



CLINICAL ADVANCEMENT SYSTEM

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INTRODUCTION

The Department of Nursing formed a Clinical Recognition Project Team in February 1986 with the charge to review systems that have been implemented in other acute care hospitals and to develop a system for implementation at John Dempsey Hospital. The Project Team included staff nurses, Clinical Nurse Specialists, Nursing Managers and Nursing Administrators. After collecting data from more than thirty institutions and the professional literature, the Project Team adopted a model that focused on: clinical nursing practice, management and coordination of patient care, and professional development/behaviors. While several clinical ladders were reviewed and integrated into our system, the clinical concepts used to develop the initial model were from Benner's (1984) work on the observations and definitions of a nurse's growth from novice to expert clinician. Effective 2008, the American Association of Critical-Care Nurses Synergy Model for Patient Care will provide the framework for the Clinical Advancement System.

An underlying philosophy that guided the Clinical Recognition Project Team was the belief that professional nurses excel in an environment that acknowledges and rewards the individual clinician, and that the individual nurse will reinvest professional commitment to the department in the process of advancement. Professional commitment to oneself, the Department of Nursing and the nursing profession are essential components of professional nursing practice. As nurses seek advancement within our system, they are expected to invest greater amounts of time in professional activities; thus, increasing amounts of educational/professional development are required for advancement and maintenance of a clinical level. The individual department and profession will benefit because of this.

The materials contained herein describe: a) the process of advancement, b) the appeal process, and c) supporting documentation. This material should prove useful to any nursing staff member who elects to seek advancement within our system.

PURPOSE

The purpose of the Clinical Advancement System is:

1. To recognize and reward professional nurses who have achieved and maintained a level of clinical competency, proficiency or expertise in their practice;
2. To encourage professional growth and foster the attainment of individual goals;
3. To define performance standards for the four levels of nursing practice; and
4. To enhance the quality of patient care and patient outcomes at John Dempsey Hospital.

ADVANCEMENT PROCESS

I. INTRODUCTION:

The John Dempsey Hospital Clinical Advancement System defines performance requirements for four levels of nursing practice. New staff nurses must receive a satisfactory performance review at the CN II level within designated time frames. All Registered Nurses within the Department of Nursing who are employed for a minimum of 0.5 FTE are eligible for promotion in the Clinical Advancement System. Nurses employed as John Dempsey Hospital NURSE PROS are ineligible for the Clinical Advancement System. The pace at which a staff nurse progresses through the Advancement System is determined by the nurse's length of employment, clinical competency, and demonstration of professional behaviors as described within the AACN Synergy Model for Clinical Excellence.

Advancement from one level to the next is recognized financially by a percentage increase in salary. At John Dempsey Hospital, the percent of salary increase between levels is negotiated and agreed upon by hospital administration and the bargaining unit, AFT Local 3837, which represents nurses in the Clinical Advancement System.

II. PROCESS OF COMPLETING CLINICAL NURSE I:

During orientation, the Clinical Nurse I (CN I) is expected to fulfill the performance standards established for the Clinical Nurse I level. Upon successful completion of orientation to the unit, the CN I will be evaluated by the Clinical Nurse I Position Requirements and Evaluation Form (PREF). Upon completion of the Clinical Nurse I evaluation, the Assistant/Nursing Manager will give the CN I the Clinical Nurse II Position Requirements and Evaluation Form (PREF) and will discuss with the CN I the performance expectations of the Clinical Nurse II status.

III. PROCESS OF ACHIEVING CLINICAL NURSE II:

Once the CN I has mastered the Clinical Nurse I performance standards, attention will then be focused on achieving mastery of the Clinical Nurse II performance standards. After six months of employment or sooner, the Assistant / Nursing Manager will give the Clinical Nurse II Position Requirements and Evaluation Form (PREF). The CN I will need to demonstrate independent functioning at the Clinical Nurse II level as documented by a satisfactory evaluation. The Nursing Manager will submit the appropriate documentation to initiate the advancement to the CN II level of practice.

The clinical advancement process is separate from human resource policies governing working test period requirements. Even if CN II status is achieved, successful completion of the six month working test period is required. If the CN I needs more than six months to achieve the Clinical Nurse II level, the working test period may be extended for up to an additional six months at the Nursing Manager's discretion. Advancement to CN II status must then be achieved within one year of employment.

Once a nurse has achieved the Clinical Nurse II status, the Clinical Nurse II PREF becomes the standard for the CN II's annual performance evaluations. Any clinician that demonstrates independent and competent nursing practice may choose to remain at the CN II level of practice.

IV. APPLICATION TO THE CLINICAL RECOGNITION REVIEW BOARD (CRRB):

Applications for promotion on the clinical ladder are due February 14th, or the first Monday after February 14th if that date is on a Saturday or Sunday, by 12 noon in the location designated in the packet.

A. Preparation for Application to the CRRB for CN III:

1. After a Staff Nurse has successfully performed at the CN II level for one year, preparation for advancement to CN III may begin. The potential for advancement should be discussed during the performance review to discuss the applicant's qualifications and readiness for advancement. Prior to application for advancement, the applicant must perform at a CN III level for one year. The CN II should become familiar with the Synergy Model on developing clinical expertise (see Appendix A). The applicant should:
 - a. Obtain "The Clinical Advancement System Information Packet Application for Clinical Nurse III" from the Nursing web page (<http://nursing.uchc.edu/>). The applicant should verify that they have the most current packet because the content of the packets and requirements for promotion may change. The applicant should review all forms in the packet to confirm readiness to apply for promotion on the clinical ladder.
 - b. Review the Clinical Advancement System manual located on their unit, or the Nursing web page.
 - c. Become familiar with Sonya Hardin and Roberta Kaplow's Synergy for Clinical Excellence. This book is available on Closed Reserve in the Lyman Maynard Stowe Library.
 - d. Attend any educational offerings related to Clinical Advancement. Educational offerings are targeted toward both applicants and sponsors.
 - e. Keep a record of clinically relevant examples of practice at the CN III level. Examples should contain requirements identified in the packet.
 - f. Select a clinical sponsor who is familiar with the expectations of the sponsor and who can attest to the applicant's practice at the CN III level. Sponsors are usually nurses on the clinical ladder, although a Nursing Manager, Clinical Nurse Specialist (CNS) or APRN may fulfill the role.
 - g. Communicate with other CN IIIs, CN IVs or CNSs about the advancement process.
2. Applicants should approach their Nursing Manager three months prior to the application deadline to arrange for their evaluation. The Nursing Manager will verify whether the applicant is qualified to apply for CN III. If in agreement, the Assistant / Nursing Manager will complete a CN III evaluation which will be reviewed with the applicant. To be considered for advancement the applicant must have a satisfactory evaluation at the CNIII level in that clinical area. The evaluation, conducted for January 1st through January 1st prior to the February submission of the application, will validate the applicant's performance at the applied for level, and support entry into the Clinical Advancement System.

The evaluation must be complete in all respects, including:

- a. Performance period evaluated is the preceding 12 month period, January 1st to January 1st;
- b. Documentation of completion of all mandatory inservices;
- c. Signature of the next higher level nursing manager/director;
- d. Correct amount and distribution of contact hours on the Promotional Education Activities Record, in addition to and not including mandatory inservices.

3. Completion of the Application Packet:

The packet constitutes 75% of the application process; interview is equal to 25% of the application process.

- a. All documents must be submitted in typewritten form. Avoid using abbreviations that are unique to the applicant's area of specialty.
- b. A resume, completed according to packet guidelines.
- c. Self-Evaluation Form (25%), which summarizes and highlights aspects of the individual performance in the areas and categories of: nursing competencies as outlined in the Position Requirement and Evaluation Form (PREF). Use at least one specific example for each competency. Examples not used in the clinical situation narrative should be included.
- d. Sponsor Evaluation Form (25%). In selecting a sponsor, applicants should consider the potential sponsor's ability to validate the applicant's clinical practice. In cases where there is no CN IV or III from that unit/area available, the Nurse Manager, CNS or APRN may serve as a sponsor. CRRB members (defined later in this manual) can serve as sponsors during their tenure on the review board but only if there is no one else appropriate to sponsor the applicant. In addition, the sponsor's willingness to assist and support the applicant through the promotion process should be considered. It is highly recommended that sponsors attend educational offerings related to the role and review the Clinical Advancement Manual.
- e. The Clinical Situation Narrative (25%) is a written, actual case example of a scenario in which the applicant describes how his/her nurse competencies best matched patient needs and most specifically how that match resulted in optimal outcomes for the patient/family. Realizing that the realm of nursing expands beyond nurse-patient relationships, the narrative may address how one's competencies best matched the needs of other health care providers or the health care unit/system and comparatively affected optimal outcomes.
- f. Applicants may choose to submit any material that is representative of professional work (e.g. committee work, presentations, publications, participation in professional organizations, community outreach activities).

B. Preparation for Application to the CRRB for CN IV:

1. Determination of CN IV Positions

Clinical Nurse IV positions are budgeted as demand rises. Potential applicants should discuss availability of these budgeted positions with the Nursing Manager prior to application.

2. Qualifications

CN IIIs who wish to apply for promotion to the CN IV level must have a baccalaureate degree. If the baccalaureate degree is in nursing (or if a graduate degree in nursing has been completed) no further credentialing is needed. If the baccalaureate degree was obtained in a non-nursing major, current certification by a national nursing professional organization in the area of clinical specialization is required and must be maintained for the CN IV position.

CN IIIs may apply for CN IV no earlier than one full year after being promoted to CN III. The nurse must show performance at a CNIV level from January 1st to January 1st prior to the February application time frame.

A CN IV must be employed at a minimum of at least 0.9 FTE (90% full time status).

3. Application Process

The process of application for the Clinical Nurse IV level is the same as that described for application to a Clinical Nurse III. The Nursing Manager may serve as a sponsor if a CN IV, CNS or APRN is not available on that unit.

V. CLINICAL RECOGNITION REVIEW BOARD (CRRB):

A. Purpose

The Clinical Recognition Review Board (CRRB) is a decision-making body whose charge is to evaluate each applicant's request for promotion. The decision of the CRRB is based on the board's evaluation of the applicant's packet and interview. The CRRB will deal only with requests for promotion. Issues related to maintenance at a current level or demotion is the responsibility of the nursing manager.

B. Board Composition: Seven (7) Members

A minimum of six CRRB members must be present during the voting process for applicant advancement.

1. One – Nursing Manager
2. Two – Clinical Nurse III*
3. Two – Clinical Nurse IV*
4. Two – Clinical Nurse Specialists

* The number of CN III versus CN IV members vary depending on the availability of staff in the various areas. If the clinical area of the hospital is not represented by a board member, the

area's nursing manager, clinical nurse specialists and CN IVs may be used by the CRRB as resource people for questions.

1. CRRB members will serve on the board for three years, with staggered rotation of members.
2. If a CRRB member changes status during tenure on the board (e.g. CN III is promoted to CN IV), that person will complete tenure at the new status.

C. Process

1. On February 14th (or the Monday following February 14th if that date is a Saturday or Sunday) members of the CRRB review each application packet that has been submitted to determine:
 - a. Eligibility requirements for advancement have been met
 - b. Time frame for the PREF is correct
 - c. PREF contains all the required signatures
 - d. Adequate contact hours have been accrued in all categories; mandatory requirements are not included in the contact hours
 - e. All elements of the packet are present
2. Once the packet has been reviewed and accepted, the CRRB notifies the applicant (in writing to the home address) and instructs the applicant to schedule and interview.
3. Members of the CRRB receive copies of the self evaluations, sponsor evaluations and clinical situation narratives of all the applicants. These documents are read carefully prior to the interview. A score (range 1 to 5) is assigned to each component of the packet by each member of the CRRB. The score assigned takes into account specificity of examples provided, whether examples are reflective of an advanced level of practice and application of the principles of the Synergy Model.
4. Each applicant's packet is assigned a primary reviewer from the membership of the CRRB. The primary reviewer receives the applicant's entire packet for review. The primary reviewer guides the interview process.
5. After the interview, each board member assigns a score (range 1 to 5) for the interview and documents supporting comments.
6. A composite score for the applicant is calculated from all the individual scores; this score determines whether the applicant has successfully achieved advancement. A minimum composite score of 3 is required for advancement to the next level.
7. The scoring sheets are destroyed following review unless the applicant was not advanced and pending appeal.

D. Interview

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The interview allows the applicant to articulate readiness for promotion and to elaborate on the contents of the packet, and address individual nurse competencies and professional activities. The applicant may be asked to clarify particular aspects of the packet, share their reasons for application and foals for maintaining practice at the level of advancement. The applicant is expected to demonstrate understanding and application of the Synergy Model, and as a general preparation, should be able to answer the following questions:

1. What are common characteristics of the patients/families or clients you work with?
2. What nurse characteristics are especially pertinent and beneficial in promoting optimal outcomes in your area?
3. How does your care differ at a CN III (or IV) level, as compared to when you functioned at a CN II (or III) level?
4. What strategies have you used or implemented to provide a healing environment for the patient and family?
5. With whom do you collaborate to assure best outcomes?
6. In what ways have you been a facilitator of learning?
7. How do you plan to maintain the CN III (or IV) level of practice?
8. What are your future professional goals?

E. Decision Making

Upon completion of the packet review and the applicant's interview, the CRRB will decide whether or not to promote the applicant. This decision will be made by compiling the ratings of the seven voting members of the CRRB in consideration of the four components of the application packet/process: Self-Evaluation; Sponsor Evaluation; Clinical Situation Narrative and Interview.

The CRRB will notify the applicant in writing regarding the promotion decision within fourteen working days following completion of all interviews. Copies will be sent to the applicant's Nursing Manager and Human Resources. If advancement is denied, the CRRB will make specific recommendations to the applicant concerning areas the applicant should address. Should the applicant disagree with the CRRB's decision, the appeal process may be initiated.

F. Salary Adjustment

Upon advancement to the Clinical Nurse III or IV level, the nurse will receive a salary increase; the percentage of increase in salary is based on contract negotiations. The salary increase is effective the first pay period in April following the established promotion period. Upon promotion, the staff nurse will be evaluated according to the CN III or IV performance description and evaluation tool as appropriate.

VI. CLINICAL ADVANCEMENT SYSTEM – APPEAL PROCESS:

A. Purpose of the Appeal Process

The appeal process will ensure that the standards established for promotion to CN III and CN IV levels are fairly applied to all applicants. The appeal board will, therefore, review the application of the rules or standards to an individual applicant's packet; this board will not determine what the rules or standards should be for each level.

B. Initiation of the Appeal Process

Applicants who are denied promotion to CN III or IV levels may appeal the decision of the CRRB. The request for appeal must be submitted in writing to the Director of Nursing by 5:00 PM on April 1st. An appeal session will be scheduled as soon as possible by mutual agreement of the involved parties.

C. Appeal Board

The Appeal Board will be composed of the following members: Director of Nursing, Chairperson of the CRRB and a third party designated by the Director of Nursing. After reviewing all data submitted, the Appeal Board will either support CRRB's denial of advancement or the Board will reverse the decision and grant promotion.

D. Conduct of the Appeal Session

The appeal session shall be conducted by the Director of Nursing according to the following guidelines:

1. The members of the Appeal Board will convene to receive general information regarding the CRRB processes for promotion including: how packets were reviewed, standards and scoring guidelines for each level, etc. Sample packets representing high, borderline and unacceptable ratings for promotion may be presented for clarification of how the standards/scoring were applied.
2. An Appeal Board session will be conducted with the applicant present. The Chair of the CRRB will present a summary of the CRRB's rating of the applicant's packet, highlighting the areas that were judged not to be of CN III or CN IV level as appropriate.
3. The applicant will then have an opportunity to present factual information which refutes the CRRB findings in those areas, as was previously communicated to the applicant in the denial letter.
4. The Appeal Board members may ask any clarifying questions to ensure that they have all the necessary information.
5. The applicant will/may be asked to leave so that the Appeal Board can make its decision.
6. The applicant will be notified of the decision immediately. A follow-up letter documenting the outcomes of the appeal will original from the office of the Director of Nursing.

VII. UNIT TRANSFERS:

A nurse who transfers to a different clinical area will maintain the level held at the time of transfer for the first year in the new clinical area. The annual evaluation process will determine whether the nurse remains at that level or returns to a lower level on the Clinical Advancement System.

VIII. REHIRES:

A Clinical Nurse II or Clinical Nurse III who terminates employment at John Dempsey Hospital and returns within one year, will return to the clinical level held at the time of termination. A Clinical Nurse IV will be rehired at the CN III level, unless a budgeted CN IV position remains available.

APPENDIX A

Nursing Excellence: Application of the AACN Synergy Model

In 1995, the AACN Certification Corporation board of directors appointed a group of subject matter experts from across the United States to refine the conceptual model and guide a study of practice and job analysis of critical care nurses. Professional Examination Services (PES) was retained to work with this group to refine the model and to test the validity of the concepts in critical care practice. The study would serve as the basis for a revised certification exam. The subject matter experts were Martha A. Q. Curley, Duanne Foster-Smith, Deborah Gloskey, Janet Fraser hale, Teresa Halloran, Sonya R. Hardin, Patricia Hooper, Mairead Hickey, Vickie Keough, Patricia Moloney-Harmon, Kathleen Shurpin, and Daphne Stannard. This group refined the patient and nurse characteristics as well as delineated a continuum for the characteristics. The patient characteristics were distilled from the original 13 patient needs into the following 8 concepts:

1. resiliency
2. vulnerability
3. stability
4. complexity
5. resource availability
6. participation in care
7. participation in decision making
8. predictability

The nurse characteristics were also merged into 8 concepts:

1. clinical judgment
2. advocacy
3. caring practices
4. collaboration
5. systems thinking
6. response to diversity
7. clinical inquiry
8. facilitation of learning (AACN Certification Corporation, 2003a)

According to the model, each patient brings a unique set of characteristics to the health care situation. Among the many characteristics that are present, 8 are consistently seen in patients who experience critical events. These 8 characteristics are consistently assessed by nurses in variable levels given each patient situation. These characteristics, as well as other patterns that are unique to each patient's circumstances, should be assessed in every patient.

Resiliency is the patient's capacity to return to a restorative level of functioning using a compensatory coping mechanism. The level of resiliency assessed in patients is often dependent upon their ability to rebound after an insult. This ability can be influenced by many factors including age, comorbidities, and compensatory mechanisms that are intact.

Vulnerability is the level of susceptibility to actual or potential stressors that may adversely affect patient outcomes. Vulnerability can be impacted by the patient's physiological make-up or health behaviors exhibited by the patient.

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Stability refers to the patient's ability to maintain a steady state of equilibrium. Response to therapies and nursing interventions can impact the stability of the patient.

Complexity is the intricate entanglement of two or more systems. Systems refer to either physiological or emotional states of the body, family dynamics, or environmental interactions with the patient. The more systems involved, the more complex are the patterns displayed by the patient.

Resource availability is influenced by the extent of resources brought to the situation by the patient, family, and community. The resources can present as technical, fiscal, personal, psychological, social or supportive in nature. The more resources that a person brings to the health care situation, the greater the potential for a positive outcome.

Participation in care is the participation by a patient and family in being engaged in the delivery of care. Patient and family participation can be influenced by educational background, resource availability, and cultural background.

Participation in decision making is the level of engagement of the patient and family in comprehending the information provided by health care providers and acting upon this information to exercise informed decisions. Patient and family engagement in clinical decisions can be impacted by the knowledge level of the patient, his or her capacity to make decisions given the illness, the cultural background (i.e., beliefs and values), and the level of inner strength during a crisis (AACN Certification Corporation, 2003a).

Predictability is the characteristic that allows one to expect a certain course of events or course of illness.

The nurse characteristics can be considered competencies that are essential for those providing care to the critically ill. The nursing competencies were validated in 1997 by a study of practice and job analysis conducted by the Professional Examination Services (PES) on behalf of the AACN Certification Corporation. PES mailed the patient characteristics, along with the varying levels of patient acuity, to nurses and asked the nurses to rate each profile indicating the perceived level of criticality of the patient given the leveling of the characteristic. All 8 competencies reflect and integration of knowledge, skills, and experience of the nurse.

Clinical judgment is the clinical reasoning utilized by a health care provider in the delivery of care. It consists of critical thinking and nursing skills that are acquired through a process of integrating education, experiential knowledge, and evidence-based guidelines. The integration of knowledge brings about the clinical decisions made during the course of care provided to the patient.

Advocacy is working on another's behalf when the other is not capable of advocating for him- or herself. The nurse serves as a moral agent in identifying and helping to resolve ethical and clinical concerns within the clinical setting.

Caring practices are the constellation of nursing interventions that create a compassionate, supportive, and therapeutic environment for patients and staff, with the aim of promoting comfort and healing and preventing unnecessary suffering. Caring behaviors include compassion, vigilance, engagement, and responsiveness to the patient and family.

Collaboration is the nurse working with others to promote optimal outcomes. The patient, family, and members of various health care disciplines work toward promoting optimal and realistic patient goals.

Systems thinking comprises the tools and knowledge that the nurse utilizes to recognize the interconnected nature within and across the health care or non-health care system. The ability to understand how one decision can impact the whole is integral to systems thinking. The nurses uses a global perspective in clinical decision making and has the ability to negotiate the needs of the patient and family through the health care system.

Response to diversity is the sensitivity to recognize, appreciate, and incorporate differences into the provision of care. Nurses need to recognize the individuality of each patient while observing for patterns that respond to nursing interventions. Individuality can be observed in the patient's spiritual beliefs, ethnicity, family configuration, lifestyle values, and use of alternative and complementary therapies.

Clinical inquiry is the ongoing process of questioning and evaluating practice, providing informed practice, and innovating through research and experiential learning. Clinical inquiry evolves as the nurse moves from novice to expert. At the expert level, the nurse improves, deviates, and/or individualizes standards and guidelines to meet the needs of the patient.

Facilitation of learning means that the nurse facilitates learning for patients, families, nursing staff, physicians and other health care disciplines, and community through both formal and informal facilitation of learning. Education should be provided based on individual strengths and weaknesses of the patient and family. The educational level of the patient should be considered in the design of the plan of education the patient and family to ensure informed decisions. Creative methods should be developed to ensure patient and family comprehension.

Each nurse and patient characteristic is understood on a continuum from one to five. The level of each patient characteristic is critical in the competency required of the nurse (AACN Certification Corporation, 2003a). The levels of each characteristic are discussed in the following chapters of this text.

The AACN Synergy Model for Patient Care is based on five assumptions (AACN, 2000, p.55):

1. Patients are biological, social, and spiritual entities who are present at a particular developmental stage. The whole patient (body, mind, and spirit) must be considered.
2. The patient, family, and community all contribute to providing a context for the nurse-patient relationship.
3. Patients can be described by a number of characteristics. Characteristics are connected and contribute to each other. Characteristics cannot be looked at in isolation.
4. Nurses can be described on a number of dimensions. The interrelated dimensions paint a profile of the nurse.
5. A goal of nursing is to restore a patient to an optimal level of wellness as defined by the patient. Death can be an acceptable outcome in which the goal of nursing care is to move a patient toward a peaceful death.

In 2002, a practice analysis task force appointed by the AACN Certification Corporation expanded the assumptions of the model to include the following (AACN Certification Corporation, 2003b; Muenzen et al., 2004):

- The nurse creates an environment for the care of the patient. The context/environment of care also affects what the nurse can do.
- There is an interrelatedness between impact areas. The nature of the interrelatedness may change as the function of experience, situation, and setting changes.
- The nurse may work to optimize outcomes for patients, families, health care providers, and the health care system/organization.
- The nurse brings his or her background to each situation, including various levels of education/knowledge and skills/experience.

These assumptions underlay the conceptual framework and establish the context for understanding the Synergy Model.

S. R. Hardin, S. R. and Kaplow, R. (2005), Synergy for Clinical Excellence, pages 4-8.

APPENDIX B

Contact Hours Requirements

<u>Category</u>	<u>Committee</u>	<u>Consultation</u>	<u>Education</u>	<u>Research</u>	<u>Total</u>
CN II	5	5	15	5	30
CN III	8	8	20	8	44
CN IV	10	10	25	10	55

Documentation of mandatory inservice attendance is required for consideration for promotion.

Mandatory inservice hours do not count for the above categories.

Once advancement is successfully achieved, if an employee is on a leave of absence more than 90 days, required contact hours will be prorated based on the length of leave. For example, 6 months of leave reduces requirement by 50%.

CAAC

June 1989, February 1992, August 1994, June 1996, October 2007

CRRB

May 2003

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Appendix C: Contact Hours Accruals

<u>COUNCILS / COMMITTEES / COMMITTEE WORK / UNIT ACTIVITIES / PROJECT TEAMS</u>		<u>CONSULTATION / PROFESSIONAL ACTIVITIES</u>	
CATEGORY	# OF CONTACT HOURS	CATEGORY	# OF CONTACT HOURS
COMMITTEES		PRECEPTOR: STUDENTS	
For chairing a committee or project work team	10	For each 8 hour shift	1
For acting as a recorder for a committee meeting	1	PRECEPTOR: NEW STAFF	
For each 60 minute meeting attended	1	For each 8 hour shift	1.5
UNIT-BASED UNION REPRESENTATIVES		For each 12 hour shift	2
For 1 year participation	10	OUTREACH	
For 6 months participation	5	For each 60 minute presentation	1
UNIT ACTIVITIES		CONSULTATION: INTERNAL (JDH) and/or EXTERNAL (OUTSIDE INSTITUTIONS)	
For each 60 minutes of clinically related unit work, designated by the Manager	1	For each 60 minutes of consultation time	1
STAFF MEETING		DISCHARGE PLANNING / PATIENT CARE CONFERENCES	
For each 60 minute staff meeting attended	1	For each 60 minute conference	1
For each 60 minute meeting recorded	1	For each 60 minute meeting recorded	1
<u>RESEARCH (HEALTHCARE RELATED)</u>		SPONSOR	
CATEGORY	# OF CONTACT HOURS	Clinical Advancement System Sponsor Evaluation (1 completed)	5
REVIEW OF HEALTHCARE RESEARCH LITERATURE (LITERATURE OR RESEARCH ARTICLE)		PROFESSIONAL ORGANIZATION / SOCIETIES	
For each 60 minute Journal Club Meeting/Inservice attended that was focused on research	1	For 1 year <u>active</u> participation per organization	10
For each 60 minute Journal Club /Inservice presentation that was focused on research	1	For 6 months participation per organization	5
For each 60 minute preparation time for the above	1	For membership per organization	2
DOCUMENTATION		<i>Provide proof of current membership</i>	
Incorporating research into practice by addressing relevant patient care issues with current research findings and documenting in SCP, ITP or progress note	1	COMMUNITY INVOLVEMENT	
For discussion of research findings/articles with CNS, CN IV, NM/ANM (1 contact hour for every 60 minutes)		For health-related volunteer activities requiring utilization of clinical nursing expertise in consultation with NM and CAAC	to be evaluated
INSERVICE WORKSHOPS / CONFERENCES		CERTIFICATION	
For each 60 minute session attended *	1	Current certification	5
*Sessions with a focus on research findings could be used to meet Research contact hours.		<i>Provide proof of current certification to manager</i>	
Documentation of attendance is required prior to receiving contact hours		<u>EDUCATIONAL ACTIVITIES</u>	
PUBLICATIONS		CATEGORY	# OF CONTACT HOURS
For each article published in national publication	45	ACADEMIC CREDIT	
For each article published in state/local publication	20	Per academic credit hour	15
RESEARCH		INSERVICE WORKSHOPS / CONFERENCES	
For each completed study	45	For each 60 minute presentation	1
For proposal and development	20	For each 60 minute session attended*	1
For collection of IOP data per month	1	For each 60 minute of preparation time	1
For each 60 minutes of development/implementation of nursing projects with incorporated research findings	1	* Sessions with a focus on research findings could be used to meet Research contact hours.	
For each 60 minutes of committee work for Nursing Research Committee	1	GUIDED SELF-INSTRUCTIONAL ACTIVITIES	
For each encounter with patients on research protocols	1	For each 60 minutes	1
		INSERVICE WORKSHOPS / CONFERENCES	
		For each 60 minute session attended*	1

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APPENDIX D

Guidelines for Obtaining Additional Contact Hours for Selected Union Activities

The union endorses any statewide professional issues committee dealing with Health Care, Nursing Issues or State Employee issues.

Constitutional Committees:

1. Steward (previously known as Grievance)
2. Health and Safety
3. Bargaining (Negotiating)
4. COPE (Committee on Political Education)
5. Social
6. Finance (subcommittee: compensation)
7. Tier II
8. Tier I
9. Union Representative Assembly (unit elected)
10. Executive Committee (elected positions)
11. AFT Convention (elected delegate)
12. AFT Connecticut – formerly known as CFEPE (elected delegate)
13. Connecticut State AFL-CIO (elected delegate)
14. AFT Connecticut Executive Council – formerly known as CFEPE (elected delegate)
15. Greater Hartford Central Labor Council (elected delegate)
16. Bristol Labor Council (elected delegate)

Contracted Committees:

1. UHP / Management Staffing Issues Committee
2. Labor Management Committee
3. Reclassification Committee
4. Labor / Management New Jobs Committee

Special Issues Committees:

1. Committees that are formed to resolve specific issues, usually for short, intense periods of time.
2. Examples include UHP / Management Nursing Salary Committee

EFFECTIVE: 11/91

REV: 5/03

EFFECTIVE DATE: 6/88

REVISION DATES: 11/91, 6/92, 5/93, 1/94, 8/94, 4/95, 6/96, 7/99, 5/03, 10/07

APPENDIX E

Guidelines for Sponsor Evaluation

The Sponsor Evaluation is an important tool used by the CRRB to capture a picture of the candidate's nursing practice and accounts for 25% of the applicant's rating. We strongly recommend that all sponsors attend the Clinical Advancement Workshop. Please consider the guidelines below when preparing your Sponsor Evaluation.

Refer to the Position Requirement & Evaluation Form (PREF) for the appropriate level as a guide. The PREF is divided into four categories of clinical practice:

1. Nurse Competencies
2. Personal and Professional Accountability
3. Mandatory Requirements
4. Other

Use the performance measures on the PREF to serve as a guide for the Sponsor Evaluation. Specific examples must be provided for all major competencies and category headings. Use examples other than the ones the applicant uses in his/her self-evaluation and clinical narrative to give the CRRB a broader picture of the applicant's clinical practice. The Sponsor does not need to address Mandatory Requirements.

The Sponsor Evaluation should be written as clearly and concisely as possible. Your role as sponsor is to provide objective data to substantiate the candidate's performance at a particular level of clinical practice.

APPENDIX F

Manager Guidelines for Clinical Advancement System

It is strongly recommended that the Nurse Manager review the administrative policy related to the evaluation of professional staff. To initiate the promotion process the evaluation must be completed by the manager and reviewed with the candidate. The evaluation must support the promotion of the candidate to the next level. If the manager cannot support the promotion, this is shared with the applicant and together they develop goals that are mutually acceptable to prepare the candidate for future advancement.

1. To be considered by the CRRB, the applicant must have a satisfactory evaluation.
2. The period of performance evaluated for promotion is the 12 months immediately prior to the application submission deadline. The evaluations must be dated to reflect this time period, i.e., January 1st to January 1st.
3. Evaluations must be signed by the applicant, the evaluator (ANM / Nurse Manager), and next level manager/director.
4. A copy of the evaluation is submitted with the applicant's packet.
5. The original evaluation is kept by the nursing manager until the promotion process is complete.
6. All mandatory inservices must be completed by the applicant and documented on the PREF. There are no exceptions to this policy. Mandatory inservice requirements do not count towards contact hour accruals.
7. Dates for mandatory inservice completion that should be used on the evaluation include those within the previous calendar year (January 1st through December 31st). Completed packets must be turned in by 12 noon on February 1st or the first Monday in February.
8. Upon promotion, the Nursing Manager must complete the paperwork/AA for the promotion process.