

ALAMEDA COUNTY  
MEDICAL CENTER



*Highland Hospital Campus Fairmont Hospital Campus  
John George Psychiatric Pavilion  
Ambulatory Health Care Services*

Professional Practice Ladder  
Application and Portfolio for

*Norma Nurse, RN*

# ALAMEDA COUNTY MEDICAL CENTER



*Highland Hospital Campus Fairmont Hospital Campus  
John George Psychiatric Pavilion  
Ambulatory Health Care Services*

## APPLICATION CHECKLIST FOR

*Norma Nurse*

- ☒ Application  
(Complete and verified by nursing manager/director)
- ☒ Performance Appraisal Summary  
(Complete and signed/dated by nursing manager/director)
- ☒ Introduction Essay  
(All elements included, typed, double-spaced, 250 words or less)
- ☒ Resume  
(Format followed, all elements addressed)
- ☒ Letters of Recommendation  
(Form given to Mark Manager and Colleen Colleague . Instructions reviewed.  
Letters received and reviewed to insure instructions were followed).
- ☒ Professional Activities Summary  
(Six performance activities described including structure, process and outcome for each activity. The activities include a minimum of one activity from each Performance Category and two additional activities from Performance Categories of my choosing).
- ☒ Evidence to support Performance Category Elements  
(Each Performance Category activity contains documented evidence to support the element as recommended in the information/guidelines packet).

**Alameda County Medical Center (ACMC)**  
**Nursing Division**  
**Professional Practice Ladder (PPL)**

**Goal**

To recognize nurses as highly skilled and compassionate healthcare professionals who positively transform the experience of care within diverse populations.

**Mission**

The Alameda County Medical Center Professional Practice Ladder is designed to promote professional enrichment and growth of our nurses.

Nursing excellence is a top priority in meeting ACMC's mission of excellence in patient care, education, research and leadership. ACMC supports personal responsibility, respect for self and others, innovation through teamwork, dedication to caring and excellence in customer service. The program encourages nurses to take the initiative for professional growth and development in their clinical field, thereby enhancing quality of care, improving patient outcomes and promoting nursing satisfaction.

The program is built upon ACMC's Philosophy of Nursing –

1. To provide a combination of professional and caring practices through:
  - a. clinical inquiry, research and ongoing learning,
  - b. clinical judgment based on practice standards and nursing process,
  - c. advocacy, and
  - d. ethical application of practice standards.
2. To contribute to positive patient outcomes through planned collaborative care by professional nurses.

This program is based on a philosophy that recognizes the obligation of professional nursing to provide quality care for patients, their families, and the community.

The Professional Practice Ladder was designed by nurse clinicians, charge nurses, educators and advanced practice nurses as members of the Professional Development Council with review, revision and approval of the Nursing Leadership.

**Objectives**

1. Support and promote the mission, vision and values of Alameda County Medical Center.
2. Create an environment that promotes high quality patient care.
3. Provide recognition and reward associated with the individual Registered Nurse's level of professional practice and clinical expertise.
4. Provide a network of resources for clinical expertise, collaboration, research/evidence based practice, peer review and consultation for members of the healthcare team.
5. Promote clinical excellence in patient care and professional nursing practice through the encouragement, promotion and support of professional development and engagement.

Alameda County Medical Center  
Professional Practice Ladder (PPL)

## ELIGIBILITY REQUIREMENTS

The candidate must meet all of the following criteria to be eligible to participate in the Professional Performance Ladder:

1. Current registered nurse employee working in a full-time or part-time (0.6 FTE or higher) position, a minimum of 1750 hours, hours actually worked, not paid for, during the 12 months previous to the date of application. The hour threshold in this paragraph is pro-rated for part-time employees based on actual hours worked, not on base FTE.
2. Performance rating of 3.0 or higher in all categories of the candidate's most recent annual staff performance review form.
3. Have achieved and maintained national certification related to area of clinical practice.
4. Has maintained a positive work record including no suspensions for the three years prior to application. Note: An employee can be deemed ineligible for consideration if they have received a verbal counseling in the three years prior to application. Eligibility will be at the discretion of the Chief Nursing Executive (CNE) based on individual case-by-case review. Each of these cases will be discussed with SEIU. The final determination of eligibility will be influenced by:
  - a. How old the discipline is,
  - b. The number of disciplines,
  - c. The severity of the offense, and
  - d. The relevance of the discipline to competent and safe clinical practice.
5. Working at Alameda County Medical Center for a minimum of 2 years as a registered nurse.

Note: The employee must maintain these requirements after the application/portfolio is submitted to remain eligible for consideration and compensation.

## GUIDELINES FOR APPLICATION

1. The RN candidate will begin by completing the *Application Form* during the defined two-month application period and submitting it to the Professional Development Council (PDC). The candidate's portfolio is submitted to the PDC within 12 months of submitting the *Application*.
2. Within 2 months of submitting the *Application Form* (including approval by the Nurse Manager/Director for any project), the candidate is strongly encouraged to meet with the Clinical Education Department staff to:
  - a. Discuss the application process
  - b. Have questions answered
  - c. Receive guidance/support in determining exemplar topics
  - d. Review progress of the portfolio prior to submission to suggest enhancements
  - e. Discuss Nurse Manager/Director approved projects.
3. Applications are available on the Alameda County Medical Center intranet or from the Clinical Education Department.
4. The application/portfolio must be typed. Electronic submission of the completed application is encouraged and is submitted to the Chief Nursing Executive Administrative Assistant.
5. The candidate is responsible for ensuring that the submitted application/portfolio is complete and accurate.
6. The candidate should make and retain a copy of the portfolio for their records prior to submission.

## PORTFOLIO CONTENTS

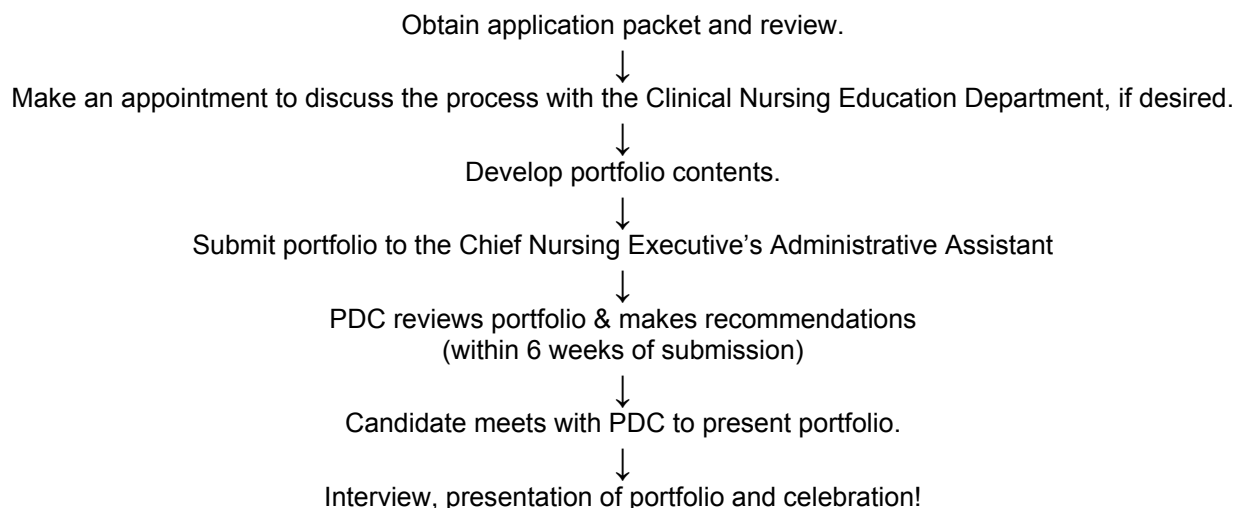
Item	Description
1. Application Checklist	A one-page document to aid in tracking completion of portfolio requirements for the applicant. This might also be used as the cover sheet for the portfolio.
2. Application Form	A one-page document that lists: <ul style="list-style-type: none"> <li>a. nurse's name,</li> <li>b. department,</li> <li>c. # years at Alameda County Medical as a registered nurse,</li> <li>d. # years working on unit as a registered nurse (including start date),</li> <li>e. anticipated portfolio submission date, and</li> <li>f. verification by Nursing Director/Nurse Manager that includes: <ul style="list-style-type: none"> <li>• full-time/part-time work status as defined in <i>Eligibility Requirements</i></li> <li>• minimum performance rating of "3," and</li> <li>• language that the candidate has a positive work record pursuant to <i>Eligibility Requirements</i></li> </ul> </li> </ul>
3. Staff Performance Review Summary	This is submitted as part of the portfolio and includes verification by the Nurse Director/Manager.
4. Introduction Essay	A one-page document that: <ul style="list-style-type: none"> <li>a. introduces the candidate,</li> <li>b. discusses what the role of <i>Clinical Nurse Advanced/Expert</i> means to the nurse and their patients – the focus here is on outcomes &amp; making a difference in patient care</li> <li>c. is typed and double-spaced, and</li> <li>d. not more than 250 words.</li> </ul>
5. Resume	Instructions on how to format the resume are set forth and include: <ul style="list-style-type: none"> <li>a. full name with academic &amp; certification credentials</li> <li>b. contact information (home address, phone, e-mail address)</li> <li>c. educational preparation (formal in a nursing program, college or university setting)</li> <li>d. professional experience (as a RN)</li> <li>e. professional organizations</li> <li>f. professional certifications</li> <li>g. awards or honors</li> <li>h. professional presentations (inside or outside of organization)</li> <li>i. research/evidence-based practice/publications (projects in which the candidate served as primary investigator, or co-investigator, or member of investigative group; also publications where candidate served as author, co-author, editor or contributor)</li> </ul>
6. Letters of Recommendation	Instructions include: <ul style="list-style-type: none"> <li>a. who may write letter (peer, nurse director/manager, charge nurse, nurse educator, clinical nurse specialist, committee chairperson)</li> <li>b. number required (two, one of which must be a peer)</li> <li>c. content</li> <li>d. specific examples rather than generalities</li> <li>e. the wording <i>I recommend _____ be recognized for their expertise in nursing by being approved for the Professional Practice Ladder.</i></li> </ul>
7. Professional Activities Summary	Evidence for six (6) activities (one from each category below with an additional two activities of the candidate's choosing) in the performance categories of: <ul style="list-style-type: none"> <li>a. Clinical Practice</li> <li>b. Leadership</li> <li>c. Research/Quality</li> <li>d. Education</li> </ul> Describes the structure (what and when), process (how) and outcome (what)

Item	Description
7. Professional Activities Summary (continued)	difference you made for patient care or professional practice) regarding each activity. A minimum of one example must be provided from each category. Examples from each category are included. These must be separate from the written exemplars.
8. Evidence to Support Performance Category Elements	Includes: a. instructions (including six examples, one from each performance category and two of the candidate's choosing and describing how you went above and beyond practice) b. guidelines for the candidate that describe the requirements clearly and specifically c. required criteria/elements for exemplar approval (to guide review board and candidate) d. format (including structure, process & outcome)
9. Scoring Form	A one page document to be used by the initial portfolio reviewer. Content includes the requirement elements and columns for <i>Meets</i> and <i>Does Not Meet</i> . It is similar to the checklist but more specific as to requirements. The initial reviewer will use this to either refer the portfolio to the Review Board or Return to the Candidate with a description of the deficiencies.

## REVIEW PROCESS

1. The portfolio is submitted to the Chief Nursing Executive Administrative Assistant.
2. Portfolio review and recommendations will usually be completed within 6 weeks of submission.
  - a. PDC members will review the portfolio and make recommendations.
  - b. If revisions are needed, the portfolio is then re-submitted within eight (8) weeks. If the application is not re-submitted within this timeframe, the applicant must begin the process again.
3. The applicant will be contacted with a scheduled time to meet with the PDC.
  - a. The applicant's Nursing Manager/Director (or designee) will be invited to attend this meeting.
  - b. The applicant will present a summary of the portfolio and make desired remarks.
  - c. The applicant will be recognized with the designation on the Professional Practice Ladder at this meeting.
4. When the PDC recommends the applicant to Professional Practice Ladder status, the salary adjustment will begin the first pay period after approval.

## TIMELINE



## MAINTENANCE OF PROFESSIONAL PRACTICE LADDER STATUS

1. Maintenance or renewal of Professional Practice Ladder status is completed annually on the anniversary of

the Clinical Nurse's initial approval.

2. An abbreviated portfolio is submitted to the PDC. Contents of this portfolio include:
  - a. A copy of the most current Staff Performance Review Summary Form with rating of "3" (numerical based or higher signed by the Nursing Director).
  - b. Documentation of completion of a minimum of eighteen (18) continuing education units completed by attending classes/programs that are coordinated by the medical center using a nationally-recognized organization, or programs presented by providers other than those offered through the medical center (e.g., attendance at national meeting for specialty area, a Webinar or college program to achieve a nursing degree – BSN, MSN or Doctorate).
  - c. Professional Activities Summary including evidence to support Performance Category Elements for six (6) elements
  - d. One (1) Peer Review
  - e. Three (3) measurable, objective professional goals for the upcoming year.
  - f. A scoring form
3. The renewal portfolio is submitted to the Professional Development Council for review annually, no later than six weeks prior to the anniversary date of the Professional Practice designation.
4. If the Clinical Nurse is on a leave of absence during the renewal period, the abbreviated portfolio is submitted within 60 days of return to work.

## **TRANSFER/RECIPROCITY**

A Professional Practice Ladder nurse who transfers to another unit or department that is not a similar area of expertise (e.g., transfers from the Intensive Care Unit to the Emergency Department or from a Surgical Unit to the Maternity Unit) may reapply for Professional Practice Ladder designation if they achieve the required performance criteria elements and submit a complete portfolio as described in the Maintenance of Professional Practice Ladder Nurse Status section. This process can be waived using the clinical areas defined in the Memorandum of Understanding (MOU, Side Letter Number 3) at the discretion of the PDC.

## **APPEAL PROCESS**

Any applicant that is denied Professional Practice Ladder designation may appeal the decision of the Professional Development Council subcommittee as follows:

1. A written appeal clearly stating the basis for the appeal must be submitted to the Professional Development Council (PDC) no later than thirty (30) days after written notification of denial. The appeal will reference or contain only information submitted with the original application as justification of the appeal.
2. The PDC will review the appeal and either accept the application or deny the appeal, providing a written explanation of the reasons for the written denial.
3. If the appeal is denied, the applicant may appeal the decision to the Chief Nursing Executive (CNE) no later than 30 days after denial by the PDC. The original portfolio must be submitted to this nurse.
4. The CNE will render a decision within 30 days. The decision of the Chief Nursing Executive is final.
5. Denial of an appeal does not preclude future application to the Professional Practice Ladder program.

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**APPLICATION**

**Candidate's Name** \_\_\_\_\_ Norma Nurse \_\_\_\_\_

**Department/Unit** \_\_\_\_\_ 7 East – Medical-Surgical \_\_\_\_\_

**Number of Years Experience as a RN at ACMC** \_\_\_\_\_ Five (5) \_\_\_\_\_

**Number of Years Working on Unit** (include start date) \_\_\_\_\_ Five (5) – June 6, 2007 \_\_\_\_\_

**Anticipated Portfolio Submission Date** \_\_\_\_\_ October 2, 2012 \_\_\_\_\_

**Candidate's Signature** \_\_\_\_\_ Norma Nurse, BSN, RN-BC \_\_\_\_\_

**Date** \_\_\_\_\_ June 28, 2012 \_\_\_\_\_

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**Verification by Nursing Manager or Director**

- ☒ I have discussed the Professional Practice Ladder program with candidate.
- ☒ The candidate is a RN and meets requirements stated in Eligibility Requirements working in a full-time or part-time position.
- ☒ The candidate received a performance rating of "3" or greater on the candidate's most recent Staff Performance Review.
- ☒ The candidate has a positive work record and has not received disciplinary action in the last three years.

**Manager or Director Signature** \_\_\_\_\_ Dorothy Director, MSN, RN,  
NE-BC \_\_\_\_\_

**Date** \_\_\_\_\_ June 18, 2012 \_\_\_\_\_

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**STAFF PERFORMANCE REVIEW SUMMARY FOR**

*Norma Nurse*

**Instructions:** This form is to be completed by the unit nursing manager or director and is submitted by the nurse clinician candidate as a required element of the portfolio.

**Candidate's Name** Norma Nurse, BSN, RN-BC

**Department/Unit** 7 East – Medical-Surgical

**Performance Summary** (contains a summary of each performance appraisal category identified in the Performance Appraisal form and uses specific examples from each category).

**Behavioral Competencies**

**Dependability**

Good attendance. Comes to work on time. Works when scheduled. Calls out only infrequently & only in emergency situations.

**Attitude**

Positive attitude. Problem solves. Good influence on other staff members. Brings solutions to problems identified. Can articulate how own work supports ACMC's 6 Pillars.

**Professionalism**

Adheres to unit policies concerning breaks, personal phone calls, use of internet, leaving work area, & other absences from work. Services as a role model for colleagues.

**Service Orientation & Customer Focus**

Always put the customer first using AIDET as appropriate. Anticipates patient needs & attempts to resolve patient & customer complaints even if department or individual is not responsible for problem. Assists patient in way finding when possible.

**Safety & Awareness**

Understands & supports ACMC's safety programs & raising the red flag. Models safety behaviors.

**Trust – Professionalism**

Does the right thing, every time, all the time – even when no one is aware.

**Trust – Confidentiality & Privacy**

Consistently respects the privacy of patients, families & employees & role models this behavior, maintains patient privacy by ending inappropriate hallway & elevator conversations concerning confidential matters.

**Teamwork – Works Well with Others**

Demonstrates high commitment to making things better for the unit & ACMC as a whole. never uses the phrase, "That is not my job."

### **Teamwork – Sense of Ownership**

Presents a positive image of APMC to employees and to the community.

### **Integrity – Accountability/Personal Responsibility**

Is accountable for every choice made & openly accepts responsibility rather than blaming others of the system. Proactively seeks additional responsibility.

### **Integrity – Commitment to Colleagues**

Supports team & team decisions; consistently follows through.

### **Knowledge & Competence**

Eager to change for the good of the organization. Strives for continuous professional development.

### **Respect/Communication**

Comes to work with a positive attitude. Helps create an inclusive, respectful work environment.

## **Role Specific Competencies**

### **Accompanies, assists, & represents the needs of patients to other providers.**

Consistently communicates with other healthcare providers regarding patients. Works collaboratively.

### **Accurately provides care with respect to medication & administration, skin & wound care, ADLs & other essential patient care related activities.**

Respects *The Zone* and encourages others to do so. Orients new staff members to the Pyxis machine as necessary. Supervises CNAs and may coach them related to ADLs.

### **Develops, implements, evaluates & makes modifications in the nursing care plan; prepares required records & reports.**

Consistently updates the nursing care plan. Documents accurately & thoroughly to reflect the nursing care provided.

### **Gathers & assesses information about patients to meet nursing needs; assists & consults with physicians in the performance of procedures & diagnostic tests; contacts physicians and/or other departments to obtain or provide patient information.**

Is concise in articulating patient status, nursing diagnoses & needs to physicians. Proactively contacts other departments to obtain patient information. Role models hand-off communication.

### **May provide oversight to staff who monitor telemetry systems; alerts primary nurse of changes in underlying rhythms & of any life threatening arrhythmias that may develop; interprets & posts telemetry strips at the hours specified; admits & discharges patient with telemetry units as appropriate.**

Not applicable.

### **Organizes, supervises, makes adjustments & accepts responsibility for the quality of care provided patients by co-workers for a given work period; at the level II assumes responsibility as a team leader or a charge nurse when assigned.**

Assumes responsibility as charge nurse frequently. Does an excellent job of organizing & coordinating quality patient care with other departments.

### **Participates in promoting a healthful, safe, & therapeutic environment for patient & families; sets up & controls the environment essential for infection control.**

Independently submits Engineering Work Requests and Hospital Occurrence Reports. Takes the initiative to contact the Infection Control Department for guidance & shares information gained with staff members on the unit.

Participates in the implementation of patient care standards, infection control standards & quality assurance criteria; assists with conducting studies; participates in unit & other meetings.

Consistently demonstrates adherence to patient care standards. Frequently participates in collecting continuous quality improvement data and has, on occasion been responsible for analyzing results.

Provides & evaluates patient care established standards & criteria in conformity with the nursing care plan. Monitors patients for significant & critical changes & initiates procedures as required; documents care given according to set standards & at required intervals. Interprets & explains procedures, regimens, & services to patients & families; teaches patients & family members health care & disease prevention techniques. Prepares patients and/or area for procedures & operations; assists physicians; uses instruments & equipment related to the area of assignment.

Is able to modify the plan of care readily based on continuous patient assessment. Is a master patient educator assessing the patient's readiness to learn, tailoring content to medical literacy, providing clear instructions, including the patient's family/significant others & evaluating the patient's response to teaching.

Manager or Director Signature Dorothy Director, MSN, RN, NE-BC

Date May 24, 2012

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## INTRODUCTION ESSAY FOR

*Norma Nurse*

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### **Instructions:**

- Submit a short essay to introduce yourself.
- Discuss what the role of the Professional Practice Ladder Advanced or Expert designation means to me and to my patients. Focus on outcomes, making a difference in patient care.
- Typed and double-spaced.
- No more than 250 words.

My name is Norma Nurse. I have lived in the San Francisco Bay Area my entire life. I received my registered nurse license in 2002 and have been working at Alameda Health System (AHS) on 7 East since 2005.

The process of applying to the Professional Practice Ladder has provided me the opportunity to critically examine elements of my professional practice. I have been able to reflect on the knowledge and skills I possess as well as my daily clinical practice and what I bring to the practice of nursing here at AHS.

I am a life-long learner who has always taken the initiative for professional growth and development. This allows me to care for my patients using the most current evidence-based nursing research.

I believe that achievement of the role of *Clinical Nurse Advanced* will benefit my patients, colleagues, Alameda Health System and, has the potential to impact our community as well.

The clinical inquiry supported by the program leads to enhanced clinical judgment and practice. This allows me to provide my patients with the best possible quality of care. Demonstration of advocacy and the ethical application of practice standards also contribute to positive patient outcomes. Lastly, I believe the program allows for the initiation of community involvement to promote positive health behaviors.

I hope you will find my portfolio to be a reflection of the nurse I am. A noted nursing professional said it best, "Nursing is not what I do, but who I am."

# ALAMEDA COUNTY MEDICAL CENTER



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Norma Nurse, BSN, RN-BC  
1411 East 31<sup>st</sup> Street  
Oakland, CA 94609  
510.437.1234  
[nnurse@acmedctr.org](mailto:nnurse@acmedctr.org)

## **Educational Preparation**

Bachelor of Science in Nursing, College of Holy Names, Oakland, CA  
Associates Degree in Nursing, Merritt College, Oakland, CA

## **Professional Experience**

**Alameda County Medical Center, Oakland, CA** 2005-Present  
Staff Nurse II, Medical-Surgical Unit  
Plan, coordinate and implement nursing care for medical & surgical patients.  
Serve as preceptor for staff new to the unit.

**Alta Bates-Summit Medical Center, Oakland, CA** 2002-2005  
Staff Nurse II, Medical-Surgical & Cardiac Step Down Units  
Planned, coordinated and implemented nursing care for medical, surgical  
& cardiac patients.

## **Professional Organizations**

American Nurses Association - member 2002-Present  
The Academy of Medical-Surgical Nurses (AMSN) - member 2004-Present

## **Professional Certifications**

American Nurses Credentialing Center. Registered Nurse-Board Certified (RN-BC) in  
Medical-Surgical Nursing

## **Awards or Honors**

Academic Scholar. Merritt College Nursing Program.  
Magna Cum Laude. College of Holy Names

## **Professional Presentations**

*Safe Patient Handling, Transfer & Positioning.* (2012). Alameda County Medical Center.  
*Pain Assessment & Basic Comfort Measures.* (2011). Alameda County Medical Center.

## **Research/Evidence-based Practice/Publications** – (optional)

None

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## LETTER OF RECOMMENDATION FOR *Norma Nurse*

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### Instructions:

- Two (2) letters of recommendation are required, one of which must be from a peer.
- In addition to the letter written by a peer, letters may be written by a nursing director or manager, nurse educator, clinical nurse specialist or committee chair.
- Letters are to include the following content:
  - Introduction, including statement of purpose, relationship with person being recommended, how long you have worked with this nurse.
  - A description of how this nurse collaborates with you.
  - An explanation to how this nurse demonstrates leadership ability.
  - Examples of how you have utilized this nurse as a resource.
  - A description of how this nurse acts as a role model.
  - A description of how this nurse shows initiative in improving the quality of patient care.
- Letters must include specific examples rather than generalities.
- Letters must include the wording: *I recommend \_\_\_\_\_ be recognized for his/her expertise in nursing for participation in the Professional Practice Ladder.*
- Letters of recommendation are returned to the candidate and submitted as part of the portfolio.

June 26, 2012

Professional Development Council  
Alameda County Medical Center  
1411 East 31<sup>st</sup> Street  
Oakland, CA 94609

Dear Professional Development Council Members,

I am pleased to write this letter of recommendation for Norma Nurse, R.N. I have known Norma for the past five years in my capacity as the Nurse Manager of the 7 East Medical-Surgical Unit at Alameda Health System.

Norma exemplifies many qualities and characteristics that are supported by the Clinical Ladder Program. Among these are collaboration, leadership ability, knowledge and critical thinking skills, initiative and ability to serve as a role model.

Norma strives to make things better for the unit each day. She arrives on time with an enthusiasm that is infectious. Throughout the day she continuously communicates with other members of the unit and those involved with providing care for her patients off the unit (e.g., Laboratory, Radiology, Physical Therapy). She makes herself available to the medical staff and actively contributes to patient rounds.

Recently Norma has been placed in a formal leadership position as relief charge nurse. Although this is a new role for her, she is embracing it and bringing her excellent communication skills to managing the unit. Norma is also one of the primary preceptors for our unit, orienting new and experienced staff to the unit. Her preceptees report that she is patient and thorough. Norma is also an informal leader and is well liked by her colleagues.

Norma is knowledgeable of the nursing process and is able to translate her assessment findings into an individualized plan of care for her patients. She is caring and respectful in regard to protecting her patient's dignity and right to privacy. These qualities make her a role model and resource for our unit.

Norma is also curious and eager to learn. She is quite thorough in her approach to preparing for unfamiliar medical conditions and clinical tests. She consistently shares information from her review of evidence-based articles with the staff and presents ideas on how to improve the care provided on our unit for consideration by the managers. She is always the first to volunteer to assist with continuous quality improvement projects and has recently been asked to analyze some of these audits in an effort to develop action plans.

Please feel free to contact me with any additional input you require. I recommend Norma Nurse, RN be recognized for her expertise in nursing for participation in the Professional Practice Ladder.

Sincerely

Mark Manager, BSN, RN

Manager, 7 East

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  - A description of how this nurse acts as a role model.
  - A description of how this nurse shows initiative in improving the quality of patient care.
- Letters must include specific examples rather than generalities.
- Letters must include the wording: *I recommend \_\_\_\_\_ be recognized for his/her expertise in nursing for participation in the Professional Practice Ladder.*
- Letters of recommendation are returned to the candidate and submitted as part of the portfolio.

June 28, 2012

Professional Development Council  
Alameda County Medical Center  
1411 East 31<sup>st</sup> Street  
Oakland, CA 94609

To The Professional Development Council,

My name is Colleen Colleague and I am a staff nurse II on the 7 East Medical-Surgical unit here at Alameda Health System. I first met Norma two years ago when I began working here. Norma was the registered nurse who oriented me to the unit and was my preceptor for my first eight weeks.

Norma is a wonderful nurse! She gave me a great orientation answering all of my many questions. I was a new nurse at the time and she was so patient with me. I felt very comfortable caring for patients by the time my preceptorship was complete.

Norma is a fantastic co-worker. She always checks in on me throughout the day whether she is in charge or is carrying her own patient load. I especially enjoy the days when she is our charge nurse because she keeps things moving smoothly and will pitch in to help if you are falling behind.

When I have a clinical question I know that almost always Norma will have the answer. When she doesn't know the answer, she will help me look it up if she has the time. And I like that she often comes back to me at the end of the day to ask me to share what I learned. It makes me feel important. I look up to her as a role model and hope that someday I will be able to help a new nurse the way Norma has helped me.

Norma always seems to have the latest information and I really appreciate that she is willing to share it with all of us on the unit. Sometimes at staff meetings she will talk about new nursing techniques or patient care for special patients, like diabetics, or she will post a recent interesting article on the bulletin board in our staff lounge. What a great resource she is!

We are so lucky to have Norma on our unit! I absolutely recommend Norma Nurse, RN be recognized for her expertise in nursing for participation in the Professional Practice Ladder.

Sincerely,

*Colleen Colleague, RN*

Staff Nurse II, 7 East

## PERFORMANCE CATEGORY - CLINICAL PRACTICE

Element	Description	CN Advanced Examples	CN Expert Examples	Required Documentation
Professional Membership	Membership in a national nursing and/or specialty nursing organization.	Active membership status	Activity in the professional nursing organization at a local, state, regional and/or national level approved by the Professional Development Council (PDC). Chairperson or officer in a professional nursing organization.	Copy of membership card (Advanced)  Any documentation supporting your activity or leadership role (Expert)
Precepting	Candidate will complete the APMC preceptor development program and serve as a primary preceptor.	Act as a primary preceptor for new orientees.	Act as a primary preceptor for new orientees.	Documentation including: 1. name of person you precepted, 2. when you precepted, and 3. your role to establish and facilitate the accomplishment of orientation goals.
Exemplar/Case Study	See <i>Nursing Exemplar</i> form.	Write one (1) exemplar using the defined framework.	Write two (2) exemplars using the defined framework.	See <i>Nursing Exemplar</i> form.
P & P, Protocol, Form, or Competency Development	Development and adoption of a policy & procedure, protocol, form, competency	1. Minimum of one document 2. Review/edit of existing document	1. Minimum of one document 2. Author/Co-author of one document 3. New or substantial revision of existing document	Copy of: 1. Policy & Procedure, 2. Protocol, 3. Form, or 4. Competency
Multi-departmental Competency	Ability to competently perform in a clinical area outside of primary expertise.  Excludes <i>floating</i> to areas that do not require additional training (e.g., ICU → SDU).	Cross trained to one (1) clinical area outside of primary expertise.	Cross trained to one (1) clinical area outside of primary expertise.	Statement from supervisor documenting competency.

## PERFORMANCE CATEGORY - EDUCATION

Element	Description	CN Advanced Examples	CN Expert Examples	Required Documentation
Certification	Certification in a specialty practice area obtained through successful completion of an online examination administered by the American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association (ANA). Does not include BLS, ACLS, PALS, NRP or TNCC credentials.	Achieve certification	Maintain certification	Copy of certification card or letter with name of certifying body, name of credential and expiration date.
Academic Education	College preparatory studies or studies in higher education, as contrasted with technical, vocational, continuing education or in-service education.	<ul style="list-style-type: none"> <li>Documented enrolment in a college or university program leading to a bachelor's degree in nursing.</li> <li>Possesses a bachelor's degree in nursing.</li> </ul>	<ul style="list-style-type: none"> <li>Documented enrolment in a college or university program leading to a masters or doctorate degree in nursing (or PhD).</li> <li>Possesses an advanced degree (Masters or Doctorate) in nursing.</li> </ul>	Copy of college letter of acceptance and copy of current transcript generated by the issuing school or obtained from the school (e.g., school website).
Continuing Education	<p>Completion of continuing education units approved by the California Board of Registered Nursing that are related to clinical practice.</p> <p>At least four (4) continuing education units are completed by attending classes/programs that are coordinated by the medical center using a nationally-recognized organization, or programs presented by providers other than those offered through the medical center (e.g., attendance at national meeting for specialty area or a Webinar).</p>	Completion of a minimum of 18 continuing education units in the last year	Completion of a minimum of 31-40 continuing education units in the last year	Copies of continuing education certificates containing the program title, date and California Board of Registered Nursing provider number.

## PERFORMANCE CATEGORY - EDUCATION

Element	Description	CN Advanced Examples	CN Expert Examples	Required Documentation
Development & Presentation of Education Activities	<p>Demonstration of development and implementation of a unit-based, house wide or external in-service or continuing education program.</p> <p><i>Development</i> includes:</p> <ul style="list-style-type: none"> <li>• Identification of topic based on learning need(s)</li> <li>• Researching topic for most current information</li> <li>• Detailed content outline</li> <li>• Clear concise behavioral objectives</li> <li>• Determination of handouts &amp; AV needs</li> <li>• Program location, time &amp; length</li> <li>• Determination of # of CEUs (prn)</li> <li>• Program paperwork</li> </ul> <p><i>Implementation</i> includes:</p> <ul style="list-style-type: none"> <li>• Setting up room/AV equipment</li> <li>• Delivering content</li> <li>• Summarizing evaluations</li> <li>• Identifying future learning needs</li> <li>• Completing paperwork and forwarding to the Clinical Education Department</li> </ul>	Participate in development and implementation of a minimum of two (2) programs	Independently develop and implement a minimum of two (2) programs	<p>Copies of paperwork for each program including:</p> <ol style="list-style-type: none"> <li>1. Program description</li> <li>2. Behavioral objectives</li> <li>3. Detailed content outline</li> <li>4. Attendance form</li> <li>5. Program evaluations or summary.</li> </ol>

## PERFORMANCE CATEGORY - LEADERSHIP

Element	Description	CN Advanced Examples	CN Expert Examples	Required Documentation
Community Involvement	Participation in an ACMC-sponsored event or program that contributes to the health and/or welfare of the community or an event representing ACMC.	Participate in an event or organized program.	Organize an event or serve in a leadership position for an organized program.	Summary of event activity or other supporting documentation (e.g., letter of involvement)
Leadership Activities (e.g.,	Serving in a recognized leadership role that results in improving unit function or patient outcomes.	Relief Charge Nurse, Service Lead, Clinical Resource, Super User	Completion of a complex project related to an identified leadership role.	Written statement from supervisor or documented on performance review form (Advance and Expert)  Project documents (Expert)
Committee Involvement	Membership on an organized hospital committee, including a SEIU patient care committee.	Active participation (e.g., completion of assigned committee tasks) or Chair of a unit-based committee	Active participation (e.g., completion of assigned committee tasks) or Chair of a hospital-wide or system-wide committee.	Copy of meeting minutes that include a description of your contribution(s)
Change Agent	Elements include: identify issues/problems, encourage others, communicate, implement	Actively participate in a new nursing program, project or process.	Initiate a new nursing program, project or process.	Summary of project using a formal framework (e.g., the nursing process, PDCA quality model)
Leadership Coursework	Participation in a formal leadership-related program.	Progress toward completion	Completion of coursework	Documentation from sponsoring organization (e.g., certificate of completion or transcript)
Mentoring	Participation in the ACMC formal mentoring program (the mentoring program could be more than 12 months prior to application).	ACMC training completed	Mentor an ACMC individual	Documentation of completed training (Advanced)  Mentee evaluation of you as a mentor (Expert)

## PERFORMANCE CATEGORY - RESEARCH AND QUALITY

Element	Description	CN Advanced Examples	CN Expert Examples	Required Documentation
Quality Project Work	Active involvement in a quality improvement project using the formal PDCA process.	Conduct audits/chart reviews	<ul style="list-style-type: none"> <li>• May or may not identify the clinical problem</li> <li>• Develop audit tools</li> <li>• Analyze data</li> <li>• Communicate results</li> <li>• Develop action plans</li> <li>• Monitor/evaluate change</li> </ul>	Documentation of project as described in examples of Quality Project Work.
Clinical Research	Formal research/evidence-based practice projects related to nursing/ clinical practice. May include a field study.	Member of an investigative group medical center or national group.	Primary investigator or co-investigator.	Documentation of ongoing or completed research (e.g. proposal and current status).
Clinical Inquiry	<p>The nurse participates in the ongoing process of analyzing new processes &amp; evaluating practice, providing informed practice, and innovating through research &amp; experiential learning to promote the best patient outcomes through an approach to care that is grounded in evidence-based practice.</p> <p>Clinical inquiry could also be associated with conducting research that supports evidenced-based practice.<sup>1</sup></p>	<p>Includes all of the following:</p> <ul style="list-style-type: none"> <li>• Identify clinical question</li> <li>• Review relevant data such as research findings, retrospective chart review, quality improvement &amp; risk management data, infection control data &amp; benchmarking data</li> <li>• Communicate findings</li> </ul>	<p>Includes all of the following:</p> <ul style="list-style-type: none"> <li>• Conduct (unfunded) research using standardized research format or replicate a research project.</li> <li>• Communicate findings</li> <li>• Develop action plans for improvement</li> <li>• Monitor/evaluate change</li> </ul>	Documentation of components identified in examples of Clinical Inquiry.
Publication	Professional peer reviewed journals/publications. Excludes local newsletters, bulletins, circulars, etc.	Serve as publication editor or contributor.	Serve as publication author or co-author.	Evidence of publication/ editorial status or contribution.

1. American Association of Critical Care Nurses. (2003). Synergy for clinical excellence: the AACN synergy model for patient care. Aliso Viejo, CA: Author.

# ALAMEDA COUNTY MEDICAL CENTER

## NURSING EXEMPLAR

*Norma Nurse*

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### CLINICAL PRACTICE

The philosophy of nursing at Alameda County Medical Center includes providing caring practices through clinical judgment based on the nursing process, advocacy and the contribution made by nurses toward the achievement of positive patient outcomes through planned collaborative care. The following exemplar showcases these nursing values.

#### Structure

Mr. H. is an 82-year-old male who was admitted to the hospital to have his pacemaker battery replaced due to a low battery life.

His pacemaker was first placed in 2008 to remedy his first degree AV block. An electrocardiogram six weeks ago revealed that the pacemaker battery is nearing the end of its life and his doctor recommended that it be replaced.

Mr. H. is 6'1" tall and weighs 134 pounds. His BMI is 17.7, 21% under normal. Vital signs were all within normal limits except for a slight bradycardia of 56 beats per minute. Physical assessment is unremarkable except for a slightly distended abdomen and dry skin with keratotic lesions on his arms and chest.

Current daily medications: Lisinopril 5mg, Atenolol 25mg, Centrum Silver 1 tablet and a stool softener. He has no known allergies.

Social History: He lives alone independently. He has one son who lives in New York City. He shared that his wife of 50 years died after a brief illness six months ago. He stated that they were very close and that he misses her "terribly." He feels alone and admits that he has not been consistent in preparing meals because "Betsy was the cook." He knows he should "get out more" but is just not motivated to do this without her.

Any number of behavioral nursing diagnoses applies to the care of Mr. H. Among them are: (1) Grieving, (2) Risk for Loneliness, (3) Imbalanced Nutrition, Less Than Body Requirements, (4) Impaired Social Interaction Related to Death of Spouse, and (5) Social Isolation. Two of these are described below.

Nursing Diagnosis	Patient Goal & Indicators
Imbalanced Nutrition, Less Than Body Requirements	The patient will ingest daily nutritional requirements in accordance with activity level and metabolic needs. <ul style="list-style-type: none"><li>• Relate the importance of good nutrition.</li><li>• Identify deficiencies in daily intake.</li><li>• Demonstrate knowledge of nutritional management.</li></ul>
Impaired Social Interaction Related to Death of Spouse	The patient will report increased satisfaction in socialization. <ul style="list-style-type: none"><li>• Identify factors that deter socialization.</li><li>• Describe strategies to promote effective socialization.</li></ul>

## Process

Nursing Diagnosis	Nursing Interventions
Imbalanced Nutrition, Less Than Body Requirements	<ul style="list-style-type: none"><li>• Assess causative factors.</li><li>• Explain the need for adequate consumption of nutrients.</li><li>• Discuss with the patient possible causes of decreased appetite.</li><li>• Consult with a nutritionist to establish appropriate daily caloric and food type requirements for the patient.</li><li>• Initiate referrals as indicated.</li></ul>
Impaired Social Interaction Related to Death of Spouse	<ul style="list-style-type: none"><li>• Identify causative &amp; contributing factors:<ul style="list-style-type: none"><li>- defining characteristics (e.g., friends or family, initiation of friendships/contacts, social interactions).</li><li>- living arrangements</li><li>- obstacles to community functioning</li><li>- general appearance (e.g., facial expression, personal hygiene)</li><li>- relationship skills</li></ul></li><li>• Decrease barriers to social contact.</li><li>• Identify strategies to expand the world of the isolated.</li><li>• Initiate referrals as indicated.</li></ul>

## Outcome

Nursing Diagnosis	Summary Evaluation
Imbalanced Nutrition, Less Than Body Requirements	<ul style="list-style-type: none"><li>• The patient and I explored the possible reasons for his nutrition imbalance. These were identified as the loss of his wife and his lack of knowledge regarding food preparation.</li><li>• I arranged for the dietitian to visit who was able to provide him with a dietary plan that would increase his weight and was easy to prepare.</li><li>• I also contacted Meals-on-Wheels to arrange for delivery of food daily.</li></ul>
Impaired Social Interaction Related to Death of Spouse	<ul style="list-style-type: none"><li>• With my assistance the patient identified that the death of his wife was a contributing factor to his impaired social interaction and that he did have a desire for more contact with people.</li><li>• A referral was made to the Social Worker who began working with the patient through the grieving process due to the death of his spouse.</li><li>• I was also able to locate two senior community centers in his neighborhood (one within walking distance and one that offering shuttle service). I downloaded program brochures from both and reviewed the various activities he might enjoy based on our conversations about his background and hobbies. One center even had food preparation classes!</li></ul>

## Update

I keep in contact with Mr. H. and am pleased to report that he has gained 25 pounds and is well on his way to a normal BMI. He is enjoying both community centers and the differing activities that each have to offer. He reports that he has learned to be, "quite the cook" and frequently hosts dinner parties for his newly acquired friends. My experience with Mr. H. reminds me every day of the ability I have to make a difference in the lives of those I care for.

# ALAMEDA COUNTY MEDICAL CENTER



*Highland Hospital Campus Fairmont Hospital Campus  
John George Psychiatric Pavilion  
Ambulatory Health Care Services*

## PERFORMANCE ACTIVITY SUMMARY

*Norma Nurse*

### Instructions:

Provide evidence for six (6) performance activities by briefly describing the structure (what and when), process (how) and outcome (what difference you made for patient care or professional practice) regarding this activity. Provide one example from each of the four (4) Performance Categories and two (2) additional activities from categories of your choosing.

### 1. Clinical Practice

Elements may include – professional membership, precepting, exemplar/case study, policy & procedure, protocol, form, competency development, cross training.

#### Performance Activity Element – Professional Membership

##### Structure

Member - American Nurses Association/American Nurses Association California – 2002 to present

##### Process

Submit application and \$276 annual fee. This provides full voting membership in the American Nurses Association & the California ANA nurses association.

##### Outcome

Membership provides access to:

- Professional development tools & publications that assist in providing information to keep nursing practice current.
- Code of Ethics, Scope & Standards of Practice – to guide nursing practice.
- Information to assist in addressing workplace hazards.
- The opportunity to advocate for patients through federal lobbying on issues important to nursing and health care.
- The opportunity to advocate for the scope of nursing practice through state lobbying efforts.

**See copy of membership card in Supporting Documents section.**

#### Performance Activity Element – Exemplar/Case Study

##### Structure

**See Nursing Exemplar in Supporting Documents section.**

##### Process

**See Nursing Exemplar in Supporting Documents section.**

##### Outcome

**See Nursing Exemplar in Supporting Documents section.**

## 2. Leadership

Elements may include – community involvement, leadership activities, committee involvement, change agent, leadership coursework, mentoring.

### Performance Activity Element – Leadership Activities

#### Structure

7 East is a 38-bed Medical-Surgical unit caring for patients with a variety of medical and surgical conditions. The unit has one Nurse Manager, one day shift Charge Nurse, one evening shift Charge Nurse and one night shift Team Leader. In the past six months I have served as the day shift Charge Nurse an average of once per week.

#### Process

The role of the Charge Nurse is to preside over morning report, make the patient assignments, communicate with the physicians via the telephone and rounding, check on any orders that need clarification, communicate with the Nurse Manager and unit staff members, serve as a liaison between the unit and other departments in the hospital, assist with admissions & discharges, work with families who have issues, monitor staff work & remain available to assist with unusual or emergent situations & serve as a unit resource.

#### Outcome

I believe I am effective in this role. Staff has told me that I communicate clearly & am available to assist them if they are behind in patient care. I always try to role model professional behavior & serve as a resource to the staff. I strive to have a smooth running unit where the patients are comfortable & receive high quality patient care. When I am acting in the role of the Charge Nurse I do believe that these qualities contribute to positive patient outcome and create a positive work environment.

**See Performance Appraisal for validation of Charge Nurse relief.**

### 3. Research and Quality

Elements may include – project work related to quality, clinical research, clinical inquiry, publication.

#### Performance Activity Element – Clinical Inquiry

##### Structure

Clinical question identified – In the fall 2011 is began recognizing that patients are frequently overwhelmed with the amount of discharge teaching we are providing.

##### Process

Conducted a search of the literature to determine:

- What factors may be contributing to patients feeling overwhelmed.
- What approach/techniques might the nurse use to increase patient understanding & confidence in their ability to care for themselves upon discharge.

Performed a small survey of patients to validate what I read in the literature.

Communicated my findings to the unit Nurse Manager and, with permission, shared the findings at a staff meeting.

##### Outcome

We began discharge teaching two days before the anticipated discharge day instead of doing all of the teaching on the day of discharge. This allowed us divide the teaching content over two days so that the patient had less to process at one sitting and gave the patient time to think about questions or areas that they needed reviewed the following day.

**See Clinical Inquiry – Patient Education in Supporting Documents section.**

#### 4. Education

Elements may include – certification, academic education, continuing education, development & presentation of education activities.

##### Performance Activity Element – Certification

###### Structure

Board certified in Medical-Surgical Nursing (RN-BC) through the American Nurses Association

2010 to 2015

###### Process

American Nurses Credentialing Center

###### 1. Eligibility Criteria:

- Hold a current, active RN license within a state or territory of the United States of the professional, legally recognized equivalent in another country.
- Have practiced the equivalent of 2 years full-time as a registered nurse.
- Have a minimum of 2,000 hours of clinical practice in the specialty area of medical-surgical nursing within the last 3 years.
- Have completed 30 hours of continuing education in medical-surgical nursing within the last 3 years.

###### 2. Complete 5-page application and pay \$270 fee.

###### 3. Complete a 150-question examination with a passing score of 350 or higher. Content encompasses:

- Assessment & Nursing Diagnosis
- Planning & Outcomes Identification
- Implementation & Evaluation
- Professional Role

###### Outcome

A validation of my knowledge, skills & competence in the nursing-surgical nursing specialty. I believe it is also recognition of excellence.

**See copy of certification in Supporting Documents section.**

##### Performance Activity Element – Development & Presentation of Education Activities

###### Structure

Development & implementation of the following two continuing education programs:

- *Donation After Cardiac Death* on January 6, 2012
- *Clostridium difficile* On April 12, 2012

###### Process

Developed the program:

- Identified the topic based on staff learning need(s)
- Researched the topic for most current information
- Identified a qualified/expert speaker
- Developed a detailed content outline
- Developed clear concise behavioral objectives based on the content outline
- Determined handouts & AV needs
- Determined program location, time & length
- Determined of # of CEUs that could be offered
- Began program paperwork

Implemented the program:

- Set up room/AV equipment
- Introduced speaker
- Summarized evaluations
- Identified future learning needs
- Completed paperwork and forwarded it to Education Department

#### Outcome

Both programs were attended by a total of 55 employees. Evaluations from participants indicated that they found the speakers effective, felt the material present would be extremely useful, were able to achieve the program objectives and rated their average overall satisfaction at above 4 on a 5-point Likert Scale.

**See copies of program paperwork in *Supporting Documents* section.**

ALAMEDA COUNTY  
MEDICAL CENTER



*Highland Hospital Campus Fairmont Hospital Campus  
John George Psychiatric Pavilion  
Ambulatory Health Care Services*

**PROFESSIONAL PRACTICE LADDER PORTFOLIO SCORING FORM FOR**  
***Norma Nurse***

(Name of Candidate)

**(Do not complete. For use of the Professional Development Council only.)**

<b>Required Element</b>	<b>Meets</b>	<b>Does Not Meet</b>	<b>Comments</b> (Suggestions for Improvement)
Application Form			
Performance Appraisal Summary			
Introduction Essay			
Resume			
Letters of Recommendation			
Professional Activities Summary			
Evidence to Support Performance Category Elements			
Scoring Form			

**Additional Comments** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Supporting Documentation

ANA Membership Card

Nursing Exemplar

Clinical Inquiry – Patient Education Handout

ANCC Certification Card

*Donation After Cardiac Death* – Program Paperwork

*Clostridium difficile* – Program Paperwork



Confers Upon

**Norma Nurse**

Certification I.D.  
654321

Registered Nurse Board Certified in  
Medical-Surgical Nursing

2010 through 2015

*Cindy Certifier, MSN, RN-BC*  
President, American Nurses Credentialing Center



American Nurses Association • 8515 Georgia Ave  
• Suite 400 Silver Spring, MD 20910  
1-800-274-4ANA

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**Norma Nurse**

Member ID #: 123456

Expires: 12/31/2012

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Member of ANA and ANA/California

## **Clinical Inquiry – Patient Education Handout for Staff Meeting March 12, 2012**

### **Clinical Questions**

1. What factors may be contributing to patients feeling overwhelmed.
2. What approach/techniques might the nurse use to increase patient understanding & confidence in their ability to care for themselves upon discharge.

### **Literature Review**

Cleary, M. and others. (2009). Consumer feedback on nursing care and discharge planning. *Journal of Advanced Nursing*, 42(3): 269.

Johnson, A. and others. (2008). Written and verbal information versus verbal information only for patient discharged from acute hospital settings to home, *Association of periOperative Registered Nurses (AORN) Journal*, 26(5); 169-180.

Weiss, M.E. (2010). Perceived readiness for hospital discharge in adult medical-surgical patients. *Clinical Nurse Specialist*, 21(1), 31-38.

### **Findings with Implications for Nursing**

#### Nursing Diagnoses (potential)

- Anxiety
- Deficient knowledge regarding home care restrictions
- Ineffective therapeutic regimen management
- Relocation stress syndrome
- Caregiver role strain
- Impaired home maintenance
- Interrupted family processes
- Self-care deficit: feeding, toileting, dressing, bathing

#### Planning

##### Expected outcomes:

- Patient or family caregiver explains how health care is to continue in home (or other facility), what treatments or medications patient needs, and when to seek medical attention for problems.
- Patient is able to demonstrate self-care activities (or family member is able to administer care measures).
- Remove obstacles to patient's mobility & hazards to ambulation in home setting.
- Determine preliminary content for teaching & organize for presentation over two days.

#### Implementation

1. At least two days prior to discharge:
  - a. assess readiness to learn & medical literacy (e.g., pain level, fatigue)
  - b. determine any barriers to learning
  - c. suggest ways to change physical arrangement of home to meet patient's needs if necessary
  - d. provide patient & family with information about community health care resources (make referrals as needed)
  - e. conduct teaching sessions with patient and family in a concise but complete manner
  - f. determine response to teaching (e.g., return demonstration, question & answer) & communicate with other health care team members.
2. Day of discharge:
  - a. assess readiness to learn
  - b. determine any barriers to learning
  - c. encourage patient & family to ask questions or discuss issues related to home care.
  - d. determine level of understanding of previous teaching
  - e. review/reinforce day one teaching
  - f. review discharge orders for any changes to prescriptions, treatments, or need for medical equipment

#### Evaluation

1. Ask patient or family member to describe the nature of illness, treatment regimens, and physical signs or symptoms to be reported to a physician.
2. Have patient or family member perform any treatments that will continue in the home.

# ALAMEDA COUNTY MEDICAL CENTER – HIGHLAND CAMPUS

## CONTINUING EDUCATION (CE) CHECKLIST

BRN REQUIREMENTS FOR CONTINUING EDUCATION COURSES  
(To be included in each completed file)

NAME OF COURSE Clostridium *difficile* DATE OF COURSE 4-12-12

COURSE COORDINATOR Norma Nurse

ACTIVITY	DATE COMPLETED
<input checked="" type="checkbox"/> Curriculum Vitae of EACH Instructor*	
Name <u>Holly Schenck</u>	<u>4-11</u>
Name _____	_____
<input checked="" type="checkbox"/> Curriculum Vitae of Program Coordinator*	<u>On File</u>
<input checked="" type="checkbox"/> Program Flyer*	<u>4-11</u>
<input checked="" type="checkbox"/> Continuing Education Cover Sheet*	<u>4-11</u>
<input checked="" type="checkbox"/> Attendance Form*	<u>4-11</u>
<input checked="" type="checkbox"/> Program Evaluations for Participants Duplicated	<u>4-11</u>
<input checked="" type="checkbox"/> Audiovisual Needs Checklist	<u>4-11</u>
<input checked="" type="checkbox"/> Handout(s) - 1 Copy*	<u>4-11</u>
<input checked="" type="checkbox"/> Post-Test/Final (if applicable)*	<u>N/A</u>
<input checked="" type="checkbox"/> Program Summary Evaluation of Participants*	<u>4-12</u>
<input checked="" type="checkbox"/> Program Report*	<u>4-13</u>
<input checked="" type="checkbox"/> Thank You Letter Written to Speaker(s)	<u>4-12</u>
<input checked="" type="checkbox"/> C.E. Paperwork Copied & Filed	<u>4-13</u>
<input checked="" type="checkbox"/> C.E. Paperwork (Originals) Sent to Education Department	<u>4-13</u>

### Speaker Contact Information

Name <u>Holly Schenck</u>	Cell Phone
Voice Mail <u>48480</u>	Email <u>HSchenck@acmedctr.org</u>
Pager	Fax
Address	

\*Send original to Education Department. File copy of CV in Education Speaker Binder & copies of all other paperwork in Education Binder.

## ALAMEDA COUNTY MEDICAL CENTER – HIGHLAND CAMPUS

### CONTINUING EDUCATION PROGRAM

DATE Thursday April 12, 2012

TIME & LOCATION 0700-0800 & 1500-1600 – Classroom B

PROGRAM **CLOSTRIDIUM DIFFICILE**

SPEAKER Holly Schenck, BSN, RN, CIC  
Infection Preventionist, Alameda County Medical Center

#### COURSE DESCRIPTION

This program is designed for all 7 East staff and Environmental Services staff working on 7 East. The speaker will present a review of *C. difficile* covering definition, pathogenesis, and epidemiology. Content will also include recommendations for health care facilities and workers including surveillance, environmental cleaning, enteric contact precautions, hand hygiene, PPE and antibiotic stewardship. Time will be built in for questions and answers.

#### OBJECTIVES

1. Describe the pathogenesis of a *C. difficile* infection.
2. Discuss a minimum of two (2) infection control-associated recommendations for patients with a *C. difficile* infection.
3. Name key steps to utilize in environmental cleaning after caring for a patient with a *C. difficile* infection to eliminate cross contamination.

CONTACT HOUR: One (1) Contact Hour Will Be Provided  
For Those Completing This Program.

BRN PROVIDER NUMBER CEP 00598

**ALAMEDA COUNTY MEDICAL CENTER – HIGHLAND CAMPUS  
CONTINUING EDUCATION IN NURSING**

CONTINUING EDUCATION COURSE COVER SHEET

1. Title of Course        Clostridium Difficile
2. Date(s) course was given        April 12, 2012
3. Number of contact hours        One (1)
4. Brief overview of course - **See Attached Program Flyer**
5. Comprehensive topical outline
  - I        C. difficile – The Organism
    - A. Definition
    - B. Pathogenesis
      1. ingestion
      2. germination
      3. proliferation
      4. toxin production
    - C. Epidemiology
      1. prerequisites
      2. mode of transmission
      3. costs associated with the infection
      4. current state
  - II        Recommendations for Hospitals
    - A. Surveillance
    - B. Early Diagnosis & Treatment
    - C. Environmental Cleaning
      1. methods
      2. agents
      3. organism survival rates on surfaces
    - D. Antibiotic Stewardship
    - E. Transmission Based Precautions
      1. Contact
      2. Enteric
      3. Elements
    - H. Hand Hygiene
6. Method of program evaluation - **Written Participant Evaluation**

Signature of course coordinator        Norma Nurse, BSN, RN-BC

Date        April 11, 2012

## Staff Education & Development Department

### EDUCATION EVENT DESCRIPTION / APPLICATION FOR CONTINUING EDUCATION

Check criteria that apply.

☐ Application for Continuing Education (**check one**):

☐ RNs (BRN Provider)

☐ Clinical Laboratory Provider

☐ Other \_\_\_\_\_

☐ Education Event Description only (No continuing education credit offered)

Completed by **Norma Nurse**

Date **April 11, 2012**

Course Title **C. difficile**

Target Audience **All 7 East staff & EVS staff working on 7 East**

Date **April 12, 2012**

Total # of Classes **Two (2)**

C.E. Credit/Number Hours **One (1)**

Event Coordinator **Norma Nurse**

Speaker **Holly Schenck**

#### SECTION I Check appropriate objectives for direct patient care providers only.

- ☐ Staff able to identify how content relates to age/developmental age group.
- ☐ Staff able to state one application of content to appropriate age/developmental age group.
- ☐ Staff able to state one cultural application of content to patient population (if applicable).
- ☒ Content appropriate for any age group.

#### SECTION II Complete for direct and non-direct patient care providers.

Additional Goals/Objectives **See Attached Program Flyer**

Evaluation Method(s) Used (check all that apply)

- ☒ Written Evaluation (Summary Attached)
- ☐ Written Post-Test
- ☒ Question & Answer
- ☐ Return Demonstration
- ☐ Other (Describe)

Evaluation Plan (check all that apply)

- ☒ Not Applicable
- ☐ Verbal Review
- ☐ CQI Monitoring
- ☐ Annual Written Competency Exam
- ☐ Evaluation by Exception (unusual occurrence report)

This Program is (check one)

- ☐ Mandatory
- ☒ Optional

Evaluation Summary (Were the program objectives accomplished? What else is needed, if anything?)

This program was very well received as evidenced by the attached *Program Summary Evaluation* form. Participants rated the speaker and instructional methods as effective and the environment comfortable for learning. All participants indicated that they were able to achieve the program objectives. Overall satisfaction was 4.6 on a 5-point Likert Scale. No further education is needed at this time.

<p>Need for Program Identified Through (check all that apply):</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Patient Population Served by Dept/Unit</li> <li><input type="checkbox"/> Clinical Competency Assessment</li> <li><input type="checkbox"/> Information from QI Activities</li> <li><input checked="" type="checkbox"/> Aspect of Care/Service</li> <li><input type="checkbox"/> New/Revised Care Delivery System</li> <li><input type="checkbox"/> New Equipment/Instrumentation</li> <li><input type="checkbox"/> New Product/Supply</li> <li><input type="checkbox"/> New Policy/Procedure</li> </ul>	<p>Findings:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Peer Review Activities</li> <li><input type="checkbox"/> Infection Control Activities</li> <li><input type="checkbox"/> Staff Performance Appraisals</li> <li><input type="checkbox"/> Unusual Occurrence Report</li> <li><input type="checkbox"/> Safety Management Program</li> <li> </li> <li><input type="checkbox"/> Needs of Individual Staff Members</li> <li><input type="checkbox"/> Manager Identified</li> <li><input checked="" type="checkbox"/> Staff Identified</li> </ul>									
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<b>REQUIRED DOCUMENTATION</b> <b>Send to the Staff Education Department</b>
<p><b>Submit within 15 days of course conclusion:</b></p> <ol style="list-style-type: none"> <li>1. Program paperwork including:             <ol style="list-style-type: none"> <li>a. program flyer with objectives &amp; description</li> <li>b. comprehensive content outline</li> <li>c. attendance form with license/certification numbers</li> <li>d. evaluation summary or post-test</li> <li>e. resume for each speaker/instructor</li> </ol> </li> <li>2. For workshops, in addition to 1.a.-e. submit:             <ol style="list-style-type: none"> <li>a. Advertising/Brochure (must include refund policy &amp; statement of provider #)</li> <li>b. Financial Statement (including checks for CEs or transfer of funds)</li> </ol> </li> </ol>
<p><b>Document Education Event:</b></p> <ol style="list-style-type: none"> <li>1. In the Department Annual Education Plan</li> <li>2. In the Annual Education Plan</li> <li>3. File program paperwork where you can readily find them in case you need to show them during a survey</li> </ol>

# ALAMEDA COUNTY MEDICAL CENTER – HIGHLAND CAMPUS

## CONTINUING EDUCATION (CE) CHECKLIST

BRN REQUIREMENTS FOR CONTINUING EDUCATION COURSES  
(To be included in each completed file)

NAME OF COURSE Donation After Cardiac Death DATE OF COURSE 1-6-12

COURSE COORDINATOR Norma Nurse

ACTIVITY	DATE COMPLETED
<input checked="" type="checkbox"/> Curriculum Vitae of EACH Instructor*	
Name <u>Julie Gabbard</u>	<u>12/18/11</u>
Name _____	_____
<input checked="" type="checkbox"/> Curriculum Vitae of Program Coordinator*	<u>On File</u>
<input checked="" type="checkbox"/> Program Flyer*	<u>12/10/11</u>
<input checked="" type="checkbox"/> Continuing Education Cover Sheet*	<u>12/10/11</u>
<input checked="" type="checkbox"/> Attendance Form*	<u>12/10/11</u>
<input checked="" type="checkbox"/> Program Evaluations for Participants Duplicated	<u>12/10/11</u>
<input checked="" type="checkbox"/> Audiovisual Needs Checklist	<u>12/10/11</u>
<input checked="" type="checkbox"/> Audiovisual Request Submitted to HIS	<u>N/A</u>
<input checked="" type="checkbox"/> Handout(s) - 1 Copy*	<u>N/A</u>
<input checked="" type="checkbox"/> Post-Test/Final (if applicable)*	<u>N/A</u>
<input checked="" type="checkbox"/> Program Summary Evaluation of Participants*	<u>1/10/12</u>
<input checked="" type="checkbox"/> Program Report*	<u>1/10/12</u>
<input checked="" type="checkbox"/> Thank You Letter Written to Speaker(s)	<u>1/10/12</u>
<input checked="" type="checkbox"/> C.E. Paperwork Copied & Filed	<u>1/10/12</u>
<input checked="" type="checkbox"/> C.E. Paperwork (Originals) Sent to Education Department	<u>1/10/12</u>

### Speaker Contact Information

Name <u>Julie Gabbard</u>	Cell Phone <u>510-418-8025</u>
Voice Mail <u>510-273-6709</u>	Email <u>jgabbard@ctdn.org</u>
Pager	Fax
Address	

\*Send original to Education Department. File copy of CV in Education Speaker Binder & copies of all other paperwork in Education Binder.

## ALAMEDA COUNTY MEDICAL CENTER – HIGHLAND CAMPUS

### CONTINUING EDUCATION PROGRAM

DATE January 6, 2012

TIME & LOCATION 0700-0800 & 1500-1600 - Classroom B

PROGRAM **Donation After Cardiac Death**

SPEAKER Julie Gabbard, Transplant Coordinator  
California Transplant Donor Network

#### COURSE DESCRIPTION

This program is designed for all 7 East employees. The speaker will describe the procedure for organ donation after cardiac death (DCD). Content will include the definition of DCD, the history of this procedure, donor criteria and the process for DCD. Time will be provided for questions and answers from participants.

#### OBJECTIVES

1. Define the procedure *donation after cardiac death* (DCD).
2. Name a minimum of four (4) criteria used to determine potential DCD donors.
3. Describe the process of donation after cardiac death.

CONTACT HOUR: One (1) Contact Hour Will Be Provided  
For Those Completing This Program.

BRN PROVIDER NUMBER CEP 00598

**ALAMEDA COUNTY MEDICAL CENTER – HIGHLAND CAMPUS  
CONTINUING EDUCATION IN NURSING**

**CONTINUING EDUCATION COURSE COVER SHEET**

1. Title of Course Donation After Cardiac Death
2. Date(s) course was given January 6, 2012
3. Number of contact hours One (1)
4. Brief overview of course **See Attached Program Flyer**
5. Comprehensive topical outline

- I Introduction and Definition
- II History of DCD
  - A. Percentage of DCD vs. brain death
  - B. Non-Heart-Beating Donation (NHBD)
  - C. An option for more than 30 years
  - D. Prior to brain death laws in 1974 DCD performed for all organ recoveries
  - E. Donation after brain death allowed recovery of:
    - 1. Heart
    - 2. Lungs
    - 3. Liver
    - 4. Pancreas
    - 5. Kidneys
    - 6. Intestines
- III DCD Donors
  - A. Severe neurological injury
  - B. Patients without neurological injury
  - C. Those that do not meet criteria for brain death
  - D. No chance of survival off the ventilator
  - E. Family elects to withdraw life support
- IV Criteria
  - A. Documentation
    - 1. Patient has non-survivable, irreversible neurological injury
    - 2. Admission course, radiological findings, current clinical exam
    - 3. Family's wishes regarding withdrawal of life support
    - 4. Family's wished regarding organ donation
    - 5. Approval from Medical Examiner/Coroner
  - B. CTDN collaborates with hospital staff to determine possibility of patient becoming asystolic within accepted time frame
    - 1. Intact reflexes (respiratory drive)
    - 2. Hemodynamic stability
- V The Process of Donation After Cardiac Death

6. Method of program evaluation **Written Participant Evaluation**

Signature of course coordinator Norma Nurse, BSN, RN-BC

Date December 10, 2011

## Staff Education & Development Department

### EDUCATION EVENT DESCRIPTION / APPLICATION FOR CONTINUING EDUCATION

**Check criteria that apply.**

☐ Application for Continuing Education (**check one**):

☐ RNs (BRN Provider)

☐ Clinical Laboratory Provider

☐ Other \_\_\_\_\_

☐ Education Event Description only (No continuing education credit offered)

Completed by **Norma Nurse**

Date **December 10, 2011**

Course Title **Donation After Cardiac Death**

Target Audience **All 7 East Staff**

Date **January 6, 2012**

Total # of Classes **Two (2)**

C.E. Credit/Number Hours **One (1)**

Event Coordinator **Norma Nurse**

Speaker **Julie Gabbard**

**SECTION I Check appropriate objectives for direct patient care providers only.**

- ☒ Staff able to identify how content relates to age/developmental age group.
- ☐ Staff able to state one application of content to appropriate age/developmental age group.
- ☒ Staff able to state one cultural application of content to patient population (if applicable).
- ☒ Content appropriate for any age group.

**SECTION II Complete for direct and non-direct patient care providers.**

Additional Goals/Objectives **See Attached Program Flyer**

**Evaluation Method(s) Used (check all that apply)**

- ☒ Written Evaluation (Summary Attached)
- ☐ Written Post-Test
- ☐ Question & Answer
- ☐ Return Demonstration
- ☐ Other (Describe)

**Evaluation Plan (check all that apply)**

- ☒ Not Applicable
- ☐ Verbal Review
- ☐ CQI Monitoring
- ☐ Annual Written Competency Exam
- ☐ Evaluation by Exception (unusual occurrence report)

**This Program is (check one)**

- ☐ Mandatory
- ☒ Optional

**Evaluation Summary (Were the program objectives accomplished? What else is needed, if anything?)**

This program was extremely well received as evidenced by the enclosed *Program Summary Evaluation* form. Participants viewed the content as very important and very informative in clarifying questions they have had for a period of time. No further education is needed at this time.

<p>Need for Program Identified Through (check all that apply):</p> <div style="display: flex; flex-direction: column; gap: 5px;"> <input checked="" type="checkbox"/> Patient Population Served by Dept/Unit <input type="checkbox"/> Clinical Competency Assessment <input type="checkbox"/> Information from QI Activities <input checked="" type="checkbox"/> Aspect of Care/Service <input type="checkbox"/> New/Revised Care Delivery System <input type="checkbox"/> New Equipment/Instrumentation <input type="checkbox"/> New Product/Supply <input type="checkbox"/> New Policy/Procedure </div>	<p>Findings:</p> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> Peer Review Activities <input type="checkbox"/> Infection Control Activities <input type="checkbox"/> Staff Performance Appraisals <input type="checkbox"/> Unusual Occurrence Report <input type="checkbox"/> Safety Management Program   <input checked="" type="checkbox"/> Needs of Individual Staff Members <input type="checkbox"/> Manager Identified <input type="checkbox"/> Staff Identified </div>
<p>Content provided through:</p> <div style="display: flex; flex-wrap: wrap; gap: 10px;"> <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> Lecture <input type="checkbox"/> Demonstration <input type="checkbox"/> Visual Aid (Poster) </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> Self Study <input type="checkbox"/> Computer Assisted <input type="checkbox"/> Video </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> Other (list) _____ </div> </div>	
<p><b>7 EAST STAFF</b></p> <p>Aggregate Attendance Data:</p> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <span><u>17</u> Registered Nurse</span> <span><u>6</u> Certified Nursing Assistant</span> </div> <p>Other (List) _____</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span><u>23</u> Total Attendance</span> <span><u>20</u> ACMC Attendees</span> </div>	

<b>REQUIRED DOCUMENTATION</b> <b>(Send to the Staff Education &amp; Development Department)</b>
<p><b>Submit with original application:</b></p> <ol style="list-style-type: none"> <li>1. Advertising/Brochure (Must include refund policy &amp; statement of provider #)</li> <li>2. Resumes of all speakers/instructors</li> <li>3. Course materials with objectives &amp; description</li> </ol>
<p><b>Submit within 15 days of course conclusion:</b></p> <ol style="list-style-type: none"> <li>1. Post-Test and/or Evaluation</li> <li>2. Registration/Attendance list with license numbers</li> <li>3. Financial Statement, including checks for CEs or transfer of funds (see litter instructions)</li> <li>4. CE Certificate*</li> </ol>
<p><b>Document Education Event:</b></p> <ol style="list-style-type: none"> <li>1. In the Department Annual Education Plan</li> <li>2. In each employee's Individual Education Record</li> <li>3. File sign in sheets where you can readily find them in case you need to show them during a survey</li> </ol>