

**Spaulding Rehabilitation Network Nursing Division
Registered Nurse Clinical Ladder Advancement Application**

**Spaulding Rehabilitation Network
Nursing Division
Registered Nurse
Clinical Ladder Advancement Application**

Applicant Name: _____

Clinical Ladder Advancement Level Applying For: _____

Date of Application: _____

Registered Nurse Clinical Ladder

Spaulding Rehabilitation Hospital's Pledge of Support for Professional Growth

**Spaulding Rehabilitation Network Nursing Division
Registered Nurse Clinical Ladder Advancement Application**

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Spaulding Rehabilitation Network Nursing Division Registered Nurse Clinical Ladder Advancement Application

Overview

The Spaulding Rehabilitation Network Nursing Clinical Ladder Program is designed to foster and reward clinical expertise and professional growth within our registered nursing staff. The Clinical Ladder Program recognizes nurses' progression from novice to expert and increases the overall expertise and efficiency of the nursing staff. The program promotes recruitment and retention of qualified staff and results in a higher level of care and service to our patients and their families.

The program is based on the philosophy, goals, and objectives of the Department of Nursing and is compatible with the primary nursing practice model. It is designed to reward staff for clinical competence, specialized knowledge, and exemplary performance through professional recognition and financial incentives.

The Clinical Ladder Program includes all registered nurses whose primary role is direct patient care. There are two advancement levels for registered nurses (RNs), Clinical RN II Advanced Clinician and Clinical RN III Expert Clinician. Registered nursing staff members are eligible to apply for the program on their one-year anniversary of employment. The advanced level status is valid for one year from the date it is attained. The registered nurse must submit a complete application each year to maintain their current level. It is expected that the RN candidate obtains their nurse director/manager approval prior to beginning the advancement process.

The RN candidate completes the Clinical Ladder Advancement Application and submits it to the Clinical Ladder Committee. The application consists of a resume, the last performance evaluation, and three letters of recommendation from professionals familiar with the quality of the candidate's work. The candidate provides evidence of positive patient satisfaction, active committee involvement, continuing education, orientee precepting, support of student nurses' clinical rotations (if applicable), as well as nurse director/manager assistance with daily clinical operations. The candidate submits an exemplar describing their qualifications, and ways in which their practice strengths are met. In addition, the RN candidate develops and presents a comprehensive education program to nursing units in collaboration with professional development and nurse director/manager.

The Clinical Ladder Advancement Application reflects the candidate's mastery of clinical nursing practice. The completed application is submitted in a professional portfolio. Materials not meeting these specifications will not be considered for advancement and will be returned to the candidate.

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Objectives

1. To foster an environment that recognizes the clinical expertise of the direct care nurse.

2. To promote professional growth and clinical leadership at the unit level.

3. To recruit and retain qualified nursing staff by providing positions with increasing challenges and rewards.

4. To reward nurses for initiative, creativity, productivity, advanced learning, clinical competency, and leadership.

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Structure & Eligibility Requirements

Registered Nurses: There are three steps on the Licensed Nurse Clinical Ladder:

Clinical RN I: Competent Clinician

This is the entry level for all RNs.

The Competent Clinical RN successfully meets the standards of the RN job description.

Clinical RN II: Advanced Clinician.

Eligible after 1 year of employment and approval of Clinical RN II application.

1. Successfully meets the standards of the RN job description as a Competent Clinical RN.
 2. Successfully meets the standards of the Clinical RN II.
 3. Consistently follows Spaulding Rehabilitation Network Behavior Standards.
 4. Is not involved with any Performance Improvement Plan or disciplinary action.
 5. Nurse Director/Manager and Clinical Ladder Committee Approval of Advanced Clinician RN II Application.
 6. Maintains the standards of the Clinical RN II annually.
- NOTE: Successful applicants for Clinical Nurse II will receive a one-time 5% bonus.

Clinical RN III: Expert Clinician.

Eligible after at least 1 year working as a Clinical RN II and approval of Clinical RN III application.

1. Successfully meets the standards of the RN job description as a Competent Clinical RN.
 2. Successfully meets the standards of the Clinical RN III Advanced Clinician.
 3. Consistently follows Spaulding Rehabilitation Network Behavior Standards.
 4. Is not involved with any Performance Improvement Plan or disciplinary action.
 5. Nurse Director/Manager and Clinical Ladder Committee Approval of Advanced Clinician RN III Application.
 6. Maintains the standards of the Clinical RN III annually.
- NOTE: Successful applicants for Clinical Nurse III will receive a one-time 7.5% bonus.

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Spaulding Rehabilitation Network Behavior Standards

Innovation:

- Open to change and associated risks: able to generate and share ideas while providing potential solutions for improving operations; contribute, welcome and support new ways of working.

Collaboration:

- Looks beyond the team and disciplines to work in partnership with other to achieve common goals. Is approachable and exercises active listening skills to understand other perspectives and is open to varying ideas and approaches to work. Seeks other's expertise to help solve a problem.

Accountability:

- Takes an active role in addressing issues and solving problems, also must accept and acknowledge own role when mistakes occur; takes initiative to deliver what is promised and follow it through to completion.

Respect:

- Understands and appreciates cultural preferences and adapts work style to meet cultural needs of patients, families, colleagues and customers; be able to modify approach to meet the needs of others. Recognize the value of each other's roles, offering positive feedback and appreciation for what other do well.

Excellence:

- Sets high standards for continuous improvement; enhances performance through self-examination and acceptance of feedback from others; holds self-accountable to learn and develop.

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Review Process

Staff members applying for the Clinical Ladder are required to submit a completed application packet to the Clinical Ladder Committee. The Clinical Ladder Committee utilizes a rolling application process, accepting applications as completed.

The Clinical Ladder Review Committee members include representatives from the professional nursing staff, nursing leadership and other licensed clinicians. After reviewing the application, the committee recommends whether the applicant has met the criteria for advancement to either the next step on the Clinical Ladder or maintenance of the current step on the Clinical Ladder.

The applicant is notified in writing of the committee's recommendation within two weeks after the Clinical Ladder Review Committee has met.

Clinical Ladder appointments are valid for a period of one year.

Grievance Process

If the applicant disagrees with the recommendation of the committee, they may submit a written request to appeal the decision to the Clinical Ladder Chairperson. This request must be made within two weeks after the applicant has been notified of the committee's recommendation. The applicant will meet with the Chairperson and two members of the Clinical Ladder Review Committee to review the application. The applicant may invite a clinician familiar with their work to attend the meeting. The purpose of the meeting is to allow the applicant the opportunity to hear, in person, the committee's decision to deny the application. The applicant may submit additional information recommended by the Clinical Ladder Committee to support clinical advancement. If the applicant disagrees with the committee's appeal decision, the applicant may request a formal review by the Director of Nursing. The Director of Nursing has the final determination of the appeal.

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Registered Nurse Clinical Ladder Advancement Application**

Application Process

1. Obtain Clinical Ladder Application and review the requirements for advancement levels Clinical RN II Advanced Clinician & Clinical RN III Expert Clinician.
2. Obtain written approval and letter of recommendation from the Nurse Director/Manager.
3. Complete a professional resume.
4. Write an exemplar highlighting your professional nursing practice accomplishments.
5. Submit a copy of your last Performance Evaluation.
6. Obtain two additional letters of recommendation from another nurse and another licensed professional.
7. Provide evidence of feedback from positive patient interactions / customer service.
8. Obtain written endorsement from committee chairperson attesting to your membership, attendance at and participation in committee meetings. Active involvement in a committee or task force >80% attendance = 8 hours/year **OR** List the ways in which you supported the Nurse Director/Manager with clinical operations **OR** active participation with the SRN Journal Club. Active participation: completion of the education critique video, completion of (5) article critiques, active participation in the critique discussion on the Journal Club website.
9. Submit copies of continuing education (CEU) program completions.
10. Provide evidence of student nurse support during clinical rotations on your unit within the past 12 months.
11. Document names and dates of orientees precepted within the past 12 months.
12. Meet with Nurse Director/Manager to obtain unit education project approval.
13. Develop education project (professional development support is strongly encouraged)
NOTE: The education project contains the following:
 - a. Education Flyer
 - b. Attendance Sheet
 - c. Objectives
 - d. Content outline
 - e. Written information
 - f. Visual information
 - g. Demonstration materials (optional)
 - h. Handouts
 - i. Evaluations
14. Schedule and present the education project.
15. Collate education project materials and add to application packet.
16. Complete Clinical Ladder Application Checklist.
17. Submit application (2 copies) to the Clinical Ladder Advancement Committee.

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Requirements for Clinical RN Levels II & III

Clinical RN II Advanced Clinician (CRNII)	Clinical RN III Expert Clinician (CRNIII)
Nurse Director /Manager approval & letter	Nurse Director/ Manager approval & letter
Completed Clinical Ladder Application	Completed Clinical Ladder Application
Completed Professional Resume	Completed Professional Resume
Written Exemplar of Nursing Practice	Written Exemplar of Nursing Practice
Copy of Performance Evaluation All Categories Distinguished or Satisfactory	Copy of Performance Evaluation All Categories Distinguished or Satisfactory
Obtain 3 Letters of Recommendation From: Nurse Director / Manager Another Nurse Another Professional	Obtain 3 Letters of Recommendation From: Nurse Director / Manager Another Nurse Another Professional
Provide Evidence of Positive Patient Satisfaction NRC Surveys Patient Letters or Thank You Cards Other	Provide Evidence of Positive Patient Satisfaction NRC Surveys Patient Letters or Thank You Cards Other
Active Involvement in a Committee or Task Force >80% Attendance = 8 hours/year Attestation by chairperson OR Assist Nurse Director/Manager with Clinical Operations of Unit. (Document Examples). Examples include but are not limited to – Audits, Quadramed Compliance, Quarterly PUP Study, etc.	Active Involvement in a Committee or Task Force >80% Attendance = 8 hours/year Attestation by chairperson OR Assist Nurse Director/Manager with Clinical Operations of Unit. (Document Examples). Examples include but are not limited to – Audits, Quadramed Compliance, Quarterly PUP Study, etc.
Evidence of Continuing Education. CEU in excess of licensure requirement, currently enrolled in school or participation in educational programs.	Evidence of Continuing Education. CEU in excess of licensure requirement, currently enrolled in school or participation in educational programs.
Supports Student Nurse Clinical Rotations on Unit	Precept a Student Nurse Semester Internship
Precept Orientees on Unit	Precept Orientees on Unit
Plan & Present Education to Nursing Units Pre-approved by Nurse Director/ Manager Developed with Professional Development Contains the Following Elements: Education Flyer Attendance Sheet Objectives Content outline Written information Visual information Demonstration materials (optional) Handouts Evaluations	Plan & Present Education at Hospital/Community Level (Choose 2) Pre-approved by Nurse Director/Manager Developed with Professional Development * Clinical Orientation – Professional Development * BLS Instructor * Skills Day – Professional Development * Community - Patient Family Education * Develop & Implement a Process Improvement Plan * Present a Paper/Poster/Abstract at a Professional Conference * Other: (i.e., author a peer-review article or abstract, enrollment in accredited program, CLIP Project, Clinical Scholars)
Other	Active Member of a Professional Organization Board Certified in Rehabilitation Nursing or Another Specialty

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APPLICATION FORM

Applicant must submit one copy of the following information in typed format (name of applicant obscured.)

1. Name: _____

2. Date: _____

3. Position Requested: Clinical Nurse II _____ Clinical Nurse III _____ (check one)

4. Unit: _____

5. Hours worked per week: _____

6. Length of employment: _____

7. Name of Clinical Nurse Director/ Manager: _____

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Clinical Ladder II Advanced Clinician (CRNII) Application Checklist

Clinical RN II Advanced Clinician (CRNII)	Date Completed
1. Receive Written Approval from Nurse Director/ Manager	
2. Begin the Clinical Ladder Application:	
3. Submit Professional Resume	
4. Submit Exemplar of Values in Nursing Practice	
5. Submit Copy of Performance Evaluation All Categories Distinguished or Satisfactory	
6. Obtain Letters of Recommendation From: <ul style="list-style-type: none"> ○ Nurse Director / Manager ○ Another Nurse ○ Another Professional 	
7. Provide Evidence of Positive Patient Satisfaction <ul style="list-style-type: none"> 1. NRC Surveys 2. Patient Letters or Thank You Cards 3. Other 	
8. Submit Committee / Task Force Participation <ul style="list-style-type: none"> 4. >80% Attendance 5. Attestation by Chairperson 	
9. Submit Evidence of Continuing Education (CEU)	
10. Precept/Buddy Student Nurses on Unit	
11. Precept Orientees on Unit	
12. Assist Nurse Manager with Clinical Operations <ul style="list-style-type: none"> ○ (Provide Examples) 	
13. Schedule Meeting with Clinical Ladder Committee (CLC): Discuss application. Edit exemplar. Plan education.	
14. Present Unit Education Including: <ul style="list-style-type: none"> Education Flyer Attendance Sheet Objectives Content outline Written information Visual information Demonstration materials (optional) Handouts Evaluations 	
15. Submit 2 copies of the Completed Clinical Ladder Advancement Application to Clinical Ladder Committee. The Clinical Ladder Committee utilizes a rolling application process, accepting applications as completed. NOTE: Complete all areas of the application form on one copy only. The applicant's name is obscured.	

(Print Name)

(Signature)

Date:

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Clinical Ladder III Expert Clinician (CRNIII) Application Checklist

Clinical RN III Expert Clinician (CRNIII)	Date Completed
1. Receive Written Approval from Nurse Director/ Manager	
2. Begin the Clinical Ladder Clinical RN II Application:	
3. Submit Professional Resume	
4. Submit Exemplar of Values in Nursing Practice	
5. Submit Copy of Entire Performance Evaluation All Categories Distinguished or Satisfactory	
6. Obtain Letters of Recommendation From: <ul style="list-style-type: none"> • Nurse Leader • Another Nurse • Another Professional 	
7. Provide Evidence of Positive Patient Satisfaction (i.e.,) <ol style="list-style-type: none"> 1. NRC Surveys 2. Patient Letters or Thank You Cards 3. Other 	
8. Submit Committee / Task Force Participation <ul style="list-style-type: none"> • >80% Attendance • Attestation by Chairperson 	
9. Submit Evidence of Continuing Education (CEU)	
10. Precept/Buddy Student Nurses on Unit	
11. Precept Orientees on Unit	
12. Assist Nurse Director/Manager with Clinical Operations (Document Examples)	
13. Schedule Meeting with Clinical Ladder Committee (CLC): Discuss application. Edit exemplar. Plan education.	
14. Present Education at Hospital – Community Level (choose 2) <ul style="list-style-type: none"> • Clinical Orientation – Support Professional Development • BLS Instructor • Skills Day – Support Professional Development • Community, Patient Family Education • Develop & Implement a Process Improvement Plan • Present a Paper/Poster/Abstract at a Professional Conference Other (approved) <ul style="list-style-type: none"> • Other: (i.e. author a peer-review article or abstract, enrollment in accredited program, CLIP project, Clinical Scholars) 	
15. Active Member of a Professional Organization	
16. Board Certification in Rehabilitation Nursing or Another Specialty	
17. Submit 2 copies of the Completed Clinical Ladder Advancement Application to Clinical Ladder Committee. The Clinical Ladder Committee utilizes a rolling application process, accepting applications as completed. NOTE: Complete all areas of the application form on one copy only. The applicant's name is obscured.	

(Print Name)

(Signature)

Date:

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NURSE DIRECTOR/MANAGER APPROVAL FORM

Name of Applicant: _____

Comments:

Name (Print): _____

Signature: _____ Date: _____

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Guidelines for Writing an Exemplar of Nursing Practice

Your clinical narrative should be a first-person story that describes the way in which your observations, actions, interventions, or problem solving made a positive difference in a patient's experience of care and outcome.

Do not include the patient's name or any identifying information.

Answer the following questions to help develop your story:

- What happened? Describe the event in detail.
- Where did this event take place?
- Why was this incident critical to you?
- What were your concerns at the time?
- What were you thinking during the incident?
- How did you feel before and after the incident?
- What was most rewarding about the situation? Most demanding?
- Is there any other relevant information you would like to include?
- How did this make a positive difference in a patient's experience of care and outcome?

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Committee or Task Force Involvement

Committee/Task Force Name: _____

Dates of attendance or number of hours: _____

(>80% Attendance Required)

Name of Committee / Task Force Chairperson

Signature of Committee/Task Force Chairperson

Date: _____

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**Clinical RN II Advanced Clinician (CRNII) Requirements Worksheet
AND
Clinical RN III Expert Clinician (CRNIII) Requirements Worksheet**

1. **RN Continuing Education:** _____
(attach supporting documents)

2. **Student Nurse Clinical Support:** _____
(list school of nursing name, name of student nurse, and dates co-assigned)

3. **Precept Orientees on Unit:**
Orientees name: _____
Dates: _____

4. **Assist Nurse Director / Manager with Unit's Clinical Operations:**
(list projects)

- _____
- _____
- _____

(may attach additional documents if needed)

5. **Education Presented:**
Title of Education: _____
Dates: _____
(attach associated planning, delivery, attendance, evaluation documents)

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Education

Title: _____

Speaker: _____

Date(s): _____

Length of in-service: _____

Objectives:

1. _____

2. _____

3. _____

Method: (attach associated documents, Power Point presentation, etc.)

Didactic _____

Visual _____

Written (Hand-Outs) _____

Return Demonstration _____

Evaluations: (attach)

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**PROFESSIONAL DEVELOPMENT
SPAULDING REHABILITATION HOSPITAL**

**EDUCATION
SIGN-IN SHEET**

TITLE:
EDUCATOR:
DATE:
TIME:
ROOM:
NUMBER OF PARTICIPANTS:

PRINTED NAME	DISCIPLINE	UNIT	SHIFT	SIGNATURE
1.	<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> NA <input type="checkbox"/> THERAPIST			
2.	<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> NA <input type="checkbox"/> THERAPIST			
3.	<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> NA <input type="checkbox"/> THERAPIST			
4.	<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> NA <input type="checkbox"/> THERAPIST			
5.	<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> NA <input type="checkbox"/> THERAPIST			
6.	<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> NA <input type="checkbox"/> THERAPIST			
7.	<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> NA <input type="checkbox"/> THERAPIST			
8.	<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> NA <input type="checkbox"/> THERAPIST			
9.	<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> NA <input type="checkbox"/> THERAPIST			
10. .	<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> NA <input type="checkbox"/> THERAPIST			

**Spaulding Rehabilitation Network Nursing Division
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**SPAULDING REHABILITATION HOSPITAL
EDUCATION EVALUATION**

DATE: _____

We are interested in your feedback about your education experience today. Our goal is for this in-service to be successful and enjoyable. Please answer the questions below. Your comments are appreciated and we will use them to improve this program.

1. List three things that you liked about this education topic presentation.

- a. _____
- b. _____
- c. _____

2. Realizing that there is always room for improvement, what are three things that could have done better?

- a. _____
- b. _____
- c. _____

3. Other comments appreciated

Thank you,

The Professional Development team

**Spaulding Rehabilitation Network Nursing Division
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Clinical RN III Expert Clinician (CRNIII) Requirements Worksheet**

1. **Plan & Present Education at Hospital Community Level** (attach associated documents)

Title: _____

Date: _____

2. **Active Member of a Professional Organization** (attach associated documents)

Organization Name: _____

Membership activity: _____

3. **Board Certification in Rehabilitation Nursing or Another Specialty** (attach associated documents)

Professional Organization: _____

4. **Develop & Implement a Process Improvement Plan** (attach associated documents)

Name of Process Improvement Plan: _____

5. **Present a Paper / Poster / Abstract at a Professional Conference** (attach associated documents)

Name of Presentation: _____

Dates of Conferences: _____

6. **Other Project** (attach associated documents)

(article, abstract, academic enrollment, CLIP project, Clinical Scholars, etc.)

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SUMMARY OF CLINICAL LADDER REVIEW COMMITTEE EVALUATION

Name of Applicant: _____

Date: _____

Position requested: Clinical Nurse II Clinical Nurse III

Requirements	Y	N	Comments
1. Applicant provided required documentation			
2. Letters of recommendation supported advancement			
3. Written exemplar provided illustration of clinical expertise and leadership			

Based on the criteria, the Board Members recommend that the applicant is:

Recommended for advancement

Not recommended for advancement

Name & Signature of Clinical Ladder Review Committee Member
