Hackensack Meridian *Health*

Registered Nurse Clinical Advancement Program – RN-CAP

Application Guide

1. Click on the BYLAWS to open. Review the BYLAWS. Are you eligible to apply? What is the application process? What is the review and approval process? What happens if your application is denied? How do you maintain your status? What if you lose your status?

   It is your responsibility to be familiar with the BYLAWS.

2. Click on the Application to open it. SAVE the application to your computer.

3. Review the application.

4. Clinical Advancement Criteria - Mandatory Requirements. What level do you meet?

5. Review the Rubric for the five components. Do you have activities in each of the components? Do your activities meet the minimum points?

6. Your application is a portfolio of your professional accomplishments.

The Portfolio Is Essential

The portfolio also serves as the application. It is an organized collection of documents which support and expand an individual's *curriculum* vitae or resume. It demonstrates the quality and extent of the clinician's professional performance and accomplishments. Therefore, the portfolio should be presented in a professional format. It is required that documents prepared by you be typed, not hand-written, that copies of provided documents be clean, and that it be organized in sections for each component.

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Organize Your Application Portfolio

1. **The Cover Page is the first page**. The Application Cover page has fill in fields for each section. Fill in the fields.

2. **Leader Endorsement form**. The Leader Endorsement form has fill in fields. Fill in the top portion of the form. Once your Application Portfolio is complete, present it to your leader to complete the Endorsement form. It is <u>your</u> responsibility to acquire the completed portfolio application from your Leader and submit the portfolio application to your Clinical Advancement committee.

3. **Resume.** Include an up to date Resume/Curriculum Vitae

4. **Degree.** Include a copy of your current degree or copy of proof of degree in progress. Proof of previous Clinical Ladder level if degree requirements are not met. Copy of Clinical Ladder certificate or attestation from Clinical Ladder chairperson or coordinator.

5. **National Certification. Required for Level IV.** Copy of Certification certificate.

6. **Activities.** Provide a brief explanation/description of your activities in each of the Components followed by proof of that activity. Points are awarded <u>once</u> for each item at the highest level.
    a. Organize your activities by providing the rubric for each section followed by the activities for that section.
    b. **Activity template.** An Activity Template is included in the application documents as a guide to reporting EBP, PI, Research, education, policy, posters, newsletter, etc. activities. es.
    Activities must be within the past 3 years. You must report <u>your</u> role. Ongoing activities must report results to date. All activities must be in progress at a minimum.
        1. Activities often include a variety of activities and accomplishments such as educating staff, committee membership, mentoring, resource allocation, preparation for publication. Identify those activities in the appropriate component sections.
    c. Include your activitiy reports in the appropriate component sections.

7. **Clinical Practice Exemplar.** Provide a narrative the demonstrates your clinical practice.

An exemplar might be described as a story from your practice of nursing that captures an event that had deep personal significance for you. It is the recounting of a situation in which

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you know that your nursing practice made a significant difference in a patient's care/life. or in whichthe situation made a significant difference in how you practiced nursing from that time forward. or in which the situation made a significant difference in organizational outcomes. It should demonstrate that you are performing at the clinical level for which you seek appointment.

The exemplar should include, in as much detail as you can recall, a description of the specifics of the clinical situation including:

The patient and their condition or clinical situation - Your observations - Your thinking - Your decisions - Your specific actions - The actions and decisions of others involved - The outcomes - The impact on the patient. your practice. and/or organizational outcomes noted in detail. including the impact on your thinking about patient care or nursing practice.

Clinical Practice Exemplar Examples:

Exemplar 1.

I recall my first introduction to Ms. S. She was a seventeen year old that was extremely bright, scared, and anxious. Ms. S was admitted to us after fracturing her right distal femur while running in school. Her right femur had been weakened by a large tumor, which in turn caused the painful fracture. She was diagnosed with Osteogenic Sarcoma with metastases to her lungs after a series of x-rays, CT scans, and MRI. Her fracture was surgically repaired by external fixation a double port-a-cath had been placed, and prompt individualized complex chemotherapy was started to shrink the massive tumor and prevent further spreading of the disease.

Over the next few years I had provided care to Ms. S in which she endured numerous rounds of chemotherapy and limb-sparing surgery to remove the shrunken tumor. However, neither were successful therefore leading to an above the knee amputation, recurrence of the cancer, numerous new rounds of chemotherapy, and multiple excisions of tumors from her lungs. Through all of this Ms. S remained hungry for life. Her mother, father, two dogs, family, friends, and church community continued to support her positively and never gave up on her. The decision was made to provide palliative care.

Ms. S was at the end stages of her life. As I planned my care for the day my primary concern was to adjust my care to keep her and her family comfortable during this emotional and stressful time. Ms. S had been admitted for respiratory distress due to the increasing tumor formation in bilateral lungs. After a brief stay in the PICU a DNR order was completed. The patient requested to be placed on our unit for the remainder of her life. Vital signs and continuous pulse oximeter readings were discontinued. She was placed on a non -rebreather, a morphine patient controlled analgesic (PCA), as needed albuterol treatments, and anti-anxiety medications. At approximately 0850 the patient's mother called for assistance in the room. As I entered the room I

noted Ms. S extremely short of breath and anxious, but coherent. Upon prompt assessment, I noted bilateral decreased breath sounds, which were greater on her left side, positive strider, tachypnea (respiratory rate of 40), tachycardia (heart rate 110-120), capillary refill greater than 4 seconds, her chest tube was intact on continuous wall suction as ordered, and her non-rebreather was adequately providing oxygen. Ativan was administered for anxiety as ordered, our senior resident was notified of the patient's status as well as our child life specialists to provide relaxation techniques. I suggested to our resident to increase the frequency of the as needed albuterol treatments as well as increase the dosage on the morphine PCA, which we did. I notified Respiratory that a stat albuterol treatment was needed. Subsequently, Ms. S expressed relief and her respiratory status became less labored.

Throughout the day her breathing became more difficult and she began having hemopytosis, which intermittently required suctioning. Her anxiousness continued to elevate, for she was aware of her future. I continued to be her primary advocate suggesting to our doctors and nurse practitioners (APN) when an increase in anti-anxiety and pain medications were needed to maintain her comfort. Our physicians and APN's relied on my clinical findings to change care accordingly. At her request, I encouraged our unit to decorate paper fish, in which we hung from her ceiling, so she could feel as though she were in the ocean.

This day my nursing practice had multiple roles. I was a teacher and provided guidance to our residents and other nurses who had never experienced a situation like this. Since I had two other patients in my assignment my organizational skills were important to provide optimal care to all . I also was able to promote teamwork on our unit, as we covered each other's assignments so each team member could create a fish and have a moment with a patient we had all become close with. I was able to meet the physician's needs with my expert clinical skills. The biggest impact of my nursing practice was my perseverance as a patient and family advocate. That night I left a mother who was losing her child, but who had not forgotten to hug and thank me tearfully for my job. Situations such as these continue to positively impact my nursing career.

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Exemplar 2.

Clinical Practice Exemplar

Currently, I work in the cardiovascular intensive care unit (CVICU) which houses a very specialized patient population. During the past 10 years of caring for those patients, I have acquired a great amount of knowledge and am able to use that knowledge to facilitate positive outcomes. For example, I always instruct my post-operative patients on proper incentive spirometer use in concurrence with adequate pain management. I have observed that a vast amount of post-operative cardiac surgery patients try to inhibit their cough. They frequently exhibit diminished lung sounds and shallow respirations with poor inspiratory effort. I prophylactically medicate almost all of my patients for anticipated pain. When I do this, patients are able to exert a stronger effort with incentive spirometer use and achieve better results. Ultimately, they are able to cough with more force, expectorate, and prevent atelectasis.

Another situation where I was able to anticipate the likely course of events was in a post-operative day one aortic dissection patient whose creatinine level was trending up throughout my shift. Knowing what I've learned about aortic dissection patients, a fair amount of patients end up with an elevated creatinine and sometimes require CVVH or hemodialysis depending on their hemodynamics. Upon receiving report, I had been told that the patient's creatinine level was mildly elevated although the patient was still maintaining adequate urine output and the potassium level was acceptable. As the shift passed, the patient's mean arterial pressure was marginal and the urine output petered off. I titrated the IV vasopressors the patient was receiving to attempt to keep the MAP >70 to hopefully increase perfusion to the patient's kidneys. By around noon, I suspected that the patient may be going into acute renal failure and relayed my concern to the mid level practitioner on that day. The practitioner ordered a metabolic panel and my concerns were validated; the creatinine was even higher and the patient was also hyperkalemic. A nephrology consult was quickly placed and measures taken to initiate the patient on CVVH.

Individualizing patients care is imperative to achieving optimal outcomes. Upon initial assessment, I discuss the patients' preferences such as when they like to take their medications, when they want to perform their activities of daily living (ADLs), etc. By giving the patient some decision-making capacity, they feel more in control of their care and ultimately their recovery. I have discovered that when patients are given some autonomy, they respond more positively to my requests.

Working with the interdisciplinary team (ITP) is imperative to positive outcomes in the post- surgical setting. When the CVICU intensivist does morning rounds on the patients, I make sure I am present to

verbalize my concerns and ask any questions regarding the patient's plan of care for the day. By verbalizing my concerns, I am able to alert our intensivist (or any physician/ practitioner involved with a patient) of any potential issues that the practitioner may not be aware that the patient is having. Another example of working with the ITP is recognizing when a patient who was originally admitted from home has been in-house longer than anticipated. The patient's level of activity post-operatively is usually less than their 'norm' and the longer they're hospitalized and tethered to monitors, IV lines, and chest tubes the more deconditioned they become. When I

notice a patient isn't up and moving as much as they should be, I request our 'walkng team' i to assist the patient to ambulate or stand and march in place. Sometimes a physical therapy/occupational therapy consult is necessary. For the bed bound or intubated and unsafe to ambulate patients, they are placed on the MotoMed bike which aids them in cycling not only their legs but also their arms.

I always function as a resource to my fellow coworkers. I am frequently sought out to provide a 'second set of eyes' on a problem within my unit or with a patient. My coworkers often ask me questions regarding clinical situations or personally for advice. I orient nurses on how to care for immediate post-operative cardiac surgery patients. When an assistant nurse manager isn't present during a shift, I am frequently placed in charge in their absence. And when fellow nurses are placed in charge they frequently ask me my opinion on patient assignments or to provide advice in staffing challenges.

I have oriented many nurses in the CVICU. When I orient other nurses, I individualize their orientation specifically to them. I take into consideration the knowledge base they already have, what they wish to gain from their orientation, and what I can do to challenge them and stimulate their critical-thinking skills. My last orientee has flourished in our unit. She finished orientation early and continues to seek me out for advice when she encounters difficult clinical situations

Activity 1. Example

ACTIVITY TEMPLATE

(Must be within the past 3 years)

Name: Staff RN **Date:** 5/21/2020

Name or Title of the project: Central Line Audit

Project Purpose: (What is the purpose of this project?) This project's primary goal was to gather data on central lines to ensure that the central line-associated bloodstream infection (CLABSI) bundle was being performed appropriately. Some of these metrics included, but are not limited to, length of line placement, daily CHG bathing, and Dual Caps in place on IV tubing.

Project Team Members: (names of anyone else involved in the project) Staff RN, Staff RN, and RN educator.

Your role in **the project:** (What did you do?)I gathered data as a "secret shopper" on night shift on various dates and reviewed charting to ensure that all metrics were met in the CLABSI bundle.

Question or PI Problem: (What is the question to be answered? What was the problem to be resolved?) The main purpose of the project was to decrease instances of CLABSis on the unit.

Methodology: (Who or what was studied? What data collection tool was used? How many subjects/situations/charts were reviewed?) Direct observation of central lines and chart audits of central lines charting were used.

Data Analysis: (How was the information analyzed?) The information was kept on the unit and also sent to infection control and if the patient ruled in for a CLABSI, the data was reviewed to see if any of the metrics were not met.

Summary of results: (What were the results? How were they applied? What was the final outcome? If project is ongoing, what are the results to date?) If the metrics were not met, the primary RN taking care of the patient was approached and we ensured that the issues were fixed. For example, if l noticed that there were no dual caps on an IV infusion, I approached the nurse, let her know that the Dual Caps were missing, and Dual Caps were placed on the line.

Bibliography: (What references were used, articles, policies, etc.) The HMH Central Venous Access Device and Daily Bathing of Patients with Central Lines with Chlorhexidine policies found on Policystat.

Was this project presented?

[X]Unit meeting [ ] Hospital/System meeting/conference

[ ] Local/Regional/National Meeting

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Activity Example 2.

ACTIVITY TEMPLATE

{Must be within the past 3 years)

Name: Staff RN Date: 2/07 /20

Name or Title of the project: Mean Atrial Pressure in Acute Ischemic Stroke Study {MAPSS) IRB # 201810311-Approval received January 7, 2019 from Hackensack Meridian Health IRB.

Project Purpose: {What is the purpose of this project?) Determine the efficiency of using MAP for a guideline in the treatment of stroke patients as compared to systolic blood pressure.

Project Team Members: {names of anyone else involved in the project) [redacted], MSN, APN; [redacted], MS, MBA; [redacted], MSN; [redacted], MSN, APN; [redacted], BSN, RN; [redacted], MSN, RN, NP-C, SCRN; [redacted], BSN, RN, SCRN, CMSRN; [redacted], DNP, RN, CCRN, CEN

Your role in the project: (What did you do?) Sub-investigator for the study. Prior to accepting the role as Sub-investigator, I was required to learn and understand the background as well as the study purpose and aims in order to serve as the study expert and contact person for other nurses in the JSUMC ICU where I work. I was also required to complete CITI Training. CITI Training enables me to continue to serve as a Principal or Sub-investigator on future research which will likely occur as a result of this current study.

Question or Pl Problem: (What is the question to be answered? What was the problem to be resolved?)

1. Understand the agreement between Systolic Blood Pressure and Diastolic Blood Pressure measured by the non-invasive blood pressure device and manual sphygmomanometry in Alteplase treated Acute Ischemic Stroke Patients.
2. Understand the agreement between MAP measured by the non-invasive blood pressure device and calculated Mean Arterial Pressure (from manually obtained Systolic Blood Pressure and Diastolic Blood Pressure) in Alteplase treated Acute Ischemic Stroke Patients.
3. Investigate the relationship between Mean Arterial Pressure and outcomes in Alteplase treated Acute Ischemic Stroke Patients.

Methodology: {Who or what was studied? What data collection tool was used? How many subjects/situations/charts were reviewed?) Ischemic stroke patients who meet the criteria for receiving TPA are participants for the study. I take and record the patient's SBP and DBP using a manual blood pressure cuff and stethoscope. Within 10 minutes of the manual measurement,

the patient's SBP, DBP and MAP are taken and recorded from an automatic blood pressure system. Five total paired measurements must be taken and recorded within 24 hours of the patient receiving TPA. Target sample size 100 currently, we completed 96 .

Data Analysis: (How was the information analyzed ?) Our data is currently being analyzed and will be published once finished.

Summary of results: (What were the results? How were they applied? What was the final outcome? If project is ongoing, what are the results to date?)
The results of the MAPSS study are currently being analyzed. Our results will add to the knowledge of mean arterial pressure's effect on outcomes in ischemic stroke patients. The results also have the potential of changing how TP A is administered to ischemic str oke patients,
and ultimately may serve to change the guidelines for the treatment of patients with ischemic stroke.

Bibliography: (What references were used, articles, policies, etc.) See attached document
Was this project presented?
[**X**]Unit meeting [**X**]Hospital/System meeting/conference
[ ] Local/Regional/National Meeting

Leader Signature: ***Signed***
Print Name: Printed