

Binder #: _____

March 31, 2021

**CLINICAL LADDER
APPLICATION**

All blanks must be filled in. If any portion is left blank, your application will not be processed. This application will be retained by the verification panel.

Name: Karen P. Street Employee Workday ID: 

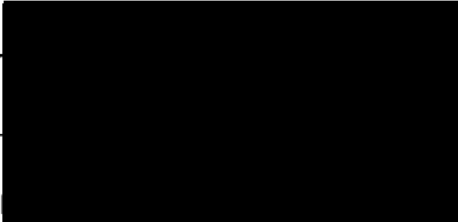
Campus: Hot Springs Job Title: RN

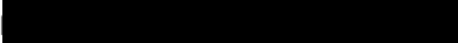
Years of RN experience: 31

Did you participate in the previous Clinical Ladder Session? ☒ Yes

Department/Unit: PACU Manager/Director: Dawn Spurlock

Phone Number:  CHI Email: Karen.St@ 

Home Address: 

Zi 

Please check each of the ANA Standards of Performance you are submitting. Use a separate tab in your binder for each standard and include all supporting documents:

- ☐ Standard 7: Ethics
- ☐ Standard 8: Culturally Congruent Practice
- ☒ Standard 9: Communication
- ☒ Standard 10: Collaboration Quality of Practice
- ☒ Standard 11: Leadership (Required for levels 3 and 4)
- ☒ Standard 12: Education
- ☒ Standard 13: Evidence-Based Practice and Research (Required for level 4)
- ☒ Standard 14: Quality of Practice (Required for levels 2, 3 and 4)
- ☐ Standard 15: Professional Practice Evaluation
- ☐ Standard 16: Resource Utilization
- ☐ Standard 17: Environmental Health

Please check the session for which you are submitting:

- ☐ April – September (Session 1)
- ☒ October – March (Session 2)



Name: Karen Street

Use the appropriate level's checklist to ensure that you have all required elements prior to submitting your portfolio for grading.

Specification Checklist:	Level 2	Level 3	Level 4
Experience:	<input type="checkbox"/> > 6 months as RN	<input type="checkbox"/> > 2 years	<input checked="" type="checkbox"/> > 3 years
Education	<input type="checkbox"/> Diploma/ADN or higher (include a copy)	<input type="checkbox"/> BSN or higher (include a copy of) OR <input type="checkbox"/> Proof of Certification	<input checked="" type="checkbox"/> BSN or higher (include a copy) AND <input checked="" type="checkbox"/> Proof of Certification
Inservice: (specified attendees is a minimum requirement per level)	<input type="checkbox"/> 1. In-service with 5 attendees	<input type="checkbox"/> 1. Inservice with 10 attendees AND <input type="checkbox"/> 2. In-service with 10 attendees	<input checked="" type="checkbox"/> 1. In-service with 20 attendees AND <input checked="" type="checkbox"/> 2. In-service with 20 attendees
Required Classes:	<input type="checkbox"/> Clinical Coach* (*only required if you are submitting precepting hours) <input type="checkbox"/> Taking Charge* (*only required if you are submitting charge nurse hours)	<input type="checkbox"/> Clinical Coach <input type="checkbox"/> Taking Charge	<input checked="" type="checkbox"/> Clinical Coach <input checked="" type="checkbox"/> Taking Charge
Required Standards:	<input type="checkbox"/> Standard 14 <input type="checkbox"/> Standard _____	<input type="checkbox"/> Standard 11 <input type="checkbox"/> Standard 14 <input type="checkbox"/> Standard _____ <input type="checkbox"/> Standard _____	<input checked="" type="checkbox"/> Standard 11 <input checked="" type="checkbox"/> Standard 13 <input checked="" type="checkbox"/> Standard 14 <input checked="" type="checkbox"/> Standard <u>9</u> <input checked="" type="checkbox"/> Standard <u>10</u> <input checked="" type="checkbox"/> Standard <u>12</u>

Inservice Title: 'Stop Bang' assessment for OSA s/pAttendees: 20Inservice Title: Bed side hand off in PACUAttendees: 20

Inservice Title: _____

Attendees: _____

Certification held: _____

Expiration: _____

(Must be spelled out. No abbreviations. If you have more than one please list 2nd below.)Nursing Organization Membership: Emergency Nurses AssociationExpiration: 4/2022Did you use last CL session? ☐ Yes ☒ No (Must be spelled out. If you have more than one please list 2nd below.)Volunteer Hours submitted this session: 6

Binder #: _____

Please check current CHI St. Vincent employment status:

- ☒ Full time
- ☐ Regular Part time (Include proof of hours worked from HR or Kronos required and place in your binder following this application. Must be greater than 520 hours during the session.)
- ☐ PRN (Include proof of hours worked from HR or Kronos required and place in your binder following this application. Must be greater than 520 hours during the session.)

INCLUDE WITH YOUR APPLICATION COPIES OF DIPLOMA AND CERTIFICATION BELOW

Please check the highest degree held:

- ☐ Diploma
- ☐ Associates Degree in Nursing
- ☒ Bachelors in Nursing
- ☐ Masters in Nursing
- ☐ Doctorate in Nursing

Are you pursuing a higher degree? ☐ Yes ☒ No

If yes, type of degree pursuing?

- ☐ BSN
- ☐ MSN
- ☐ Nurse Practitioner Degree
- ☐ Nurse Anesthetist
- ☐ Doctorate
- ☐ Other: _____

Professional Certification* held: Certified Emergency Nurse

Date of Expiration: July 31, 2023

*Please ensure your certification is on the list of nationally recognized certifications.

<https://www.nursingworld.org/organizational-programs/magnet/accepted-certifications/>



By signing below, I verify that the above information is accurate to the best of my knowledge and represents my own work. I understand that if any of the information is found to be false or fraudulent, it may result in the denial of this application **and/or further disciplinary action**.

Applicant Name (Print): Karen Street

Signature: Karen Street **Date:** March 31, 2021

By signing below, I verify that the applicant is in good standing, including completion of required educational assignments, greater than 520 bedside hours, and I support their application for the Clinical Ladder Program.

Nurse Manager Name (Print) Dawn Spurlock

Manager/Director Signature: Dawn Spurlock BSN, RN **Date:** March 31, 2021

Immediately following this application, please include all necessary proof for Part Time and PRN status, Proof of Degree, Certifications and any other supporting documents required the level you are applying for.

It is not required, but it is TO YOUR ADVANTAGE, to have a Clinical Ladder Champion look over your notebook prior to submission. It can help catch details that may be problematic in granting the level you are applying for, and prevent you from being dropped a level unnecessarily. Your champions want to help you succeed in your achievement. Champions may provide assistance, but may not complete any portion of the portfolio for you.

This application will be retained for tracking and statistical purposes. You will receive a letter in the mail with a comment sheet from the verification panel to notify you of approval. Please review all kudos, comments, or suggestions for recommended improvements and discuss with your area's Clinical Ladder Champion if you have any questions.

Thank you for your hard work and participation!



Standard 10: Collaboration

The Registered Nurse collaborates with the healthcare consumers, family members, and others in the conduct of nursing practice

The projects and activities below are intended to meet the **Collaboration Standard**. We encourage you to collaborate with your nurse manager, director, educator or other nursing leaders to complete projects or activities that **promote quality patient care by improving interdisciplinary collaboration**.

Completing one activity/project will meet this standard. Please check the activity you completed and submit this page with your application.

- ☐ 1. Participate for a minimum of 4 hours in an interdisciplinary team meeting at the unit or organizational level. **Include worksheets A & B.**
- ☐ 2. Participate on an advisory board for a School of Nursing. **Include worksheet A.**
- ☒ 3. Volunteer and provide a service for a minimum of 6 cumulative hours. These hours can be at a CHI sponsored or community-wide health/humanity event (e.g. blood drives, flu clinics, etc.). Biking, walking, running, etc. in a community event is not an approved activity for this option. Volunteer hours do not include paid time. **Include worksheet A & B.**
- ☐ 4. Utilizing the ANA Scope and Standards for Collaboration as a reference, write an example about a time you collaborated with multidisciplinary team members to achieve a desired outcome that benefits the patient population. **Include worksheet I.**
- ☐ 5. Collaborate with an interdisciplinary team to develop patient educational materials to be used at the unit or organizational level. **Include a copy of your work and worksheet A.**
- ☐ 6. Collaborate with your nurse manager, director, educator to organize and lead a unit level activity to address/promote a healthy work environment. **Include worksheet E.**
- ☐ 7. Collaborate with your nurse manager, director, educator or other nursing leaders to complete a Collaboration related project not listed above. **Include worksheet A and additional documentation to substantiate the project.**
- ☐ 8. Collaborate with your nurse manager, director, educator, or other nursing leaders to provide a unit-based in-service or develop an educational module that pertains to this standard. **Include worksheet E along with objectives, sign-in sheets, etc.**
- ☐ 9. Demonstrate active membership in a local, state, or national chapter of a professional nursing organization. **May only be submitted once per year. Include worksheet F.**

Some examples of topics related to collaboration include:

- | | |
|--|--|
| <ul style="list-style-type: none"> ▪ <i>Intraprofessional (nurse to nurse)</i> ▪ <i>Interprofessional (nurse to other healthcare professionals)</i> ▪ <i>Team approach to improve patient safety and outcomes (medication errors, falls, HAPUs, etc.)</i> ▪ <i>Understanding the roles and responsibilities of interprofessional team members</i> ▪ <i>Teambuilding/teamwork</i> ▪ <i>Patient hand-off</i> | <ul style="list-style-type: none"> ▪ <i>Population-based disease management (diabetes, congestive heart failure, pneumonia, etc.)</i> ▪ <i>Networking</i> ▪ <i>Healthy work environment</i> ▪ <i>Compassion Fatigue</i> ▪ <i>Burnout</i> ▪ <i>Cognitive Behavioral Therapy for families post-hospitalization</i> |
|--|--|



CLINICAL LADDER WORKSHEET B



TIME LOG/ROSTER

To demonstrate meeting this CLINICAL LADDER elective requirement criterion, complete a separate time log/roster for each project/award you are submitting. Consider the activity you are submitting and complete each section of the time log/roster (do not leave blanks).

Total number (hours, students, orientees, etc.): > 100 immunizations / 6°

Record all applicable hours on the log sheet.

**Nurse manager, director, educator, or other nursing leader must sign completed log sheet.			
Date	Hours	Name of Persons or Population Served	Your Role and Sponsor or Topic
FEB 27, 2021	6.0	Hot Springs Community > 65 yrs old	Reconstitution & administration of Covid 19 immunization

**Nurse Leader signature:

D. Spunholz, BSN, RN

Signature is required and serves as verification of the hours recorded above.



CLINICAL LADDER
WORKSHEET A

Professional Project/Committee Participation/ Community Service Worksheet

To demonstrate meeting this CLINICAL LADDER elective requirement criterion, complete a separate worksheet for each project/ activity you are submitting. Consider the activity you are submitting and complete each section of this worksheet (do not leave blanks).

This project/ activity meets the requirement of CLINICAL LADDER Standard (check one):

- | | |
|---|---|
| <input type="checkbox"/> 7. Ethics | <input type="checkbox"/> 13. EBP and Research |
| <input type="checkbox"/> 8. Culturally Congruent Practice | <input type="checkbox"/> 14. Quality of Practice |
| <input type="checkbox"/> 9. Communication | <input type="checkbox"/> 15. Professional Practice Evaluation |
| <input checked="" type="checkbox"/> 10. Collaboration | <input type="checkbox"/> 16. Resource Utilization |
| <input type="checkbox"/> 11. Leadership | <input type="checkbox"/> 17. Environmental Health |
| <input type="checkbox"/> 12. Education | |

Project/ Activity: Reconstitution & Administration of Covid 19 immunizations to 265 age population in Hot Springs AR

Project Sponsor/Collaborator: Smith Drug And Compounding Inc.
(Name of nurse manager, director, educator, or other nursing leaders)

Date(s) of activity: Feb 27, 2021
(Must be within the 6 months prior to application deadline):

Attach a copy of any documents that will substantiate your work (minutes, attendance, photo of poster, agenda, outline, handouts, resource list, etc.).

On a separate document, type out each of the following questions and provide answers as they pertain to your project/ activity. Your answers should be comprehensive and reflective of new learning, professional growth, or practice change within the past 6 months. One word or one sentence answers are not sufficient. Attach the questions and answers to this worksheet.

1. Provide a thorough description of the project/activity.
2. What was your role in the project/activity?
3. Who else was involved with the project/activity?
4. How does the project/activity impact nursing practice as it relates to the ANA Standard of Practice you are submitting? You must reference the Standard in your answer.
5. Describe how the goals/objectives related to the project/activity are being met.
6. What did you learn as a result of participating in the project/ activity?
7. How have you applied or how will you apply what you learned to your nursing practice?



1. Provide a thorough description of the project/activity.

December 2019 was the start of the pandemic known as Covid 19. Hot Springs is a very secluded town- what available information was confusing. People were desperate to receive immunization. A local pharmacy obtained the medication and contacted local hospitals for assistance with the administration process.

2. What was your role in the project/activity?

I was contacted to help with the immunizations. When I arrived and gave my credentials and experience I was assigned to drug reconstitution. It was a very specific process. By utilizing different methods I discovered a way to get all of the drug utilization. I also administered the vaccine and observed recipients in the post waiting area.

3. Who else was involved with the project/activity?

There were many volunteers. It was an incredible experience. From SVHS, myself, Anna Coble, RN and Phillip Nahas, RN worked as a team.

4. How does the projecct/activity impact nursing practice as it relates to the ANA Standards of Practice you are submitting? You must reference the Standard in your answer.

The nursing standard of collaboration is met through patient education of medication and actively caring for clients. This virus had so many questions from the community and very little was known at this time.

5. Describe how the goals/objectives related to the project/activity are being met.

By using a local church as the activity center, we were able to "herd" a large group of people through the process. The drug ws time sensitive and we were able to administer the vaccine without any being wasted. It was a well organized vaccination clinic that allowed many participants to get the much needed vaccination.

6. What did you learn as a result of participating in the project/activity?

Working as a group toward a common goal was so productive. My knowledge as a nurse was so essential. I left the event feeling like I was walking on a cloud. I felt very proud to be a nurse.

7. How have you applied or how will you apply what you learned to your nursing practice?

The importance of patient education is the foundation of nursing. The number of people impacted by correct education is staggering.