

MedStar Georgetown University Hospital Clinical Practice Advancement Program

Recognizing, Rewarding, and Promoting Clinical Excellence in Nursing



Application Packet

Initial Application for Award with Project Proposal:

Applications are accepted year-round.

Final Application Packet & Portfolio due:

Within 2 years of initial application acceptance

MedStar Nursing Clinical Advancement Program

Background and Significance of Nursing Clinical Advancement Programs

Clinical ladders were first introduced in the US by President Johnson in the 1960s as a social and political movement to improve poverty and offer professional development in the workplace (Donaly & Flaherty, 2008). The formal introduction of nursing clinical ladder programs emerged during the 1970s (Zimmer, 1972). Patricia Benner's (1984) *Novice to Expert: Excellence and Power in Clinical Nursing Practice*, describes a five-level framework for nursing practice that is based on research evidence and has been used to further develop clinical ladder programs. Such programs are referred to today as "clinical advancement programs," in an effort to emphasize the importance of professional nursing practice and ongoing development.

There is ample evidence in the literature that supports the use of clinical advancement programs as a tool for nursing engagement, retention, recognition, and reward (Hespenheide, Cottingham, & Mueller, 2011; Adeniran, Bhattacharyya, & Adeniran, 2012). They also support clinical practice, enhance professional development, recognize clinical expertise, and are perceived as the hallmark of the professional nursing practice environment (Burke, Johnson, Sites, & Barnsteiner, 2017).

MedStar Health Nursing Clinical Advancement Programs

Currently, all of the MedStar hospital entities have been using the MedStar Health System Nursing clinical advancement program (CAP) to support excellence in clinical nursing practice for direct care nurses. However, not every entity has clinical nurses who have achieved clinical advancement. Through these CAP programs, the hospital entities have intended to increase the commitment to career advancement and support MedStar Health's recruitment, engagement, and retention initiatives. Furthermore, MedStar Health strives through these programs to be an Employer of Choice for nurses and a destination workplace that provides registered nurses with a quality professional practice environment.

The following MedStar Health System Nursing CAP program consists of several components that aim to promote professional development and lifelong learning, clinical expertise, leadership, evidence-based practice (EBP), and research.

Recommendations

MedStar Health nursing leadership is committed to the provision of quality and safe care, nursing excellence, improved patient outcomes, and optimal patient experience. Our responsibility is to provide an environment of practice in which nursing can achieve these goals and progress professionally on a remarkable clinical advancement track. The CAP program offers registered nurses who are in clinical care roles with a pathway for career advancement without needing to leave clinical nursing practice. It also provides nurses with the opportunity to progress along a continuum of competence and expertise defined into stages, based on Benner's theoretical framework of novice to expert.

The Nursing Professional Development Council endorses the following:

1. CAP is available to direct care registered nurses (RNs) who practice at MedStar Health on a full or part time (benefit eligible; non-exempt) basis, working for a minimum of 48 hours/payperiod.
2. The levels of professional nursing practice are: Clinical Nurse I, Clinical Nurse II, Clinical Nurse III, and Clinical Nurse IV.
3. An RN who is employed at one of the MedStar Health entities will progress from Clinical Nurse I to Clinical Nurse II at the end of the first year of professional nursing experience at MedStar and completion of the new to practice nurse residency program; OR, after successfully completing the probationary period, if they have already had one full year of clinical practice experience (current standard). Progression from Clinical Nurse I to II requires no formal application process.
4. An RN who is new to MedStar Health may apply for Clinical Nurse III or IV designation after successful completion of the probationary period.
5. Applicants must be BSN prepared or higher to apply for Clinical Nurse IV designation. Nurses currently with an ADN are eligible to apply for Clinical Nurse III designation.
6. Applicants for Clinical Nurse III or IV must hold a nationally recognized board certification in a specialty area related to their clinical nursing practice.
7. A Clinical Nurse III must stay in the designated level of practice for a minimum of one (1) term before applying for the Clinical Nurse IV position. A term is defined as a 2-year period of clinical nursing practice.
8. Nurses who choose to transition into a new specialty while in the CAP will have one (1) term (2 years) to establish their current Clinical Nurse level within their new specialty. If a nurse transitions greater than halfway through their current term (greater than 1 year), they will be granted another term (2 years) to demonstrate effective transition to the new clinical specialty and to have appropriate time to meet the requirements of the Clinical Nurse level they desire to apply for or maintain.
9. Applicants must have received at least Key Contributor on their most recent evaluation and must not have any final written warnings on file for the year prior (past 12 months) to their application or renewal.

10. Any CAP member who receives a suspension without pay will be removed immediately from the program. Removal shall consist of the rescinding of the Clinical Nurse level and the associated privileges or rewards.
11. All CAP requirements must be completed within the term (2 years) prior to the application for renewal and/or designation of Clinical Nurse III or IV, except for the professional practice project which can be completed within six months of achieving the CAP level.
12. Applicants may pursue advancement twice a year, in August and January.
13. Each MedStar Health entity will have a designated committee (i.e., CAP committee) that oversees the administration and implementation of the CAP. The committee shall be comprised of clinical nurses who make up at least 51% of the committee's membership and represent the various clinical nursing departments or practice specialties, and a minimum of one clinical manager/frontline nurse leader, one nurse educator/professional development specialist and, as necessary, the director of Nursing Education/Professional Development.
14. The CAP committee will apply a peer review process in the review of applications. Each application (i.e., a portfolio) will be reviewed by a minimum of two members and the recommendation whether to grant the advancement of the applicant will be presented at a CAP committee meeting, for decision by the full committee (majority vote). If the two peer reviewers disagree on the final decision concerning an application, the CAP committee chair may (at the chair's discretion) appoint a third reviewer prior to the CAP committee meeting.
15. One of the two members involved in the review must be a RN who has achieved the same Clinical Nurse level as the level the applicant has applied for. The peer review process will abide by the MedStar Health's SPIRIT values, common ethical principles, and the practice of fairness and equality.
16. The CAP committee's decision on advancement will be communicated in writing by the chair of the CAP committee, or designee, to the applicant, the applicant's nurse manager or immediate supervisor, and the Chief Nursing Officer (CNO) of the respective entity.
17. RNs who advance to Clinical Nurse III and IV must maintain all the respective requirements and must apply for renewal on a two (2) year basis. The CAP committee will review the application and determine if eligibility has been maintained. Renewal application must reflect all the requirements of the level applied for.
18. RNs who are at the Clinical Nurse III level may choose to apply to Clinical Nurse IV instead of renewing their Clinical Nurse III status. Upon a review of the applicant's portfolio, the peer reviewers will determine if the applicant meets the requirements for Clinical Nurse IV, if found not to meet the requirements, the peer reviewers will determine whether the application (portfolio) reflects the

requirements for maintaining Clinical Nurse III and a decision to grant Clinical Nurse III level is made accordingly. If the applicant is found not to meet the Clinical Nurse III requirements, the applicant risks losing the current Clinical Nurse III level.

19. Clinical Nurse Advancement Standard Appeal Process:

An applicant may appeal in writing the decision of the CAP committee at the respective MedStar entity. In such event, the chair of the CAP Committee will proceed with the following process to handle the appeal.

Step One: Submission of Timely, Specific Appeal

The appeal shall be submitted in writing to the chair of the CAP Committee at the respective MedStar Health entity within (7) seven calendar days of notifying the applicant of the decision. Late submissions will not be accepted. The applicant's appeal must include specific and objective rationale. Appeals may not be based on rationale which is not consistent with the clinical advancement program's expectations under which the portfolio was originally submitted. No changes shall be allowed to the original portfolio prior to the conclusion of the appeal process.

Step Two: Re-Consideration by CAP Committee

The chair of the CAP Committee will forward the written appeal to the senior director of nursing (DON) of the applicant's service line (senior leadership). The senior DON will review the appeal letter and the applicant's portfolio, and within (14) fourteen calendar days forward a recommendation in writing to the chair of the CAP Committee indicating whether to uphold the CAP Committee's decision, including specific rationale. The applicant's CAP portfolio will remain with the senior DON of the applicant's service line until the CAP Committee convenes for the review. Within fourteen (14) days of receiving the senior DON's recommendation, the CAP Committee will reconsider the applicant's portfolio, written appeal, and senior DON recommendation, and determine whether to uphold or reverse the initial CAP Committee determination.

A determination to proceed with advancement for the applicant will be final and will be communicated to the applicant in writing.

A determination to uphold the original denial of advancement will be forwarded in writing to the applicant, along with notice that the applicant may request a final appeal. The final appeal request must be submitted in writing to the CNO within seven (7) calendar days of notifying the applicant. Late requests will not be considered. The written appeal request is limited to one (1) page, must specify a rationale as noted in Step One, and may not include changes to the original portfolio.

Step Three Discretionary Final Determination by CNO

When a final appeal is requested, the CNO will review the portfolio and additional information in the record (appeal, recommendations, reconsideration, etc.) and make a final determination whether to grant or deny advancement. The CNO shall provide a written decision within 30 days of receiving the final appeal request. The CNO's decision is discretionary and final.

20. The CAP showcases the importance of professional nursing practice and development of expertise based on Patricia Benner's theoretical framework. The domains of practice reflected in the CAP are:
- a. **Clinical-** The use of learned and developed skills to provide physical and emotional care to the patient and family.
 - b. **Professional Development and Lifelong Learning-** Involving participation in ongoing learning, and educational growth and development of the registered nurse, specific to the professional nursing specialty/area of practice.
 - c. **Leadership-** The development and use of skills that influence and guide self and others towards a goal which promotes the delivery of the highest quality and safe care, and patient/family experience, as well as optimal engagement in the professional nursing practice environment.
 - d. **Evidence-based Practice and Research-** Aiding in the advancement of nursing practice and knowledge through research that supports the application of evidence into practice or the discovery of new practice.
21. The domains of the CAP list professional activities that can be chosen by the clinical nurse applicant to fulfill the requirements for the clinical nurse level of intent. A Clinical Nurse III designation will require a total of six (6) activities to be completed as part of the application process. A Clinical Nurse IV designation will require a total of eight (8) activities to be completed as part of the application process. Each of the domains should be represented in the applicant's activity selection. These activities should be presented in a professional portfolio and submitted to the CAP committee for review following the specific timeframes and procedures of the related MedStar Health entity.
22. The clinical domain depicts the professional progression of the RN, applying skill acquisition and competence, as described by Benner's theoretical framework published in 1984 (Advanced Beginner, Competent, Proficient, and Expert) (Appendix D). The Novice stage is not reflected here because it applies to nursing students rather than practicing clinical nurses.

23. CAP applicants must submit a professional portfolio to include all the following documents with the initial application:
- Letter of Intent to Apply/Renew, and the specific Clinical Nurse level of interest.
 - Three Signatures of Support on the application for Award form: (1) direct nursing manager/director, (2) nursing peer, (3) other nursing leader who can accurately reflect on the clinical nurse's practice.
 - 2 Professional/Career Goals.
 - Current Resume/Curriculum Vitae.
 - Copy of the contact hours earned. Twenty hours are required for a Level III and thirty hours for a Level IV. Hours must have been obtained within one calendar year of initial application. For academic course work: *Up to 50% can be academic hours, 1 Credit=15 hours based on ANCC formula
24. CAP applicants must submit a professional portfolio to include all the following documents with the final application:
- Clinical Exemplar: Declaration of Practice Level.
 - Clinical Nurse III applicants: Six (6) Professional Activities, (Appendix C). These should include two (2) activities from each of the following domains: Professional Development and Lifelong Learning, Leadership, and Evidence-based Practice and Research. One of the activities must be a project (performance/quality improvement, research, or evidence-based practice).
 - Clinical Nurse IV applicants: Eight (8) Professional Activities (Appendix C). These should include at least two (2) activities from each of the following domains: Professional Development and Lifelong Learning, Leadership, and Evidence-based Practice and Research. One of the activities must be a project (performance/quality improvement, research, or evidence-based practice).
 - Project Report.

References

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<http://dx.doi.org/10.1016/j.outlook.2013.05.009>.
- Benner, P. (2001). *From novice to expert: Excellence and power in clinical nursing practice* (Commemorative ed.). Upper Saddle River, NJ: Prentice Hall Health.
- Burke, K, Johnson, T., Sites, C., & Barnsteiner, J. (2017). Creating an evidence-based progression for clinical advancement programs: Findings on the developmental progression of eight nursing competencies and related knowledge, skills, and attitudes. *American Journal of Nursing*, 117(5), 22-35.
- Donley, R., & Flaherty, M. (2008). Promoting professional development: Three phases of articulation in nursing education and practice. *Online Journal of Issues in Nursing*, 13(3).
- Hespenheide, M., Cottingham, T., & Mueller, G. (2011). Portfolio use as a tool to demonstrate professional development in advanced nursing practice. *Clinical Nurse Specialist*, 25(6), 312-320. doi:10.1097/NUR.0b013e318233ea90
- Zimmer, M. (1972). Rationale for a ladder for clinical advancement. *Journal of Nursing Administration*, 2(6); 18-24.

Clinical Advancement Program Based on Benner's Theoretical Framework of "From Novice to Expert"

The Clinical Advancement Program (CAP) is based on Patricia Benner's theoretical framework of novice to expert. Novice is not included herein because it reflects student nurses rather than practicing nurses.

Clinical Nurse I: Advanced Beginner Practitioner

Clinical Nurse I is the entry level for all RNs (new to practice registered nurse) and denotes a practitioner who is learning and incorporating MedStar Health's mission, vision, and SPIRIT values into clinical nursing practice. This level also denotes that the RN is transitioning into professional nursing practice, is task-oriented, and continues to be socialized into the practice environment and professional nursing. RNs in this level begin to formulate principles to guide actions; they develop these principles based on their growing experience.

Clinical Nurse II: Competent Practitioner

The Clinical Nurse II is a sound practitioner; that is, one who is fully competent and has successfully transitioned into practice. Deliberate planning, analysis, and goal setting are hallmarks of this nurse. He/she begins to understand and recognize relationships among patient data, and judgments are made after careful consideration of these. This nurse demonstrates mastery of most technical skills and focuses on organizational skill in accomplishing assigned work.

The Clinical Nurse II must have a minimum of one year of clinical nursing experience, demonstrating unit (or specialty) or patient population specific competencies; and has successfully completed the probationary period. Immediate manager approval for advancement is necessary.

Clinical Nurse III: Proficient Practitioner

The Clinical Nurse III is a proficient nurse who practices with in-depth knowledge based upon previous experiences. A proficient nurse has progressed from a task-oriented approach to providing nursing care with a holistic view of the person. This nurse perceives each situation as a whole and is able to identify the salient characteristics of those situations. Critical thinking is apparent, and judgments are oriented toward the best possible outcome for the patient. This nurse responds to most situations with speed, confidence, and flexibility and is able to handle unanticipated problems or emergencies. Effective relationships and clinical leadership skills among members of the multidisciplinary team are evident.

Clinical Nurse IV: Expert Practitioner

The Clinical Nurse IV is an expert practitioner whose intuition and skill are derived from a comprehensive

knowledge base thoroughly grounded in clinical experience. Practice is characterized by a flexible, innovative, and confident self-directed approach to patient and family care. Rapidly changing and complex patient care situations challenge this nurse to reach his/her full potential. Ethical reasoning and decision-making is evident. This nurse has a vision of what is clinically possible and has a keen sense of timing for optimum outcomes.

The Clinical Nurse IV is system-savvy, understands the interdependence of disciplines and departments, and directs situations to maximize patient outcomes. This nurse functions with ongoing, healthy skepticism and questions situations that are atypical. Ability to filter irrelevant data is evident. This nurse is a positive force in the advancement of professional practice and quality of patient care for oneself and for others.

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	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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"

<p>Coordination of Care & Implementation</p>	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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
<p>Problem Solving</p>	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Begins to recognize the need for synthesis and seeing the whole and big picture • Incorporates new experiences to formulate desired patient outcomes 	<ul style="list-style-type: none"> • Recognizes the relevance of the current situation through association with past experiences • Demonstrates flexible thinking and addresses need to shift focus or priorities 	<ul style="list-style-type: none"> • 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
<p>Evaluation of Care</p>	<ul style="list-style-type: none"> • Demonstrates cursory evaluative skills • Bases evaluation on anticipated outcomes 	<ul style="list-style-type: none"> • Demonstrates consistency in follow-up on clinical treatments and the patient’s responses to treatments 	<ul style="list-style-type: none"> • Begins to synthesize clinical data to evaluate clinical outcomes • Incorporates both anticipated and unanticipated outcomes through clinical experiences 	<ul style="list-style-type: none"> • Innately synthesizes clinical data on an ongoing basis to evaluate clinical outcomes and patient’s responses to interventions
<p>Discharge Planning</p>	<ul style="list-style-type: none"> • Focuses on immediate needs • Does not yet perceive patient’s post discharge needs as a priority 	<ul style="list-style-type: none"> • Is unable to connect condition to unforeseen post discharge needs • Is able to identify clear/obvious needs 	<ul style="list-style-type: none"> • Is able to anticipate patient’s needs • Practices as an active team member and appreciates teamwork • Collaborates with other professionals 	<ul style="list-style-type: none"> • Anticipates future situations • Understands safe post-discharge needs • Advocates for the patient and family

Please initial each element attained and turn in with the final packet and supporting evidence.

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 <i>Minimum of 60 hours. Submit Activity Verification Form.</i>
			PD2: Superuser <i>i.e. MedConnect, Zoll. Submit Activity Verification Form.</i>
			PD3: Member of a Committee, Council, Champion, or Taskforce <i>Must have at least 80% attendance. Submit Activity Verification Form.</i>
			PD4: Active Member of a Professional Organization National or Local. <i>Submit a copy of current membership card.</i>
			PD5: Generates a Professional Educational Activity <i>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 unit or within the division of nursing.</i> <i>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. Initials required on verification award form.</i>
			PD6: Presents In-service, Staff Training, or develops competency assessment tool. <i>Submit materials used to present education.</i>
			PD7: Develop Clinical Practice guideline (CPG) Education <i>Supports CPG adaptation and improved outcomes. Submit developed education.</i>
			PD8: Formal Summary of Conference/Workshop Provides education to staff on subject. <i>Submit the education provided to associates i.e. PowerPoint, newsletter, blog</i>
			PD9: Presents at a Poster/Podium Session at a MedStar Health entity or event and/or other local or national forums. <i>Submit presentation.</i>
			PD10: Mentors University Student <i>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.</i>
			PD11: Second Certification in Specialty Area of Practice <i>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.</i>
		PD12: Specialty Training <i>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.</i>	

	MINIMUM 2	MINIMUM 2	Minimum number of Elements Required in Leadership Category
LEADERSHIP			L13: Formal Charge Nurse <i>Minimum of 360 hours per year. Submit Activity Verification Form. Must be in good standing as a charge nurse.</i>
			L14: Formal Resource Nurse <i>Minimum of 240 hours per year. Submit Activity Verification Form.</i>
			L15: Unit-based Project Lead (or co-lead) <i>Negotiated with manager. Submit written description of the completed unit, division, or hospital project. Submit Activity Verification Form.</i>
			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 <i>Submit Activity Verification Form.</i>
			L18: Leadership Role in Professional Organization <i>Submit a paragraph describing your contributions while in that position. Provide written documentation from the chair of the committee or taskforce confirming your participation.</i>
			L19: Community Service <i>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.</i>

	MINIMUM 2	MINIMUM 2	Minimum number of Elements Required in Evidence-Based Practice/Research Category
EVIDENCE-BASED PRACTICE/RESEARCH			EBP20: Facilitates EBP/R Grand Rounds at entity <i>*Submit summary of activity, schedule, and topical outline</i>
			EBP21: EBP Project Data Collection or Tool Development <i>*Provide sign off from manager on collection sheet</i>
			EBP22: Clinical Journal/Breakout Session at a Conference <u>Clinical Nurse III: Co-authors/publishes EBP work in clinical journal or co-leads breakout session</u> <u>Clinical Nurse IV: Author/publishes EBP work in clinical journal or leads breakout session</u> <i>*Provide copy of article or planning schedule and roster for session</i>
			EBP23: Facilitates a Journal Club <i>*Provide sign-off of activity (must select and share the article for journal session)</i>
			EBP24: Performance Improvement Activity <i>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.</i>
			EBP25: Revises Policy/Practice/Procedure/Guideline/Competency/Standard <i>Supply a copy pre and post revision</i>
			EBP26: Attends a Formal Training or Conference for Process, Performance or Quality Improvement <i>i.e. LEAN, SIX Sigma, regulatory training.</i> <i>* Must submit proof of attendance</i>
			EBP27: Participates in Research Project <i>*Provide documentation of IRB proposal and approval, and a report of the research findings</i> <u>Clinical Nurse III: research assistant, co-investigator, or data collector</u> <u>Clinical Nurse IV: leader (principal or co-principal investigator)</u>
			EBP28: Presents Podium, Poster, or Webinar at a National Conference <i>*Provide brochure and proof of attendance</i>
FLOATING ELEMENTS	NONE	2 MORE	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: _____



Appendix A

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

CAP applicants will complete an EBP/QI project during the 2-year term 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 the requirements for the EBP/Research Domain, #9

Example of CAP Project Headings, Non-Research:

Project Title

Clinical Site

Statement of the Problem (if EBP, include the PICOT question)

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

Project Models (examples):

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



Example of CAP Project Headings, Research:

Project Title

Clinical Site

Statement of the Problem

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

MGUH



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 Times New Roman, size 12 font, 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* and Appendix D when writing your exemplar. Be sure to include language from both to demonstrate your level of practice.

Areas of Nursing Practice Include:

The Helping Role:

- The Healing Relationship: Creating a climate for and establishing a commitment to healing
- Providing comfort measures and preserving dignity in the face of pain and extreme breakdown
- Establishing a rapport with the patient
- Maximizing the patient’s participation and control in his or her own recovery
- Interpreting kinds of pain and selecting appropriate strategies for pain management and control
- Providing comfort and communication through touch
- Providing emotional and informational support to patient’s families
- Guiding patients through emotional and developmental change

The Teaching – Coaching Function:

- Timing: Capturing a patient’s readiness to learn
- Assisting patients 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 (include modeling and encouraging): Making culturally avoided aspects of an illness approachable and understandable

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 problem



- Anticipating Patient Care Needs: Understanding the particular demands and experiences of an illness
- Assessing the patient’s potential for wellness and for responding to various treatments

Administering and Monitoring Therapeutic Interventions and Regimens:

- Starting and maintaining Intravenous Therapy with minimal risk and complications
- Administering medications accurately and safely
- Combating the hazards of immobility
- Creating a wound- management strategy that fosters healing, comfort, and appropriate drainage

Effective Management of Rapidly Changing Situations:

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

Monitoring and Ensuring the Quality of Health Care Practices:

- Providing a backup system to ensure safe medical and nursing care
- Assessing what can be safely omitted from or added to medical orders and communicating those needs to the physician for appropriate order
- Getting appropriate and timely responses from physicians

Organizational and Work – Role Competencies:

- Setting priorities: Coordinating, ordering, and meeting multiple patients needs and requests
- Building and maintaining a therapeutic team to provide optimum therapy
- Coping with staff shortage and high turnover

References are available on the SharePoint site.



Clinical Nurse Application for Award Approval

This is to acknowledge that as a direct care nurse at MGUH, I am applying for the Clinical Level recognition in the Clinical Advancement Program (CAP).

I am applying for a Level III _____ I am applying for a Level IV _____

Please check if this is your: _____ first time applying _____ a re-application

Applicant's Name (printed): _____

Email: _____ **Phone:** _____

Project Idea in Collaboration with Manager:

Applicant's Signature: _____ **Date** _____

Manager's Signature: _____ **Date** _____

Nursing Peer Signature: _____ **Date** _____

Other Nursing Leader: _____ **Date** _____

_____ **Copy of CV Attached**

_____ **Professional Career Goals Attached**

_____ **Proof of Contact Hours**

_____ **Proof of Professional National Certification**

Unit Specialty Training Requirements

Unit*	ACLS	Chemo Cert	NIH Stroke Scale Cert	NRP	PALS
2B		X			
3B		X			
5N		X			
S44	X				
S54	X				
NICU				X	
L&D(3N)	X			X	
3E				X	
C5-1					X
C5-2					X
S32			X		
S34	X		X		
ED	X		X		X
PDC/PACU/Endo PACU	X				X
7West PACU	X				X
Infusion/ Lombardi Peds		X			

*Unit as of May 2024



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