

Appendices

Each menu item in the Clinical Advancement Program requires specific documentation.

Following are Appendices A-O to meet requirements listed in Application Packet.

***Print only as needed.**

- Appendix A-Criterion #1 (Recruitment/Retention)**
- Appendix B-Criterion #2 (Professional Organization)**
- Appendix C-Criterion #5 (Charge Nurse)**
- Appendix D-Criterion #11 and #12 (Competency Training/Peer Validator)**
- Appendix E-Criterion #16 (Council/Committee Involvement)**
- Appendix F-Criterion #17 (Unit Council Member or Chair)**
- Appendix G-Criterion #24 (Preceptor)**
- Appendix H-Criterion #25 (Dedicated Education Unit Preceptor)**
- Appendix I-Criterion #27 (Champion Committee)**
- Appendix J-Criterion #28 (a or b) (Resource Nurse)**
- Appendix K-Criterion #31 (Mentoring Students)**
- Appendix L-Criterion #37 (IRB Research Study-Primary Researcher)**
- Appendix M-Criterion #37 (IRB Research Study-co-investigator/assistant)**
- Appendix N-Criterion #34 (Nursing Peer Review Team)**
- Appendix O-Required for all applicants.**

Appendix A

Recruitment & Retention Validation: Criterion 1

I, _____ Clinical Manager of _____,
verify that _____ has completed a minimum
of **2 hours of recruitment and/or retention activities**. I also validate that the
quality of this nurse's work in this role meets all of the high standards and
expectations associated with Clinical Advancement.

Date(s) Completed _____

Number of hours (minimum 2 hours) _____

Clinical Nurse Manager/Assistant Nurse Manager

Date

Appendix B

Professional Membership Validation: Criterion 2

Part 1

I, _____ Officer of _____ (Organization)

verify that _____ has attended >50% of committee meetings.

Time period _____

Signature of Chair/Officer of Professional Organization

Date

Part 2

I, _____ Officer of _____ (Organization)

verify that _____ holds a leadership position in our organization.

Position held _____ Dates: _____

Signature of Chair/Officer of Professional Organization

Date

Appendix C

Charge Validation: Criterion 5

I, _____ Clinical Manager of _____,
verify that _____ has completed the minimum
requirement of at least **300 charge nurse hours in the past 12 months**. I also
validate that the quality of this nurse's work in this role meets all of the high
standards and expectations associated with Clinical Advancement.

Clinical Nurse Manager/Assistant Nurse Manager

Date

Appendix D

Competency Training Validation: Criterion 11 and/or 12

*If submitting for both Criteria 11 and 12, please use 2 forms.

I, _____ Clinical Manager of _____,
verify that _____ has completed the minimum
requirement to satisfy **Criterion 11 and/or 12** on the Clinical Advancement menu.

Criterion 11: Minimum of 6 hours as competency trainer _____

Competency Type _____

Date(s) _____

or

**Criterion 12: Peer Feedback Training or Preceptor Workshop
and 1 year in Validator Role** _____

Renewal Applicants must complete annual skills update training to remain
in Validator Role.

Time Period (Dates) in Validator Role _____

I also validate that the quality of this nurse's work in this role meets all of the
high standards and expectations associated with Clinical Advancement.

Did the applicant participate and contribute to content development?

If yes, describe contribution: _____

Clinical Nurse Manager/Assistant Nurse Manager

Date

Appendix E

Hospital Council/Committee Validation: Criterion 16

I, _____ Chair/Sponsor of
_____ Council/Committee verify that
_____ has been an **active member and has
attended at least 75% of Council meetings over the past 12 months.**

Time period (Dates) on Council/Committee _____

Signature of Council/Committee Chair

Or-

Signature of Executive Sponsor-required for Council Chairs

Date

Note to Applicant: Please refer to Clinical Advancement Criteria Menu #16 for additional requirements:

- Submit a narrative that describes your participation and contribution(s).

Appendix F

Unit Council Membership Validation: Criterion 17

I, _____ Chair of Unit Council/Clinical Manager
on _____, verify that _____ has been
an **active member and has attended at least 75% of Council meetings in the past
12 months.**

Time Period (Dates) on Council _____

Signature of Council Chair

Or-

Signature of Clinical Nurse Manager/Assistant Nurse Manager -required for
Council Chairs

Date

Note to Applicant: Please refer to Clinical Advancement Criteria Menu #17 for
additional requirements:

- Submit a narrative that describes your participation and contribution;
including dissemination of information to staff.

Appendix G

Preceptor Validation: Criterion 24

I, _____ Clinical Manager of _____, verify that _____ has attended the **Preceptor Workshop** and has completed a minimum of **120 hours of precepting in the past 12 months**. I also validate that the quality of this nurse's work in this role meets all of the high standards and expectations associated with Clinical Advancement.

Name of nurse precepted: _____ Timeframe/Hours _____

Name of nurse precepted: _____ Timeframe/Hours _____

Name of nurse precepted: _____ Timeframe/Hours _____

Name of nurse precepted: _____ Timeframe/Hours _____

Name of nurse precepted: _____ Timeframe/Hours _____

Total Hours of Precepting _____ (Minimum of 120 hours required)

Clinical Nurse Manager/Assistant Nurse Manager

Date

Appendix H

Dedicated Education Unit (DEU) Clinical Instructor Validation: Criterion 25

We, _____ Clinical Manager of _____,
and _____ Rhode Island College (RIC) Faculty Instructor,
verify that _____ has attended the **RIC DEU
Clinical Instructor (CI) Class** and has completed **2 consecutive semesters** and a
minimum of **56 hours as a Clinical Instructor (CI)**.

Time Period (Dates) Completed _____

Renewal applicants should attend a **DEU Refresher Class at a minimum of every 2
years.**

I also validate that the quality of this nurse's work in this role meets all of the high
standards and expectations associated with Clinical Advancement.

Clinical Nurse Manager/Assistant Nurse Manager

RIC Faculty Instructor

Date

Appendix I

Champion Committee Validation: Criterion 27

I, _____ Chair/Sponsor of
_____ Champion Committee verify that
_____ is an **active member and has attended at
least 75% of Champion meetings in the past 12 months.**

Time period (Dates) in Champion Role _____

Chair of Champion Committee

Date

Note to Applicant: Please refer to Clinical Advancement Criteria Menu #27 for additional requirements:

- Evidence of disseminating information.
- Evidence of effectiveness as a Champion.

Appendix J

Critical Care Resource Nurse Validation: Criterion 28b

***This role is unique to the Anderson ED**

I, _____ Clinical Manager of **Anderson ED**
verify that _____

over a 12 month period has:

- 1) attended 10 out of 12 Critical Care Resource monthly meetings
- 2) created 1 Critical Care Resource Board (NERD Board)
- 3) conducted/created 1 nursing M&M Forum in the ED

I also validate that the quality of this nurse's work in this role meets all of the high standards and expectations associated with Clinical Advancement.

Clinical Nurse Manager/Assistant Nurse Manager

Date

Appendix K

Mentoring Students Validation: Criterion 31

I _____ Clinical Manager of _____,
and/or _____ Clinical Instructor from _____,
verify that _____ has completed a minimum
of **48 hours with student(s)** in a mentoring, shadowing, internship or externship
type role. I also validate that the quality of this nurse's work in this role meets all
of the high standards and expectations associated with Clinical Advancement.

Name of student(s): _____

School: _____ Number of Hours: _____ (Minimum 48hours)

Timeframe (Dates): _____

Signature of Instructor or Clinical Manager (as applicable)

Date

*If multiple students from one school then please use one form

*If students are from different schools, or from different semesters, please use
separate forms

Appendix L

Nursing Research Study Validation: Criterion 37 Primary Researcher

I, _____, Principal Investigator of an IRB approved nursing research study entitled _____

verify that _____ served as the primary researcher and has completed/submitted the required elements below:

	Date/Initial
Copy of Abstract	
Research Proposal	
IRB Approval Letter	
Brief Summary of Data/Results	
Implications for Practice	
Cite References	
Results Disseminated	

I further validate that the quality of this nurse's work in this role meets all of the high standards and expectations associated with Clinical Advancement.

Signature of Principal Investigator-Must be RN/APRN

Date

Signature of Research Mentor

Date

Appendix M

Nursing Research Study Validation: Criterion 37 Co-investigator or Study assistant

I, _____, Principal Investigator of an IRB
approved nursing research study entitled _____

verify that _____ has participated in
the role of **co-investigator or study assistant** as described below.

I further validate that the quality of this nurse's work in this role meets all of
the high standards and expectations associated with Clinical Advancement.

Please specify role by signing initials and describe participation/contribution.

Co-investigator (50 points) _____

-or-

Study assistant (10 points) _____

Signature of Principal Investigator-Must be RN/APRN

Signature of Primary Researcher- Must be RN/APRN

Date

Appendix N

Nursing Peer Review Team Validation: Criterion 34

I, _____ Coordinator of the RIH/HCH Nursing Peer Review Teams, verify that _____ has completed Peer Review and Feedback Training, has been appointed to the _____ Nursing Peer Review Team and has attended a minimum of 2 out of 3 Peer Review Team over the past 12 months.

Coordinator of RIH/HCH Nursing Peer Review Teams

Date

Appendix O

Medical Record Review Form

I, _____ Clinical Manager of _____,
attest that I have reviewed the documentation by
_____.

The documentation in the medical records shows a collaborative approach to interdisciplinary care. Evidence of accountability for nursing practice is evident in your clinical area over the previous 12 months. Documentation demonstrates the "Nursing Process" and may include the initial assessment, care planning, nursing assessments, admissions, event notes, teaching notes, treatment records and any other nursing records in your area. Individualized, dynamic care planning, as demonstrated in your area, is evident. Initial Nursing Assessment or care planning which reflects appropriate consultation in your area was initiated by this nurse. Documentation and care planning reflects ongoing assessments and changes to plan of care based on a nurse's assessment or an interdisciplinary discussion.

Clinical Nurse Manager/Assistant Nurse Manager

Date