of the peer support template.

Process:

All templates must be signed and dated.
I recommend ______________________________ for promotion/ maintenance of CNIII/IV without reservation. He/she has demonstrated an exceptional level of consistent performance in all of the following areas:

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

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

________________________________________         _________________________  
Nurse Manager Signature                      Date

Printed name of Nurse Manager: ______________________________

CL. Program 8/2018
Dear Members of the Nursing Clinical Ladder and Peer Review Council,

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

Clinical performance:

Communication skills:

Mentoring:

Teamwork:

Positive leadership during change:

Leadership with unit/departmental patient care initiative:

Signed ___________________________ Dated ________________

Printed Name: ___________________________

CL Program 8/2018
Members of the Nursing Clinical Ladder and Peer Review Council,

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

Clinical performance:

Communication skills:

Mentoring:

Teamwork:

Positive leadership during change:

Leadership with unit/departmental patient care initiative:

Signed __________________________ Dated __________________________

CL. Program 8/2018
Benner believes in the situation-based, interpretive approach to identifying and describing knowledge, which is imbedded in everyday clinical practice. Her descriptions and definitions of what nurses do to make a difference, which she calls the “domains” of nursing, were culled from hundreds of narrative examples (“exemplars”) submitted by nurses. Benner’s seven domains include:

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


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

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

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

1. One written exemplar must be submitted for review. The exemplar must be reflective of events that occurred in the last eighteen (18) months.

2. Identify the 3 domains (or more) from Benner’s Model that are addressed at the beginning of the exemplar.

3. Demonstrate in each exemplar how you functioned in the three (3) of the domains you selected.

4. Exemplars include information about any of the following:
   - how you felt about the situation
   - why you felt that your actions were important;
   - why the actions were important;
   - why the actions may have been different from someone with less experience and how the outcome changed practice

5. Describe in the exemplar, a clinical situation that was positively impacted by your practice.

7. Demonstrate excellence in your exemplar, i.e. should result in a positive or rewarding experience for the patient/family or practice.

8. Describe in the exemplar, how you personally made a difference.

9. Show in your exemplar how you used fine discretionary judgment and/or intuitive use of knowledge.

10. Write the exemplar in your own words. Uniqueness and individuality are important.

*Appendices B and C of this packet includes a lengthy description of Benner’s Domains and helpful examples of exemplars.*
Any current professional resume or CV is acceptable.  
**This format is not required, but all applicable elements need to be addressed.**

Application for (check one): CNIII: _________  CN IV: _______

Name: ____________________________ Unit: ___________ Date: ____________

**Professional licensure:** State and expiration date or copy of valid license attached

**Education:** (all formal post-secondary education)
For completed education, include educational institution, degree granted and/or major area of study, and date of graduation

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

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

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

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

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

**Professional Goals/Objectives may be included, but are not required.**
All elements below must be addressed with specific examples.

1. **Exhibits Patient Family Centered Care Principles and Practice**
   a) How do you encourage families to be involved in the care of their family member?
   b) What do you do to support their role as a member of the team?
   c) How do you maintain an environment that supports families?
   d) How do you educate yourself on PFCC?

2. **Delivers High Customer Service and Satisfaction to Patients, Students and Other Colleagues**
   a) How do you employ AIDET in communications with patients and families?
   b) How did you follow through on family issues or requests in a timely manner?
   c) An example of how you went over and above what was expected for our customers?
   d) What did you do over the past year to demonstrate the principles of PFCC to a new nurse, nursing student or coworker/colleague within the Enterprise?

3. **Education and Development**
   a) How are you involved in unit/hospital education or performance improvement initiatives?
   b) What did you do to foster your professional growth and development this past year?
   c) How did you assist in educating others on your unit (ie Inservices, precepting, student observership, etc)?
CN III Select 4

CN IV Select 6

- At least $\frac{1}{2}$ of the activities submitted must demonstrate utilization of nursing skill/knowledge.
- Select and submit only the number of leadership activities for the level in which you are applying. CNIII select 4, CNIV select 6.
- While some activity types may be used twice (refer to facesheet), each activity chosen should be distinctly different. This means each activity should contain unique supporting documentation (i.e. a project used as a personal contribution for a committee/council cannot be submitted on its own as a separate leadership activity), and when read by a council member should be obviously two distinctly different activities.
- The templates that follow are required for submission of any leadership activity. All activities require written documentation and some require additional supporting documentation.
- All templates should be addressed directly on the template with information supporting/answering the template criteria directly below the requested information (similar to bulleted format). Address each item as required; do not simply repeat the phrase when addressing the information.
- Submission of blank, signed templates with only “attached” documentation will result in denial of your portfolio.
Address each required element on the template using “I” statements in paragraph format to describe how you meet each criteria. Permanent Charge Nurses may use this template.

- Name of the department where you are functioning in the charge nurse role (ie. Charge Nurse, Point Nurse, Lead Nurse, Clinical Coordinator).
- List dates that you have functioned in the Charge Nurse Role in the last 12 months. *(If permanent charge nurse, list date charge nurse role started. If you are not permanent charge, list dates you performed as charge nurse with a minimum of 3 times per quarter during the submission period is required. If not permanent charge nurse for at least 6 months, provide relief charge nurse dates prior to becoming permanent charge nurse.)*
  - For May submissions charge nurse dates must be:
    - Q1 May - July
    - Q2 August - October
    - Q3 November - January
    - Q4 February - April
  - For November submissions charge nurse dates must be:
    - Q1 November - January
    - Q2 February - April
    - Q3 May - July
    - Q4 August - October
- Describe how you continually reevaluate current staffing needs on the unit, sister units and hospital level and reallocate resources appropriately.
- Explain how you effectively communicate with all departments.
- Detail how you collaborate with all departments to resolve problems, concerns, and issues.
- Summarize how you are a proactive thinker for clinical and operational issues (i.e., looks ahead at schedule and shifts resources appropriately). Use specific examples.
- Charge nurse preceptor based on unit needs (if applicable).
- Describe how you encourage effective teamwork.
- Explain how you are skilled at conflict resolution. Use a specific example.
- Describe how you constructively confront performance issues at all levels.
- Summarize your ability to multitask. (i.e., take patient assignment along with charge role).

Signature of Nurse Manager _____________________________ Date _________________

Signature of Supporting Peer _____________________________ Date _________________

Signature of Supporting Peer _____________________________ Date _________________
To qualify, the preceptor must work with one preceptee for a minimum of 36 hours within the last 12 months. A preceptor is defined as teacher/mentor, preceptee is the learner/student. The preceptee can be a student nurse or new hire in orientation.

Address each required element using bulleted statements.

- Completed one preceptorship within the past twelve months. The preceptee’s orientation must be completed and not currently in progress. Please provide name of the preceptee along with dates of preceptorship.
- List month & year you began as a preceptor at Augusta University Medical Center

All elements below must be addressed with specific examples related to the identified preceptee that describe how you meet each criteria. If you are using this template twice, all information must be distinctly different related to your specific preceptee (ie you cannot use same examples and simply change the name).

- Works with team to coordinate orientation
- Works with preceptee to identify goals for the orientation and evaluates outcomes
- Adapts orientation to specific learning style of preceptee.
- **Utilizes unit specific or school specific tool to promote and evaluate weekly goals.**
- Collaborates with management for special needs of preceptee (i.e. extended orientation) by participating in weekly review with preceptee.
- Models teamwork
- Demonstrates strong knowledge of unit/hospital policies to support practice
- Assists and guides preceptee in achieving independence within an acceptable time frame
- Honest and able to point out strengths and weaknesses of preceptee
- **How do you continue to mentorship new employees after completion of preceptorship (if applicable)**
- **In addition to the required elements above, the following must be attached:**
  - A copy of the preceptor evaluation must be submitted. This must be from a completed preceptorship within the last 12 months. Please use the preceptor evaluation form found in Appendix F of this document.

Signature of Nurse Manager ___________________________ Date ____________________

Nurse Manager Signature verifies 36 hour minimum requirement was met.

**CL Program 8/2018**
As a mini expert, you have a special skill or area of knowledge where you demonstrate expertise above and beyond the requirements of a staff nurse. Within your unit or area, you are the resource for this area of expertise.

RRT – Rapid Response Team and PET – Pediatric Evaluation Team should use this template.

Address criteria below using bulleted format with specific examples and "I" statements.

- Describe area(s) of expertise
- Describe additional training or education required for this area of expertise.
- Describe how you share your expertise (i.e., resource person/problem-solver when contacted by others, performs as a role model by consistently offering assistance and/or availability).
- Describe how you assist obtaining data that supports positive outcome of your specific area of expertise on your unit or for a certain patient population (i.e., decrease cost, decrease infections, improves processes) - if applicable.
- Describe positive outcomes for your specific expertise within your unit or enterprise wide.
- **Along with the criteria above, one or more of the following is required to be attached:**
  - Letter from management describing how expertise is above and beyond
  - Data that supports positive outcome on your unit (i.e. percentage of improvement)
  - Documentation that provides proof this expertise is above and beyond requirements of your staff nurse role such as proof of additional training, copies of communication to staff regarding expertise, education you provided as a means to share your expertise (remember if used here you cannot use it as a second activity) or other pertinent information to support expertise.

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

And if applicable

Signature of Validator of skill _____________________________ Date _________________

CL Program 8/2018
Cross training is essential in providing individual growth, meeting patient and census needs, and facilitating the continuity of quality patient care. Those individuals working in sister units, with separate cost centers, may use this template.

Required Criteria: address on the template using bulleted statements.

- Name of Home Unit
- Name of Cross-Training Unit
- Describe orientation to cross training unit and how you independently acquired knowledge, skill, and experience to provide direct patient care to an area other than the primary unit and how these skills differ from your home unit.
- Demonstrates flexibility by working in another area, frequently on short notice, other than primary unit (provide dates with a minimum of once per quarter).
  - For May submissions cross training dates must be:
    - Q1 May - July
    - Q2 August - October
    - Q3 November - January
    - Q4 February - April
  - For November submissions cross training dates must be:
    - Q1 November - January
    - Q2 February - April
    - Q3 May - July
    - Q4 August - October
- Describe typical direct patient care assignment on re-assigned unit and how this differs from your home unit.
- Acts as a resource person by exchanging knowledge and skills with other team members when nurses are re-assigned to the nurse’s primary area

Signature of Nurse Manager _____________________________ Date __________________
Signature validates current competence in area of cross training and work commitment.

Signature Receiving Charge Nurse _____________________________ Date __________________
Signature validates current competence in area of cross training and work commitment.

CL Program 8/2018
Must be an active participant on a departmental or hospital committee/council.

Personal Contribution must be addressed with specific examples using "I" statements. Examples should describe your contributions to the committee i.e. shared knowledge, lectures, obtaining resources, serving on a committee, fundraising, etc.

Required Criteria: address on the template using bulleted statements.

- Name of the committee
- Purpose/Charge
- Your tenure on committee (minimum 9 months)
- Frequency of meetings held
- Personal contribution
- Summary of progress and outcomes
- **Along with the criteria above, the following attachments are required:**
  - For PIP/Skin Champions only:
    - Verification of 75% Skin Champion activities by letter from chair
  - For all other Hospital/Departmental Committees: Verification of active participation (letter from chair or all meeting minutes – agendas are not acceptable)

I verify the above information is accurate.

________________________________________
Signature of Chair

________________________________________
Date

**If you are a PIP/Skin Champion and have not been on the committee for 9 months before the portfolio submission date then please use LA-14 Activity Negotiated with Nurse Manager.**
Must be an active participant on a departmental or hospital task force. A task force is defined as a short outcome driven group or project for a specific outcome.

This template is appropriate for use for annual hospital/department skills fair as an instructor.

If the task force is within a committee you may only take credit for the task force OR the committee, but not both.

Personal Contribution must be addressed with specific examples using "I" statements. Examples should describe your contributions to the taskforce i.e. shared knowledge, lectures, obtaining resources, serving on a committee, fundraising, etc.

Required Criteria: address on the template using bulleted statements.
- Name of the task force
- Purpose/Charge
- Your tenure on taskforce
- Personal contribution
- Summary of progress and outcomes

Along with the criteria above, the following attachments are required:

- For Skills Fair ONLY: Verification by signature of the event Coordinator
- For any OTHER Taskforce: Verification of active participation (letter from chair or all meeting minutes – agendas are not acceptable

I verify the above information is accurate.

Signature of Chair / Coordinator ____________________________ Date _________________

Signature validates active participation in this taskforce.

**Teaching at an Annual Skills Fair that meets the coordinators requirements counts as ONE event. If you teach at the Annual Skills Fair and a Unit/Division Specific Skills Event you may use this template TWICE.**

CL Program 8/2018
Coordination of community health education/service activity/event in the last 12 months. Be sure to document the exact purpose of this activity/event and the benefits of what you were doing.

Personal Contribution must be addressed with specific examples using "I" statements. Examples should describe your contributions as the activity’s coordinator i.e. shared knowledge, lectures, obtaining resources, serving on a committee, fundraising, etc.

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

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

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

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

________________________________________
Signature of Activity/Event Leadership/Sponsor

________________________________________
Date

CL Program 8/2018
CLINICAL LADDER AND PEER REVIEW PROGRAM  
DEPARTMENT OF NURSING  
LA-8: Participation in a Community Health Education Activity/Event

Participation in the last 12 months. Be sure to document the exact purpose of this activity/event and the benefits of what you were doing.

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

Personal Contribution must be addressed with specific examples using "I" statements. Examples should describe your contributions to the event i.e. shared knowledge, lectures, obtaining resources, serving on a committee, fundraising, etc.

**Required Criteria:** address on the template using bulleted statements

- Name of the community health education activity/event
- Date of event
- Identify the need for the education within the “community” that focuses on prevention, early detection and/or health maintenance.
- Possess effective delegation/communication skills.
- Knowledgeable about community resources or where to obtain.
- Recruit volunteers from multidisciplinary team as appropriate
- Summary of personal contributions and positive outcomes

I verify participation of the applicant:

____________________________________________________________________
Signature of Activity/Event Coordinator
____________________________________________________________________

Date

CL Program 8/2018
Participation in the last 12 months. Be sure to document the exact purpose of this activity/event and the benefits of what you were doing.

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

Personal Contribution must be addressed with specific examples using "I" statements. Examples should describe your contributions to the event i.e. shared knowledge, lectures, obtaining resources, serving on a committee, fundraising, etc.

Required Criteria: address on the template using bulleted statements

- Name of the community health service activity/event
- Date of event
- Identify the need for the professional health service that supports the “community”
- Possess effective delegation/communication skills.
- Knowledgeable about community resources or where to obtain.
- Recruit volunteers from multidisciplinary team as appropriate
- Summary of personal contributions and positive outcomes

I verify participation of the applicant:

______________________________________________________________________
Signature of Activity/Event Coordinator
______________________________________________________________________
Date

CL. Program 8/2018
Submit information pertaining to an education the applicant coordinated and/or presented.

**Required Criteria: address on the template using bulleted statements**

- Written lesson plan of the presentation or description of educational activity including purpose, objectives and outline. Include how the lesson plan was presented, coordinated, implemented and evaluated.

- **Along with the criteria above, the following attachments are required:**
  - Flyer or program brochure (if appropriate)
  - Documentation of attendance- Attach roster.
  - Program evaluation tool
  - Summary of participant’s feedback (using evaluation forms) or signature of leadership person and their evaluation

______________________________________________________________________
Signature of leadership or sponsor

______________________________________________________________________
Date
Personal Contribution must be addressed with specific examples using "I" statements. Examples should describe your contributions to the patient or family education materials or program including shared knowledge, lectures, obtaining resources, serving on a committee, fundraising, etc.

Required Criteria: address on the template using bulleted statements

- Identify the target population for which the educational materials/program is being developed.
- Submit written teaching plan that describes the relevance for the activity and evidence to support the need for the activity.
- Summary of Personal Contributions
- Describe the coordination, implementation and evaluation of the plan.
- Along with the criteria above, the following attachments are required:
  - Copy of patient/family education materials.

Signature of Nurse Manager

__________________________________________
Date

CL Program 8/2018
This template is for use by either the committee chair or a committee member.

Personal Contribution must be addressed with specific examples using "I" statements. Examples should describe your contributions to the committee i.e. shared knowledge, lectures, obtaining resources, serving on a committee, fundraising, etc.

Provide supporting documentation as appropriate.

Required Criteria: address on the template using bulleted statements

- Name of the committee
- Tenure on the committee, with a minimum of 9 months prior to portfolio submission
- Frequency of meetings
- Purpose/Charge of the committee
- Summary of progress and outcomes (include time frame) of the committee.
- Personal contributions
- Along with the criteria above, the following attachments are required:
  - Verification of active participation (letter from chair or all meeting minutes – agendas are not acceptable)

I verify that the above information is accurate

<table>
<thead>
<tr>
<th>Signature of Council chair or Nurse Manager</th>
<th>Signature validates active participation</th>
</tr>
</thead>
</table>

Date

CL Program 8/2018
A Taskforce is defined as a short outcome-driven group or project for a specific outcome.

This template is for use by either a taskforce chair or member.

If the task force is within a committee you may only take credit for the task force OR the committee, but not both.

**Personal Contribution must be addressed with specific examples using "I" statements. Examples should describe your contributions to the event i.e. shared knowledge, lectures, obtaining resources, serving on a committee, fundraising, etc.**

**Required Criteria: address on the template using bulleted statements**

- Name of the taskforce
- Tenure on this taskforce
- Purpose/Charge of this taskforce
- Summary of progress and outcomes (include time frame)
- Personal contributions to the taskforce (list how/what you did to contribute to the taskforce or how you share the information with your peers.)
- **Along with the criteria above, the following attachments are required:**
  - Verification of active participation (letter from chair or all meeting minutes – agendas are not acceptable)

I verify the above information is accurate.

---

Signature of Chair or Nurse Manager  
Signature validates active participation

Date

CL. Program 8/2018
An Activity Negotiated with Nurse Manager is a unit/division based activity that has been completed, within the portfolio timeframe, or is in progress with a defined negotiated endpoint.

Personal Contribution must be addressed with specific examples using "I" statements. Examples should describe your contributions to the activity i.e. shared knowledge, lectures, obtaining resources, serving on a committee, fundraising, etc.

Required Criteria: address on the template using bulleted statements
- Name/Description of activity
- Purpose/objectives of the activity
- Copy of project if appropriate (e.g., teaching tool, revision of standards, care maps).
- Outcomes of activity
- Personal contribution

I verify that the above information is accurate.

_________________________________________
Signature of Nurse Manager/Clinical Coordinator

_________________________________________
Date
Submit written description of groups and your role and contributions

Personal Contribution must be addressed with specific examples using "I" statements. Examples should describe your contributions to the group i.e. shared knowledge, lectures, obtaining resources, serving on a committee, fundraising, etc.

Required Criteria: address on the template using bulleted statements

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

Signature by agent of sponsoring organization/Nurse Manager

Date
Personal Contribution must be addressed with specific examples using "I" statements. Examples should describe your contributions to the project i.e. shared knowledge, lectures, obtaining resources, serving on a committee, fundraising, etc.

Required Criteria: address on the template using bulleted statements

- Name of sponsor/advisor and dates of completion
- Summary of personal contributions to the project
- Use of patient scenario to describe how evidence based practice is incorporated into the nursing role
- Along with the criteria above, the following attachments are required:
  - Abstract describing project
  - Story board used on unit for PI project (if appropriate)
  - Tools developed to help peers. (photos of unit poster/bulletin board, power point, etc.)

______________________________________________________________________
Signature of sponsor/advisor
______________________________________________________________________
Date
The applicant demonstrates a commitment to the development of the profession of nursing by active participation in a professional nursing organization locally, nationally, or internationally.

**Personal Contribution must be addressed with specific examples using "I" statements. Examples should describe your contributions to the organization i.e. shared knowledge, lectures, obtaining resources, serving on a committee, fundraising, etc.**

**Required Criteria:** address on the template using bulleted statements
- Name of the organization
- Purpose/mission of the organization
- Number & Frequency of meetings held per year (50% attendance required)
- Personal contributions to the organization
- Along with the criteria above, the following attachments are required:
  - Proof of current membership – member card or letter from organization

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

______________________________________________
Signature of Board Member/Officer

______________________________________________
Date
The applicant demonstrates a commitment to the development of the profession of nursing by holding an office or committee chair position in any of the following: professional nursing organization (locally, nationally, or internationally), hospital-wide council/committee or local agency board member (i.e. Safe Kids, Ronald McDonald House Charities, American Cancer Society, etc.).

**Personal Contribution** must be addressed with specific examples using "I" statements. Examples should describe your contributions to the organization i.e. shared knowledge, lectures, obtaining resources, serving on a committee, fundraising, etc.

**Required Criteria:** address on the template using bulleted statements

- Name of organization/council/committee where you are chair or officer
- Purpose/mission of the organization/council/committee
- Dates of meetings held during the submission year (75% attendance required)
- Job description of the office/committee position
- Personal contributions
- Along with the criteria above, the following attachments are required:
  - Proof of current membership – member card or letter from organization **OR**
  - Proof of officer/committee position – letter from organization/council facilitator

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

_______________________________________________________________
Signature of Executive Board Member/Officer/Facilitator

____________________________________________________________________
Date

* This template may be used in addition to LA-5 and/or LA-17 providing the documentation supporting the personal contributions differs.
Advanced Specialty Instructors include those who teach ACLS, BLS, PALS, PEARs, TNCC, DEMAT, PIT, etc.

In order to qualify for use of this leadership activity, you must teach one class above minimum required to maintain instructor status (if two courses taught is minimum to maintain instructor status, must show evidence of at least three taught).

**Required Criteria: address on the template using bulleted statements**

- Name of program you teach

- **Along with the criteria above, the following attachments are required:**
  - Copy of current instructor card
  - Requirements to maintain instructor status
  - Rosters from classes taught or electronic transcript outlining dates courses taught.
    - This serves as verification of courses taught exceeds the minimum

I verify that the above information is accurate.

____________________________________________________________________

Applicant Signature

____________________________________________________________________

Date

CL. Program 8/2018
Provide evidence of **current** enrollment in a BSN, MSN or Doctorate nursing course.

**OR**

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

**Required Criteria: address on the template using bulleted statements**

- Name of program of study
- Name of school attending
- Describe in first person using “I” statements how your participation in formal nursing education provides a positive outcome for the profession of nursing on your unit, at the departmental or hospital level.
- **Along with the criteria above, the following attachments are required:**
  - Transcripts of current enrollment in a BSN, MSN or Doctorate nursing course or provide copy of degree certificate or diploma obtained within the last 12 months.

I verify that the above information is accurate.

____________________________________________________________________

Applicant Signature

____________________________________________________________________

Date

CL. Program 8/2018
A national certification in nursing is a “specialty” certification that is backed by a national credentialing organization (i.e. ANCC, AACN, ABNS, NCC), and recognized by Human Resources or the Magnet Recognition Program. This does not include advanced specialty skill certification such as ACLS, PEARLS, PALS, and TNCC. Please refer to http://www.nursecredentialing.org/Magnet/Magnet-CertificationForms or appendix G for all certifications recognized by the hospital and the Magnet Recognition Program.

Required Criteria: Address on the template using bulleted statements

- Name of certification.
- Along with the criteria above, the following attachments are required:
  - Provide a copy of valid certification card.

I verify that the above information is accurate.

____________________________________________________________________
Signature of applicant

____________________________________________________________________
Date
This template is to be used for any paper, poster or oral presentation you presented at a national, state, regional or local professional meeting within the past 2 years.

Required Criteria:

- Title of presentation
- Organization sponsoring conference/professional meeting.
- Date of conference/professional meeting
- Along with the criteria above, the following attachments are required:
  - Submit the paper, poster abstract or picture of poster or oral presentation abstract as applicable.
  - Copy of flyer or agenda for event; or letter of verification of acceptance of application with topic, sponsoring organization, name of meeting, location and date(s)/time(s).

I verify that the above information is accurate.

__________________________________________
Signature of applicant

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

**Required Criteria: address all criteria on the template using bulleted statements**

- Name of the book, the professional or health related journal, or professional or health related newsletter that accepted the article, abstract or chapter for publication.
- Date book, article or abstract was published or accepted for publication—within the past 3 years (36 months prior to portfolio submission starting May 1 [May submissions] or November 1 [November submissions]).
- **Along with the criteria above, the following attachments are required:**
  - A copy of the article, abstract, or chapter unless the publication exceeds 20 pages, then you may submit only the title page indicating the title and your name as editor with an excerpt from the publication (for example, the abstract or conclusion).
  - OR
  - A copy of the notification of acceptance of the article, abstract, or chapter

I verify that the above information is accurate.

__________________________________________
Signature of applicant

__________________________________________
Date

CL Program 8/2018
CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
LA-24: *ONGOING PARTICIPATION
AS A VOLUNTEER

Ongoing participation as a volunteer for the last **12 months**, described as between May 1 and April 30 (May submissions) or November 1 and October 31 (November submissions).

**In order to use this template you must meet the following minimum criteria as a volunteer:**
- **12 hours** per year for the same organization, **OR**
- 3 activities/events for three separate organizations **OR**
- 3 distinctly different events in the last 12 months for the same organization

**Required Criteria:** All criteria must be addressed on the template using bulleted statements. If using 3 different activities/events, all must be addressed in each bullet.
- Name of organization/activity/event.
- Purpose/objectives.
- Dates and hours volunteered with organization/activity/event.
- Outcomes-discuss how you impacted the outcomes as related to the purpose/objectives.
- Personal contribution (written in the first person using specific examples)

**Along with the criteria above, the following attachments are required:**
- Proof of Date(s) and hours volunteered and/or activities participated
  - Proof of hours volunteered via email communication, walk registration, attendance rosters, etc.
  - **OR**
    - A letter from coordinator. The letter should identify the event, the hours and date(s) of service.
- Provide flyers about activities (if available)

I verify I have read this submission and that the above information is accurate.

<table>
<thead>
<tr>
<th>Signature of Coordinator</th>
<th>Organization/Event</th>
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In lieu of a signature I have provided a letter from the Activity/Event/Organization Coordinator(s).

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<th>Signature of Applicant</th>
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CL. Program 8/2018
CLINICAL LADDER AND PEER REVIEW PROGRAM
DEPARTMENT OF NURSING
LA-25: *ORGANIZER OF A VOLUNTEER
ACTIVITY/EVENT

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

Personal Contribution must be addressed with specific examples using "I" statements. Examples should describe your contributions as the organizer of the event i.e. shared knowledge, lectures, obtaining resources, serving on a committee, fundraising, etc.

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

- Name of activity/event.
- Purpose/objectives.
- Time in hours spent on activity/event (minimum of 12 hours in the last 12 months)
- Outcomes (how you impacted outcomes as related to purpose/objectives)
- Personal contribution

I verify that the above information is accurate.

______________________________________________________________________
Signature of Nurse Manager or Activity/Event Coordinator
______________________________________________________________________
Date
This template is for Instructors who work with an accredited school of nursing to provide nursing education for future nurses. Activities that can be included are: Clinical Instruction, Sim Lab, Classroom Instruction, Skills Lab, and Online Course Proctors/Instructors.

Required Criteria: address on the template using bulleted statements

- Name of the school of nursing for which you provide instruction
- Accrediting Body for the School that you provide Instruction
- Specific Course Term/Quarter/Semester (Ex. Spring 2015)
- Course Number, Name, & Description of the Course
- What form of nursing instruction (Clinical Instruction, Classroom Instruction, Skills Lab, and Online Course Proctors/Instructors)
- Specific Location Where Instruction Took Place
- Duties related to Instruction
- Cumulative Hours of Instruction (Must meet minimum number of: 70 Course Hours)
- Coordinator’s Name with Contact Information
- **Documentation (Submit one of below)**
  - School of Nursing Course Syllabus (with instructor name imbedded)
  - School of Nursing Course Evaluation of Instructor (by students)

______________________________________________________________
Signature or letter of School of Nursing Leadership/Course Coordinator
(This signature is verification that the hours worked are correct)

______________________________________________________________
Date

CL Program 8/2018
This template is for individuals who have provided instruction in a Simulation Lab serving as a representative of AUGUSTA (both within and outside the AUGUSTA/CHOG facility) to health care professionals for a minimum of 12 hours within the last 12 months. Activities that can be included, but not limited to, are: ECMO, Resident training, epidemiology, vascular access.

**Personal Contribution must be addressed with specific examples using "I" statements.**

**Required Criteria: address on the template using bulleted statements**

- What type of simulation instruction you provided
- Target audience
- What are the benefits of the simulation instruction
- Specific location where instruction took place
- Duties related to instruction
- Specific date(s) and hours of instruction
- Signature of Coordinator, Leadership or Nurse Manager

**Along with the criteria above, the following attachments are required:**
- Documentation of Attendance (attach roster(s) or letter from coordinator; if you are the coordinator, a letter from your nurse manager will be accepted)
- Provide blank copy of competency record or checklist (if applicable)

_________________________________________________________
Signature (Coordinator, Leadership or Nurse Manager)
_________________________________________________________
Date

CL Program 8/2018
APPENDIX A

Tips for the Clinical Ladder Portfolio
The Professional Portfolio

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

Tips/Tricks/Feedback generated from past submission cycles:

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

Please provide a table of contents. The table of contents should include these elements and the portfolio should be ordered to match. Each of these elements should have its own tab.

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

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

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

b. Be sure support letters and templates are dated by the writer.

c. Be sure any supporting documentation has dates on them if a time restriction applies. (i.e. Preceptor in the last 12 months)

d. Be sure to include dates for each quarter where required. If the template says “3 hours per quarter” or “3 shifts per quarter”, each date needs to be identified.

4. **Type directly on the templates provided in the program.** Templates are provided for each section of the portfolio. The template information asked for is required so make sure you have included this information. You will be provided with a word document of the program. **Retyping your evidence on a different form will result in denial of your portfolio.**

5. **Leadership Activities:** At least ½ of the activities submitted must demonstrate **utilization of nursing skill/knowledge.** Each leadership activity must be distinctly different. This means each reader must easily be able to identify & distinguish each activity as separate from one another. There should be different supporting documentation and activities should not overlap.

6. **CONTACT HOURS:** Be sure your continuing education hour’s documentation states your name and date of educational event as well as the hours earned. Registrations for contact hours do not count, a completion certificate is required. **Contact hours for November portfolios should be from November of the previous year to October of the submission year.** Contact hours for May portfolios should be from May to April.

   a. **If the date of any submitted contact hours is not within the required timeframe, resulting in not meeting the minimum hours required for submission, your book will be denied without an opportunity for appeal!**

7. **Resumes:** There is no specific format to follow but be sure your resume is current and includes the elements in the clinical ladder guidelines. Do not include work history past 10 years. Make sure you include a description of your duties.

8. **Remove all outdated/old materials from previous portfolios prior to submission.** Only current, relevant information should be present in your portfolio.

9. **Templates requiring you to provide “I” statements regarding your contribution must have detailed information to support your contribution.** Remember these are leadership activities, simply being a member is not taking a leadership role.

10. **Do not include PHI in your portfolio.** No specific patient data- schedules, worksheets, etc., are to be included in your portfolio. Ever.

11. **Do not include your specific personal data such as SSNs.** Keep yourself protected.

12. A letter from HR regarding your work commitment is not required.

13. **GET A MENTOR!** Ask the Clinical Ladder and Peer Review Council for a mentor, so those who successfully completed the process can help you be successful!

**Template Hint for RRT Team Members**
The most appropriate template to use for your activity with the Rapid Response Team is LA-3 Mini Expert. The Clinical Ladder and Peer Review Council agreed LA-6 Hospital/Departmental Taskforce Template that was previously suggested, is not appropriate for this team as it is an ongoing, long term commitment, not a short term goal-focused team.

Template Hints for Advanced Specialty Instructors
LA-19 Advanced Specialty Instructor (for example CPR, NRP, PALS, ACLS): please do not forget to include the requirements to maintain your instructor status, and provide evidence that you have taught more than the minimum required to maintain.

**Formula for minimum classes taught:**

1. Evidence provided for classes taught during the portfolio period (Jun to May or Nov to Oct) must have $\frac{1}{2}$ of the required classes in the two year instructor renewal period plus 1. Meaning if 4 are required in 2 years the requirement for the portfolio is $4/2=2+1=3$ classes required.

2. Evidence provided for classes taught during the instructor renewal period (i.e. instructor renewal requirements are on a 2 year cycle, so you show all classes for the two years that encompass the portfolio cycle) must be minimum number of classes to renew plus 1. For example, if 4 classes are required to maintain status as instructor in a 2 year cycle, means 4+1=$5$ classes required to be taught during a 2 year period that includes the portfolio cycle (i.e. classes taught May 2013-April 2015 classes for May 2015 portfolio or November 2013 to October 2015 for November 2015 portfolio).

Template Hints for RNs using a **support walk** as a leadership activity.
If you use a support work as a leadership activity it can be used on the following templates provided that you meet all of the required criteria:

1. LA-24 Ongoing participation as a volunteer- You must document participation in 3 walks.
2. LA-25 Organizer of a Volunteer Activity/Event- You must document how you helped to coordinate the walk and meet the 12 hour requirement.
3. LA-13 Chair/active participation in unit-based taskforce- You must document how your unit came together to support this walk, what your active participation was and overall contribution, and all other requirement of this template.

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

Template Hints for RNs using a **national certification** as a leadership activity.
If you use a national certification as a leadership activity, remember it must be a nationally recognized nursing certification and not advanced specialty training. ACLS, PALS, PEARLS, TNCC, etc., are not national certifications.
If you are presenting a portfolio for CNIV a national certification is a required element for CNIV. This means that the national certification you use for your CNIV status cannot be used as
a leadership activity. You must have a second (or third) national certification in order to use national certification as a leadership activity for CNIV.

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

PATRICIA BENNER’S PROFESSIONAL DOMAINS
PATRICIA BENNER’S PROFESSIONAL DOMAIN MODEL

THE HELPING ROLE

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

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

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

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

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

CL Program 8/2018
THE TEACHING-COACHING FUNCTION

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

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

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

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

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

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

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

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

EFFECTIVE MANAGEMENT OF RAPIDLY CHANGING SITUATIONS

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

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

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

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

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

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

MONITORING AND ENSURING THE QUALITY OF HEALTH CARE PRACTICES

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

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

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

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

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

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

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

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

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

THE PROFESSIONAL EXEMPLAR
Getting Started

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

CN III Exemplars:
Picking a patient situation:
   a. Consider a patient situation that you cannot forget (memorable).
   b. Consider a patient-family situation in which the outcome could have been very different if you had not been involved in the care (patient advocate, persistent, anticipated outcome and planned intervention before an adverse event occurred.
   c. Ask yourself,” Is the patient –family exceptional or is the care/decisions exceptional?”
      The council wants to hear about your exceptional care and decision making, the difference you are making as a nurse.

Writing the story:
   a. Briefly describe your practice area.
   b. Write to an audience unfamiliar with your practice.
   c. Avoid jargon and abbreviations.
   d. Help the reviewer see the complexity of your care. Tell about what you were thinking, why you did what you did (evidence of critical thinking). Include technical, psychosocial, and other facets of the situation.
   e. The story should describe the range of skills required to provide expert care for the family.
   f. How did you approach a situation differently than your peers might have approached the issue (anticipate problems, listening to patient family, etc.)
   g. Focus on the process as the outcome.
   h. Never say you had or made a plan without telling us the plan.
   i. Always translate your “gut feeling”.
   j. Anyone can be caring, differentiate between customer service and expert nursing care.

CN IV Exemplars (In addition to the above, as an advance expert, consider the following):
   a. Describe the population or problem to be addressed, why is it important?
   b. What is the current evidence in regard to the situation you are describing?
   c. Given your experience is a practice change needed (provide details)?

CL Program 8/2018
Exemplar Example (Ambulatory/Emergency)

The following Benner’s Domains will be addressed:

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

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

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

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

CL Program 8/2018
We discussed anxiety; panic attacks and dealing with difficult work situations. I gave her the Mental Health Department phone number for her facility. I explained that she must call for herself and to inform the Mental Health Department that she would also be seen in the Family Medicine Department.

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

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

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

a) I am a confident and caring professional who is dedicated to achieving positive patient outcomes. To meet this goal, I successfully integrated my past experience, computer navigational skills and knowledge base to quickly establish good rapport with Miss S. She immediately recognized me as a competent advocate. Miss S came to trust in my expertise and ability to handle what originally appeared to be a potentially critical situation since the call was transferred on the Emergency Advice Line. I was able to create a healing relationship with Miss S through being present for her thus maximizing her participation and control in her own recovery.

b) I provided an interpretation of Miss S’s condition and gave complete rationale, advice and instructions for home care. I assisted her to integrate the new information into a plan of action. I was able to recognize Miss S’s readiness to learn to change her behaviors and attitudes. I intuitively recognized her frustration and was able to modify the teaching plan to
meet her individual needs. I was then able to interpret her physiological and psychosocial response to the proposed plan, therefore integrating her beliefs and practices into the plan of care.

c) I was able to correctly triage Miss S’s symptoms by detecting and documenting the significant changes. I was then able to anticipate problems and formulate a treatment strategy. I was able to eliminate an unnecessary Emergency Room visit and to refer Miss S to the Mental Health Department with a verbal contract that she would call for herself.

d) I was able to triage this Emergency Advice Line immediately after speaking directly to Miss S. It became apparent that this was not a true emergency or crisis call because she did not have any suicidal tendencies or plans at this time. By relying on past experience to identify clinical signs and symptoms that predict a possible emergency or life-threatening situation, I was able to transform this Emergency Advice Line call into a manageable situation that has a greater likelihood of a positive outcome.

e) I listened patiently to Miss S’s concerns and frustrations. I was able to access pertinent information electronically, rely on past experience and utilize my extensive knowledge or theory base to better understand Miss S’s individual situation and condition. I am self-directed and capable of initiating a change of direction. I took the necessary steps to ensure that Miss S would receive the safest care by having Miss S verbalize her complete understanding of all the advice and instructions that I had given her. Then I accepted responsibility for the outcome.
Exemplar Example (Ambulatory/Emergency)

The following Benner’s Domains will be addressed:

a) The Helping Role:
   - Guiding a patient through emotional and developmental change.

b) The Teaching-Coaching Function
   - The Diagnostic and Monitoring Function

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

The patient explained to me that he had spoken to me on several occasions, receiving excellent advice and he found me to be a caring person. He apologized for any inconvenience he might be causing by requesting me, but that he was feeling “rotten” and wanted expert advice.

My first response was embarrassment because I didn’t remember him but I recovered quickly and told him we had others in our phone room that were just as competent but if he felt more comfortable in speaking to me, this was his right.

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

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

I took a rush message to his M.D., Dr. P. explaining the situation and the patient’s anxiety. I asked if we could get another x-ray stat and maybe a sputum specimen. The physician
responded rapidly and we had him in for the x-ray, CBC and sputum. He was informed that the x-ray revealed a probable mass and that he would need a bronchoscopy for diagnostic purposes.

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

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

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

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

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

CL Program 8/2018
I have alerted our staff to his condition so that when he calls a message can go to his M.D. without a chart since it has been difficult to obtain at times, due to all the referrals. His physician can refill pain meds without the chart now as he is aware and is kept abreast of new developments.

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

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

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

**Exemplar Example (Hospital Unit)**

The following Benner’s Domains will be addressed:

1. **The Helping role – Confident and caring professional**
   - Dedicated to achieve positive patient’s outcome.
   - Providing comfort and communication through touch.

2. **Administering and Monitoring Therapeutic Intervention and Regimens**
   - Starting and Monitoring IV Therapy

3. **The Teaching and Coaching Function**
   - Assisting patients to integrate the implications of illness and recovery into their lifestyle.
COPD PT. – CHRONIC OBSTRUCTIVE PULMONARY DISEASE PATIENT

An elderly woman was admitted 2 days ago with exacerbation, a history of hypertension and diabetes. All night she’s been having a difficult time with her breathing, restlessness, and the staff was unable to start an IV due to fragile, fine veins and led to her finally refusing further attempts. She has been stuck many times, her arms were bruised. During report, I was told that this lady is very anxious, puts her call light on all the time, and at times is noisy and was uncooperative with the IV insertion. Thus, she was quoted as a DEMANDING and DIFFICULT patient. The nurses who had been taking care of her were tired and needed a break from caring for her. Even the nurses’ aides have been trying to avoid answering her lights. So, that night she was assigned to me as one of my patients.

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

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

Before I left her, I repositioned her again to facilitate her breathing and comfort, and then she said, “Okay, I’ll try to get some rest.” I was about to turn when she asked me to leave her door open. Apparently, the door had been closed at times which frightened her when she could not see others. She responded by yelling or making noises. I agreed to leave her door open and reminded her that I’ll be checking on her often and quietly even if she’s sleeping. Also, I told
her to call me anytime, and that I’ll try to answer her light as soon as possible. Then I patted her hand to reassure her. She looked right into my eyes, tears formed in the corners of her own eyes. “You make me feel safe and like you really care about me.” She closed her eyes. Throughout the shift, I was able to carry out my promises to her as well as calling for prompt assistance for the respiratory therapist whenever she needed treatment. She was wakeful at times and smiled each time I entered the room.

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

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

**Exemplar Example**

The following Benner’s Domains will be addressed:

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

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

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

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

The Speech Pathologist assessed Bea and then worked with the staff on what we needed to do to help her accomplish her goals, if that was possible. For Bea to be able to make any measurable progress, we were instructed that the first task to accomplish was achieving lip closure, which would allow her to keep food in her mouth and to pronounce "Bea" versus "tea" versus "key." We gave her some gentle range of motion exercises, which she performed hourly ¾ not my prescription. She remained impatient: she wanted to be drinking water and soup in two weeks. Given the edema, the tracheotomy, and her immobility, I was certain she wouldn’t be ready. She was determined to have a radiographic swallowing study to evaluate her oropharyngeal swallowing. She was transferred to Walton Rehabilitation Hospital, where the study revealed a complete inability to hold the barium orally or to swallow.

Several weeks later, the edema had subsided and with extensive exercise Bea was able to close her lips when cued. She was communicating orally and with confidence. She was readmitted to the unit with fever. The admission went smoothly and I was amazed at her progress, she pushed to repeat the swallow study that she was unable to have with her previous admission. The results made me feel privileged to be working with Bea. To both her and my surprise and joy, she was able to maintain lip closure, and could control the boluses of liquid by closing her jaw and tongue flap against her palate. During the study, the radiologist evaluated a series of swallowing postures and maneuvers to promote the transfer of liquid and safe swallowing, and Bea was able to drink consecutive gulps without aspirating. The findings of the study opened a range of possibilities none of us had imagined: now Bea could drink water, juices, soup ¾ even frappes.
Although tube feeding would still supply her primary nutrition, she could alleviate the dryness in her mouth. She went home with a renewed sense of hope.

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

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

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

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

THE APPEALS PROCESS
APPEALS PROCESS: For Disputed Clinical Ladder and Peer Review Process

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

1. Applicant is not eligible for appeal if any of the required criteria listed on the portfolio face-sheet were missing or incomplete.

2. A **written appeal**, clearly stating the basis for the appeal, must be submitted to the Clinical Ladder and Peer Review Council that made the original decision no later than fourteen days from the date on the denial letter. Email appeal to New_Clinical_Ladder_Council@augusta.edu.

3. Applicants will resubmit their **entire original portfolio, including the denial letter from the council and the appeal evidence** to the Clinical Ladder and Peer Review Council prior to the date set forth in their denial letter. This is a fourteen day period. This is done with the understanding that all materials submitted will be presented without an opportunity for the applicant to answer questions from council members. Results of the appeal decision will be emailed to the applicant the day of the council meeting. This will be the only opportunity to appeal decisions made by the council.

4. The appeals process allows the applicant an opportunity to correct the deficiencies outlined within the denial letter. The applicant may email the council New_Clinical_Ladder_Council@augusta.edu to get clarification if needed. The individual council members may also clarify denial reasons as a “mentor” but cannot give specifics. The applicant may only correct current template or utilize the same information submitted on a more appropriate template. The applicant may not substitute completely different leadership activities.

5. If eligible for appeal, the applicant may request a live appeal with the Clinical Ladder and Peer Review Council by submitting a request to New_Clinical_Ladder_council@augusta.edu.

6. The Clinical Ladder and Peer Review Council will review the appeal and supporting evidence and either accept or deny the appeal, providing a written explanation of the reasons for the denial.

7. There is no role for the applicant’s manager or colleagues in the appeal process. Their opportunity for input was through the portfolio.

8. Any denied applicant is free to reapply at the next submission cycle. Please keep in mind if your maintenance portfolio is denied, despite appeal, you will be required to apply as a new applicant for either CNIII or CNIV as appropriate.

CL Program 8/2018
APPENDIX E

JOB RESPONSIBILITIES EXAMPLE PAGE

CL Program 8/2018
Appendix E  
Job Responsibilities Example Page

1. **Exhibits Patient Family Centered Care Principles and Practice**  
   a) How do you encourage families to be involved in the care of their family member?  
   b) What do you do to support their role as a member of the team?  
   c) How do you maintain an environment that supports families?  
   d) How do you educate yourself on PFCC?  

2. **Delivers High Customer Service and Satisfaction to Patients, Students and Other Colleagues**  
   a) How do you employee AIDET in communications with patients and families?  
   b) How did you follow through on family issues or requests in a timely manner?  
   c) An example of how you went over and above what was expected for our customers?  
   d) What did you do over the past year to the principles of PFCC to a new nurse, nursing student or coworker/colleague within the Enterprise?  

3. **Education and Development**  
   a) How are you involved in unit/hospital education or performance improvement initiatives?  
   b) What did you do to foster your professional growth and development this past year?  
   c) How did you assist in educating others on your unit (ie Inservices, precepting, student observership, etc)?
# PRECEPTEE EVALUATION OF PRECEPTOR

(To be completed by preceptee at the end of the Orientation Period)

Preceptee: __________________________ Unit: ______________________
Preceptor: ___________________________ Date: _____________________

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

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

________________________________________________________

CL Program 8/2018
**CLINICAL LADDER AND PEER REVIEW PROGRAM**
**DEPARTMENT OF NURSING**
**LETTER OF INTENT SAMPLE**

****FORM IS NOT REQUIRED – INTENT EMAIL MUST INCLUDE THIS INFORMATION****

(Email the following information to “New_Clinical_Ladder_Council@augusta.edu” during the intent periods on March and September.)

Date_______________________________________

Dear Clinical Ladder and Peer Review Committee:

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

Requested information:

Full Name: ____________________________________

AU RN Hire date: ____________________
Employee#:__________________________

Preferred Phone #: ______________________________________________________________

Degree: Diploma     ADN      BSN    MSN      DNP/PhD     Graduation Date: ____________

Clinical level of application: Select CN Level and Portfolio Type
- ☐ CNIII   ☐ Application
- ☐ CNIV   ☐ Maintenance

Nurse Manager: _________________________________________________________________

Unit: _______________________________________________________________________

Unit Phone#: _______________________________________________________________

Usual Shift: __________________________________________________________________

Mentor: ____Yes I have a mentor. Mentor Name________________________
        ____No, I do not have a mentor. I am a first time applicant, please assign one for me.
        ____No, I do not have a mentor. I am submitting a maintenance portfolio and do no
        need one at this time.

I understand it is my responsibility to copy my nurse manager on this intent.
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<tr>
<th>Certification</th>
<th>Code</th>
<th>Organization / Certification Authority</th>
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<td>Clinical Documentation Improvement Professional</td>
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<td>Certified Brain Injury Specialist</td>
<td>CBIS</td>
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<td>Certified Brain Injury Specialist Trainer</td>
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<td>Accreditation Review Commission on Education for the Physician Assistant, Inc.</td>
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<td>PA-C</td>
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<td>Certified Addictions Registered Nurse</td>
<td>CARN</td>
<td>Addictions Nursing Certification Board</td>
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<tr>
<td>Certified Chemical Dependency Counselor</td>
<td>CCDC</td>
<td>Addictions Professional Certification Board - (State)</td>
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<td>Credentialed member, American Academy of Medical Administrators</td>
<td>CAAMA</td>
<td>American Academy of Medical Administrators</td>
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<td>A-GNP</td>
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<td>NP-C</td>
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<td>American Academy of Professional Coders</td>
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<tr>
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Acute/Critical Care Clinical Nurse Specialist (Adult, Neonatal, Pediatric)  CCNS®  American Association of Critical Care Nurses Certification Corporation

Critical Care Registered Nurse EXPIRED (Adult, Neonatal, and Pediatric Acute)  CCRN®  American Association of Critical Care Nurses Certification Corporation

Acute/Critical Care Nursing (Adult)  CCRN®  American Association of Critical Care Nurses Certification Corporation

Acute/Critical Care Nursing (Neonatal)  CCRN®  American Association of Critical Care Nurses Certification Corporation

Acute/Critical Care Nursing (Pediatric)  CCRN®  American Association of Critical Care Nurses Certification Corporation

Critical Care RN with Cardiac Medicine Subspecialty  CCRN-CMC  American Association of Critical Care Nurses Certification Corporation

Critical Care RN with Cardiac Surgery Subspecialty  CCRN-CSC  American Association of Critical Care Nurses Certification Corporation

Tele-ICU Acute/Critical Care Nursing (Adult)  CCRN-E  American Association of Critical Care Nurses Certification Corporation

Acute Critical Care Knowledge Professional (Adult)  CCRN-K™  American Association of Critical Care Nurses Certification Corporation

Acute Critical Care Knowledge Professional (Neonatal)  CCRN-K™  American Association of Critical Care Nurses Certification Corporation

Acute Critical Care Knowledge Professional (Pediatric)  CCRN-K™  American Association of Critical Care Nurses Certification Corporation

Cardiac Medicine (Subspecialty) Certification  CMC®  American Association of Critical Care Nurses Certification Corporation

Certified Nurse Manager and Leader Cardiac Surgery (Subspecialty) Certification  CNML  American Association of Critical Care Nurses Certification Corporation

Certified Nurse Life Care Planner  CNLCP  American Association of Nurse Life Care Planners

Certified Specialist in Poison Information  CSPI  American Association of Poison Control Centers
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<td>CGRN</td>
<td>American Board for Certification of Gastroenterology Nurses, Inc.</td>
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<tr>
<td>Certified Occupational Health Nurse</td>
<td>COHN</td>
<td>American Board for Occupational Health Nurses, Inc.</td>
</tr>
<tr>
<td>Certified Occupational Health Nurse, Case Management</td>
<td>COHN/CM or COHN/CM/SM</td>
<td>American Board for Occupational Health Nurses, Inc.</td>
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Rheumatology Nursing RN-BC American Nurses Credentialing Center
School Nurse Practitioner SNP-BC American Nurses Credentialing Center
Certified in Executive Nursing Practice CENP American Organization of Nurse Executives
Certified Nurse Manager and Leader CNML American Organization of Nurse Executives
Registered Diagnostic Cardiac Sonographer RDCS American Registry for Diagnostic Medical Sonography
Registered Diagnostic Medical Sonographer RDMS American Registry for Diagnostic Medical Sonography
Registered Vascular Technologist RVT American Registry of Radiologic Technologists
Registered Radiology Assistant R.R.A.(ARRT) American Society for Clinical Pathology Board of Certification
Hemapheresis Practitioner Certification HP (ASCP) American Society for Metabolic and Bariatric Surgery
Certified Bariatric Nurse CBN®
Quality Auditor CQA American Society for Quality
Six Sigma Black Belt CSSBB American Society for Quality
Certified Professional in Learning and Performance CPLP American Society for Training & Development (ASTD) Certification Institute
Certified Anesthesia Technician Cer.A.T. American Society of Anesthesia Technicians/Technologists
Certified Anesthesia Technologist Cer.A.TT American Society of Anesthesia Technicians/Technologists
Certified Surgical Services Manager Credential CSSM AORN Competency & Credentialing Institute
Certified in Thanatology: Death, Dying and Bereavement CT Association for Death Education and Counseling Credentialing Council
Certification Specialist in Healthcare Accreditation CSHA Association for Healthcare Accreditation Professionals
Certified Clinical Documentation Specialist CCDS Association of Clinical Documentation Improvement Specialists
Clinical Research Associate CCRA® Association of Clinical Research Professionals
Certified Clinical Research Coordinator CCRC® Association of Clinical Research Professionals
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**CL Program 8/2018**
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Orthopaedic Nurse Practitioner - Certified
Certificate for OASIS Specialist - Clinical
Certified Pediatric Emergency Nurse
Certified Pediatric Nurse
Certified Pediatric Nurse Practitioner - Acute Care
Certified Pediatric Nurse Practitioner - Primary Care
Pediatric Primary Care Mental Health Specialist
Certified Aesthetic Nurse Specialist
Certified Plastic Surgery Nurse
Certified Medical Office Manager
Certified Breastfeeding Counselor
Certified Childbirth Educator
Certified Labor Support Doula
Certified Infant Massage Instructor/Educator
Certified Prenatal/Postnatal Fitness Instructor
Certified Institutional Review Board (IRB) Professional
Certified Radiology Nurse
Certified Rehabilitation Registered Nurse
Certified Healthcare Simulation Educator
Certified Clinical Research Professional
Certified Joint Commission Professional

ONP-C®
COS-C
CPEN
CPN®
CPNP®-AC
CPNP®-PC
PMHS
CANS
CPSN
CMOM®
CBC
CCE
CD
CIME
CPFI
CIP
CRN
CRRN®
CHSE
CCRP
CJCP

Orthopaedic Nursing Certification Board
Outcome Assessment and Information Set Certificate and Competency Board, Inc.
Pediatric Nursing Certification Board, Inc.
Pediatric Nursing Certification Board, Inc.
Pediatric Nursing Certification Board, Inc.
Pediatric Nursing Certification Board, Inc.
Plastic Surgical Nursing Certification Board, Inc.
Plastic Surgical Nursing Certification Board, Inc.
Practice Management Institute
Prepared Childbirth Educators
Prepared Childbirth Educators
Prepared Childbirth Educators
Prepared Childbirth Educators
Prepared Childbirth Educators
Public Responsibility in Medicine and Research
Radiologic Nursing Certification Board, Inc.
Rehabilitation Nursing Certification Board
Society for Simulation in Healthcare
Society of Clinical Research Associates
The Joint Commission

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| Certification in Transcultural Nursing - Advanced | CTN-A | Transcultural Nursing Certification Commission |
| Certified Transcultural Nurse - Basic            | CTN-B | Transcultural Nursing Certification Commission |
| Vascular Access-Board Certified                  | VA-BC | Vascular Access Certification Corporation |
| Certified Continence Care Nurse                  | CCCN  | Wound, Ostomy, Continence Nursing Certification Board |
| Certified Foot Care Nurse (new)                  | CFCN® | Wound, Ostomy, Continence Nursing Certification Board |
| Certified Ostomy Care Nurse                      | COCN  | Wound, Ostomy, Continence Nursing Certification Board |
| Certified Wound Care Nurse                       | CWCN  | Wound, Ostomy, Continence Nursing Certification Board |
| Certified Wound, Ostomy, Continence Nurse       | CWOCN | Wound, Ostomy, Continence Nursing Certification Board |
| Certified Wound Ostomy Continence Nurse Advance Practice | CWOCN-AP | Wound, Ostomy, Continence Nursing Certification Board |
| Certified Wound Ostomy Nurse                     | CWON  | Wound, Ostomy, Continence Nursing Certification Board |
FMLA OR EXTENDED ILLNESS:

FMLA or the Family Medical Leave Act provides employees who have worked at least 1250 hours over the last 12 months with up to 12 weeks of unpaid, job-protected leave per year for reasons related to adoption, birth or care of a newborn, care of immediate family members or their own medical care.

Since FMLA is only provided for up to 12 weeks the employee has at least 40 weeks to obtain 4 to 6 leadership activities for their clinical ladder. Therefore if FMLA occurs prior to the close of the intent period there will be no extension granted for late filing due to FMLA.

The only FMLA extension that can be awarded is if the nurse emergently goes out on FMLA prior to submission deadline due to life threatening illness or accident of the nurse or their family member. Extensions will not be granted for absence due to elective procedures or for delivery of a baby ≥ 37 weeks (unless that infant has a life threatening illness). If you are contemplating elective surgery or are pregnant when you submit your intent to apply or maintain, please complete you portfolio as soon as possible so it can be turned in should you need or decide to go out.

The EXTENDED ILLNESS process describes the process for maintaining the CNIII or CNIV position when a nurse has to be out due to unexpected and prolonged personal illness that lasts ≥ 13 weeks continuous duration in a 12 month submission cycle which has not provided the nurse adequate time or opportunity to obtain the required 4 or 6 leadership activities.

The goal is to allow time for the nurse to complete their treatment and recovery while acknowledging their previous expertise and experience as evidenced by having already attained clinical ladder status prior to their illness. While some nurses will return to work and find they have time to submit a new portfolio, others will not.

While the nurse who has been awarded the CNIII or CNIV is out on extended illness, they do not receive any incentive pay to include their clinical ladder differential. Therefore it is prudent to allow the nurse to return to their same status as when they became ill and allow 180 days (6 months) for the nurse to obtain 4-6 leadership activities to maintain their CNIII or CNIV portfolio.

The Process:
I. The CNIII or CNIV must:
   -return to the same or similar work
   -send an email to New_Clinical_Ladder_Council@augusta.edu and your Nurse Manager stating they have returned to work and requesting to submit on the first submission cycle after 180 days.

II. The Clinical Ladder Council will respond to the Nurse and copy to the Nurse Manager acknowledging the request with the submission cycle they are to submit their intent.

III. The Nurse Manager will notify Human Resources via EIF to resume the clinical ladder incentive.

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