Clinical Ladder Portfolio Format

Please use a 3-ring binder and follow the format below

- Title Page: Name, Clinical Level, Application Year
- Table of Contents
- Element Road Map with signatures
- **Divider**
  - Project *(see appendix A below)*
- **Divider**
  - Clinical Exemplar *(see appendix B below)*
- **Divider <u>for Each Element</u>**
  - Element: Name
  - Required Documentation

Element Road Map for Clinical Advancement Program

Category	Clinical Nurse III	Clinical Nurse IV	Element Description
PROFESSIONAL DEVELOPMENT & LIFELONG LEARNING	MINIMUM 2	MINIMUM 2	**Minimum number of Elements Required in Professional Development & Lifelong Learning Category**
			PD1: Formal Preceptor *Minimum of 60 hours. Submit Activity Verification Form.*
			PD2: Superuser *i.e. MedConnect, Zoll. Submit Activity Verification Form.*
			PD3: Member of a Committee, Council, Champion, or Taskforce *Must have at least 80% attendance. Submit Activity Verification Form.*
			PD4: Active Member of a Professional Organization *National or Local. Submit a copy of current membership card.*
			PD5: Generates a Professional Educational Activity *This is an event taught by the applicant, not attended by them, and cannot be related to their projects. Topic must be related to clinical practice and presented to your colleagues on your unit or within the division of nursing. Submit your content outline, learner objectives, and a copy of the attendance, purpose of the presentation, evaluation summary, and other pertinent information about an education presentation.*
			PD6: Presents In-service, Staff Training, or develops competency assessment tool *Submit materials used to present education.*
			PD7: Develop Clinical Practice guideline (CPG) Education *Supports CPG adaptation and improved outcomes. Submit developed education.*
			PD8: Formal Summary of Conference/Workshop *Provides education to staff on subject. Submit the education provided to associates i.e. PowerPoint, newsletter, blog*
			PD9: Presents at a Poster/Podium Session *at a MedStar Health entity or event and/or other local or national forums. Submit presentation.*
			PD10: Mentors University Student *Submit verification from the student placement coordinator in the MGUH Education Department that you spent >60 hours with a senior practicum or health studies student in a one-to-one capacity.*
			PD11: Second Certification in Specialty Area of Practice *Submit a copy of current certificate or other documentation. Certification must be applicable to current position and within the nurse's legal scope of practice.*
			PD12: Specialty Training *Submit a copy of specialty training. Training must be relevant to the nurse's clinical setting.* ***Cannot be used if required by unit****. ELNEC may not be used as a specialty training. If you have questions, please consult with advisor on specialty training.*

LEADERSHIP	MINIMUM 2	MINIMUM 2	**Minimum number of Elements Required in Leadership Category**
			L13: Formal Charge Nurse *Minimum of 360 hours per year. Submit Activity Verification Form. Must be in good standing as a charge nurse.*
			L14: Formal Resource Nurse *Minimum of 240 hours per year. Submit Activity Verification Form.*
			L15: Unit-based Project Lead (or co-lead) *Negotiated with manager. Submit written description of the completed unit, division, or hospital project. Submit Activity Verification Form.*
			L16: Leadership Role on Committee/Council/Taskforce ***May not be used in addition to council activity from professional development category.*** *Submit Activity Verification Form.*
			L17: Facilitator of Nurse Residency Program or on advisory board for UHC/NRP *Submit Activity Verification Form.*
			L18: Leadership Role in Professional Organization *Submit a paragraph describing your contributions while in that position. Provide written documentation from the chair of the committee or taskforce confirming your participation.*
			L19: Community Service *Submit written description of service (i.e. volunteer at free clinic). Minimum of 16 hours of service each year. Submit verification of the number of hours* ***via a formalized letter from the agency where the community service was performed.***
EVIDENCE-BASED PRACTICE/ RESEARCH	MINIMUM 2	MINIMUM 2	**Minimum number of Elements Required in Evidence-Based Practice/Research Category**
			EBP20: Facilitates EBP/R Grand Rounds at entity **Submit summary of activity, schedule, and topical outline*
			EBP21: EBP Project Data Collection or Tool Development **Provide sign off from manager on collection sheet*
			EBP22: Clinical Journal/Breakout Session at a Conference <u>*Clinical Nurse III:*</u> *Co-authors/publishes EBP work in clinical journal or co-leads breakout session* <u>*Clinical Nurse IV:*</u> *Author/publishes EBP work in clinical journal or leads breakout session* **Provide copy of article or planning schedule and roster for session*
			EBP23: Facilitates a Journal Club **Provide sign in sheet for activity & a copy of the materials discussed*
			EBP24: Performance Improvement Activity *Unit-Based or for Department of Nursing. Cannot use this as an element if already being used as your main "project". Submit documentation of PI/QI project using PDCA format. Submit documentation of EBP project using Iowa Model. Submit abstract of the project.*
			EBP25: Revises Policy/Practice/Procedure/Guideline/ Competency/Standard *Supply a copy pre and post revision*

			EBP26: Attends a Formal Training or Conference for Process, Performance or Quality Improvement *i.e. LEAN, SIX Sigma, regulatory training.* ** Must submit proof of attendance*
			EBP27: Participates in Research Project **Provide documentation of IRB proposal and approval, and a report of the research findings* *Clinical Nurse III: research assistant, co-investigator, or data collector* *Clinical Nurse IV: leader (principal or co-principal investigator)*
			EBP28: Presents Podium, Poster, or Webinar at a National Conference **Provide brochure and proof of attendance*
FLOATING ELEMENTS	**NONE**	**2 REQUIRED**	**Additional Floating Elements can be completed from any category**
TOTAL	**6**	**8**	

The application and its supporting documentation have been reviewed and are complete.

Applicant Signature: ______________________________________ **Date:**__________________

Manager Signature: ______________________________________ **Date:**___________________

Advisor Signature: _______________________________________ **Date:**___________________

Activity Verification Form

Submit one form per activity, put verification form in the corresponding element tab

Name:	**Date applicant began activity:**
Activity Title:	
Attendance: *If this is activity verification form is for a committee member of a unit-based, division, hospital or MedStar council the applicant must be an active member for at least six months in current year. Must have 80% attendance of scheduled meetings.*	
Attendance or Hours:	
Contributions:	

By signing below, I certify that the named person above has satisfactorily participated in the professional activity listed above. They have also positively contributed in the ways listed above.

Name of activity coordinator/sponsor/council chair/manager (as applicable):

____

Signature:

____

Appendix B

Clinical Advancement EBP/Quality or Performance Improvement (QI/PI) and Research Project

CAP applicants will complete an EBP/QI project prior to their portfolio submission. All projects need to be approved by the applicant's immediate manager and/or the Clinical Advancement Program Committee prior to implementation.

The project summary and evaluation are due at the end of your CAP application cycle and with the advancement application portfolio. The project should support a MedStar initiative, a key-driver, MedStar's safety culture, the nursing strategic plan or an annual goal, or a patient or associate related outcome or experience.

Projects satisfies a requirement for the EBP/Research Domain

Project Implementation Methods (examples):

1. PDSA
2. PDCA
3. Six Sigma
4. Lean
5. IOWA Model for EBP Including PICOT Question

Final Report: must be completed in APA style
Use this resource if you to familiarize yourself with APA:
https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_style_introduction.html

May use "IMRaD" organizational format for final report submission: *Introduction, Methods, Results, and Discussion*	
Examples of CAP Project Headings, Non-Research: Project Title Clinical Site Statement of the Problem (PICOT if applicable) Evidence: Literature Review and Synthesis Project Aims Project Methods (Apply IOWA Model if EBP) Data Collection Plan and Procedures Timeline Evaluation Plan Protected Health Information Privacy, Data Storage, and Confidentiality Findings	Examples of CAP Project Headings, Research: Project Title Clinical Site Statement of the Problem (PICOT if applicable) Research Significance Conceptual Framework Literature Review and Synthesis Research Questions/Aims Research Design and Methods Data Collection Plan and Procedures Data Analysis Procedures IRB Approval and Protected Health Information Privacy, Data Storage, and Confidentiality Report of Findings

****See SharePoint for Examples****

MGUH Collaboration Sites→ MGUH Collaborative Governance→Clinical Advancement Program→

Appendix B: Clinical Exemplar

Description: Provide a clinical exemplar in an essay format that showcases your professional clinical nursing practice. The exemplar should be submitted as an essay using sans serif fonts (i.e. calibri, arial, lucida, times new roman) and double spaced. Written exemplars can depict a single scenario or multiple scenarios, provided that **all seven** required areas of nursing practice are clearly identified for "Declaration of Practice Level." *Refer to both the following list of "Seven Areas of Nursing" from Patricia Benner's book, From Novice to Expert & "The Clinical Domain Table" when writing your exemplar to demonstrate your level of practice.*

"Seven Areas of Nursing":

1. The Helping Role:
   a. The Healing Relationship: Creating a climate for and establishing a commitment to healing
   b. Providing comfort measures and preserving dignity in the face of pain and extreme breakdown
   c. Establishing a rapport with the patient
   d. Maximizing the patient's participation and control in his or her own recovery
   e. Interpreting kinds of pain and selecting appropriate strategies for pain management and control
   f. Providing comfort and communication through touch
   g. Providing emotional and informational support to patient's families
   h. Guiding patients through emotional and developmental change
2. The Teaching – Coaching Function:
   a. Timing: Capturing a patient's readiness to learn
   b. Assisting patients to integrate the implications of illness and recovery into their lifestyles
   c. Eliciting and understanding the patient's interpretation of his or her illness
   d. Providing an interpretation of the patient's condition and giving a rationale for procedures
   e. The coaching function (include modeling and encouraging): Making culturally avoided aspects of an illness approachable and understandable
3. The Diagnostic and Monitoring Function:
   a. Detection and documentation of significant changes in a patient's condition
   b. Providing an Early Warning Signal: Anticipating breakdown and deterioration prior to explicit confirming diagnostic signs
   c. Anticipating problem
   d. Anticipating Patient Care Needs: Understanding the particular demands and experiences of an illness
   e. Assessing the patient's potential for wellness and for responding to various treatments
4. Administering and Monitoring Therapeutic Interventions and Regimens:
   a. Starting and maintaining Intravenous Therapy with minimal risk and complications
   b. Administering medications accurately and safely
   c. Combating the hazards of immobility
   d. Creating a wound- management strategy that fosters healing, comfort, and appropriate drainage
5. Effective Management of Rapidly Changing Situations:
   a. Skilled performance in extreme life- threatening emergencies. Rapid grasp of problem
   b. Contingency management: Rapid matching of demands and resources in emergency situation
   c. Identifying and managing a patient crisis until physician assistance is available
6. Monitoring and Ensuring the Quality of Health Care Practices:
   a. Providing a backup system to ensure safe medical and nursing care
   b. Assessing what can be safely omitted from or added to medical orders and communicating those needs to the physician for appropriate order
   c. Getting appropriate and timely responses from physicians
7. Organizational and Work – Role Competencies:
   a. Setting priorities: Coordinating, ordering, and meeting multiple patient's needs and requests
   b. Building and maintaining a therapeutic team to provide optimum therapy
   c. Coping with staff shortage and high turnover

Clinical Advancement Program's Clinical Domain Table

(Based on Patricia Benner's Theoretical Framework (From Novice to Expert)

	Clinical Nurse I: Advanced Beginner (Utilizes Theoretical/ Book Knowledge)	**Clinical Nurse II: Competent** (Some Experience, Sees Limits of Formal Knowledge)	**Clinical Nurse III:Proficient** (Integrates Theoretical Knowledge and Experience)	**Clinical Nurse IV: Expert** (Practices From Extensive Clinical Experience)
Assessment	• Follows a prescriptive process for assessment of patient's condition and care needs • Begins to collect and analyze discrete patient's information that pertains to physical, psychological, socio-cultural, economic, and life-style behavior	• Correlates clinical information to the patient condition and situation • Collects and analyzes significant patient's information that pertains to physical, psychological, socio-cultural, economic, and life-style behavior • Demonstrates ability to integrate information to make meaningful conclusions • Consults with others when appropriate and seeks out assistance as needed	• Views the patient's situation in a holistic manner • Demonstrates ability to identify patient's situations requiring further assessment • Discriminates and responds to changing patient's condition or situation • Demonstrates proactive ability to assess for impending changes in patient's condition and makes meaningful conclusions	• Instinctively and seamlessly collects and analyzes data from the patient, family, and environment as a whole for delivery of care • Applies a perceptive and innate approach to the assessment of the patient and family as a whole • Anticipates changes in patient's condition and incorporates need for ongoing assessment in the plan of care
Clinical Reasoning and Decision Making	• Identifies immediate requirements for care based on common practices • Focuses on details vs. the interrelated clinical issues • Needs assistance with correlating theoretical knowledge to clinical situations • Adheres to established policies and procedures	• Portrays confidence in clinical judgment • Acts in a predictable manner to familiar situations • Responds and reprioritizes in a conscious and deliberate manner, especially to changing events	• Displays greater confidence • Recognizes patterns; may need further analysis to determine actions • Performs beyond what is planned to happen • Incorporates evidence-based practice in daily activities	• Uses "pattern recognition" to draw conclusions and identify appropriate treatment plan • Demonstrates foresight in anticipating problems and before explicit diagnostic signs are evident • Recognizes ethical threats to the patient's well-being
Moral Agency	• Possesses a theoretical understanding of the universal ethical principles: beneficence, non-maleficence, patient autonomy, informed consent, justice, and truth telling • Demonstrates rudimentary experiences in the application of the universal ethical principles • Due to limited clinical experience, exhibits difficulty in recognizing ethical discourse in practice	• Develops an emotional-moral capacity • Recognizes ethical discourse in practice, but may seek other resources in advocacy for support and counsel • Demonstrates progressive internal desire to alleviate people's suffering during periods of vulnerability and distress	• Exhibits strength in moral agency as a patient advocate through clinical experience • Responds to ethical discourse in practice • Is motivated and guided by an ability to provide excellent practice • Upholds professional standards in practice demonstrative of ethical principles and decision making	• Is a proponent and advocate in reducing ethical discourse in practice • Demonstrates a desire to provide excellent ethical practice that is self-guided • Assumes risk in advocating for patients or the breakdown in processes and/or systems • Manages resources, even through difficult times, for the benefit of the patient/family • Visualizes oneself in the patient's shoes through a "moral imagination"

Coordination of Care & Implemen-tation	• Individualizes care by utilizing established standards of care • Attempts to organize and prioritize tasks, developing familiarity with overall clinical condition • Follows a rigid daily structure • Focuses on immediate and short-term goals within their practice	• Proactively identifies patient and family issues related to safety and comfort • Performs preferred actions and focuses on completing nursing tasks • Attempts to limit the unexpected; exhibits control of time management	• Promotes an environment of empathy and compassion and regard for the individual • Identifies and recognizes patient and family strengths • Sets priorities easily and readily anticipates needs • Organizes a skilled response to rapidly changing conditions	• Creates a trusting and healing environment of care related to the welfare of the patient and family • Approaches care provision from the perspective of “being with” rather than “doing to” the patient and family • Effectively manages rapidly changing situations and multiple complex therapies • Focuses on meeting patient/family needs simultaneously with completing nursing tasks • Coordinates immediate, short-term, and long-term inter-disciplinary goals for health care continuum
Problem Solving	• Focuses on resolving the apparent concern, limited awareness of the complexity of the problem • Exhibits limited clinical references to formulate the desired patient outcome • Is unable to apply abstract principles to current situation • Focuses on parts rather than the whole	• Begins to recognize the need for synthesis and seeing the whole and big picture • Incorporates new experiences to formulate desired patient outcomes	• Recognizes the relevance of the current situation through association with past experiences • Demonstrates flexible thinking and addresses need to shift focus or priorities	• Integrates intuition and prior experiences to solve problems for the best desired outcome. • Uses "similarity recognition" (resemblance to past experience) and intuition to anticipate future situations • Takes a holistic approach to include the patient, family, and environment to formulate the desired patient outcome • Applies abstract principles to current situation
Evaluation of Care	• Demonstrates cursory evaluative skills • Bases evaluation on anticipated outcomes	• Demonstrates consistency in follow-up on clinical treatments and the patient’s responses to treatments	• Begins to synthesize clinical data to evaluate clinical outcomes • Incorporates both anticipated and unanticipated outcomes through clinical experiences	• Innately synthesizes clinical data on an ongoing basis to evaluate clinical outcomes and patient’s responses to interventions
Discharge Planning	• Focuses on immediate needs • Does not yet perceive patient’s post discharge needs as a priority	• Is unable to connect condition to unforeseen post discharge needs • Is able to identify clear/obvious needs	• Is able to anticipate patient’s needs • Practices as an active team member and appreciates teamwork • Collaborates with other professionals	• Anticipates future situations • Understands safe post-discharge needs • Advocates for the patient and family

SAMPLE: Clinical Exemplar

Introduction

My professional practice has evolved over time with my experience on a medical-surgical unit. I currently practice at a proficient level, which qualifies me for Clinical Nurse III. In order to demonstrate, I would like to discuss a patient I cared for 2 months ago, Ms. X. Ms. X was a middle aged, divorced female who presented with nausea and vomiting. She couldn't keep anything down for three days and finally brought herself to the hospital. I believe my care over her hospital course will be a great example of my practice and demonstrate Benner's areas of nursing practice.

The Helping Role

When Ms. X was admitted, she was weak and scared. I spent a good deal of time during the admission process building a rapport with her. It turned out that she waited so long to come to the hospital because she had a bad experience years ago with another family member at another facility. I listened intently and apologized for her experience. I also learned she was new to the area, having relocated for work, and her grown children lived in Texas. I offered to call and give them an update on the plan and my contact number. Ms. X and her family were very grateful for the communication. I understood that in order for Ms. X. to begin her recovery, I needed to treat her holistically and involve her support system.

The Teaching-Coaching Function

Eventually, Ms. X was taken to the operating room where she had a colectomy. She left the OR with a colostomy. Over the next several days, I, along with the Wound Ostomy Nurse, coached Ms. X to get comfortable with her new ostomy. At first, Ms. X was angry, and I did a lot of teaching on why the colostomy was needed and how it would help her heal. I was happy to be able to tell her that the plan was for a reversal in about 3-6 months. Because we developed such a strong rapport, I felt comfortable asking Ms. X how she felt like the ostomy would affect her romantic life, learning she had recently started a new relationship. We discussed different supplies that were available, as

opposed to the clear, see-thru ostomy bags the hospital provided. She was encouraged and seemed a little more at ease.

The Diagnostic and Monitoring Function

Several days after her initial surgery, Ms. X began complaining of abdominal pain again. Her pain regimen up until that point had been adequately controlling her pain. I also noticed her blood pressure dipped down a bit. Having seen similar situations in the past, I knew these changes warranted further evaluation and should be taken seriously. I was initially told to continue to monitor the patient and given orders for an extra dose of pain medication but pushed for the provider to come evaluate the patient. We soon learned she had a perforated bowel and was taken to emergency surgery.

Effective Management of Rapidly Changing Situations

When Ms. X needed to have her emergency surgery, it was a fast-moving situation. I had to coordinate timely interventions so that she would be ready for the OR. I quickly drew labs and let the provider know that her type and screen had expired two days prior. We were able to get that prior to surgery and have blood ready in the event a transfusion was necessary.

Administering and Monitoring Therapeutic Interventions and Regimens

Following Ms. X's return to my unit after her emergency surgery, I really did have to work with Ms. X to move and get out of bed. She was worried that she may have caused her perforated bowel by moving too quickly or by doing something wrong. After assuring Ms. X that the best thing for her to do was move more, I also explored some of her short and long term goals. By finding out Ms. X was an avid walker, I was able to use her desire to return to her beloved activity as motivation for ambulation in the hospital. It was a struggle, but Ms. X was out of bed three times a day and we walked often. I utilized Ms. X's care associate to help me ambulate her often. Teamwork was the key to making this happen as often as it did.

Monitoring and Ensuring the Quality of Health Care Practices

Ms. X had some significant pain, as expected, and required quite a bit of pain medication. Although Ms. X ambulated often, I still worried that her bowel regimen was not enough to prevent further complications. I escalated this to the provider in IMOC rounds and her bowel regimen was changed. The new schedule helped Ms. X be more comfortable and prevented any further issues. Anticipating potential problems and adjusting the plan of care is critical of the proficient nurse.

Organizational and Work – Role Competencies

For Ms. X's care, it was essential that the attendings, surgeons, ostomy nurses, and bedside nurses functioned as a cohesive team. Initially, communication was breaking down between the team and it affected the timeliness of decision-making for Ms. X's plan of care. As a result, I coordinated a time when all parties would be on the unit to discuss Ms. X in person, as opposed to in notes. This expediated care from that point forward and eased Ms. X's nerves.

Ms. X challenged me as a nurse to function at my highest level. I was proud of the care she received and felt like I impacted her recovery in a positive way. Patients like Ms. X help me to realize how I've grown into my role as a proficient nurse.