



# **KentuckyOne Health West Market Nursing Clinical Advancement Program**

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*Jewish Hospital*

*Jewish Hospital Medical Center East*

*Jewish Hospital Medical Center South*

*Jewish Hospital Medical Center Northeast*

*Jewish Hospital Medical Center Southwest*

*Jewish Hospital Shelbyville*

*Our Lady of Peace*

*Sts. Mary & Elizabeth Hospital*

*Frazier Rehab Institute*

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## ***TABLE OF CONTENTS***

Table of Contents	Page 2-3
Introduction/Purpose & Objectives/ Career Advancement Process	Page 4
Qualification Requirements	Page 5
Application Process	Pages 6-9
Checklist for Clinical Advancement Portfolio	Page 10
Point Requirements for Completion	Page 11
Application Guide	Page 12-17
Application (Form A)	Page 18
Task Force/ Committee Document (Form B)	Page 19
Diversity Practice/ Cross-Trained Area Document (Form C)	Page 20
Unit-Based Activity Document (Form D)	Page 21
Mentor Document (Form E)	Page 22
Competencies/ Skills Validation Document (Form F)	Page 23
Clinical Support Role Document (Form G)	Page 24
Case Presentation Document (Form H)	Page 25

Community Service Document (Form I)	Page 26
Preceptor Document (Form J)	Page 27
Education Document (Form K)	Page 28
Research Project Document (Form L)	Page 29
Evidence Based Practice Project Document (Form M)	Page 30
Shared Governance Activity Document (Form N)	Page 31
Supportive Work Environment Document (Form O)	Page 32
Project Evaluation Document (Form P)	Page 33
Clinical Advancement Nurse Quick Summary of Project	Page 34
Check Sheet for Portfolio	Page 35
How to Create a Curriculum Vitae	Page 36-37
Iowa Model of EBP	Page 38
By-Laws	Page 39-40
Board Members & Assignments / List of Contacts	Page 41

# ***Nursing Clinical Advancement Program Guide***

## ***Introduction***

In 1991, the Clinical Ladder Program at Jewish Hospital was developed by a committee of nurses represented by all specialties and all educational backgrounds of nursing practice at the hospital. In 2008, after assessing current national programs and literature, the Advancement Board recommended revising the 20-year-old program. The resulting Clinical Advancement Program has been developed by a diverse clinical group of nurses from all areas within system.

The Clinical Advancement Program provides advancement opportunities for staff nurses who are in clinical practice, recognizing and financially rewarding demonstrated achievement of clinical excellence. The Program is intended to increase job satisfaction, improve the quality of patient care, and enhance recruitment and retention of the nursing staff, making it an important option included in the practice of nursing.

## ***Purpose and Objectives***

1. To promote positive patient outcomes by motivating staff to achieve their highest level of clinical competence.
2. To keep the most competent staff in clinical practice.
3. To provide a mechanism for recruitment and retention of the highest quality personnel.
4. To allow for diversity and control of career choices.
5. To develop a nursing clinical advancement model reflective of current best practices in healthcare.

## ***Career Advancement Process***

The Clinical Advancement Program framework provides a mechanism to help the nurse advance in the achievement of their professional goals and portfolio activities. The program helps the nurse outline areas for enhancement including but not limited to clinical practice, quality, patient safety, shared decision making, evidence based practice, and nursing research.

## *Minimum Qualification for Application in Clinical Advancement Program*

### **Clinical Leader:**

1. Minimum of Nursing Diploma or ADN degree.
2. Minimum of two years RN experience at one of the KentuckyOne Health West Market facilities at application time.
3. Minimum of one year RN experience in area of specialty.
4. Preceptor class or preceptor update completed.
5. Annual Evaluation performed within **one month** of portfolio completion with documentation of no written disciplinary actions in previous twelve months included.
6. Yearly competency completed successfully.
7. \*National certification completed and maintained (i.e. CCRN, PCCN).
8. Clinical Advancement Program portfolio with required point total for **Leader** to include at least one point from New Knowledge, Innovation, and Improvement.

### **Clinical Expert:**

1. Current participation as a Clinical Leader in Clinical Advancement Program for at least one year.
2. Minimum of BSN degree or currently enrolled in BSN program with anticipated graduation date.
3. Preceptor update completed, functioning as a preceptor as needed.
4. Participation in and presentation of nursing-related research, evidence-based practice, or shared governance activity - approval must be obtained from Nursing Education Department prior to start of "project".
5. Clinical Advancement Program portfolio with required point total for **Expert** completed to include at least two points from New Knowledge, Innovation, and Improvement.

## APPLICATION PROCESS

***VERY IMPORTANT – IF YOU ARE CONSIDERING WORKING TOWARD LEADER OR EXPERT LEVEL YOU MUST MEET WITH YOUR MANAGER AND A CLINICAL ADVANCEMENT BOARD MEMBER TO REVIEW YOUR PROPOSED PORTFOLIO AND PROJECT PLANS PRIOR TO STARTING.***

1. Instructions for completion of the Clinical Advancement Program portfolio are available on the intranet under Document Libraries. To begin, the applicant must print out the Application (Form A), complete and meet with their manager and a representative from the Clinical Advancement Board or a mentor from System Education – For example, Celeste Romp, MSN, APRN, CCNS, RN-BC, Nurse Educator [CelesteRomp@kentuckyonehealth.org](mailto:CelesteRomp@kentuckyonehealth.org) or Cheri Wimsatt, BSN, RN, Interim Director Clinical Education [CheriWimsatt@KentuckyOneHealth.org](mailto:CheriWimsatt@KentuckyOneHealth.org) This is necessary to ensure the proposed portfolio plans are organizationally aligned and comprehensive and meet the professional development needs of the CAP candidate.
2. The manager is responsible for ensuring no disciplinary action exists and ***to review and approve proposed portfolio and project plans before work begins on the portfolio.***
3. Following the meeting with the CAP nurse candidate, the manager has two weeks to accept or reject the application and will notify the candidate with approval to begin the work if accepted.
4. Once the application is accepted, the applicant may begin work on the portfolio, having one year to complete. **Activities prior to program acceptance do not apply.**
5. The applicant will print out any necessary forms for submission of activities performed throughout the year.
6. The applicant must submit a completed portfolio to the Clinical Advancement Board via his/her assigned Clinical Advancement Board member. The portfolio must be presented to the Board member by the first Friday of the month of submission month.
7. The Clinical Advancement Board will review the portfolio during the next scheduled Board meeting after submission. **Note – The CAP candidate will attend the Board Review if possible. This face to face submission of the portfolio gives the board an opportunity to ask questions and is a great opportunity for the candidate to showcase their achievements.**

8. The Clinical Advancement Board will review the portfolio and determine if the requirements for Leader or Expert have been achieved. **Note – If the portfolio is accepted as successful, the candidate will be awarded the recognition immediately including certificate, pin, photo recognition, etc. The financial bonus will be paid within 30 days.**

**Note - If the portfolio work has areas of deficiency, the candidate will receive “real time mentoring” during the review to help support successful goal attainment and areas requiring further documentation or program work may be specified in writing to the candidate. The candidate will make necessary improvements and will be allowed to re-submit within 30 days to remain eligible.**

### **Special Instructions for Forms Completion**

If you need additional space to clearly document your portfolio evidence, please attached additional pages. The lines provided on the forms are not meant to limit your written descriptions.

**\*See next page for additional instructions\***

## **Expert Level – See additional instructions below (9-11)**

9. Research (may not be a part of current job description - i.e. Research nurse)
  - Participate in an Institutional Review Board (IRB) approved research project, which has received JHSMH Nursing Research Council approval. This includes data collection for the approved research project. Routine collection of departmental quality improvement (QI) data will not be considered.
  - Submit Research Project Document ( **FORM L** ) with log of dates and hours of data collection/research assistance provided and Principle Investigators signature.
  - Coordinate an IRB approved research project – include development of project with IRB approval, conducting the research and serving as a Principle Investigator on the project.
  - Submit Research Project Document ( **FORM L** ) and IRB approval letter with IRB number.
  
10. Evidence-Based Practice (EBP) Project ( **FORM M** )
  - Implement research findings into practice– requires the RN to measure outcomes before and after the project and achieve a literature supported change in nursing practice. Evidence-based practice change may include the development of policies, protocols with documentation, and/or training of staff.
  - Project and write up should follow the Iowa Model of Evidence-Based Practice.
  - Complete Evidence-Based Practice Project Document ( **FORM M** )
  - Include documentation of all materials developed with dates.
  
11. Shared Governance Involvement/Activity
  - Applicants are expected to participate in and take an active role in shared decisions/shared leadership/shared governance activities.
  - Submit Shared Governance Activity Document ( **FORM N** )
  - Include documentation of all materials developed and dates.

## *Recognition of Achievement*

### 1. Recognition activities:

- Advancement in the Clinical Advancement Program indicates professional excellence, advanced clinical expertise, and numerous contributions to nursing practice.
- Recognitions of this accomplishment include:
  1. Recognition on the nurse's unit
  2. Invitation to the annual Clinical Advancement Dinner
  3. Fliers to all departments/managers
  4. Clinical bonus consistent with achieved Advancement
  5. Clinical advancement pin
  6. Clinical Advancement Certificate
  7. Recognition on the Nursing and intranet website

### 2. Clinical Advancement Bonus:

Clinical bonuses will be used to recognize advanced clinical competency.

The following is the salary progression and potential clinical bonus for each level.

Leader	\$2,000 clinical bonus will be paid to the full time nurse (36-40 hours/week) and a \$1,000 bonus will be paid to the part time nurse (12-35 hours/week).
Expert	\$4,000 clinical bonus will be paid to the full time nurse (36-40 hours/week) and a \$2,000 bonus will be paid to the part time nurse (12-35 hours/week).

Bonuses will be paid on an annual basis following completion of the portfolio. Once the portfolio is submitted and approved by the Clinical Advancement Board, the bonus will be paid within 30 days.

## ***CHECKLIST FOR CLINICAL ADVANCEMENT PORTFOLIO***

- \_\_\_\_\_ Completed Clinical Advancement Program for Nursing Professionals Form (Form A)—must be completed / dated prior to starting on Clinical Advancement Portfolio
- \_\_\_\_\_ Minimum of two years RN experience at KYONE West at application time
- \_\_\_\_\_ Minimum of one year RN experience in area of specialty
- \_\_\_\_\_ Recent Photo
- \_\_\_\_\_ Current Curriculum Vitae/Resume
- \_\_\_\_\_ Internet validation of active state licensure
- \_\_\_\_\_ Documentation of current National Certification
- \_\_\_\_\_ Verification of preceptor class and/or yearly update ( **FORM J** )
- \_\_\_\_\_ Updated manager evaluation within **ONE MONTH** of portfolio submission
- \_\_\_\_\_ Documentation of **NO** written disciplinary actions in previous twelve months- included in managers evaluation
- \_\_\_\_\_ Documentation of successfully completed yearly competency
- \_\_\_\_\_ Completed the required number of points for Leader (5) or Expert (10)
- \_\_\_\_\_ Complete Program Evaluation (**FORM P**)
- \_\_\_\_\_ Complete Quick Summary of Project sheet and check sheet for portfolio

**\*Expert must have TWO points from New Knowledge, Innovations, and Improvements\***

**\*Leaders must have ONE point from New Knowledge, Innovations, and Improvements\***

### **Complete the following if applying for Clinical Expert:**

- \_\_\_\_\_ Currently Clinical Leader for minimum of one year
- \_\_\_\_\_ Minimum of BSN degree or currently enrolled in BSN program (<5 years)  
**\*Must include either BSN diploma or class transcripts\***

# *Point Requirements for Completion of the Clinical Advancement Program*

( ) Points assigned to activity  
**5** total points minimum for **Leader** qualification  
**10** total points minimum for **Expert** qualification

*Points required from Knowledge, Innovations, & Improvements  
 2 points for Expert 1 point for Leader*

<p style="text-align: center;"><b><u>Box A</u></b>  <i>Knowledge, Innovations, and Improvements</i></p> <ol style="list-style-type: none"> <li>1) ___ Active involvement in research (1) <b>Form L</b></li> <li>2) ___ Evidence-based practice activity that results in practice improvement (1) <b>Form M</b></li> <li>3) ___ Evidence-based practice activity that results in improved department efficiency (1) <b>Form M</b></li> <li>4) ___ Evidence-based practice activity that results in improved patient safety (1) <b>Form M</b></li> <li>5) ___ Evidence-based practice that results in improved understanding of patient and/or team member diversity (1) <b>Form M</b></li> <li>6) ___ Evidence-based practice that results in quality improvement Project (1) <b>Form M</b></li> <li>7) ___ Evidence-based practice that development of new or revised standard of care or policy/procedure (1) <b>Form M</b></li> <li>8) ___ Evidence-based practice activity that utilizes/develops principles of shared governance (1) <b>Form N</b></li> </ol>	<p style="text-align: center;"><b><u>Box C</u></b>  <i>Structural Empowerment</i></p> <ol style="list-style-type: none"> <li>1) ___ Participation in health-related community activity (1, max. 2) <b>Form I</b></li> <li>2) ___ Development/management of health-related JHSMH community activity (1) <b>Form I</b></li> <li>3) ___ Published article             <ul style="list-style-type: none"> <li>• In-house, Regional, or National (1, max. 2)</li> </ul> </li> <li>4) ___ Professional award/recognition             <ul style="list-style-type: none"> <li>• In-house, Regional, or National (1, max. 2)</li> </ul> </li> <li>5) ___ BSN/MSN or currently enrolled in BSN/MSN program (2) <b>~Leader only ~</b></li> <li>6) ___ MSN or currently enrolled in MSN program (2) <b>~Expert only</b></li> <li>7) ___ Current membership in nursing organization (1)</li> <li>8) ___ Competency/skills validator (1, max. 2) <b>Form F</b></li> <li>9) ___ <u>Additional</u> nursing practice certification (1, max. 2)</li> <li>10) ___ Completion of foreign language class (1)</li> </ol>
<p style="text-align: center;"><b><u>Box B</u></b>  <i>Exemplary Professional Practice</i></p> <ol style="list-style-type: none"> <li>1) ___ ACLS/PALS certification (if certification not a job requirement) (1)</li> <li>2) ___ Proficiency in two or more diverse practice areas (if not a job requirement) (1) <b>Form C</b></li> <li>3) ___ Certified instructor of BLS, ACLS, PALS, SCM, or equivalent (1, max. 2)</li> <li>4) ___ CEU or in-service presentation (1, max. 2) <b>Form D</b></li> <li>5) ___ Clinical support roles (1, max. 2) <b>Form G</b></li> <li>6) ___ Presentation of Case Study/Patient Care conference (1, max. 2) <b>Form H</b></li> <li>7) ___ Patient Education presentation (1, max. 2) <b>Form K</b></li> <li>8) ___ Education special project (1, max. 2) <b>Form K</b></li> </ol>	<p style="text-align: center;"><b><u>Box D</u></b>  <i>Transformational Leadership</i></p> <p style="text-align: center;"><b>(MAXIMUM of 2 points in this category)</b></p> <ol style="list-style-type: none"> <li>1) ___ Office in nursing organization             <ul style="list-style-type: none"> <li>▪ Local, Regional, or National (1)</li> </ul> </li> <li>2) ___ Committee member in nursing organization             <ul style="list-style-type: none"> <li>▪ Local, Regional, or National (1)</li> </ul> </li> <li>3) ___ Active involvement in hospital-related committee (1, max. 2) <b>Form B</b></li> <li>4) ___ Hospital committee chair/co-chair (1) <b>No Form</b></li> <li>5) ___ Participation in mentoring of new team member (1, max.2) <b>Form E</b></li> <li>6) ___ Activity promoting a healthy work environment (1) <b>Form O</b></li> </ol>

## ***Clinical Advancement Program Application Guide***

### **PURPOSE:**

The Clinical Advancement Program recognizes two progressive levels of nursing practice. Verification of performance at Clinical Leader and Clinical Expert is accomplished by documenting the completion of activities chosen by the RN. This documentation is the responsibility of the applicant and should be maintained throughout the application year.

When completing the application, include activity/projects/hours only in ONE area or category. For example, a poster used in a poster presentation cannot be used in another category, such as an in-service, for additional points.

### **ELIGIBLE CLINICAL ADVANCEMENT ACTIVITIES**

***The list below is meant to provide examples and is not all inclusive***

#### **New Knowledge, Innovations, and Improvements**

#### **BOX A**

##### **1. Active involvement in research. ( FORM L )**

- Identify a practice issue of concern in your unit and champion changes for improvement.
- Partner with a nursing research mentor who is involved in an IRB approved research study.
- Partner with a nursing research mentor – involvement in a nursing research presentation, poster or oral presentation.

**\*Items two through eight may be unit-based or organizational based and need to include the following:**

- ✓ Documentation of procedure used to present activity at a staff meeting, in-service, committee meeting, or by professional poster presentation.
- ✓ Documentation that there is improvement in practice/patient care because of the project.
- ✓ Completed Form M , including manager’s approval of project, and verification that project was completed.

##### **2. Evidence-based practice activity that results in practice improvement**

- Literature supported clinical investigation to monitor and improve the quality of patient care practices

##### **3. Evidence-based practice activity that results in improved department efficiency**

- Literature supported streamlining of work processes/procedures
- Re-evaluation/modification of supply management

4. **Evidence-based practice activity that results in improved patient safety**
  - Literature supported implementation of innovative patient safety measures
5. **Evidence-based practice activity that results in improved understanding of patient and/or team member diversity**
  - Acknowledgement of the diverse patient and/or team member population in which we work, focusing on the differences in socio-economic, racial, and other factors that all bring to the organization
  - Literature supported creation of an environment of work place practices that promotes dignity and respect and results in learning from each others' differences
6. **Evidence-based practice activity that results in quality improvement project**
  - Quality improvement initiatives that justify or indicate need for improvement in current practices
  - Involves data collection, interpretation of data, action plan/intervention, and evaluation.
7. **Evidence-based practice activity that development of a new or revised standard of care or policy/procedure**
  - With input from management or fellow team members, assess and evaluate the effectiveness of a current policy/procedure and determine if change is needed
  - Present proposed changes to appropriate committee for evaluation and approval
  - Provide documentation of process including evaluation of outcome
8. **Evidence-based practice activity that utilizes/develops principles of shared governance**
  - Identify a need and develop a practice that leads to accomplishing the goals of the unit through the efforts of all staff
  - Promote activities that give nurses control over their practice environment empowering them to make a difference
  - Participate in development of structured self governing for the unit

### **Exemplary Professional Practice**

#### **BOX B**

1. **Advanced Resuscitation Certification – examples: PALS, TNCC, ACLS**
  - Cannot be part of job requirement
  - Submit proof of certification
2. **Proficiency in two or more diverse practice areas (if not a job requirement)**
  - RN is cross-trained to a completely different specialty area by completing the necessary competencies of that area/unit.
  - Must function as RN with same patient assignment load as regular staff.
  - Applicant must have assigned days on alternate unit. Pulling does NOT qualify.
  - Completed annual competency/orientation form or skills validation checklist with dates worked in area must be submitted with packet.
  - Must work in area minimum of 36 hours/year. Orientation hours cannot be counted in the 36 hours( **FORM F** )
  - Completed Diverse Practice/Cross Trained Area Document ( **FORM C** ) must be submitted

with portfolio.

**3. Certified instructor of BLS, ACLS, PALS, SCM, or equivalent**

- Submit proof of instructor status.
- Teach a minimum of two classes/year, submitting class rosters

**4. CEU or in-service presentation**

- Approved by Nurse Manager.
- Minimum of 20 minutes presentation time.
- Must reach minimum of 80% of targeted staff.
- Include outline &/or handouts(s), bibliography, and completed sign in sheet.
- If CEU offering guidance from Education Department may be obtained and copy of approved Continuing Education application must be submitted.
- Complete Unit-Based Activity Document ( **FORM D** )

**5. Clinical Support roles**

- Includes Manager-identified expert in specific skill/clinical area, eg. resource nurse, charge nurse, and Onboarding Support Liaison (OSL), or equivalent.
- Complete Clinical Support Role ( **FORM G** ) .

**6. Presentation of Case Study/Patient Care Conference**

- Case must be approved by Nurse Manager/Case Manager.
- Apply HIPPA law stringently.
- Minimum of 20 minutes presentation time.
- Must reach minimum of 80% of targeted staff.
- Include documentation of direct patient care given, including nursing assessment and management of a complex/unique patient situation.
- Include consultation with other experts and nursing literature/research utilized (minimum of one).
- Complete Case Presentation Document ( **FORM H** )

**7. Patient Education presentation**

- Approved by Nurse Manager/Educator.
- Develop content of presentation, including teaching materials.
- Present clinical content to a group of patient/families at an organized patient education event lasting a minimum of 20 minutes.
- Consider age and education level of audience when developing presentation.
- Complete Education ( **FORM K** )

**8. Education Special Project**

- Approved by Nurse Manager/Educator.
- Activity that provides direct educational benefit to unit/department/hospital but does not fit into other categories.
- Develop content of presentation, including teaching materials and resources used.
- Complete Education ( **FORM K** )

## Structural Empowerment

### Box C

#### **1. Participation in health-related community activity**

- Health related volunteer activities (Hours caring for family/friends are not eligible).
- RN must use nursing expertise in the activity. (eg. instructor, immunization clinic, community clinic and glucose and B/P screening).
- Submit Community Service Document ( **FORM I** ).

#### **2. Development/management of health-related JHSMH community activity**

- Activity sponsored by JHSMH.
- Include planning, budget & justification of activity.
- Show presentation materials and evidence of participation (e.g. Video, power point, posters).
- Include list of all team members involved.
- Submit Community Service Document ( **FORM I** )

#### **3. Published article**

- Local (hospital or city), regional, national.
- Article must relate to nursing/health care.
- Provide evidence of manuscript being accepted for publication and/or actual article published

#### **4. Professional award/recognition**

- Local (hospital or city) – Ambassador, Daisy Award, hospital.
- Nurse of the Year.
- Regional – KBN.
- National – Sigma Theta Tau

#### **5. BSN or currently enrolled in BSN program**

- Submit diploma or official transcript of classes { with enrollment date(s) }

#### **6. MSN or currently enrolled in MSN program**

- Submit diploma or official transcript of classes { with enrollment dates(s) }

#### **7. Current membership in nursing organization**

- Provide current membership card(s).
- Membership must be state/national professional nursing association.

#### **8. Competency/ Skills validator**

- Resource RN that ASSISTS an educator in annual skills verification of hospital/unit/department staff.
- Include hours of participation - must participate for a minimum of one hour; prep time does not count.
- Complete Skills Validation Form ( **FORM F** )

#### **9. Additional nursing practice certification**

- Documentation of non-required accredited national certification

#### **10. Completion of foreign language class**

- Documentation of successful completion of accredited class.
- Include transcript.

### **Transformational Leadership** **Box D**

#### **1. Office in Nursing Organization**

- Local (hospital or city), regional, national.
- Provide documentation of proof of role.
- 75% attendance mandatory.

#### **2. Committee Member of Nursing Organization ( FORM B )**

- Local (hospital or city), regional, national.
- Provide documentation of proof of role.
- Applicant must demonstrate active committee project participation & meeting attendance. These activities require the RN to assist in planning, developing, and/or leading activities targeting a specific outcome.
- Submit the Task Force/Committee Evaluation Form with a summary of activities and accomplishments related to committee; specify name of committee and provide verification signature from the Task Force/Committee Chair.
- 75% attendance mandatory

#### **3. Active involvement in hospital-related committee ( FORM B )**

- Provide documentation of proof of role.
- Applicant must demonstrate active committee project participation & meeting attendance. These activities require the RN to assist in planning, developing, and/or leading activities targeting a specific outcome.
- Submit the Task Force/Committee Evaluation Form with a summary of activities and accomplishments related to committee; specify name of committee and provide verification signature from the Task Force/Committee Chair.
- Opportunities for committee participation include both hospital & unit committees/sub-committees. Other task forces may be considered per nurse manager approval.
- Include meeting minutes in portfolio.
- 75% attendance mandatory.

#### **4. Hospital Committee/Co-chair**

- Provide a written summary of contributions/involvement in committee activities, attendance and how information was conveyed to peers/management.
- 75% attendance mandatory

**5.Participation in mentoring activity**

- Mentor at least one team member for a minimum of three months.

**6.Activity promoting a healthy work environment ( FORM O )**

- Develop and implement activity that promotes team satisfaction/retention/morale, leading to a healthy, caring work environment.
- Submit Supportive Work Environment Document



***CLINICAL ADVANCEMENT PROGRAM FOR  
NURSING PROFESSIONALS  
(FORM B)***

**Task Force/Committee Document**

Name of Applicant: \_\_\_\_\_ Unit: \_\_\_\_\_

Task Force/Committee Title: \_\_\_\_\_

Participation Time Frame: \_\_\_\_\_

List detailed summary of activities and accomplishments related to committee/project:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*Add additional pages/information if needed\***

\_\_\_\_\_  
**Task Force/Committee Chair's Signature**

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

**CLINICAL ADVANCEMENT PROGRAM FOR  
NURSING PROFESSIONALS  
(FORM C)**

**Diverse Practice/Cross-Trained Area Document**

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

Unit: \_\_\_\_\_

The above individual has worked in a diverse practice/cross-trained area for a minimum of 36 hours per year. The area must meet the criteria as defined in Application Guide.

Area \_\_\_\_\_ Date \_\_\_\_\_ Number of hours \_\_\_\_\_

\_\_\_\_\_  
**Manager's Signature**

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

**CLINICAL ADVANCEMENT PROGRAM FOR  
NURSING PROFESSIONALS  
(FORM D)**

**Unit-Based Activity Document**

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

- Identified Need/Project Goal

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Steps to Accomplish

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **Manager's Approval of Project** \_\_\_\_\_ **Manager** \_\_\_\_\_ **Date**

- Information Sources

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Project Results

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Follow-up Action Plan

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Include attendance roster and % of employees reached, if applicable\***

**The above Unit Project was completed.**

\_\_\_\_\_  
**Manager's Signature**

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



**CLINICAL ADVANCEMENT PROGRAM FOR  
NURSING PROFESSIONALS  
(FORM F)**

**Competency/Skills Validation Document**

Validator Name \_\_\_\_\_

Competency/Skill Validation(s)	Date	Hours involved
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
**Manager/Educator's Signature**

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

***CLINICAL ADVANCEMENT PROGRAM FOR  
NURSING PROFESSIONALS  
(FORM G)***

**Clinical Support Role Document**

\_\_\_\_\_ Name

performed as a \_\_\_\_\_ for

\_\_\_\_\_ (unit) in the  
following capacity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Manager's Signature**

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

**CLINICAL ADVANCEMENT PROGRAM  
FOR NURSING PROFESSIONALS  
(FORM H)**

**Case Presentation Document**

Name \_\_\_\_\_

Unit: \_\_\_\_\_

**Manager Approval of Case Presentation**

\_\_\_\_\_  
**Manager's Signature**

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

**Case Presentation Topic:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reference List:** (attach additional pages, if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Outline of Case Presentation** (to include diagnosis, case history, management and teaching):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Information Dissemination Method to Staff:**

Staff Meeting \_\_\_\_\_  
In-Service \_\_\_\_\_

Poster \_\_\_\_\_  
Newsletter \_\_\_\_\_

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

\_\_\_\_\_  
**Manager's Signature**

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

**CLINICAL ADVANCEMENT PROGRAM FOR  
NURSING PROFESSIONALS  
(FORM I)**

**Community Service Document**

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

Community Service Description (Include nursing expertise used)

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**Hours Worked** \_\_\_\_\_

**Date of Service** \_\_\_\_\_

\_\_\_\_\_  
**Signature & Title in organization**

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

\_\_\_\_\_  
**Organization**

\_\_\_\_\_  
**City**

**CLINICAL ADVANCEMENT PROGRAM FOR  
NURSING PROFESSIONALS  
(FORM J)**

**Preceptor Document**

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

Preceptor Class attended: \_\_\_\_\_ Date completed: \_\_\_\_\_

**and/or**

Completion of annual update class: \_\_\_\_\_ Date completed: \_\_\_\_\_

**Preceptor for new employee/student nurse and/or person**

**interested in healthcare field:**

Preceptee's Name and title: \_\_\_\_\_

Date: \_\_\_\_\_ Number of Hours precepted: \_\_\_\_\_

Preceptee's Name and title: \_\_\_\_\_

Date: \_\_\_\_\_ Number of Hours precepted: \_\_\_\_\_

Preceptee's Name and title: \_\_\_\_\_

Date: \_\_\_\_\_ Number of Hours precepted: \_\_\_\_\_

Preceptee's Name and title: \_\_\_\_\_

Date: \_\_\_\_\_ Number of Hours precepted: \_\_\_\_\_

\_\_\_\_\_  
**Manager's Signature**

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



**CLINICAL ADVANCEMENT PROGRAM FOR  
NURSING PROFESSIONALS  
(FORM L)  
Research Project Document**

Name \_\_\_\_\_

Unit \_\_\_\_\_

**Research Project Title:**

\_\_\_\_\_

\_\_\_\_\_

**Names of Co- Investigators, if applicable:**

\_\_\_\_\_

\_\_\_\_\_

**Research Project Description: (include research protocol, consents, data collection forms, recruitment materials, and any other research related documents as attachments)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IRB Number:** \_\_\_\_\_

**Log of Hours** (attach additional information if needed)

Date	Description	Hours
<b>TOTAL</b>		

**The above data collection/research assistance was completed as logged**

\_\_\_\_\_  
**Clinical Investigator's Signature**

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

\_\_\_\_\_  
**Clinical Investigator's Name Printed**

**CLINICAL ADVANCEMENT PROGRAM FOR  
NURSING PROFESSIONALS  
(FORM M)**

**Evidence-Based Practice Project Document**

Name \_\_\_\_\_

Unit \_\_\_\_\_

**Project Title**

\_\_\_\_\_  
\_\_\_\_\_

**EBP Model used to guide project**

\_\_\_\_\_

**Background Information/Problem/Significance**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Description of Review of the Literature:**

(Attach list with minimum of 5 recent references)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Outcomes Measured:**

\_\_\_\_\_

**Methodology/Interventions**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Evaluation**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The above Evidence Based Project was completed*

\_\_\_\_\_  
**Manager's Signature**

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

***CLINICAL ADVANCEMENT PROGRAM FOR  
NURSING PROFESSIONALS  
(FORM N)***

**Shared Governance Activity Document**

Name \_\_\_\_\_

Unit \_\_\_\_\_

**Shared Governance Activity was Unit-based?** \_\_\_\_\_

**Facility-based?** \_\_\_\_\_

**Shared Governance Activity Title**

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**Shared Governance Activity Description**

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**The above activity was completed as indicated**

\_\_\_\_\_  
**Manager's Signature**

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

\_\_\_\_\_  
**Shared Governance Council Chair's Signature**

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



***CLINICAL ADVANCEMENT PROGRAM FOR  
NURSING PROFESSIONALS  
(FORM P)***

**PROGRAM EVALUATION**

**\*Please complete and turn in with Portfolio\***

1. The application process was efficient and effective? (Form A)  
 Yes  
 No; Explain: \_\_\_\_\_  
\_\_\_\_\_
  
2. Individuals identified as resource people were helpful? (Found at end of packet)  
 Yes  
 No; Explain: \_\_\_\_\_  
\_\_\_\_\_
  
3. Forms were self explanative?  
 Yes  
 No; Explain: \_\_\_\_\_  
\_\_\_\_\_
  
4. Submission of portfolio was efficient and effective?  
 Yes  
 No; Explain: \_\_\_\_\_  
\_\_\_\_\_
  
5. The process of completing the point system was clear?      \_  
 Yes  
 No; Explain: \_\_\_\_\_  
\_\_\_\_\_
  
5. Suggestions/comments to improve process: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Suggestions for new criteria to achieve: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Clinical Advancement Nurse  
Quick Summary of Project**  
**\*Please complete and turn in with Portfolio\***

Name: \_\_\_\_\_  
(Please make sure **Everything** is spelled correctly & legible)

Cost Center: \_\_\_\_\_

Employee #: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Facility: \_\_\_\_\_

Area of Certification: \_\_\_\_\_

**Contact Information**

Unit of work: \_\_\_\_\_ Hours/Week Worked: \_\_\_\_\_  
Shift Worked: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address (work): \_\_\_\_\_  
(home): \_\_\_\_\_

Description of Clinical Advancement Projects included in portfolio:

Committee(s) Involvement:

Professional Organization Involvement (ex. name of organization, member, officer, role, etc):

Community Involvement:

Approved for Clinical Advancement: Leader: \_\_\_\_\_ Expert: \_\_\_\_\_ **(Board Only)**

## Clinical Advancement Check Sheet for Portfolio

\*Please fill out information on the top and turn in with Portfolio\*

Applicants Name: \_\_\_\_\_ Date: \_\_\_\_\_

Unit: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Cost Center: \_\_\_\_\_

Hours Worked/Week: \_\_\_\_\_

### Board Only

1. Application completed and signed?            Y / N
2. Photo Included?                                    Y / N
3. Date portfolio is turned into the board is within one year of application?            Y / N
4. Complete Resume or Curriculum Certification?            Y / N
5. Has documentation of a National Certification?            Y / N
6. Meets minimum requirements for advancement applied for?            Leader or Expert
  - a. Type of Nursing degree or diploma.
  - b. Has minimum 2 years RN experience at KentuckyOne?            Y / N
  - c. Has been in area of specialty for minimum of one year?            Y / N
  - d. Preceptor class or update?            Y / N
  - e. Annual Evaluation from manager  
dated within one month of portfolio completion            Y / N
  - f. Copy of yearly competency showing successful completion?            Y / N
  - g. Has no written disciplinary actions in past 12 months?            Y / N
  - h. Has completed the required number of points for either  
**Leader (5) or Expert (10)**

**\*Must have 1 point from New Knowledge, Innovations, and Improvements if Leader and 2 points if Expert\***

### Complete the following if candidate is going for Clinical Expert

- i. Has been current in program as Clinical Leader for minimum of one year?            Y / N
- j. Has achieved a minimum of BSN degree or currently enrolled (<5 years)?            Y / N
- k. Is functioning as a preceptor – as needed (includes forms)?            Y / N
- l. Has participated & presented **APPROVED** nursing related Research, Evidence-based practice, Quality Improvement project or Shared Governance activities ?            Y / N

**Approved: Y / N for Leader or Expert**

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

## **How to Create a Curriculum Vitae**

**Corey Jones, BSN, RN, MSN Student  
Bellarmine University  
cjones@bellarmine.edu**

### **Learning Objectives**

- **After attending this presentation the participants will:**
  - 1) **Discuss the similarities and differences between a resume and curriculum vitae.**
  - 2) **Describe how to construct a curriculum vitae.**

### **Resume**

- **About one page**
- **Contains:**
  - **Contact information**
  - **Relevant work experience**
  - **Relevant education**
  - **Qualifications and skills**

### **What is a CV**

#### **Curriculum Vitae**

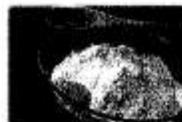
- **"Course of life"**
- **Longer than a resume**
- **Composed of several components**



### **Components of a CV**

- |                                    |                                 |
|------------------------------------|---------------------------------|
| • <b>Contact Information</b>       | • <b>Involvement</b>            |
| • <b>Education</b>                 | • <b>Grants received</b>        |
| • <b>Certifications</b>            | • <b>Institutional services</b> |
| • <b>Honors and awards</b>         | • <b>Continuing Education</b>   |
| • <b>Professional associations</b> | • <b>Educational travel</b>     |
| • <b>Publications</b>              | • <b>Qualifications/skills</b>  |
| • <b>Presentations</b>             | • <b>Personal information</b>   |
| • <b>Research conducted</b>        | • <b>References</b>             |
| • <b>Courses taught</b>            |                                 |
| • <b>Community</b>                 |                                 |

### **Putting it Together**



- **Start filling in the sections that are applicable to you**
- **This is not the time to be shy - show off your accomplishments!**

### Writing Your CV

#### Contact Information

- Name
- Address(es)
- Phone numbers, including area code
- Email address

#### Education

- List academic degrees
- Most recently earned first
- Include name of institution, city and state, and degree type
- Can also include area of concentration

### Writing Your CV

#### Certifications

- List all that are relevant and the year



#### Honors and Awards

- Scholarships
- Fellowships
- Assistantship
- Names of awards
- Teaching or research awards
- Any award received

### Writing Your CV

#### Professional Associations

- Organizational memberships in
  - National
  - Regional
  - State
  - Local
- Also list appointments or positions

#### Publications

- Bibliographic citations for:
  - Articles
  - Pamphlets
  - Newsletters
  - Chapters in books
  - Research reports
  - Any other publications authored or co-authored

### Writing Your CV

#### Presentations

- Give titles of professional presentation
- Name of conference or event
- Dates and location
- A brief description
- In reverse chronological order

#### Research Conducted

- Description of research projects
- Previously conducted or in progress
- Include type of research and purpose

### Writing Your CV

#### Courses Taught

- List name of courses, institution, and dates
- Include a brief description of courses

#### Community Involvement

- Relevant volunteer work, church work, community service organizations, etc.



### Writing Your CV

#### Grants Received

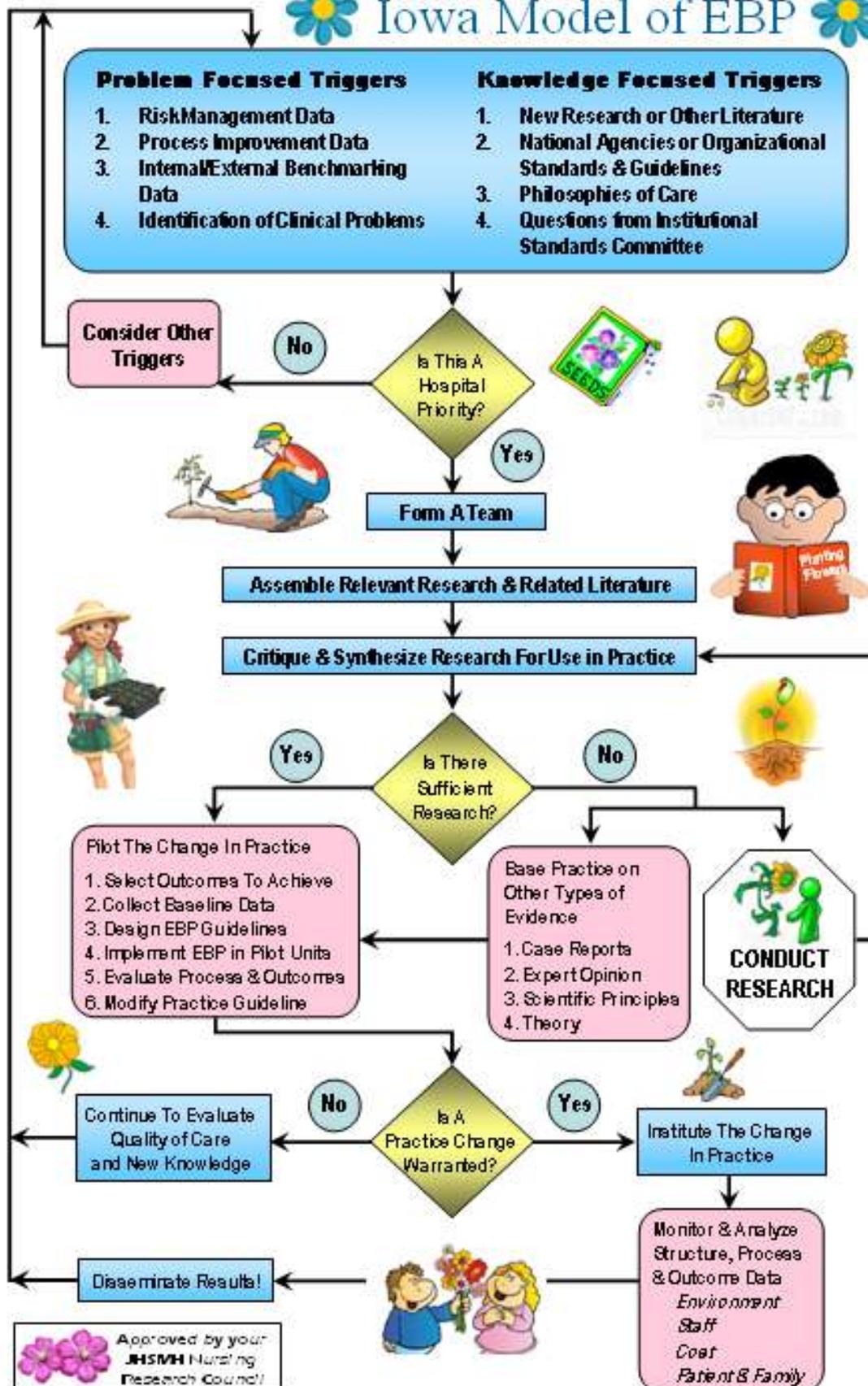
- Name of grant and granting agency
- Date received
- Title or purpose of research project



#### Institutional Services

- Committees served on and offices held
- Student groups supervised
- Academic projects assisted on

# Iowa Model of EBP



## **By-Laws**

### **Article 1 Mission**

To promote, reward and recognize clinicians for advancing their careers in ways that benefit patients, themselves as professionals, health care, KentuckyOne Health, and the community.

### **Article II Purpose**

The primary purpose of the Clinical Advancement Peer Review Board is to promote advancement of staff nurses within the Clinical Advancement Program. The Review Board has the responsibility to review portfolios submitted by registered nurses for advancement consideration and make recommendations for final approval. In addition, the Review Board and/or Clinical Advancement Sub Committees are responsible for program maintenance, review/revision of performance criteria, and for interdepartmental communication/education about the Clinical Advancement Program.

### **Article III Membership**

Members of the Review Board are appointed and approved by the Board Members, the System Director Clinical Education based on recommendations/nominations from Nurse Managers, Directors of Nursing and or CNO as applicable. Members will be selected to provide diversified representation from nursing and from all facilities with KentuckyOne Health. ADHOC members may include a nurse manager, educator or other designated nurse leader with a distribution not to exceed 80/20. Board members will have a two year membership. Half of the Board may rotate off the Board in even years and the other half in odd years.

### **Responsibilities of Board Members**

#### **General**

- Attend and participate in all Review Board meetings/functions.
- Communicate information to assigned areas of representation.
- Solicit input from assigned areas for the purpose of decision-making and problem resolution.
- Maintain confidentiality, of personnel information and Review Board discussions related to the advancement of staff.
- Serve as mentors for nursing pursuing clinical advancement.
- Support constructive problem resolution and positive program image by addressing issues regarding the program and Board activities in appropriate Board meeting forums or with Chairman or Co Chair.
- Notify committee Chairman or Co-chair if unable to attend Review Board meeting.
- Acquire and maintain knowledge of Clinical Advancement Program Manual
- Functions as role models for professional nursing practice.

#### **Promotion Review**

- Serve as a liaison/mentors for candidates applying for promotion by performing the following:
  - Reviewing Application for Advancement.
  - Contacting candidate to discuss portfolio if needed
  - Completing check sheet for portfolio and presenting credentials to the Clinical Review Board.

#### Program Review and Revision (Sub-Committee)

- Solicit and represent recommended changes in program mechanics.
- Use administrative and other professional resources (peers, clinical specialist, literature, supervisory staff, and program directors) to represent current standards of practice and performance relevant to Clinical Advancement program and criteria.
- Participate in the review, production, and revision of forms related to the Clinical Advancement Program

#### **Article IV Officers – Chair and Co Chair**

The Chair and Co-chair shall be elected from the membership of the Board. Each will serve one year in the respective position for a total of a two year term.

The Officers are responsible for the following:

- Serving as the liaison between advancement board and senior nursing leadership
- Leading board meeting and advancement process
- Reserving meeting location and communicating meeting information to board members
- Representing board at shared leadership council
- Communicating any changes in program to advisors on each campus
- Assuring accurate records are maintained for financial payout and budget preparation

#### **Article V Meetings**

Meetings will occur once a month.

Members must attend at least 75% of yearly meetings to retain their Board membership.

It is the responsibility of the Board member to obtain information from missed meetings.

#### **Article VI Quorum**

51% of the voting members of the Nurse Executive Council members shall constitute a quorum for all meetings. A consensus decision making process is preferred; when necessary, a motion will be considered approved when passed by a minimum of 2/3 majority vote.

#### **Article VII: Amendments**

- a. These bylaws may be amended at any meeting of the Council with a quorum of 2/3 attendance and by a 2/3 majority vote.
- b. Members shall be notified in writing (14) fourteen days in advance of proposed change.
- c. Notification shall include present article and section citation and proposed amendment.

## *Board Members & Assignments/ List of Contacts*

<b>Name / Unit</b>	<b>Board Role</b>	<b>Work Number/Email</b>	<b>Areas of Responsibility</b>
Debbie Brown- PATT, PPT	Chairman	(502) 560-8313 <a href="mailto:debbiebrown4@kentuckyonehealth.org">debbiebrown4@kentuckyonehealth.org</a>	7&8 H&L, PPT, PATT, 6&7 T Cardiopulmonary
Doris Brittle- OCC	Co-Chair	(502) 587-4082 <a href="mailto:dorisbrittle@kentuckyonehealth.org">dorisbrittle@kentuckyonehealth.org</a>	OCC Pre-OP, OR, PACU, HCC
Johanna Hall- Shelbyville	Co-Chair	(502) 647-4270 <a href="mailto:johannahall@kentuckyonehealth.org">johannahall@kentuckyonehealth.org</a>	JH Shelbyville
Mary June Cecil System Education	Advisor	(502) 587-4249 <a href="mailto:marycecil@kentuckyonehealth.org">marycecil@kentuckyonehealth.org</a>	JHDowntown,5W,6W 8T,5T,SMEH, OLOP, Frazier
Ann Spencer Shebyville	Advisor	(502) 647-4315 <a href="mailto:annspencer@kentuckyonehealth.org">annspencer@kentuckyonehealth.org</a>	JH Shelbyville
Cheri Wimsatt Nursing Education	Advisor	(502) 259-6152 <a href="mailto:cheriwimsatt@kentuckyonehealth.org">cheriwimsatt@kentuckyonehealth.org</a>	MCE, MCS,MCSW, MCNE
Melissa Beams – OHRR/CVIC Unit F	Advisor	(502) 587-4786 <a href="mailto:melissabeams@kentuckyonehealth.org">melissabeams@kentuckyonehealth.org</a>	Unit F, 3E, 6E, ED, IVT, 6S, 4W, Dialysis, ICU G, 5E
Tracy Hurst Frazier	Advisor	(502) 582-7428 <a href="mailto:tracyhurst@kentuckyonehealth.org">tracyhurst@kentuckyonehealth.org</a>	Frazier
Carrie Dodson MCS	Advisor	(502) 955-3000 <a href="mailto:carriedodson@kentuckyonehealth.org">carriedodson@kentuckyonehealth.org</a>	MCS
Emily Carr MCE	Advisor	(502) 210-4325 <a href="mailto:emilycarr@kentuckyonehealth.org">emilycarr@kentuckyonehealth.org</a>	MCE
Kathy Watson MCSW	Advisor	(502) 995-2400 <a href="mailto:kathywatson@kentuckyonehealth.org">kathywatson@kentuckyonehealth.org</a>	MCSW
Shih-Chia Chung 1 <sup>st</sup> Surgery SMEH	Board Member	(502) 361-6617 <a href="mailto:shih-chiachung@kentuckyonehealth.org">shih-chiachung@kentuckyonehealth.org</a>	SMEH
Mary Beth Hettinger- MCE	Board Member	(502) 259-6806 <a href="mailto:maryhettinger@kentuckyonehealth.org">maryhettinger@kentuckyonehealth.org</a>	MCE
Sharon Outlaw- OHRR	Board Member	(502) 587-4480 <a href="mailto:sharonoutlaw@kentuckyonehealth.org">sharonoutlaw@kentuckyonehealth.org</a>	ICU Towers, OHRR, Angioplasty
Kathy Zahnd- JH OR	Board Member	(502) 587-4234 <a href="mailto:katherinezahnd@kentuckyonehealth.org">katherinezahnd@kentuckyonehealth.org</a>	JHHL OR