

*UCONN Medical Group/  
John Dempsey Hospital*

*Department  
of  
Ambulatory Nursing*

*CLINICAL  
ADVANCEMENT  
SYSTEM*

**TABLE OF CONTENTS**

PURPOSE: ..... 3  
ADVANCEMENT PROCESS:..... 3  
    I. INTRODUCTION: .....3  
    II. NEW EMPLOYEE: .....4  
    III. APPLICATION TO THE CLINICAL ADVANCEMENT REVIEW BOARD (CARB): .....4  
    IV. COMPLETION OF THE APPLICANT PACKET .....5  
    V. CLINICAL ADVANCEMENT REVIEW BOARD (CARB): .....5  
    VI. CLINICAL NURSE SPECIALIST/CNV .....7  
    VII. CLINICAL ADVANCEMENT SYSTEM - APPEAL PROCESS .....7  
    VIII. APPEAL BOARD FOR CLINICAL RECOGNITION (ABCR) .....7  
    IX. UNIT TRANSFERS: .....8  
    X. REHIRES: .....8  
    XI. GUIDELINES FOR SPONSOR EVALUATION: .....8  
    XII. MANAGER GUIDELINES FOR CLINICAL ADVANCEMENT SYSTEM: .....8  
APPENDICES: ..... 9  
    APPENDIX 1: Nursing Excellence: Application of the AACN Synergy Model .....9  
    APPENDIX 2: Conceptual Model of Synergy Clinical Advancement Matrix .....13  
    APPENDIX 3: Professional Development Self Assessment .....19  
    APPENDIX 4: Educational Activity Record .....20  
    APPENDIX 4: Educational Activity Record (Continued) .....21  
    APPENDIX 5: Resume .....22  
    APPENDIX 6: Self Evaluation Form .....23  
    APPENDIX 7: Clinical Narrative .....24  
    APPENDIX 8: Guidelines for Sponsor Evaluation .....25  
    APPENDIX 9: Manager Guidelines for Clinical Advancement System .....26

The Ambulatory Clinical Advancement System is a conceptual model to guide nurses who are interested in professional growth and development. The foundation of the advancement system is congruent with the synergy model of nursing, whose premise is that optimal outcomes result from the synergy of a nurse's competencies matching the needs of the individual and family. The Ambulatory Clinical Advancement System recognizes and rewards professional nurses who have developed their clinical competence. It encourages individual professional growth and fosters the attainment of individual goals, while promoting collaborative care that leads to improved individual and family outcomes.<sup>1</sup>

### **PURPOSE:**

The Clinical Advancement System:

1. recognizes and rewards professional nurses who have developed their clinical competence;
2. encourages professional growth and fosters the attainment of individual goals;
3. promotes collaborative care that will lead to improved patient outcomes.

### **ADVANCEMENT PROCESS:**

#### **I. INTRODUCTION:**

- A. The Department of Ambulatory Nursing formed a Clinical Recognition Project Team in April 2007 with the charge to review systems that have been implemented in other health care organizations and to develop a system for implementation within UCHC. The Project Team included Staff Nurses, a Nursing Manager and a Nursing Administrator. After collecting data, the Project Team adopted the synergy model used by JDH that focused on matching the relationship between nursing characteristics and patient needs.
- B. An underlying philosophy guiding the Clinical Recognition Project Team is 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 (Appendix 1).
- C. The materials contained herein describe:
  1. the process of advancement;
  2. the appeal process, and
  3. supporting documentation.

This material should prove useful to any nursing staff member who elects to seek advancement within our system.

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<sup>1</sup> Hardin, S & Kaplow, R. (2005) Synergy for Clinical Excellence: The AACN Synergy Model for Patient Care; Jones and Barlett

- D. The Ambulatory Nursing Department Clinical Advancement System defines performance requirements for four levels of nursing practice. All Staff Nurses must receive a satisfactory performance review. 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. The pace at which a Staff Nurse progresses through the Advancement System is determined by clinical competency, and demonstration of professional behaviors as described within Appendix 2 of the synergy clinical advancement matrix.
- E. Advancement from one level to the next is recognized financially by a percentage increase in salary.  
\*Please refer to UHP union contract.

## II. NEW EMPLOYEE:

- A. Following successful completion of the probationary period including completion of an orientation checklist, a satisfactory evaluation, the clinical nurse has achieved the Clinical Nurse II status, the Clinical Nurse II PREF and educational activity record becomes the standard for his/her clinical performance evaluation. Any clinician that demonstrates independent and competent nursing practice may choose to remain at the Clinical Nurse II level of practice.

## III. APPLICATION TO THE CLINICAL ADVANCEMENT REVIEW BOARD:

- A. Applications for promotion on the clinical ladder are due March 1<sup>st</sup>, or the first weekday in March, by midnight via e-mail.
  - 1. Preparation for Application
    - a. Applicants can progress one Clinical Nurse level per two year period. For example, after a Staff Nurse has successfully performed at the CN II/CNIII level for one year, preparation for advancement to CN III/CNIV may begin. The potential for advancement should be discussed during the performance review with the applicant.
      - i. Clinical Advancement Information and Application forms are available through the nursing website.
      - ii. Advancement to CN IV is only available to RN's working a minimum of 0.9 FTE.
    - b. Applicants should approach their nursing leader no later than January 2<sup>nd</sup> to arrange for their evaluation. The nursing leader will verify whether the applicant is qualified to apply for Clinical Advancement. If in agreement, the nursing leader will complete an evaluation which will be reviewed with the applicant. To be considered by the Clinical Advancement Review Board the applicant must have a satisfactory evaluation at the applied for level. The evaluation will validate the applicant's performance at the applied for level.
    - c. The evaluation must be complete in all respects, including:
      - i. performance period evaluated is the preceding 12 month period. For example, March 1 to March 1;
      - ii. documentation of completion of all mandatory in-services;
      - iii. signature of the Director of Ambulatory Nursing;
      - iv. correct amount and distribution of points (Appendix 3 and 4).

#### IV. COMPLETION OF THE APPLICANT PACKET

- A. The packet constitutes 80% of the application process; interview is equal to 20% of the application process.
1. All documents must be submitted via computer entry application. Avoid using abbreviations that are unique to the applicant's area of specialty.
  2. A resume, completed according to packet guidelines (Appendix 5).
  3. Self-Evaluation (20%), which summarizes and highlights aspects of individual performance in the areas of nursing competencies: clinical judgment, caring practice, advocacy, moral agency, response to diversity, collaboration, systems thinking, facilitation of learning, and clinical inquiry. Use specific examples for each category (Appendix 6).
  4. Sponsor Evaluation (20%), 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 III, IV, V or APRN available, the Nurse Manager/Nurse Supervisor/CNS may serve as a sponsor. CARB members 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 recommended that sponsors review the self learning packet related to the role and review the Clinical Advancement Manual located on the website (Appendix 8).
  5. The Clinical Narrative (40%), is a written example of critical thinking that guides the nurse's actions to make a difference in patient outcomes. It should illustrate clearly the applicant's performance at the applied for level (Appendix 7).
  6. 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).
  7. Include a copy of your most recent manager evaluation (see XII. Manager Guidelines).

#### V. CLINICAL ADVANCEMENT REVIEW BOARD (CARB):

##### A. Purpose

1. The Clinical Advancement Review Board (CARB) is a decision-making body whose charge is to evaluate each applicant's request for promotion. The decision of the CARB is based on the board's evaluation of the applicant's packet and interview. The CARB will deal only with requests for promotion. Issues related to maintenance of current level or demotion is the responsibility of the Nurse Manager and/or the Director of Ambulatory Nursing.

B. Board Composition: Seven (7) Members

1. A minimum of six CARB members must be present during the voting process for applicant advancement.
  - a. One – Nursing Manager
  - b. Two – Clinical Nurse III\*
  - c. Two – Clinical Nurse IV\*
  - d. Two – APRNs

\*The number of CN III versus CN IV members vary depending upon the availability of staff.

- i. CARB members will serve on the board for three years, with staggered rotation of members.
- ii. If a CARB 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.
- iii. If a CARB member changes status during tenure on the board from a CNIII to a CNII, that person will no longer be a member of the CARB.

C. Process

1. The CARB reviews each packet for completeness. After acceptance, the CARB notifies the applicant (via e-mail) to schedule an interview.
2. A primary reviewer from CARB is assigned to each packet. This individual guides the interview process.

D. Interview

1. The interview allows the applicant to articulate readiness for promotion and to elaborate on the contents of the packet in the areas of clinical nursing practice, professional activities, and reasons for application and goals for practice at the level of advancement. In preparation for the interview, the applicant should be able to answer the following questions.
  - a. How do I know I make a difference?
  - b. How do I improve individual/family outcomes?
  - c. How do I work collaboratively within the health care environment (insurance company, VNA, MDs, MA, etc...)?
  - d. Was there a critical event or a significant learning opportunity in a patient care situation that will continue to influence my nursing care in the future?
  - e. How do I use intuitive feeling/judgment? How has it resulted in improved individual/family outcomes?
  - f. How has my practice changed as I have developed professionally?
  - g. What are my future professional goals?

E. Decision Making

1. Upon completion of the packet review and the applicant's interview, the CARB will decide whether or not to promote the applicant. This decision will be made by compiling the ratings of a minimum of six voting members of the CARB.
2. A CARB member, who is sponsoring a candidate, must refrain from participating in the decision making process and will release themselves from voting.

3. The CARB will notify the applicant in writing regarding the promotion decision within fourteen business days of the interview. Copies will be sent to the applicant's Nursing Manager or Director of Ambulatory Nursing and Director of Human Resources.
4. If advancement is denied, the CARB will make specific recommendations to the applicant concerning areas the applicant should address.
5. Should the applicant disagree with the CARB's decision, the appeal process may be initiated.

F. Salary Adjustment

- a. 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.

VI. CLINICAL NURSE SPECIALIST/CNV

- A. CNV positions are filled by direct hiring, not through advancement within the clinical ladder.

VII. CLINICAL ADVANCEMENT SYSTEM - APPEAL PROCESS

A. Purpose of the Appeal Process

1. 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

1. Applicants who are denied promotion to CN III or IV levels may appeal the decision of the CARB. The request for appeal must be submitted in writing to the Director of Ambulatory 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

1. The Appeal Board will be composed of the following members:
  - a. Director of Ambulatory Nursing;
  - b. Chairperson of the CARB;
  - c. A third party designated by the Director of Ambulatory Nursing.

After reviewing all data submitted, the Appeal Board will either support CARB's denial of advancement or the Board will reverse the decision and grant promotion.

D. Clinical Recognition Appeal Board

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

1. The members of the Appeal Board will convene to receive general information regarding the ABCR 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. No Appeal Board member may sponsor the candidate making the appeal.

3. All Appeal Board Members must be in attendance for the full session and must vote. A sponsor cannot be a voting member of the Appeal Board.
4. The applicant requesting the appeal will be invited to join the Appeal Board prior to any discussion of that individual's packet.
5. The Chair of the Appeal Board will present a summary of the Appeal Board'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.
6. The applicant will then have an opportunity to present factual information which refutes the findings in those areas, as was previously communicated to the applicant in the denial letter.
7. The Appeal Board members may ask any clarifying questions to ensure that they have all the necessary information.
8. The applicant will be asked to leave the room so that the Appeal Board can make its decision.
9. The applicant will be notified of the decision immediately. A follow-up letter documenting the outcome of the appeal will originate from the office of the Director of Ambulatory Nursing.

VIII. UNIT TRANSFERS:

- A. A nurse who transfers to a different inpatient or outpatient 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.

IX. REHIRES:

- A. A Clinical Nurse II or Clinical Nurse III, who terminates employment at the UCHC and returns within one year, will return to the clinical level held at the time of termination. The annual evaluation process will determine whether the nurse remains at that level or returns to a lower level on the Clinical Advancement System.

X. GUIDELINES FOR SPONSOR EVALUATION:

- A. The Sponsor Evaluation is an important tool used by the CARB to capture a picture of the candidate's nursing practice and accounts for 20% of the applicant's rating (Appendix 8).

XI. MANAGER GUIDELINES FOR CLINICAL ADVANCEMENT SYSTEM:

- A. It is strongly recommended that the Nurse Manager/Leader 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 (Appendix 9).

## APPENDICES:

### APPENDIX 1: 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.

**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 ensure 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 insult, 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 an 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 nurse 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 for 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.<sup>2</sup>

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<sup>2</sup> Hardin, S & Kaplow, R. (2005) Synergy for Clinical Excellence: The AACN Synergy Model for Patient Care; Jones and Barlett

## APPENDIX 2: Conceptual Model of Synergy Clinical Advancement Matrix

Nurse Concepts	Graduate Nurse (New Graduate)	CN1 (Advanced beginner)	CN2 (Competent)	CN3 (Proficient)	CN4 (Expert)
<p>1. Clinical Judgment and knowledge.</p> <p>Consists of critical thinking and nursing skills that are acquired through a process of integrating education, experiential knowledge and evidence based guidelines for diverse populations.</p>	<p>A. Maintains standards of clinical practice with assistance</p> <ul style="list-style-type: none"> <li>• Collects relevant patient and family health data</li> <li>• Supports plan of care established by provider</li> <li>• Implements safe interventions while assuring patient's privacy and dignity</li> <li>• Evaluates patients and families response and alerts provider to results of intervention</li> </ul>	<p>A. Maintains standards of clinical practice with minimal assistance</p> <ul style="list-style-type: none"> <li>• Collects data and begins to prioritize key clinical diagnosis</li> <li>• With guidance develops, implements and evaluates plan of care that recognizes changes in patient condition and alerts provider</li> <li>• Identifies and communicates concerns and intervenes related to patient and staff safety while assuring privacy and dignity</li> <li>• Delegates and prioritizes workload, addressing current unit conditions/situations</li> </ul>	<p>A. Implements standards of clinical practice independently</p> <ul style="list-style-type: none"> <li>• Recognizes specialty data</li> <li>• Collects data and prioritizes key diagnosis</li> <li>• Implements and evaluates plan of care that recognizes changes in patient condition and alerts provider</li> <li>• Anticipates and identifies concerns related to patient and staff safety and intervenes while assuring privacy and dignity</li> <li>• Delegates and prioritizes workload, addressing current unit conditions and mobilizes appropriate resources</li> </ul>	<p>A. Improves standards of clinical practice by applying evidence-based practice</p> <ul style="list-style-type: none"> <li>• Individualizes nursing diagnosis based on holistic assessment of complex pathophysiological and psychosocial data</li> <li>• Anticipates and evaluates care through focused analysis of problems</li> <li>• Accommodates safe plan of care with flexibility, speed and efficiency</li> <li>• Anticipates change in workload, mobilizes resources, and provides stability of environment</li> <li>• Individualizes nursing diagnosis</li> </ul>	<p>A. Develops and implements innovative clinical practice standards</p> <ul style="list-style-type: none"> <li>• Practice is self-directed, flexible and innovative</li> <li>• Integrates priorities of other disciplines in order to provide a holistic approach</li> <li>• Consistently ensures positive change even in the most challenging situations</li> <li>• Quickly identifies changes in healthcare environment and responds and reevaluates</li> </ul>
	<p>B. Identifies and locates practice manuals including</p> <ul style="list-style-type: none"> <li>• Infection control</li> <li>• Safety manual</li> <li>• Lab manual</li> <li>• Policy and procedure manual</li> </ul>	<p>B. Uses practice manuals appropriately</p>	<p>B. Identifies and communicates potential gaps in practice manuals</p>	<p>B. Acts as a resource in application of policies in practice manuals.</p>	<p>B. Researches, improves or develops procedures and policies for practice manual.</p>

Nurse Concepts	Graduate Nurse (New Graduate)	CN1 (Advanced beginner)	CN2 (Competent)	CN3 (Proficient)	CN4 (Expert)
1. Clinical Judgment and knowledge. (Continued)	C. Identifies age specific education needs based on diverse patient and family populations <ul style="list-style-type: none"> <li>Locates, selects and distributes appropriate education materials</li> </ul>	C. Identifies age specific education needs based on diverse patient and family population. <ul style="list-style-type: none"> <li>Facilitation of learning</li> <li>Seeks and distributes appropriate education materials.</li> <li>Encourages patient and family in decision-making regarding education.</li> </ul>	C. Provides age-specific education based on diverse patient and family population. <ul style="list-style-type: none"> <li>Chooses and applies appropriate education materials.</li> <li>Actively involves patient and family in decision-making regarding in education.</li> </ul>	C. Revises and develops patient education material. <ul style="list-style-type: none"> <li>Seeks out challenging patient-family education opportunities.</li> </ul>	C. Serves as expert resource, facilitates, and collaborates other disciplines to develop/implements patient-family teaching programs. <ul style="list-style-type: none"> <li>Utilizes a variety of teaching strategies.</li> </ul>
	D. Utilizes standard unit specific technology and with assistance uses advanced technology as appropriate.	D. Utilizes standard unit specific technology and advanced technology as appropriate.	D. Utilizes standard unit technology and advanced technology. <ul style="list-style-type: none"> <li>Utilizes computer for basic function as well as reference on patient conditions and treatment.</li> </ul>	D. Acts as resource in use of technology	D. Evaluates technology. <ul style="list-style-type: none"> <li>May develop and assume lead in technology changes.</li> </ul>
	E. Promotes culture of safety <ul style="list-style-type: none"> <li>Familiar with and follows standards related to patient and staff safety</li> </ul>	E. Promotes culture of safety <ul style="list-style-type: none"> <li>Identifies and documents concerns using safety reporting system.</li> </ul>	E. Promotes culture of safety. <ul style="list-style-type: none"> <li>Anticipates, intervenes and documents safety concerns utilizing safety reporting system.</li> </ul>	E. Acts as a resource for and promotes a culture of safety.	E. Develops and implements changes necessary to promote culture of safety.
	F. Completes documentation by the end of work day with minimal guidance	F. Completes documentation by end of work day (system thinking).	F. Reviews and adds to interdisciplinary documentation to identify trends in patient status and enhance continuity of assessment and ongoing nursing care.	F. Involved in ongoing monitoring and improvement of interdisciplinary documentation.	F. Initiates and participates in creation of documentation tools.

Nurse Concepts	Graduate Nurse (New Graduate)	CN1 (Advanced beginner)	CN2 (Competent)	CN3 (Proficient)	CN4 (Expert)
2. Caring practices: creating a compassionate supportive and therapeutic environment for patient, family and staff.	A. Recognizes need for open and confidential interactive relationships with family and patients.	A. Involves family and patient in care.	A. Shows concern for and maintains involvement with family and patient in care.	A. Consistently role models individualized therapeutic communication.	A. Masters use of skillful therapeutic communication.
	B. Aware of patient and family rights and responsibilities.	B. Establishes open and confidential interactive relationships with family and patient.	B. Maintains compassionate and supportive confidential interactive relationships with family and patient.	B. Establishes boundaries of therapeutic relationship	B. Proactive in providing creative approaches to optimize comfort and support.
	C. Identifies diversity considerations in patient and family care.	C. Relates patient and family rights and responsibilities.	C. Identifies moral and ethical patient and family issues and seeks assistance in resolving them	C. Challenges situations and decisions that obstruct positive outcomes to reduce barriers.	C. Challenges and adapts systems to maximize the benefits for patient care.
	D. Actively listens to patient/family concerns in a respectful manner.	D. Integrates diversity considerations in patient and family care.	D. Identifies personal values and biases related to patient and family diversity issues and how they may affect caring practices.	D. Challenged with moral and ethical dilemmas. Considers how personal feelings affect caring practice.	D. Possesses knowledge of self and separates personal feelings from moral/ethical dilemmas.
	E. Recognizes need for patient/family to participate in own care.	E. Recognizes and plans assistance to provide a caring environment.	E. Acknowledges and respects uniqueness of patient while providing caring environment.	E. Seeks out perspectives from those of different backgrounds and cultures.	E. Integrates understanding of populations and uses creative strategies to deal with diverse populations.
	F. Identifies the potential need for assistance to provide caring environment.			F. Challenges situations and/or decisions that obstruct positive patient outcomes and works to reduce barriers.	F. Challenges and adapts systems to maximize the benefits.

Nurse Concepts	Graduate Nurse (New Graduate)	CN1 (Advanced beginner)	CN2 (Competent)	CN3 (Proficient)	CN4 (Expert)
3. Collaboration: promoting optimal outcome through intentional interactive relationships.	A. Identifies role of each member of inter-disciplinary team.	A. Defines oneself as a member of the interdisciplinary team. <ul style="list-style-type: none"> <li>• Recognizes the patient and family are part of the team.</li> <li>• Understands that optimal outcomes require flexibility in role.</li> </ul>	A. Delegates and leads other members of the interdisciplinary team.	A. Mobilizes health care team and persists in getting timely responses to ensure optimal outcomes.	A. Coordinates health care team for optimal outcomes.
	B. Develops relationship with each team member with support and guidance through clear and effective oral and written communication.	B. Maintains relationship with each team member through clear and effective oral and written communication.	B. Invites the patient and family to participate in decision-making.	B. Mobilizes relationships with each team member through clear and effective oral and written communication.	B. Facilitates relationships with each team member through clear and effective written and oral communication.
	C. Aware of importance of team collaboration through trust and compassion.	C. Seeks assistance with conflict resolution.	C. Initiates relationships with each team member through clear and effective oral and written communication.	C. Provides assistance with conflict resolution.	C. Role models and fosters other's development of conflict resolution skills.
	D. Asks for and willingly accepts help and mentoring when needed.	D. Demonstrates openness to the uniqueness of others and commitment to be a mentor.	D. Approaches conflict in constructive manner.	D. Demonstrates flexibility.	D. Recognizes conflict is necessary and will always exist in organizations as a precursor to growth.
	E. Acknowledges when conflict exists.		E. Seeks opportunities to be mentored.	E. Creates conditions and relationships that promote creative and positive outcomes and process.	E. Collaborates with other health care members beyond immediate environment.
	F. Aware of and values diversity in all members of healthcare team.				

Nurse Concepts	Graduate Nurse (New Graduate)	CN1 (Advanced beginner)	CN2 (Competent)	CN3 (Proficient)	CN4 (Expert)
4. Professional development: advancing practice through professional growth and clinical inquiry and innovative practice.	A. Completes department orientation.	A. Completes unit specific courses.	A. Seeks out additional learning experiences.	A. Seeks learning opportunities within and beyond practice area.	A. Develops learning opportunities for self and others.
	B. Provides respectful feedback to preceptors, peers and manager related to orientation.	B. Provides respectful feedback to manager on unit specific courses	B. Exchanges professional information and learning experiences with others.	B. Takes leadership role in building and maintaining an environment where all team members thrive.	B. Works to create and sustain a culture that is supportive. Rewards and recognizes professionalism in others.
	C. Completes mandatory competency requirements.	C. Accepting of respectful feedback.	C. Engages in self-assessment relevant to on-going learning needs and contributes to other's knowledge and skill development in practice setting.	C. Recognizes professional strengths in others and builds upon them.	C. Mentors nurse colleagues in achievement of professional progression.
	D. Engages in self assessments related to orientation and initial learning needs.	D. Engages in self assessment relevant to on-going learning needs and seeks out unit specific resources to assist in meeting those needs.	D. Incorporates relevant literature into practice.	D. Shares and contributes other knowledge and skills development in practice setting. <ul style="list-style-type: none"> <li>• Conducts in-services</li> <li>• Develops educational tools</li> <li>• Acts as an interdisciplinary clinical resource and informal mentor.</li> <li>• Initiates journal club.</li> </ul>	D. Acts as a clinical resource within and beyond their professional environment.

Nurse Concepts	Graduate Nurse (New Graduate)	CN1 (Advanced beginner)	CN2 (Competent)	CN3 (Proficient)	CN4 (Expert)
4. Professional development (Continued)	E. Reads relevant clinical literature.	E. Reads relevant literature and identifies area-specific evidence based practice.	E. Identifies areas for creative improvement and seeks out the resources to address them.	E. Takes a leadership role developing innovations/improvements in practice setting.	E. Evaluates effectiveness of innovations, improvements and practice changes.
	F. Successfully passes nursing boards (Nclex exam)	F. Participates in unit-based continuous quality improvement projects. <ul style="list-style-type: none"> <li>• Aware of need to be fiscally responsible</li> </ul>	F. Identifies problems which require investigation.	F. Recommends changes through evidence based practices.	F. Develops and evaluates changes in practice and influences evidence based nursing practice.

### APPENDIX 3: Professional Development Self Assessment

Criteria	Points
<b>A. Professional Growth</b>	
• Health related volunteer activities requiring utilization of nursing expertise (per activity) .....	1
• Self-guided Nursing Journal – continuing education (please include CEU) (per activity) .....	1
• Attended departmental in-service (please include certificate of attendance) .....	1
• Professional organization member .....	1
• Active member of a UCHC committee.....	2
• Attends conferences (please include CEU or certificate) .....	2
• Nursing/Student Preceptors.....	2
• Serves as interdisciplinary clinic resource (provide examples) .....	2
• Creates and conducts in-service (please provide documentation).....	3
• Mentors nurse colleagues in achievement of professional progression (provide examples) .....	3
• Chairing work group or committee .....	4
• Academic course work .....	4
• Sponsor for clinical advancements .....	4
• Certification in nursing specialty .....	5
• Active participation in professional organization (committee work, officer).....	5
• Conducts professional nursing presentation (please include CEU or certificate) .....	5
• Published nursing article .....	5
<b>B. Clinical Inquiry</b>	
• Identifies problems that require investigation.....	1
• Reading Literature (please attach articles - 1 pt/article) .....	1
• Participates in clinical research (either formal or informal) by collecting data (provide examples - 1 pt/event) .....	1
• Participates in journal club .....	2
• Participates in clinical research (either formal or informal) by evaluating outcomes (provide examples) .....	3
• Initiates/Leads journal club .....	4
• Seeks out applicable information to answer a clinical question (provide examples) .....	4
• Develops Nursing Research Projects.....	5
• Publishes Nursing Research.....	5
<b>C. Innovative Practice</b>	
• Seeks out resources to address areas that need improvement.....	1
• Recommends changes through Evidence Based Practices.....	1
• Participates in quality improvement projects .....	2
• Develops educational tools (provides examples).....	3
• Implements and evaluates changes in practice (provide examples).....	5
• Leads quality improvement projects .....	5

#### Professional Development Points Required

	Professional Growth	Clinical Inquiry	Innovative Practice
<b>CN II</b> 15 Total	10	2	3
<b>CN III</b> 30 Total	15	7	8
<b>CN IV</b> 40 Total	21	12	12

### APPENDIX 4: Educational Activity Record

Name: \_\_\_\_\_

Time Frame: \_\_\_\_\_ to \_\_\_\_\_

To be submitted by employee to his/her Nursing Department Head for each performance appraisal or promotion.  
Please refer to the professional development self assessment tool.

Requirements:    CNII = 10    CNIII = 15    CNIV = 21  
                              Points            Points            Points

#### PROFESSIONAL GROWTH

DATE(S)	ACTIVITY	# CONTACT HOURS

Total # of Points: \_\_\_\_\_

#### CLINICAL INQUIRY

Requirements:    CNII = 2    CNIII = 7    CNIV = 12  
                              Points            Points            Points

DATE(S)	ACTIVITY	# CONTACT HOURS

Total # of Points: \_\_\_\_\_



## APPENDIX 5: Resume

**Purpose:** To provide a summary of work experience and education. It should be a one to two page succinct description of the applicant.

**Required:** The following must be included:

1. Your name, address and telephone number
2. Professional Employment history-include name of institution, unit/area worked in and brief description of responsibilities
3. Professional Licenses and Certifications
4. Formal Education- list your educational background, schools attended and degrees completed.
5. Publications
6. Presentations within in the last 5 years. List title, organization, location and date.
7. Membership in professional organizations
8. Awards and Professional honors

**Optional:** The following may or may not be included

1. Job objective/ Career goal
2. Hobby information
3. Military service
4. Committee Work

## **APPENDIX 6: Self Evaluation Form**

### **Guidelines:**

Using the Clinical Nurse Position Requirements & Evaluation Form (PREF) as a guide, please cite and comment on your nursing practice in each area:

- Nurse Competencies: Clinical Judgment; Caring Practice; Advocacy, Moral Agency and Response to Diversity; Collaboration; Systems Thinking; Facilitation of Learning; and Clinical Inquiry
- Personal and Professional Accountability
- Other – Additional activities or responsibilities that reflect your practice

Whenever possible, please give specific examples of your clinical performance which may help to illustrate your readiness for clinical advancement. Use other sheets as needed.

## **APPENDIX 7: Clinical Narrative**

A Clinical Narrative is a memorable story of a real patient situation told in first person, written in everyday language, in order to illustrate an RN's clinical practice. The Narrative should include a detailed description of a particular clinical situation and includes the nurse's thoughts, feelings, intentions, actions, critical thinking, and decision-making process. The narrative is the cornerstone of the application portfolio.

**What Constitutes a Narrative:** (These are examples not a complete list)

- A situation in which you feel your intervention made a difference in a patient outcome
- A clinical situation:
  - That taught you something new
  - Led to a change in your practice
  - Where you clearly made a difference
- A clinical situation that was particularly demanding
- An incident that went unusually well
- An ordinary incident that was memorable
- A situation where there was a breakdown (things did not go well)

**Narratives may also:**

- Recount instances of early warning signs that you recognized before they could be validated by objective data
- Demonstrate new clinical knowledge gained through working with a new procedure, illness, or technology
- Include examples of expert coaching of a patient or colleague in a clinical situation

**When Developing Narratives:**

- Reflect on your practice
- List possible stories
- Share these stories with a colleague/peer mentor
- Free write your story/idea without attention to grammar or spelling
- Write in as much detail as possible to illustrate and support your story/idea
- Write in the first person
- Consider using a peer editor to ensure your writing conveys what you intended

**A Complete Narrative should include:**

- A background of the clinical situation
- Why the situation was critical/significant to you
- What you found most demanding
- What you found most satisfying

**Final Narrative Submission:**

- Edited for grammar and spelling
- Concise
- Typed and formatted

## **APPENDIX 8: Guidelines for Sponsor Evaluation**

Use the performance measures on the PREF to serve as a guide for the Sponsor Evaluation. Specific examples must be provided for all major category headings. Use examples other than the ones the applicant uses in his/her self-evaluation and clinical narrative to give the CARB a broader picture of the applicant's clinical practice.

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 9: Manager Guidelines for Clinical Advancement System**

1. To be considered by the CARB, 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, and next level manager.
4. A copy of the evaluation is submitted with the applicant's packet.
5. The original evaluation is kept by the nursing evaluator until the promotion process is complete.
6. All mandatory in-services must be completed by the applicant and documented. There are no exceptions to this policy. Mandatory in-service requirements do not count towards contact hour accruals/points.
7. Dates for mandatory in-service completion that should be used on the evaluation include those within the previous calendar year (January 1<sup>st</sup> through December 31<sup>st</sup> ).
8. Applications for promotion are due, via e-mail, by the first weekday in March at 11:59 p.m.