

TABLE OF CONTENTS

Program Information 3-6

Program Requirements 3

Purpose and Nursing Philosophy 4

Before you Begin & Submission Process 5

Review, Revision, & Grievance Process.......................................................6

Clinical Nurse Levels 7-8

Descriptions of Clinical Nurse Levels 7

Program Application 8

Continuing Education 9-10

Component Criteria 11-20

Criteria supporting document record 11

Component Reference Page 12

Examples of Component Submissions 13-14

Exemplary Professional Practice 15

Transformational Leadership 16

Structural Empowerment 17-18

New Knowledge, Innovations, and Improvement 19-20

Appendix of Supporting Documents 21-38

Domains of the Professional Practice Model…………39-40

Compensation Model 41

Night Shift Participation Ideas 42-44

Meet the Review Board 45

Program Requirements

|  |  |  |
| --- | --- | --- |
|  | **Clinical Nurse III** | **Clinical Nurse IV** |
| **Employment**  | Part-time/Full-time | Part-time/Full-time |
| **Experience** | 2 years as an RN and Manager approval | 3 years as an RN and Manager approval |
| **Education**  | BSN required if applicant doesn’t hold an ANCC approved certification | BSN or MSN required |
| **National Certification (ANCC approved)** | Certification required if applicant does not hold a BSN  | Certification required |
| **Approved CE Credits****(Must fall within 12 months of portfolio submission)** | 15 per year | 20 per year |
| **Component Criteria** | **Total of 8 criteria needed:**1 criteria from each component**AND**4 criteria from any components | **Total of 12 criteria needed:**2 criteria from each component**AND**4 criteria from any components |
| **Renewal Requirement** | * Annual Board Review of Portfolio
* Interview with the Professional Advancement Board for new applicants or a change in level
 | * Annual Board Review of Portfolio
* Interview with the Professional Advancement Board for new applicants or a change in level
 |
| **Validation and Submission** | * Portfolio
* Submit to the Applicant’s Manager by the **first day of the month** of the applicant’s **performance evaluation.** Submit 2 unbound copies to the Nursing Administration Office Manager by the **last day of the month** of the applicant’s **performance evaluation**
 | * Portfolio
* Submit to the Applicant’s Manager by the **first day of the month** of the applicant’s **performance evaluation.** Submit 2 unbound copies to the Nursing Administration Office Manager by the **last day of the month** of the applicant’s **performance evaluation**
 |

Program Purpose

The Program serves as a pathway for the Professional Advancement of the Clinical Registered Nurse. The purpose is to recognize and reward the contributions and expertise of clinical nurses who are leaders in demonstrating and promoting excellence in nursing practice at the bedside. The program strives to promote an understanding of excellence in nursing practice, including both clinical expertise and professional role responsibilities.

**Portfolio**

The Professional Advancement Program Portfolio is a comprehensive collection of documents demonstrating clinical nursing excellence.  The portfolio includes the Applicant's continuing education record and component criteria.  The portfolio provides examples of exemplary practice, professional accomplishments, and reflects the applicant's contributions to nursing at Glens Falls Hospital.

**Glens Falls Hospital’s Nursing Philosophy**

It is the belief of the professional nursing staff that every patient and family has the right to holistic, compassionate, competent, ethical, quality healthcare throughout all stages of illness and health. The quality of that nursing care is enhanced by community involvement, continuing education, fiscal responsibility, and evidence-based practice to improve outcomes across the continuum of care.

Nursing is committed to patient/family-centered care and dedicated to getting patients to their highest level of self-care while promoting health, healing, and wellness. We are strengthening our practice through continuous learning, innovation, and nursing research.

We believe in creating a dynamic nursing environment that is safe, trusting, and collaborative and provides exemplary care at every level. It is an environment based on mutual respect and personal integrity where our patients feel comfortable and confident in the care they receive, and our colleagues are supported and nurtured. It embodies clinical expertise, empowerment, life-long learning, shared leadership, research, and use of current knowledge and technology while fostering recruitment and retention of nurses who demonstrate integrity, accountability, competency, and professionalism.

**Before You Begin...**

**Portfolio submissions SHOULD NOT contain ANY patient protected health information**

1. **Clarify your performance evaluation month with your Manager and/or HR.** (Note: The performance eval. month is the month of hire as a Clinical Nurse at GFH, the date doesn’t change if the applicant transfers to a different department as a Clinical Nurse)
2. **Please read all program requirements prior to beginning the process.**
3. Discuss the program with your Manager to gain endorsement for the level for which you intend to apply.
4. There are resources available on the Professional Advancement Program page of the intranet!
5. If you need help understanding any requirements, ask EARLY. The Board members are here to assist you, see the last page of this guide for a list of Board Members.
6. Portfolios must be submitted on **standard 8"x11" paper, typed 12-point and in a consistent font.**

**Submission Process**

1. Submit your portfolio to your Manager by the **first day** of your performance evaluation month. The Manager will review and sign the portfolio to ensure it is complete, accurate, comprehensive, and the content is satisfactory. The Manager will communicate any needed information to you in preparation for submission to the Board.
2. If the portfolio is incomplete, you will be responsible for submitting the necessary documentation to your Manager prior to the Board Review of your portfolio.
3. **After** your portfolio is signed off, **YOU** must make **TWO ONE-SIDED UNBOUND** **COPIES** *(no staples or paperclips, use a rubber band or binder clip to hold copies together)* of your portfolio and submit to the Nursing Administration Office Manager by the **last day of the month of your performance evaluation date. It is your responsibility to ensure the completed portfolio was submitted. Keep your original portfolio for future reference.**
4. **Each component criteria must have the criteria heading typed at the top of the page, including the component number and the description.** **Place all supporting documentation directly behind each component (including the required appendices, don’t put all appendices at the end of the portfolio).** See examples at the end of this guideline.
5. The Review Board meets bi-weekly to review portfolio submissions.
6. If the portfolio is determined to be incomplete by the Review Board, a list of items needing completion and/or clarification will be forwarded **in writing**, via **GFH e-mail**, to you **and** your Manager. You will have **2 weeks** to resubmit the requested revisions.

**Review, Revision & Grievance Process**

**Review & Revision**:

Once your portfolio is received, it will be reviewed by two Board members. These Board members will then bring their findings, recommendations, and impressions to the full Board for discussion. If there are no required revisions to your portfolio, you will be contacted via GFH email to schedule an interview with the Board if you are achieving a new level. If you are maintaining your current level, you will receive a letter at your home address on file, letting you know the Board’s decision. If revisions are needed, you will be contacted via GFH email by the Director of Nursing Excellence or a designee and given instructions regarding the supplemental information that is needed to ensure your portfolio meets the criteria defined in this instruction booklet. You will be given an opportunity to submit your revisions or supplemental evidence by a defined date.

**Grievance**:

If you are in the disciplinary process at the written level for any performance or attendance issue, your portfolio will not be moved forward to the Board for review. These situations should be discussed with your manager and, if necessary, a representative from Human Resources.

If the Board determines your portfolio submission does not meet the level you are applying for, you will be offered the opportunity to meet with Board members to receive feedback and to have the opportunity to defend the criteria you have submitted. The goal of the Board is to ensure that all portfolios are fairly evaluated using consistently applied criteria.

**Written** disciplinary action will result in the loss of Level III or IV status in the Professional Advancement Program for 12 months and will exclude the applicant from applying for a new Level III or IV. The clinical nurse’s status will be changed to Level II. An applicant can reapply for advancement on his/her performance evaluation date **after** 12 months has passed with no written disciplinary action.

**Level Descriptions**

It is the expectation that Clinical Nurses consistently demonstrate behaviors specific to GFH nursing values of integrity, diversity, respect, empathy, advocacy, and making a difference. The advanced levels of nursing practice defined by this program are based on Dr. Patricia Benner's Novice to Expert Theory (1984).

* **Clinical Nurse III - Proficient RN (Minimum of 2 years of experience and Manager approval)**

A Proficient Clinical Nurse possesses advanced clinical decision-making skills and the ability to intervene effectively based on recognition of all critical factors which impact the requirements for care of complex patients and their families. These clinical nurses view the patient in a multi-dimensional framework, rather than as a set of connected tasks. They are recognized leaders and role models in demonstrating their own professional growth, teamwork, collaboration, professional role responsibilities, and in supporting the professional development of other nurses.

* **Clinical Nurse IV - Expert RN (Minimum of 3 years of experience and Manager approval)**

In addition to all skills cited in Clinical Nurse III, an Expert Clinical Nurse holds a BSN or higher nursing degree and uses an extensive knowledge base of nursing practice to intervene in a highly skilled, flexible manner with the most complex patients in a given population in both planned and unplanned situations. These Clinical Nurses possess rich, evidence-based, practical knowledge. They possess a broad view of the care needs of a population of patients, participate in managing the care environment to ensure optimum patient outcomes and efficient operations, form effective partnerships and provide leadership within the interdisciplinary team. These Clinical Nurses are recognized leaders and role models in demonstrating their own professional growth, teamwork, collaboration, professional role responsibilities, and actively facilitate the professional development of other nurses.

**Program Application**

**Applicant:** **Unit:**

**Performance Evaluation Month:**

**Submission Date:**

**Current Level:** **Intended Level:**

**Phone Number:** **Best time to call:**

**Email:**

**Employment Status (i.e. Full time):**

**Years as an RN:** **Years on Unit:**

**Education:**

**Certification:**

**Include resume (directly behind the application) on initial submission only.**

Manager - By initialing, I verify that the applicant has:

\_\_\_\_\_ Received a satisfactory performance review during the past 12 months.

\_\_\_\_\_ Sustained positive peer interactions and team behaviors as a professional Registered Nurse.

 \_\_\_\_\_ No disciplinary actions (excluding verbal warnings) during the past 12 months.

\_\_\_\_\_ Completed and maintained all required competencies and certifications, specific

 to their area of expertise.

\_\_\_\_\_ Met time and attendance requirement per hospital policy.

 \_\_\_\_\_ Attended 50% of Department Staff Meetings (in-person, virtual, or read & sign staff

 meeting minutes).

 \_\_\_\_\_Manager’s letter of recommendation attached for applicants applying for a **NEW** Level

 III/IV

**By signing below, I attest that I have read the level descriptions on p. 7 & agree that this individual functions at the level he or she is applying for.**

**MANAGER**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DATE**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Continuing Education Reference Page**

* ***\*Contact Hours or CE credits must be awarded from a nationally recognized, continuing education, credentialing center or approved affiliate\****
* Please list contact hours in **chronological order** on the continuing education record.
* Include certificates of completion of contact hours in chronological order to match the continuing education record.
* **Completed** BSN/MSN course must fall within the performance evaluation period (previous 12 months). Please list classes on the Continuing Education Record and include registration documentation/grade with C or above. 1 course/credit hour = 1 contact hour (Example: 3 credit course = 3 contact hours towards contact hour requirement)
* Annual GFH required education, OSHA and NYS Mandated Infection Control Course **DO NOT** count toward contact hour total
* Continuing education must be reflective of the **entire performance evaluation period** **(previous 12 months, opposed to all completed in a 1 week period).** This will reflect a year-long dedication to increasing your professional development.

**Continuing Education Record (Contact Hours)**

**Submit a copy of the certificate or record of completion.**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Course Title | Credits Earned | Presenter /Provider |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Contact Hours or CEs must be awarded from a nationally recognized continuing education credentialing center or approved affiliate and must fall within 12 months of performance review.**

**Professional Advancement Criteria Supporting Documents**

**THIS TABLE MUST BE INCLUDED IN YOUR SUBMISSION**

Use the criteria suggestions, appendices, or forms listed in the component sections to validate and support the criteria in your application. **Please fill out the chart below.**

| Component | Criteria # | Criteria Description | # of Credits |
| --- | --- | --- | --- |
| **EXAMPLE:**Exemplary Professional Practice | 2 | Serves as a validator of skills at an education fair or skills lab **(4hr minimum, See Appendix F, include certificate of completion)** | 1 |
| **EXAMPLE:**Exemplary Professional Practice | 4 | Leads an educational in-service, include sign-in sheets, materials presented, etc. | 1 |
| **EXAMPLE:**Transformational Leadership | 3 | Provides unit leadership (i.e. charge nurse or team leader) **(See Appendix H)** | 1 |
| Component | Criteria # | Criteria Description | # of Credits |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Component Reference Page**

Each component criteria should include a ***robust description*** of how the criteria was met. **Be detailed as the Board Members reviewing your portfolio may not be well versed in your clinical area.**

This is your time to shine!!!

|  |  |  |
| --- | --- | --- |
|  | **Clinical Nurse III** | **Clinical Nurse IV** |
| **Component Criteria** | **Total of 8 criteria needed:**1 criteria from each component**AND**4 criteria from any components | **Total of 12 criteria needed:**2 criteria from each component**AND**4 criteria from any components |

The Professional Advancement Program requirements are divided into four components that align with the elements of the Magnet® Model:

**Exemplary Professional Practice (EPP)**

**Transformational Leadership (TL)**

**Structural Empowerment (SE)**

**New Knowledge, Innovations, and Improvements (NKII)**

­­­­­­­­­­­­­­­­­­­­­­­­­­­­

* Each individual component is worth **1 Criteria** unless otherwise noted.
* If you feel you have been involved in a hospital initiative that does not seem to fit any of the component criteria descriptions: Designate the most applicable Component Category (EPP, TL, SE, NKII) and include a detailed description of why you feel the project aligns with the category and the Professional Advancement Program.

**Examples of Submitted Component Criteria (pp. 13 & 14):**

**Exemplary Professional Practice**

Demonstration of admirable, interdisciplinary patient care

1. Member of professional organization. Include a specific example of how the membership impacts your clinical practice and include membership card. (Must be a member of the organization for >6 months). Also in Structural Empowerment (SE), each membership may only be used once per portfolio. Note: ADVAN is now a component SE **(1 Criteria per portfolio).**

I am currently a member of the Association for Radiologic and Imaging Nursing (ARIN). Membership in this organization has impacted my practice on several levels.

The practice of Interventional Radiology Nursing is based on the Core Curriculum for Radiology Nursing. I am certified in radiology nursing and contribute test questions toward the certification exam. I have been asked to participate in ARIN’s delinleation survey to better serve ARIN in their certification testing. I am able to network with other radiology nurses through this organization, provide insight and compare practice with colleagues. I attend the Society of Interventional Radiology and ARIN’s annual conferences whenever possible. I have been privileged to attend and participate in these conferences since 1997 and have gained an immense body of information as well as networking with colleagues from my specialty.

I continue to participate in continuing education courses online, to update and improve my practice. Many research articale and studies published by ARIN have led to practice change within our department. Many clinical protocols within our department have been based on evidence-based criteria and standards of practice published by ARIN. Membership in ARIN will continue to be an integral part of my practice in Interventional Radiology.

**Transformational Leadership**

Leadership development, communication skills,

advocate for staff and patients

8. Participates in shadowing experience for students (**8 hr minimum**). Provide date, name, hours shadowed, type of student, and describe the experiences the student observed **(See Appendix N).**

See Appendix N, proof of 3.5 hours completed with one student on 1/9/19 and 5 hours on 4/26/19.



For **ALL** components below, a write-up of

the impact on your clinical practice is required

**Exemplary Professional Practice**

Demonstration of admirable, interdisciplinary patient care

1. Member of professional organization. Include a specific example of how the membership impacts your clinical practice and include membership card. (Must be a member of the organization for >6 months). Also in Structural Empowerment (SE), each membership may only be used once per portfolio. Note: ADVAN is now a component SE **(1 Criteria per portfolio).**
2. Serves as a presenter or validator of skills at an education fair or skills lab **(4 hr minimum, See Appendix F, include certificate of completion).**
3. Provides inter-departmental clinical consultation leading to change in practice **(See Appendix A).**
4. Leads an educational inservice. Discuss the scope of the inservice, include sign-in sheets, materials presented (ie: poster, powerpoint, handout).
5. Functions as a hospital approved clinical competency champion (i.e. Glucometer, Mock Code) **(See Appendix E).**
6. Participates as Unit representative on quality-based committee to improve practice and patient care (i.e. skin care team, ethics committee, Sepsis, Safe Patient Handling, Diabetes) **(See Appendix D).**
7. Obtains/maintains National Professional Certification recognized by ANCC, include proof of certification
* Clinical Nurse III **may only use this component if you have a BSN**
* Clinical Nurse IV **may only use this component for a 2nd ANCC certification**
1. Holds certification **not required** in applicant’s current job description (i.e. ACLS, PALS, NRP, ENPC, TNCC, Healthcare Coach). This additional certification MUST APPLY to the patient population you care for in your primary RN role. Include proof of certification and describe how you use this certification in your practice.
2. Achieves Unit, Hospital, Local, State or National **Professional Practice** Recognition Award. (State and National - **3 Criteria**) Include nomination letter and/or certificate. CARES badges are excluded from this criteria. Also in Transformational Leadership (TL) & Structural Empowerment (SE), each award/nomination may only be used once per portfolio. (Unit, Hospital, Local: Receiving award = **2 criteria**; Nomination = **1 criteria** (i.e. Nursing Excellence Award, DAISY Award, Nurse of the Year).
3. Functions as part of Unit-Based Council or Nursing Core Council for at Least 6 Months **(Chairperson = 2 Criteria; Member = 1 Criteria) (See Appendix D).** Chairperson must participate in Coordinating Council meetings.
4. Maintains Cross-Trained Status (this must be to a completely separate unit with different competencies) **(See Appendix B and include proof of hours worked)**.
5. Maintains Advanced Clinical Practice Competency. Describe advanced practice, how competency was maintained, and provide documentation of your competency. (i.e. IAT, IABP, Intrathecal pump, LASER operator, Stealth, Wound VAC Resource).
6. Member of Nursing Practice & Quality Council **(See Appendix D) (Member =1 Criteria; Chairperson=2 Criteria).**
7. Functions as a Qualified Observer **(See Appendix E).**

For **ALL** components below, a write-up of

the impact on your clinical practice is required

**Transformational Leadership**

Leadership development, communication skills,

advocate for staff and patients

1. Provides supporting evidence of an initiative identified in the Nursing Strategic Plan that resulted in an improvement in nurse’s practice environment or clinical practice (i.e. hospital-wide communication, presentation at staff meeting).
2. Advocates and facilitates for clinical resources that are needed on Unit (i.e. staffing equipment, supplies, or cost-containment). Provide supporting evidence & describe the who, what, when, where, why.
3. Provides Unit leadership (i.e. charge nurse or team leader) **(See Appendix H).**
4. Attends/participates in leadership classes (internal or external i.e. Preceptor Workshop, Leadership Academy within previous 12 months). Describe knowledge gained and proof of attendance **(4 hr minimum, cannot be used in contact hour total for level. If used in TL, cannot be used in another component. May only be used once per portfolio).**
5. Participates in Nurse Leader approved workforce project. Provide supporting evidence of your role and proof of collaboration with Leadership.
6. Achieves Unit, Hospital, Local, State or National **Professional Practice** Recognition Award. (State and National i.e. Salute to Nurses - **3 Criteria**) Include nomination letter and/or certificate. CARES badges are excluded from this criteria. Also in Exemplary Professional Practice (EPP) & Structural Empowerment (SE), each award/nomination may only be used once per portfolio. (Unit, Hospital, Local Level: Receiving award = **2 criteria**; Nomination = **1 criteria** (i.e. Nursing Excellence Award, DAISY Award, Nurse of the Year).
7. Participates in shadowing experience for students (**8 hr minimum**). Provide date, name, hours shadowed, type of student, and describe the experiences the student observed **(See Appendix L).**
8. Attends non-mandatory education/training program ***pertaining* to Transformational Leadership**. Must describe knowledge gained and the impact on your practice **(4 hr minimum, cannot be used in contact hour total for level. If used in TL, cannot be used in another component. May only be used once per portfolio).**
9. Member of Professional Advancement Review Board **(3 Criteria).**
10. Functions as a specialty service leader- Specialty service leaders collaborate with other departments (administration, surgeons, supply chain management, central sterile processing, vendors, etc.) to ensure the department/surgical service runs efficiently and provides good quality outcomes for patients. Role responsibilities may include ordering supplies, coordinating with sales vendors, making changes to surgeon preference cards or instrument crates. They are familiar with the service’s products and protocols and are able to address concerns quickly in order to mitigate other problems that may arise. **2 criteria** **(See Appendix M).**
11. Member of an organization-wide interprofessional committee or team. (i.e. RN-MD communication, critical care committee, teach-back committee, cancer committee, safe patient handling). **(See Appendix D).**
12. SANE Nurse **(SANE Coordinator = 2 criteria); (See Appendix M).**

For **ALL** components below, please discuss

the impact on your clinical practice

**Structural Empowerment (Page 1 of 2)**

Commitment to professional development, community involvement, recognition of nursing, teaching, and role development

1. Seeks additional formal nursing education in a BSN, MSN, or Doctoral Program in Nursing.

(**Must provide proof of current enrollment)**.

1. Holds a BSN, include a copy of degree
* Clinical Nurse III **may only use this component if you have an ANCC certification**
* Clinical Nurse IV may not use this component (required for Level IV)
1. Holds an advanced degree in Nursing, include copy of degree (MSN or above).
2. Member of professional organization. Include an example of how membership impacts your practice & membership card. (Must be a member of the organization for >6 months). **Also in Exemplary Professional Practice (EPP), each membership may only be used once per portfolio.** Note: ADVAN is a separate component **(1 Criteria per portfolio).**
3. Member of **ADVAN**. Must attend 3 of 6 sessions. Include a specific example of how the membership has impacted your clinical practice, include membership card, and a synopsis of 3 sessions attended.
4. Participates in Local, Regional, and/or National Professional Conference as Planner, Presenter, or member of Executive Team (i.e. specialty-based conference) **(2 Criteria per conference, Maximum 2 Conferences per year)**.
5. Actively plans and/or participates in organizational events (i.e. Nurses week activities, HPOD (Flu Vaccine), Quality fair, Nursing Recruitment-4 hr minimum, can be earned through a variety of events to a total of 4 hours) **(See Appendix F)**.
6. Demonstrates **health-related** community involvement (i.e. HS to Healthcare, BP clinic, blood drives, community services, educating community, mission trips, Traveling Pediatric Program, Joint Class, V-Healthy day, 12 months of caring). Goal of activity to improve health of the community, describe the event, population served, date, & focus of event. **(4 hr min)** **Excludes 5k walk/run (>24hrs = 2 criteria**; i.e. Camp comfort, Cindy’s retreat, Double H)
7. Demonstrates **ANY** community involvement (i.e. warm the children, soup kitchen, operation Santa Claus). Describe the event, population served, date, & focus of event. **(4 hr min)** **Excludes 5k walk/run (>24hrs = 2 criteria**; i.e. Camp comfort, Cindy’s retreat, Double H)
8. Functions as a mentor in GFH Mentorship Program **(See Appendix I).**
9. Functions as preceptor (Effective January 1, 2022 must provide proof of Preceptor Workshop class after 12/3/18) (**96 hrs = 1 Criteria,** **192 hrs = 2 Criteria, 384 hrs = 3 Criteria, >500 hrs = 4 Criteria, >850 hrs = 5 Criteria**) **(See Appendix G)**. (Exceptions may apply contact a member of the Review Board).
10. Maintains Instructor Certification, teach min. of 2 classes annually per instructor certification, include dates, sign-in sheets, & copy of current instructor card. (i.e. PALS, ACLS, BLS, NRP, ENPC=**1 criteria**). (TNCC Coordinator, TNCC instructor, AHA Class Coordinator = **2 Criteria**).

**(See next page for more Structural Empowerment Component Criteria)**

For **ALL** components below, please discuss

the impact on your clinical practice

**Structural Empowerment (Page 2 of 2)**

1. Achieves Unit, Hospital, Local, State or National **Professional Practice** Recognition Award (State and National i.e. Salute to Nurses - **3 Criteria**). Include nomination letter and/or certificate. CARES badges are excluded from this criteria. Also in Exemplary Professional Practice (EPP) & Transformational Leadership (TL), each award/nomination may only be used once per portfolio. (i.e. Nursing Excellence Award, DAISY Award, Nurse of the Year). Receiving award = **2 criteria**; Nomination = **1 criteria**.
2. Presents (as the content expert) a formal inservice, seminar or education for healthcare professionals. May be a leader/organizer of presentation. Submit goals, objectives, and completed evaluations. Provide dates of presentation, attendance, and advertising materials (**2 Criteria).**
3. Creates a professional development resource for Clinical Nurses. Describe how information was presented and disseminated, included outcome if known. (i.e. bulletin board, reference material). Include presented educational materials (pictures, power point, etc.).
4. Participates in shadowing experiences for clinical nurses (minimum 8 hours). Include description of shadowing experience and the impact it had on both the clinical nurse and the applicant’s practice **(See Appendix L).**
5. Member of Nursing Professional Development Council **(See Appendix D) (Member =1 Criteria, Chairperson=2 Criteria).**
6. Creates educational material for patients. Materials **MUST** come through the Patient Education Committee. **(See Appendix J; 2 Criteria).**

For **ALL** components below, please discuss

the impact on your clinical practice

**New Knowledge, Innovations, and Improvement (Page 1 of 2)**

Research and Quality Improvement: Quality of Care,

Research, and Evidence-Based Practice (EBP)

1. Member of a workgroup, committee, or implementation task force to promote change in practice supported by Evidence-based practice **(Appendix D)**.
2. Participates in Unit-based initiative to promote a change in practice supported by EBP (i.e. participates in change/implementation of product, policy, or procedure; include implementation plan and education schedule).
3. Participates in design and implementation of new solutions/applications directly related to patient care and/or documentation. Include description of solution/application, what training you received, what you did in this role, and how it impacted your practice.
4. Participates in the development or revision of a policy, describe the situation and/or background that led to the policy development or revision. Include a copy of the original and revised policy. **(2 Criteria if lead author, See Appendix N)**
5. Provides education of new clinical practice, technology or equipment. Submit learning objectives, materials presented, dates of presentation, sign-in sheet, and advertising materials.
6. Creates an educational video to disseminate information (i.e. documentation, use of technology, equipment).
7. Participates as Magnet® Champion (attends Magnet Advisory Committee, disseminates information to staff) **(See Appendix D).**
8. Researches clinical issue and develops presentation for staff with references supporting EBP no older than 5 years (i.e. bulletin board, presentation, written proposal, or poster presentation). Include presented educational materials (pictures, power point), completed Iowa Model, and sign-in sheet. **(2 Criteria)**
9. Assists in NM approved data collection. (i.e. performance improvement, core measure, regulatory audit data). **Include a copy of one completed audit tool with any patient sensitive information redacted (See Appendix O)**.
10. Journal Club Member and present at least one article (no older than 5 years) (**Maximum 1 Criteria per year**; **See Appendix C).**
11. Publishes internal article (i.e. Nursing intranet blog post, Unit newsletter, or nursing newsletter) Describe why/how this topic was developed into an article, include entire publication.
12. Publishes an external article (i.e. local or national newspaper; publishes in peer-reviewed professional journal) Describe why/how this topic was developed into an article, include entire publication **(3 Criteria)**.

**(See next page for more New Knowledge, Innovation, and Improvement Component Criteria)**

For **ALL** components below, please discuss

the impact on your clinical practice

**New Knowledge, Innovations, and Improvement (Page 2 of 2)**

1. Develops or assist in initiating/obtaining GFH Institutional Review Board (IRB) approval for research/investigational study for our organization; conducts nursing research.
* Principle investigator -**3 Criteria**
* Member of research team. List dates/times of participation and what you did in this role - **2 Criteria**
1. Attends non-mandatory education/training program pertaining to Nursing Research or Performance Improvement. Must describe knowledge gained or the impact on clinical practice **(4 hr minimum, cannot be used in contact hour total for level, If used in NKII, cannot be used in another component. May only be used once per portfolio).)**.
2. Leads an educational inservice to other departments. Submit learning objectives, materials presented, dates of presentation, sign-in sheet, and advertising materials.
3. Presents at National Conference (i.e. podium or poster) **3 Criteria**.
4. Participates in a manager approved unit-based quality improvement project (i.e. fall reduction, restraint reduction, pressure ulcer reduction, appointment wait time, product-use reduction, HCAHPS) Use EBP/Iowa Model, include pre-data, intervention, outcome(post-data), and utilize NDNQI or other national benchmarks to demonstrate improvement **(2 Criteria). (See Director of Nursing Excellence for help)**
5. Member of Nursing Research and Innovation Council **(See Appendix D). (Member=1 Criteria, Chairperson=2 Criteria).**
6. Member of Nursing Informatics Council. **(See Appendix D). (Member=1 Criteria, Chairperson=2 Criteria).**

**Appendix**

**Of**

**Supporting Documents**

**(Please submit the required appendix DIRECTLY behind each criterion and not at the end of your portfolio)**

**EPP 3. Provides inter-departmental clinical consultation leading to change in practice**

**Appendix A: Clinical Consultation Guidelines**

I. Clinical consultation refers to consultation provided to a healthcare team which enhances their practice and meets the following criteria:

* Demonstrates use of knowledge, skill, and **ability to teach a colleague**.
* Provides guidance to an **inter-departmental** colleague (includes healthcare professionals in other agencies) **and fosters an expected change in the colleague’s future practice**.
* Focuses on a specific area of expertise (i.e. peritoneal dialysis, ostomy or wound care, diabetic care, psychiatric nursing, chemotherapy, ethical issues, or complex technological procedures).
* Involves a patient/group of patients or technical skill/procedure.

II. Staff who receive consultation must sign this tool or provide written

explanation of how the Clinical Nurse impacted their knowledge/practice.

III. Clinical consultation **DOES NOT** refer to:

* Inservice or skills lab presentation requiring prior preparation.
* **BRIEF** advice provided to a colleague in the course of daily work as related to planning, policy interpretation, modification of a procedure, use of equipment, etc.
* Consultation provided to a patient.
* Education provided to the Public.
* **Procedure performed on a patient without an educational component provided to a colleague.**
1. Documentation of the clinical consultation must include a description of area of expertise, list of events/dates, and the individual who received the consultation. Evidence must be provided regarding education to another staff member as part of consultation (**Use Clinical Consultation Form next page)**.

**Appendix A Continued: Clinical Consultation Form**

1. **Date of Consult:**
2. **What was the problem?**
3. **Who called you (include title & credentials)?**
4. **What did you do? Describe education you provided:**
5. **How did this impact a change in practice for the recipient?**

**Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_**

**Recipient of Consultation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_**

**EPP 11. Maintains Cross-Trained Status (this must be to a completely separate unit with different competencies)**

**Appendix B: Cross-Trained Guidelines**

The Clinical Nurse is able to provide comprehensive nursing care for a specific patient population, on a separate unit, that requires the mastery of additional clinical competencies (different skill set) not required for his/her current position. **Floating to a Unit requiring skills similar to the assigned Unit does not constitute Cross-Training**.

“Fully functional” is defined as the ability to assume all duties including leadership and independently managing a group of patients (i.e. functioning as regularly assigned staff member).

**Requirements:**

1. Obtain Manager endorsement to cross-train or continue cross-trained status to designated clinical area or specialty. This includes:
* Attaining/maintaining **mastery** of clinical competencies required for the clinical area.
* Meeting work schedules and availability requirements.
* Attending inservices/education programs to attain/maintain clinical competencies.
* Minimum of 6 months as fully functional on the cross-trained unit
1. It is the responsibility of the cross-trained Clinical Nurse to fulfill all annual competencies in all areas he/she works in. Manager verification in each area is required.
2. **Include annual competencies for the cross-trained unit in your portfolio submission**
3. Complete **Annual Cross-Trained Form** for the portfolio, including name of department, describe how cross-trained status is maintained, and **proof of worked hours in second department.**

**Appendix B Continued: Annual Cross-Trained Form**

1. **Cross-Trained Unit:**
2. **Date Cross-Trained status began:**
3. **Describe how you maintain competency on the Cross-Trained Unit.**
4. **Describe how you stay informed of updates and communications on your cross-trained unit.**
5. **Describe, in detail, your role on the Cross-Trained Unit.**

Cross-Trained Unit Manager - By signing, I verify that the applicant has:

\_\_\_\_\_ Maintained **mastery** of clinical competencies required for the clinical area.

\_\_\_\_\_ Met meeting work schedules and availability requirements.

\_\_\_\_\_ Attended inservices/education programs to attain/maintain clinical competencies.

\_\_\_\_\_ Sustained positive peer interactions and team behaviors as a professional Registered Nurse.

 \_\_\_\_\_ No disciplinary actions (excluding verbal warnings) during the past 12 months.

 \_\_\_\_\_ Completed/maintained required competencies/certifications

\_\_\_\_\_ Met time and attendance requirements per hospital policy.

**Cross-trained Unit Manager:**

The Clinical Nurse has fulfilled all education and clinical competencies to remain cross-trained to this area.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Manager Signature Department Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Applicant’s Signature Department Date**

**NKII 10. Journal Club Member**

**Appendix C: Journal Club**

**Please do not include a copy of the journal article**

1. **Describe the details of the Journal Club (expectation for participation, location, format, etc).**
2. **How many times has the Journal Club met during your annual review period?**
3. **How many times have you attended during your annual review period?**

 **(At least 75% attendance required for credit)**

1. **Date you presented:**

**Article Title:**

**Author:**

**Journal:**

**Year of Publication:**

**# of Pages:**

1. **Provide a copy of the sign-in sheet for the meeting you presented**
2. **Describe an outcome or change in practice that resulted from this journal discussion:**

Please list the component criteria this Appendix corresponds to. (i.e. EPP 6. Participates as Unit representative on quality-based committee to improve practice and patient care.

Appendix D: Participation Verification Form

**Complete ONE form for EACH Component Criteria requesting Appendix D**

1. **Council/Committee name:**
2. **What type of Council/Committee is this:** (i.e.: Unit-Based, Nursing Council, Hospital-Based, Quality Improvement, Additional Committee, etc)
3. **Have you been a member for at least 6 months?**
4. **How many times has the Council/Committee met during your annual review period? How many meetings did you attend during your annual review period? (At least 66% attendance required):**
5. **Describe the committee’s purpose, goals, and recent accomplishments?**
6. **How have you contributed to the committee goals or mission?**
7. **Do you share responsibility for participating on this committee with another staff member?**

**For Magnet Champions:**

1. **Describe how you are disseminating information about our Magnet journey.**
2. **How are you preparing your unit for our Magnet site visit?**

***As UBC Chairperson, I verify that this applicant has actively participated in and has met attendance requirements during the past year.***

Signature of UBC Chairperson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_

**Nursing Core Councils:**

Director of Nursing Excellence Signature ***(Laura Pfeifer MS, RN, CGRN, NEA-BC).***

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

**EPP 5. Competency Champion OR EPP 14. Qualified Observer**

**Appendix E: Champion Verification Form**

1. **Competency Champion Title (Glucometer Champion, Qualified Observer for Tracheostomies, etc.):**
2. **Describe the training you received to perform in this role:**
3. **How do you maintain your competency to perform in this role?**
4. **Describe in detail, what you do in this role.** For Qualified Observers, please include how you collaborated with the Education Team to validate the required annual competencies for your unit and how you participated in your unit’s skills fair.
5. **How does this champion role impact your practice?**

**Please include:**

* Copy of your Competency Champion Validation Tool
* Proof of validation of a peer (include one completed form)
* If for Mock Codes, include sign-in & debriefing tool

**Signatures**

**Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Clinical Nurse Educator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**EPP 2. Presenter or validator at skills lab OR SE 7. Actively plans/participated in organizational events**

**Appendix F: Facilitator in Education Fair or Organizational Event**

1. **Dates and times you participated:**
2. **What did your role entail?**
3. **What teaching methods were used? (Visual, Hand-outs, etc.)**
4. **How did this role impact your practice?**

**Please include certificate of participation**

**Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**SE 11. Functions as a preceptor**

**Appendix G: Preceptor Verification Form**

**Please attach copy of preceptor incentive tracking tool**

1. **Describe in detail how your role as a preceptor has impacted your practice.**
2. **Reflect on your role as a preceptor, what is the one thing you are most proud of teaching your orientee?**

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

Applicant attended GFH Preceptor Workshop Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Effective January 1, 2022 must provide proof of Preceptor Workshop class after 12/3/18)

***I verify that the Applicant has met the standards established for a Preceptor.***

**Nurse Manager:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_**

**TL 3. Provides Unit leadership**

**Appendix H: Charge Nurse/Team Leader Verification Form**

1. **Describe in detail your unit leadership role and responsibilities performed:**
2. **Reflecting on the previous 12 month evaluation period, answer the following:**
* **Describe your most challenging experience in this role and how you managed it.**
* **Describe your most rewarding experience in this role.**

***This is to verify that Applicant provides leadership by performing in the role of Charge nurse/Team leader.***

**Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_**

**SE 10. Functions as a mentor in GFH Mentorship Program**

**Appendix I: Mentorship Verification Form**

1. **Mentee:**
2. **Start and End Dates of Mentorship:**

**Complete the following information in detail and be sure to include dates and times.**

1. **Describe your initial meeting with your mentee.**

|  |
| --- |
|  |

1. **Describe your most challenging experience in this role and how you managed it.**
2. **Describe your most rewarding experience in this role.**

**Appendix I Continued: Mentorship**

**List your meetings in the table below**

|  |  |  |
| --- | --- | --- |
| **Date/****Time** | **Communication Method** | **Discussion Topics** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Mentee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mentor(applicant):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SE 18. Develops patient education materials**

**Appendix J: Patient Education**

1. **Describe the purpose of the education materials you developed and provide a copy.**
2. **How was the need for this educational material determined?**
3. **Describe an outcome or change that resulted from this educational material.**
4. **How did this role impact your practice?**
5. **Date the material was approved by the Patient Education Committee** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. **What areas are utilizing this patient education material?**

**Signature:**

**Nurse Manager of Education Services (Julie Mosher MS, RN, NPD-BC):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TL 7. Participates in Student Shadowing OR SE 16. Participates in Nurse Shadowing**

**Appendix L: Shadowing Experience Log**

1. **Describe the shadowing experience, include experiences observed and education you provided:**
2. **Describe the impact this shadowing had on your practice:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Name & Role of Shadower** | **School or Dept.** | **Total Hours** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**TL 10. Specialty Service Leader OR TL 12. SANE Nurse**

**Appendix M**

1. **Describe in *detail* your role and responsibilities performed:**
2. **Describe in *detail* how this role impacts your clinical practice:**
3. **Explain how your actions in this role impact the patient’s experience:**
4. **Provide one example of how you have embodied the Nursing Core Values of Glens Falls Hospital’s Professional Practice Model (PPM descriptions on pp. 39-40 of this guide):**

***This is to verify that Applicant provides leadership on stated unit by performing in the role of service leader or SANE Nurse/Nurse Coordinator.***

**Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_**

**NK 4. Policy Development or Revision**

**Appendix N: Development or Revision of a New Policy Form**

1. **Describe in *detail* the situation and/or background that led to the policy development:**
2. **Describe in *detail* your role and responsibilities performed when creating/revising this policy:**

1. **Explain how your actions in this role impact the patient’s experience:**

1. **Provide one example of how you have embodied the Nursing Core Values of Glens Falls Hospital’s Professional Practice Model:**

**\* Please include a copy of original and revised policy\***

***This is to verify that the applicant participated in the development or revision of a new policy.***

**Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_**

**NK 9. Assists in NM approved data collection**

**Appendix O: Data Collection**

1. **Describe the Performance Improvement/Core Measure data you collected.**
2. **Describe in detail what you did in this role (how often is this audit performed?**
3. **How is your unit using this information?)**
4. **How did this role impact your practice?**

**Include a copy of one completed audit tool with any patient information REDACTED**

**If you performed Hand Hygiene audits, please have the Manager of Infection Prevention & Control sign below.**

**Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Nurse Manager or Manager of Infection Prevention & Control:**

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

**The Domains of the Professional Practice Model**

**Patient & Family Centered Care**

Nursing’s mission, vision, values and strategic priorities align with the organization’s priorities to provide **patient/family centered care** distinguished by excellence in quality and service.

Jean Watson’s Theory of Caring was chosen as a theoretical framework as it aligns with our core values and the Caritas process is utilized to deliver excellent patient care. The theory evolved over time to include competencies and guidelines for putting Love/Heart-Centered Caring practice into action. Watson’s core concepts are shown to align well with Nursing’s values and capture the professional elements of relationships that define the complex role of the nurse.

Within a caring and inclusive environment that is **centered on our patients and their families**, the Professional Practice Model includes the following domains that describe our practice – Professional Practice, Shared Leadership, Inter-professional Decision-making, Care Delivery and Professional Development. It ensures consistency in the delivery of nursing care and defines for all RNs their authority, autonomy and accountability as they care for patients and families.

**Care delivery**

The care delivery system (CDS) flows from the PPM and reflects a commitment to placing the patient and his/her family at the center of all endeavors. Nurses deliver care utilizing guiding principles that are defined and structured from Watson’s Caring model. The nurses' role and responsibilities in clinical decision-making results in excellent, quality patient care and outcomes. The CDS has been adapted to reflect nursing standards and regulatory considerations in areas such as Scope of Practice, Code of Ethics, Bill of Rights for Nurses, Principles of Staffing and Social Policy.

**Professional Practice** –The role of the registered nurse (RN) is unique and essential to the care of the patient. It requires being highly skilled, highly motivated, committed to quality, and fully engaged in the professional practice of nursing. The registered nurse is accountable for nursing care, practices with autonomy and functions with a high level of competence. Open communication, participation in governance activities, and pursuing advancement of knowledge and skills, lead to the continual strengthening of our mission and values. Day-to-day clinical activities are driven by evidence based practices and nursing research that promotes excellence in patient care.

**Shared leadership** –This is a dynamic nurse-nurse leader partnership that promotes collaboration, shared decision-making, and accountability for improving quality of care and the work environment. To support shared governance, nurse leadership demonstrates a commitment to empowering the clinical nurse and sharing authority with regard to RN professional practice. Clinical nurses are treated as partners and team members and nursing leaders coach, mentor, role model and teach to enhance their skills.

******Inter-professional decision-making** – Through solid collaborative partnerships, an environment in which all professional healthcare disciplines can work together to meet the goals of the patient, patient care departments, division leadership, and the organization is fostered. Communication is based on respect for each other and collaboration is an integral part of a strong interdisciplinary structure. The Councils, committees and task forces in nursing and across the organization are essential to the process of collaboration.

**Professional development** – The GFH leadership values, encourages, supports, and recognizes the importance of professional development and believes it is a necessary ingredient to ensure a competent nursing workforce. New employees are provided a hospital wide as well as an individual orientation program, including a new graduate transition program. Professional development is also supported through professional organization membership, certification, the professional advancement program, advanced education and role development.

**Professional Advancement Program Compensation Model**

|  |  |  |
| --- | --- | --- |
| **Example of Individual Situation** | **Levels III or IV****(Accepted prior to 2010)** | **New Applicants****(After September 1, 2011)** |
| **New Level III** | Rate of pay reflects $2.00/hour on base | 1. $4,000 Full-time bonus
2. $2,000 Part-time bonus
 |
| **New Level IV** | Rate of pay reflects $3.00/hour on base | * $6,000 Full-time bonus
* $3,000 Part-time bonus
 |
| **Level III advancing****to Level IV** | * Maintain current Level III rate (+$2/hr.)
* Full-time receives $2,000 bonus for Level IV
* Part-time receives $1,000 bonus for Level IV
 | * Full-time $6,000 bonus
* Part-time $3,000 bonus
 |
| **Level IV changing****to Level III** | * Return to Level III rate (+$2/hr.)
 | * Full-time $4,000 bonus
* Part-time $2,000 bonus
 |
| **Levels III or IV changing to Level II** | * Return to Level II rate
* May reapply after next performance appraisal date as new Applicant (new compensation model)
 | * No bonus
* May reapply after next performance appraisal date as new Applicant
 |
| **Disciplinary Action Written or greater within 12 months of performance appraisal due date** | * Ineligible to apply for renewal this year
* Reduce rate to Level II at time of performance appraisal
 | * Ineligible to apply for renewal this year
 |

Effective June 2016

**Certification Bonus/Incentive**

|  |  |
| --- | --- |
| **Level I and II Certification Bonus****For an ANCC approved specialty certification applicable to Clinical Nurse’s current clinical area/specialty**  | * Eligible for one bonus/year with current certification
* Part-time and Full-time $300
* May apply one criteria within clinical practice category
* May receive the first year’s bonus up front to cover initial certification testing fees. (Must submit proof of certification within a period of six months)
 |
| **Level III and IV Certification Incentive** | * Full time or part time RNs are eligible for $1.00/hr Specialty Certification Incentive as long as the certification is valid.
* If the RN allows the certification to lapse, they will no longer be eligible for the incentive
 |

*(See the Registered Nurse Certification Incentive Policy for approved certifications and certification funds request form)*

**Night Shift Professional Advancement Participation Ideas**

**Exemplary Professional Practice:**

1. Member of Professional Organization: NOT SHIFT DEPENDENT
2. Presenter or validator at skills lab: ALL UNIT BASED NOW; Can be done on Nights
3. Provides interdepartmental clinical consultation—perfect place for our IV experts to teach someone to insert the IV when called upon
4. Leads educational inservice for your unit—NOT SHIFT DEPENDENT. Nights could really use these opportunities
5. Functions as a clinical competency champion---needed on all shifts, NOT SHIFT DEPENDENT
6. Participates as unit rep on quality committee—Skin, Sepsis, Safe Patient Handling—These committees do meet during the day & may be difficult to attend for night shifters.
7. Obtains ANCC recognized certification (can use only if you are a BSN prepared Level III or have a second certification if you’re a Level IV. NOT SHIFT DEPENDENT
8. Holds certification not required in your area: ACLS, PALS, etc. NOT SHIFT DEPENDENT
9. Receives DAISY or Nurse of the Year nomination (1 criteria) or award (2 criteria) NOT SHIFT DEPENDENT
10. Chair of UBC or Core Council—Could be difficult to chair as a Night Shifter
11. Member of a UBC (this includes Night Council)
12. Maintains Cross Trained Status. NOT SHIFT DEPENDENT
13. Maintains advanced clinical competency: Wound vac expert, IV inserter, IABP, etc. NOT SHIFT DEPENDENT
14. Member of Nursing Practice Council—time of meeting may be difficult, but now that we use Teams to hold meetings, it is possible
15. Qualified Observer: ALL UNIT BASED NOW; Can be done on Nights

**Transformational Leadership:**

1. Presents a practice improvement project or strategic plan initiative at staff meeting or inservice. NOT SHIFT DEPENDENT
2. Advocates and assists in obtaining needed clinical resources for the unit: NOT SHIFT DEPENDENT
3. Provides unit leadership as charge nurse. NOT SHIFT DEPENDENT
4. Attends leadership classes such as preceptor or charge nurse course. Timing may be difficult.
5. Participates in a project assigned by nurse leader. NOT SHIFT DEPENDENT
6. Receives DAISY or Nurse of the Year nomination (1 criteria) or award (2 criteria) NOT SHIFT DEPENDENT
7. Participates in a shadowing experience for students. Difficult—students usually only here during the day.
8. Attends non-mandatory education on Leadership. 4 hr. minimum. NOT SHIFT DEPENDENT. May be done online
9. Member of Professional Advancement Review Board. Meetings are in the afternoon, but all work is done at home. Difficult but not impossible
10. Functions as a specialty service line leader. This is really only an OR or Snuggery role and is day shift based.
11. Member of an organization-wide interprofessional team: (RN-MD, Critical Care Committee, Teachback, Cancer Committee). Most do meet on days.
12. SANE Nurse. NOT SHIFT DEPENDENT
13. Member of Coordinating Council—time of meeting may be difficult, but now that we use Teams to hold meetings, it is possible

**Structural Empowerment:**

1. Enrolled in BSN, MSN, or Doctoral program in Nursing. NOT SHIFT DEPENDENT
2. Holds a BSN as a Level III but is also certified. NOT SHIFT DEPENDENT
3. Holds an advanced degree in nursing (MSN or above) NOT SHIFT DEPENDENT
4. Member of Professional Organization NOT SHIFT DEPENDENT
5. Member of ADVAN. Meetings are in the evening. ADVAN not meeting regularly due to COVID. If it’s your night off, you could attend. Many meetings start at 5pm and could be done before work.
6. Participates as a planner or presenter in local or regional or hospital based conference or education session NOT SHIFT DEPENDENT
7. Participates in organizational events such as flu HPOD, COVID vaccine clinic, Nurses Week Activities. Can be done on day off—that is when day shift is doing it also.
8. Community involvement—done by all on their days off. NOT SHIFT DEPENDENT
9. Functions as official GFH Mentor. These are needed on nights!!
10. Preceptor. We will be expanding the opportunities to precept at night due to the expansion of our nurse residency program
11. Instructor for ACLS, PALS, BLS. NOT SHIFT DEPENDENT and needed on nights!
12. Receives DAISY or Nurse of the Year nomination (1 criteria) or award (2 criteria) NOT SHIFT DEPENDENT
13. Presents a formal inservice. Needed on nights!!
14. Creates a professional development resource for nurses. NOT SHIFT DEPENDENT
15. Participates in a shadowing experience for clinical nurses. NOT SHIFT DEPENDENT
16. Member of Nursing Professional Development Council--—time of meeting may be difficult, but now that we use Teams to hold meetings, it is possible
17. Creates educational materials for patients. NOT SHIFT DEPENDENT

**New Knowledge, Innovations, & Improvements:**

1. Member of a workgroup or committee or task force to improve or promote practice change. Historically, these meetings meet in the day, but we could definitely have the night shift branch of a fall prevention committee, for example. Possibly difficult for night shift.
2. Participates in unit based initiative supported by EBP. Can and should be done on nights.
3. Participates in designing new solutions or applications for documentation. With virtual meetings, can and should be done on nights.
4. Policy development or revisions. NOT SHIFT DEPENDENT
5. Provides education on new clinical practice, technology, or equipment. NOT SHIFT DEPENDENT
6. Creates an educational video to disseminate information NOT SHIFT DEPENDENT
7. Participates as a Magnet Champion. Historically difficult, but moving forward, we need night shift participation
8. Researches clinical issue and creates bulletin board, poster presentation of EBP. NOT SHIFT DEPENDENT
9. Assists in NM approved data collection of PI data, audits charts, regulatory audits, etc. NOT SHIFT DEPENDENT
10. Journal Club Member. You can totally start a night shift Journal Club.
11. Publishes article in Nursing Newsletter, Nursing Intranet blog, unit based newsletter. NOT SHIFT DEPENDENT
12. Publishes externally in journal or local newspaper, regional newsletter. NOT SHIFT DEPENDENT
13. Participates in IRB approved nursing research. NOT SHIFT DEPENDENT
14. Attends non mandatory education related to nursing research. NOT SHIFT DEPENDENT. Most do it online
15. Leads an inservice to another department about something you’re an expert in. NOT SHIFT DEPENDENT
16. Presents a poster or podium presentation at a national conference. NOT SHIFT DEPENDENT
17. Participates in a manager approved unit-based QI project (reduce falls, pressure injuries, improve patient satisfaction, etc.) Can be worked on at any time of day
18. Member of Nursing Research Council. time of meeting may be difficult, but now that we use Teams to hold meetings, it is possible
19. Member of Nursing Informatics Council. time of meeting may be difficult, but now that we use Teams to hold meetings, it is possible

**Meet the Professional Advancement Review Board**

Katie Fowler MS, RN, CCRN-K, NPD-BC

Nurse Residency Program & Specialty Tracks Coordinator

Chairperson of the Professional Advancement Review Board

Mary Bauder RN, CNOR, AM Admits

Clinical Nurse III

Janice Blair BSN, RN-BC, Med Rec Team

Clinical Nurse IV

Karen Dimick BSN, RN, CRN, VA-BC, IR

Clinical Nurse IV

Magen Molgano BSN, RN, CNOR, OR

Clinical Nurse IV

Sara O’Dell RN, CTC

Clinical Nurse III

Carolyn Wickes MSN, RN, CCRN-K, CNAMB, PACU

Clinical Nurse IV

Samantha David BSN, RN, CCRN, CV Lab

Clinical Nurse IV

Kelsey Miller BSN, RN, CEN

Emergency Department Assistant Nurse Manager

Susan Wells BSN, RN, CMSRN

Tower 3 Nurse Manager

Laura Pfeifer MS, RN, CGRN, NEA-BC

****Director of Nursing Excellence and the Magnet Program