MANUAL FOR EVALUATING NURSING PRACTICE
Rush Oak Park Hospital will be seen as the community medical center of choice in the region and in the nation. As a community of professional nurses, we will lead efforts to advocate patient- and family-focused health promotion throughout the lifespan. We will be looked to by our community and beyond as a resource center for patient and family health education and support. We seek to scientifically and competitively pursue innovative care that supports and sustains wellness in the lives of our patients, our community and beyond.
Who Are You?

As Rush Oak Park Hospital nurses, our identity can be described by our Professional Practice Model. Each of the five domains describes a different component of our professional practice.

As experts in our field of knowledge, Rush Oak Park Hospital nurses are leaders relative to practice excellence, professional accountability and autonomous practice. This is largely because our identity is supported by relationships and caring, critical thinking, technical expertise and evidence-based practice while being propelled by transformational leadership in all roles of our nursing structure. We live out these components by: managing our practice at the bedside and various decision-making tables, collaborating within the interdisciplinary team, and making the patient and family the center of our initiatives. See the crosswalk below to understand how our practice model is supported by and works contextually with other key structures in our environment.
Foundations of Nursing Professional Practice Model

We view these models on page 4 and 5 as being two sides of the same coin – how we practice as nurses and how we deliver care within the team.

Rush Oak Park Hospital’s Professional Nursing Practice Model is a picture of our practice identity. Relationships and Caring encircle and support all that we do as ROPH nurses. Supported by and through this, Technical Expertise, Evidence-Based Practice and Critical Thinking work in synergy to propel us as nurses towards Leadership of the complex healthcare environment to meet the needs of our patients and the environment.

Definitions of Domains

**RELATIONSHIPS AND CARING**
+ Built on sensitivity, collaboration, intentional presence, communication and respect
+ Care is patient and family centered:
  - Set meaningful goals with patient and family
  - Diversity of patient background taken into account in culturally sensitive way
  - Teaching atmosphere with patient and family is constant
  - Awareness of patient and families’ feelings, space and needs
+ Interactions are respectful, therapeutic and trusting
+ Reflected in collaborative relationship with interdisciplinary team and colleagues
+ Supportive of educational environment
+ Professional relationships extend outside unit to professional organizations, regulatory bodies, Board of Nursing
+ Looks for opportunities within the nursing team to act as coach, mentor, and support

**EVIDENCED-BASED PRACTICE**
+ Nurses employ science to patient care and environment
+ Strategies are based on successful interventions for given patient population
+ Procedures, standards and protocols are substantiated by research or best practice by exemplars
+ Nurses contribute to body of evidence for best practice by questioning interventions and studying alternatives
+ NSGO provides a structure for evaluation of evidence and dissemination of best practice.
+ Creation and Translation of knowledge

**CRITICAL THINKING**
+ Synthesize information and use reasoned clinical judgment which understands science, assures patient safety, advocates for patient and family, revises plan of care when needed
+ Inquire and ask clarifying questions
+ Communicate and facilitate understanding among patient and others on the clinical team

**TECHNICAL EXPERTISE**
+ Use technology to deliver effective patient care
+ Translate purpose of equipment and medical devices for patient and families
+ Coordinate the medication administration process
+ Coordinate the plan of care through the continuum

**LEADERSHIP**
+ Lead activities that evaluate current practice and stimulate change
+ Mentor other nurses regarding nursing practice and career development
+ Coordinate patient services beyond the clinical unit
+ Plan nursing care for a group of patients for a period of time
+ Communicate and advocate for additional resources when necessary to meet patient care needs
The Jean Watson Caring Care Delivery Model (CDM) has been adopted at ROPH to assist our patients with gaining control, becoming more knowledgeable and thus promoting their health both within our walls and in their home. It is the theoretical foundation for our care delivery system which identifies how work is organized within the nursing team, how nurses are deployed and what each team member’s role is. Supported by the constructs of the Jean Watson Care Delivery Model, nurses organize the activities of care around the needs and priorities of patients and their families. Delivery of care and how it is organized may differ between care settings, however the components of carative factors, caring occasion, transpersonal caring relationship and patient- and family-centered care drive initiatives through the nursing and interprofessional teams. (Watson, 1979)

**Definitions of Domains**

**THE NURSING AND INTERPROFESSIONAL TEAMS**

+ **How care is organized within the nursing team**
  - Team Nursing: RN directs and oversees patient care, sometimes with oversight from a Team Leader such as a CNL. Some tasks delegated and performed by patient care technicians or other ancillary staff. (examples: OR, Med Surg Units, CDEC, ROPPG, Skilled, Rehab, Endoscopy)
  - Total Nursing: RN responsible for giving all care to patient. (examples: ICU, PACU, SDS)
  - Primary Nursing: RNs responsible for care of a given number of patients around the clock (examples: Wound Care Clinic nurse managed cohorts of patients)

+ **How initiatives are developed and implemented through the interprofessional team**
  - Institutional committees and quality committees (examples: PICC, PREP-BOOST, PREP-CPC, Patient Safety, Products, Diabetes Committee, etc)

**CARATIVE FACTORS: HUMAN ALTRUISTIC SYSTEM OF VALUE**

+ Transfer of patients between units, between institutions, between providers — shaped by our Care Delivery process, rapid response team
+ Focus on the Autonomous Patient: Through community work, such as Agewise, Pads, Infant Welfare Society, Clinical Nurse Leader Phone calls home, Commitment to Patient Education and Health Promotion

**CARING OCCASION: MORAL COMMITMENT TO PROTECT AND ENHANCE HUMAN DIGNITY:**

+ Every interpersonal contact is viewed as a caring opportunity
+ Ethics committee, Diversity committee, use of Institutional Review Board for research studies to protect patients

**TRANSPERSONAL CARING RELATIONSHIP: AWARENESS OF SELF WITH AUTHENTIC PRESENCE OF CARING**

+ How we shape interactions and initiatives within the interprofessional team
+ Organizational and Nursing Code of Conducts

**PATIENT- AND FAMILY-CENTERED CARE:**

+ How we plan for care coordination within the interprofessional team to make sure the patient is cared for throughout their life, rather than just within our walls
+ Sculpting the environment of care with our interprofessional team: Quiet Hour, Interdisciplinary Rounds, Holistic Communication and Palliative Care (CPC) Goal of Care discussions from team to patient/family
Autonomy has, as its basic components, personal accountability and shared power and influence. **An autonomous nursing staff is feasible. It is professionally exciting. It cannot be done for nurses; it must be done by them.** (Christman, 1976)

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**Every Nursing Practice Area is Represented**

**EXECUTIVE COMMITTEE REPS**
President, President Elect, 3Center, 6West, Ambulatory Clinics, APRN, Cath Lab/IR, CNO, Employee Health, Endoscopy, ER, ICU, Nursing Education, Nursing Supervisors, OR, PACU, Quality, Rehab, Same Day Surgery, Skilled Care Unit, Telemetry and Wound Care Clinic

**NSGO STANDING COMMITTEES**
Peer Review Council, Evidence-Based Practice, Research and Education, Clinical Standards of Practice and Care, Staffing Nurse Advisory Board, Magnet Stars, Awards and Recognition, APRN Practice Council

**NSGO UNIT/SPECIALTY AREA COMMITTEES**
3Center, 6West, Ambulatory Clinics, Cath Lab/IR, Endoscopy, ER, ICU, OR, PACU, Rehab, Same-Day Surgery, Skilled Care Unit, Telemetry, Wound Care Clinic
The Rush Oak Park Hospital Nursing Shared Governance Organization (NSGO) creates an environment supportive of the Rush System for Health ICARE Values, the Illinois Nurse Practice Act, the Rush Oak Park Nursing Professional Practice Model, the Rush Oak Park Nursing Care Delivery Model, the NSGO Bylaws as well as components that reflect a healthy work environment. This code of conduct is a guideline for professional behavior for the Nursing Shared Governance Organization with relation to fellow nurse colleagues, patients, families, visitors to our campus, staff floating to our units, members of the interprofessional team, students, our greater community and society as a whole. Our mission is to promote respectful behavior in an environment free from abuse. We work towards collaborative teamwork that is reflective of professional, accountable and expert nursing care.

**Professional Role**
Our conduct is professional, respectful, honest and full of integrity. We own our environment, our community, our practice and the care we provide to patients and their families. We take pride in our professional role and in our institution. Skilled patient care is dependent on the healthy relationships with our colleagues and environment. We embrace change supported by evidence-based literature and constantly seek improvement in patient outcomes and our environment.

**Respect of All Voices**
We support an environment where every voice is valued, respected and listened to. Respectful personal expression of diverse opinions is encouraged and never punished. We believe that each person deserves the opportunity to be listened to without being interrupted. We believe the best about each other and as such look for opportunities to hear and learn from each other.

**Supportive of Open Environment**
We are approachable and willing to participate in both the giving and receiving of feedback. We create an environment where ideas are welcomed and encouraged. We accept the imperative and responsibility to give constructive feedback in a healthy, professional manner, always maintaining the other individual’s self esteem. We believe this is crucial because patient safety is dependent on it.

**Commitment to Teamwork**
We support an environment of teamwork and camaraderie by building each other up. We see every patient as our collective responsibility and stay attentive to team members that may need assistance. We seek to incorporate the patient and family as well as other disciplines into our team. We refrain from making negative assumptions about team members.

**Authentic Leadership**
We demonstrate congruence between words and actions, while also holding others accountable for doing the same. We lead from where we stand, remaining committed to promoting the health of our patients, their families, our team, our institution and our community as a whole.
The Practice Evaluation Cycle

The Professional Practice Model is a picture of our practice identity as ROPH nurses. Wherever there is a nurse, the 5 domains of the practice model are driving description of practice, evaluation of practice, recognition of practice as well as recruitment and retention of our practitioners. **All of these activities are done by and for nurses, with our discipline specific standards, scope and body of knowledge.**
**ROPH Nursing Interview Tool**

We utilize our professional practice model to evaluate the practice of RN candidates to our institution. We also use this opportunity to meet a nursing colleague and share our vision for nursing as well as our identity as practitioners. The following is a tool to use during interviews of nursing candidates.

<table>
<thead>
<tr>
<th>MVP/PPM DOMAIN</th>
<th>INTERVIEW QUESTION</th>
<th>THINGS TO LOOK FOR</th>
<th>RATING</th>
</tr>
</thead>
</table>
| **MISSION:** At Rush Oak Park, our mission is "to improve the health and wellness of our patients and their families both inside and outside our walls ... and to promote and support our institution as a distinguished and renowned community health resource through an ever-mindful focus on health promotion and holistic, individualized and patient-centered care." | Share your three greatest accomplishments to date. | How do these align with our mission? | 1 2 3 4 5  
**PLEASE CHECK ONE:** |
| **VISION:** At Rush Oak Park, our vision is "to be utilized by our community and beyond as a resource center for patient and family health promotion and support ... and to scientifically and competitively pursue innovative care that supports and sustains wellness in the lives of our patients, our community and beyond." | If you could change Nursing to be your ideal world, what would it look like? | Was there evidence of self efficacy, initiative, innovation, outreach? | 1 2 3 4 5  
**PLEASE CHECK ONE:** |
| **PHILOSOPHY:** At Rush Oak Park, our philosophy is that "nurses are proactive and responsive to the needs of individuals, groups and communities across the life span in a variety of settings." | Can you give examples of interventions for your patients or their families beyond the walls of the organization? Either for their care continuum or the community? | Does this candidate see the patient as a person with lifetime health care needs? | 1 2 3 4 5  
**PLEASE CHECK ONE:** |
| **RELATIONSHIPS AND CARING** | Tell me about your most rewarding experience as a nurse.  
Tell me a time you were really upset at someone or some circumstance ... how did you deal with it and what was the outcome?  
Tell me about a time when you had to successfully complete a project with others. | Did they describe caring, compassion, interpersonal skills?  
What was their communication style for this experience? Are they willing to negotiate?  
Do they exhibit traits of team and relationship building? | 1 2 3 4 5  
**PLEASE CHECK ONE:** |
| **EVIDENCE-BASED CARE** | Can you give us an example of how you have utilized current evidence or best practices to work on an improvement in patient care or the environment?  
What are some examples of resources you would seek to bring to your patients and their families?  
Tell me about a time when your opinion differed strongly from someone or a group ... what did you do? | Did they use literature or data?  
Do they describe past use of good resources?  
Do they seek out evidence, literature or best practice readily? | 1 2 3 4 5  
**PLEASE CHECK ONE:** |
| **TECHNICAL EXPERTISE** | Can you give us an example of a time that you applied the teaching process to a patient, family or nursing staff and the subsequent outcome? | Did they display good listening — a solid level of understanding? Did they verify their own expertise and subsequent learning of patients? | 1 2 3 4 5  
**PLEASE CHECK ONE:** |
| **CRITICAL THINKING** | Can you give us an example of a time you recognized a change in patient or family needs/health and what you implemented to address that need?  
Tell me about some situations in which you had to adjust quickly to changes in the organization or departmental priorities. How did the changes affect you? | Did they seem to have good clinical knowledge, logic, willingness to advocate?  
Do they seem versatile? Do they keep quality and safety top of mind? | 1 2 3 4 5  
**PLEASE CHECK ONE:** |
| **LEADERSHIP** | What activities have you been involved in thus far that support your involvement in professional organizations and/or activities, or leadership therein?  
Have you ever helped a co-worker to improve his/her performance at work?  
Tell me about a time when you accomplished something on your own.  
Tell me about a time when someone was not doing their job or not doing it correctly. What did you do?  
Give an example of a time when you were a role model for others. | Do they describe elements of mentorship or teaching?  
Do they display independence and initiative?  
Can they hold others accountable?  
Did they talk about professionalism, culture and mentorship? | 1 2 3 4 5  
**PLEASE CHECK ONE:** |
New Nurse Orientation Pathway

New Graduate Nurse Orientation Pathway Phases of Orientation and Role Responsibilities

In each phase of orientation, eight categories of learning opportunities are followed to progress the new graduate nurse from initiation to adaptation to assimilation then finally to independence in the synthesis phase. Learning opportunities support the three domains of learning: cognitive (knowledge), technical (skill) or affective (behavior).

### NEW GRADUATE NURSE ORIENTATION PATHWAY PHASES

<table>
<thead>
<tr>
<th>Phase</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1: Initiation</td>
<td>Central Orientation with scenario-based education and classroom discussion.</td>
</tr>
<tr>
<td>Phase 2: Adaptation</td>
<td>Adjustment to the new environment. Orientee is based on unit with preceptor.</td>
</tr>
<tr>
<td>Phase 3: Assimilation</td>
<td>Able to receive new facts and information. Orientee is unit-based with preceptor. Taking on more challenging situations and cases.</td>
</tr>
<tr>
<td>Phase 4: Synthesis</td>
<td>Deductive reasoning with the combining of new information into a new coherent system of information. Orientee is unit-based with preceptor but becoming more independent and able to take on increasingly complex cases.</td>
</tr>
</tbody>
</table>

### THE 8 CATEGORIES OF LEARNING OPPORTUNITIES AND ACTIVITIES

1. **Assessment/Evaluation**
   - a. Help orientee develop proficient clinical and communication skills by experiences on unit
   - b. Situational awareness

2. **Emergency**
   - a. Provide learning opportunities that prepare the orientee to act in the face of an emergency, situational awareness, emergency equipment in room preparation, crash cart, disaster preparedness information

3. **Equipment/Devices**
   - a. All equipment or devices that are used on a daily basis must be incorporated
   - b. Equipment/skills checklist verification with verbalization of rationale and/or assessment of patient
   - c. State the resources to be used if they are required to use a piece of unfamiliar equipment
   - d. Never proceed in the face of uncertainty. Find another staff member more familiar
   - e. Ask clarifying questions

4. **Skills and Interventions**
   - a. Provide learning opportunities that support safety behaviors of medication administration
   - b. Use Mosby Clinical Nursing Skills and Techniques as learning opportunities to validate medication administration such as subcutaneous injections, IM injection skills
   - c. Calculations and use of the seven "rights" of medication administration
   - d. Focus on potential/actual effect on body system
   - e. What are the most frequently administered medications on the unit?

5. **Medications**
   - a. Incorporate age-specific and cultural considerations in every patient experience and learning opportunity
   - b. All care must be documented: admission assessment, body system assessment, skills and interventions, etc., and verification by preceptor completed for each phase
   - c. Focus on PPOC and patient education and behaviors for sustain-ability of documentation

6. **Documentation and Education**
   - a. Learning opportunities may consist of information from notes accessible in the EMR, teaching a family and documenting
   - b. All care must be documented: admission assessment, body system assessment, skills and interventions, etc., and verification by preceptor completed for each phase
   - c. Focus on PPOC and patient education and behaviors for sustain-ability of documentation

7. **Psychosocial**
   - a. Incorporate age-specific and cultural considerations in every patient experience and learning opportunity
   - b. For example, for age specific — when using equipment — deciding what size oxygen mask to chose for your patient
   - c. What behaviors would you expect from a teenager vs. an adult or geriatric patient for this procedure?
   - d. What nursing intervention would you make based on age?
   - e. What are cultural diversity considerations you have made in caring for your patient and family today?

8. **Other/Resources/Policies**
   - a. What are policies that support some of the expected behaviors, such as accountability for nursing care, assessment standards, high risk medications, etc.? 
   - b. What are the resources — Drug Formulary, intranet sites and accessing both internal and external experts?

9. **Added/Individualized Learning Needs**

### New Graduate Nurse Orientation Pathway

<table>
<thead>
<tr>
<th>Category</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assessment/Evaluation</strong></td>
<td>Manage progress of new graduate nurse orientation Pathway</td>
</tr>
<tr>
<td><strong>Emergency</strong></td>
<td>Produce learning opportunities that prepare the orientee to act in the face of an emergency, situational awareness, emergency equipment in room preparation, crash cart, disaster preparedness information</td>
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<td><strong>Equipment/Devices</strong></td>
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<td><strong>Added/Individualized Learning Needs</strong></td>
<td>What are the resources — Drug Formulary, intranet sites and accessing both internal and external experts?</td>
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New Graduate Nurse Support Curriculum

**DESCRIPTION**
A year-long program that allows for interactive, nurse guided development of skills, critical thinking, discussion, coping skills, building of community as well as camaraderie and knowledge of system resources. This program is intended to assist in the natural progression from novice to competent nurse as well as develop leaders from an early point in employment at Rush Oak Park Hospital.

All new graduate nurses are provided the opportunity to attend new graduate nurse support program for 10 of 12 months after hire.

**ACTIVITIES**
Discussion, support sessions, expert lecture, simulation laboratory practicum, up-to-date information sharing of best practices, shadowing 2x/year of any environment connected to institution, encouragement of community involvement and engagement in shared governance structure.

**SUBJECTS COVERED**
Consistent with the Professional Practice Model Domains

Below list is not exclusive. As learning needs are assessed and requested additional topics are added to curriculum.

**RELATIONSHIPS AND CARING**
- Reflection Session: Description of current stressors, achievements, opportunities
- Crucial conversations
- Diversity and cultural competence
- Relaxation techniques
- Professional practice model review
- Review of pertinent environmental models
- Care Delivery Model review and understanding
- Community outreach and our vision
- Spiritual care
- Ethical care

**EVIDENCE BASED PRACTICE**
- Population Specific Care:
  - Care of detoxing or abusive patients
  - Deescalation of difficult or unsafe environments
  - Care of diabetic population
  - Care of neurologic population
  - Care of cardiac population
  - Care of stroke population
  - Care of GI disease population
  - Electrolyte and blood monitoring
  - Care of cardiac cath patients
  - Care of endoscopy patients
  - Care of shock/DIC patients
  - Care of patient in pain
  - Care of end of life/hospice patients and families
  - Post mortem care

**TECHNICAL EXPERTISE**
- ABGs and central lines
- Documentation best practices
- IV Care and insertion
- Pleurex
- Trach care
- Restraints and sitter usage
- Code education
- Arrhythmia
- Wound care
- Patient education techniques

**CRITICAL THINKING**
- Financial management of the professional
- "You be the judge" unusual occurrence and risk management discussion
- Case management
- Intro to quality
- Polypharmacy and medication administration

**LEADERSHIP**
- Time management and delegation
- Setting Goals: Clinical advancement, portfolios, mentorship
- Professional Role: Certification, professional org involvement, advancing educational preparedness
- Imperative for Leadership: IOM 2010 report
- Charge RN education
- "Leader As Advocate" Presentations: CNL, CNO, Unit Directors, Educators
- Mission, vision, philosophy
- RO88 nursing strategic goals
- Advocacy and transformational leadership
- Shared governance
- Peer-to-peer crucial conversations
- Caring in all interpersonal occasions
Peer Review for Clinical Advancement Process

Portfolio Review and Leveling: Level RN1 to Level RN2

Professional Overview (Required):
- CV/Resume
- Letter of Intent
- Letter of Support from UD
- CE credits earned
- BLS- submit copy of card
- ACLS (unit-based)- submit copy of card
- PALS (ER only)- submit copy of card
- New Grad Day participation- successful completion with instructor sign-off
- Attend Preceptor Workshop
- Attend Charge Nurse Workshop

Domains of Practice: In the following section mark any of the examples provided or add others in the blank spaces. An example from each competency in each domain is the minimal expectation to move to a level RN2. (Unless otherwise specified)

Proficiency in each can be demonstrated in one or more of the following ways (unless specified within the individual section):
- Exemplar
- Official Document
- Letter from Patient, Peer colleague, Supervisor, Physician, etc.

Professional Practice Model Domain

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<tr>
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<th>Technical Expertise</th>
<th>Critical Thinking</th>
<th>Leadership</th>
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<td>Demonstrated proficiency in one or more of the below areas required:</td>
<td>Demonstrated proficiency in all of the below areas required:</td>
<td>Demonstrated proficiency in all of the below areas required:</td>
<td>Demonstrated proficiency in all of the below areas required:</td>
</tr>
<tr>
<td>I have signed and have been able to meet the expectations defined in the code of conduct.</td>
<td>I have developed and/or used evidence-based research for patient care.</td>
<td>I provide effective patient education.</td>
<td>I adapt care plans to meet changing needs of patients. (Submit a screen shot of a care plan. ER can use exemplar.)</td>
<td>I am a Committee/Council member who attends my meetings regularly. (Provide evidence of attendance)</td>
</tr>
<tr>
<td>I am able to coach and maintain an effective relationship.</td>
<td></td>
<td>I am able and willing to help my co-workers while still completing my own work.</td>
<td></td>
<td>I participate in conflict resolution during patient care and/or within my team.</td>
</tr>
<tr>
<td>I am capable of collaborative interaction within my care delivery team.</td>
<td></td>
<td>I use ROPH policies in care decisions.</td>
<td></td>
<td>I am able to delegate responsibilities effectively and consistently.</td>
</tr>
<tr>
<td>I Participate in conflict resolution that enhances team relationship. (Provide example)</td>
<td></td>
<td></td>
<td></td>
<td>Describe how you are making progress toward your annual goals.</td>
</tr>
<tr>
<td>I have and show respect and sensitivity toward diverse cultures and/or vulnerable populations.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Portfolio Review and Leveling: Level RN2 to Level RN3

Professional Overview (Required):
- CV/Resume
- Letter of Intent
- Letter of Support from UD
- CE credits earned
- BLS- submit copy of card
- ACLS (unit-based)- submit copy of card
- PALS (ER only)- submit copy of card
- New Grad Day participation- successful completion with instructor sign-off
- Attend Preceptor Workshop
- Attend Charge Nurse Workshop

Certification: Specialty certification as determined by your UAC is required within one year after leveling to RN3.
- If you transition to another specialty area, in order to maintain RN3 status, you must take the new area’s approved certification within 1 year of eligibility to maintain RN3 status.

Domains of Practice: In the following section mark any of the examples provided or add others in the blank spaces. An example from each competency in each domain is the minimal expectation to move to a level RN3. (Unless otherwise specified)

Proficiency in each can be demonstrated in one or more of the following ways (unless specified within the individual section):
- Exemplar
- Official Document
- Letter from Patient, Peer colleague, Supervisor, Physician, etc.

Professional Practice Model Domain

<table>
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<tr>
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<td>Demonstrated proficiency in all of the below areas required:</td>
</tr>
<tr>
<td>I have signed and have been able to meet the expectations defined in the code of conduct.</td>
<td>Poster/Podium presentation – internal or external</td>
<td>I provide effective patient education.</td>
<td>I adapt care plans to meet changing needs of patients. (Submit a screen shot of a care plan. ER can use exemplar.)</td>
<td>I am a Committee/Council member who attends my meetings regularly. (Provide evidence of attendance)</td>
</tr>
<tr>
<td>I am able to maintain coaching of assistive personnel while maintaining an effective relationship.</td>
<td>EBQ, QI or research project team member or leader</td>
<td>I am able and willing to help my co-workers while still completing my own work.</td>
<td></td>
<td>I participate in conflict resolution during patient care and/or within my team.</td>
</tr>
<tr>
<td>I am capable of collaborative interaction within my care delivery team.</td>
<td>Policy or standards development/revision</td>
<td>I use ROPH policies in care decisions.</td>
<td></td>
<td>I am able to delegate responsibilities effectively and consistently.</td>
</tr>
<tr>
<td>I participate in conflict resolution that enhances team relationship. (Provide example)</td>
<td>Manuscript /abstract submission and/or publication</td>
<td></td>
<td></td>
<td>Describe how you are making progress toward your annual goals.</td>
</tr>
<tr>
<td>I have and show respect and sensitivity toward diverse cultures and/or vulnerable populations.</td>
<td>ROPH Grand Rounds presentation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I serve as role model for populations.</td>
<td>Unit or Hospital-based Evidence –Based Project</td>
<td></td>
<td></td>
<td>I am a member in a professional organization. (submit copy of membership card)</td>
</tr>
<tr>
<td>I have been a PI/QI project team member.</td>
<td>Literature Review</td>
<td></td>
<td></td>
<td>I function as a regular charge nurse or preceptor. (For either staff or students)</td>
</tr>
<tr>
<td>I Support less experienced staff in management and review of complex patient situations in order to identify practical solutions.</td>
<td></td>
<td></td>
<td></td>
<td>I am/have been part of a Unit-based/hospital innovation. (eg., teambuilding, recognition, new practices)</td>
</tr>
</tbody>
</table>

Exemplar
- Official Document
- Letter from Patient, Peer colleague, Supervisor, Physician, etc.

12 RUSH OAK PARK HOSPITAL - MANUAL FOR EVALUATING NURSING PRACTICE
**Portfolio Review and Maintenance of RN3 Status**

### Professional Practice Model Domain

<table>
<thead>
<tr>
<th>Relationships and Caring</th>
<th>Evidence-Based Practice</th>
<th>Technical Expertise</th>
<th>Critical Thinking</th>
<th>Leadership</th>
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<tbody>
<tr>
<td>Demonstrated proficiency in all of the below areas required:</td>
<td>Demonstrated proficiency in two or more of the below areas required:</td>
<td>Demonstrated proficiency in all of the below areas required:</td>
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<td>Demonstrated proficiency in all of the below areas required:</td>
</tr>
<tr>
<td>Meet the expectations defined in the code of conduct.</td>
<td>Poster/podium presentation — internal or external</td>
<td>I am a “Super-User” or Unit Expert in some clinical area.</td>
<td>I have participated in the development of educational materials. (eg., bulletin boards, in-services, journal club)</td>
<td>I am a committee/council member who attends my meetings regularly (provide evidence of attendance) and active involvement.</td>
</tr>
<tr>
<td>I participate in community or volunteer experience through ROPH.</td>
<td>EBP, IQ or research project team member or leader</td>
<td>Approval checklist letter from UAC</td>
<td>I support less experienced staff in management and review of complex patient situations in order to identify practical solutions.</td>
<td>I am a current member in a professional organization. (Submit copy of membership card)</td>
</tr>
<tr>
<td>I have and show respect and sensitivity for diverse cultures and/or vulnerable populations.</td>
<td>Policy or standards development/revision</td>
<td>20 CEU’s per year</td>
<td></td>
<td>I function as a regular charge nurse or preceptor. (For either staff or students.)</td>
</tr>
<tr>
<td>Letter from a colleague or member of the interdisciplinary team displaying how you embody relationships and caring in the workplace.</td>
<td>Manuscript /abstract submission and/or publication</td>
<td></td>
<td></td>
<td>I am/have been part of a Unit-based/hospital innovation. (Eg., teambuilding, recognition, new practices)</td>
</tr>
</tbody>
</table>

### Domains of Practice:

In the following section mark any of the examples provided or add others in the blank spaces. **An example from each area is the minimal expectation to maintain a level III RN**. (Unless otherwise specified)

### Portfolio Development

Here are some examples of documents you might use to fulfill the requirements for the different categories in the clinical advancement process. Additionally, the suggestions below will help you to organize your portfolio.

### Designing your Portfolio – Tips

- **CV/Resume**
- **Letter of Intent**
- **Letters of recommendation from colleagues, patients, families, preceptors, faculty**
- **Stories of interactions within Care Delivery team of advocacy and compassion**
- **Award nominations describing your interactions with others**
- **Any involvement within the community or volunteer experience utilizing nursing expertise**
- **Required exemplars and documents from clinical advancement process**

### Section 1 Introduction and Professional Overview

- **Development of Portfolio begins when you get your license and continue throughout your career.**
- **Present in Formal Presentation Binder**
- **Keep in mind – moving up the ladder means you are already showing some evidence of proficiency at the level that you wish to move to.**
- **Use your Annual Performance Evaluation Journal**
- **When presenting patient stories, please be careful to not describe any patient identifiers, which would violate HIPAA.**

### Section 2 Relationships and Caring

- **Professional Overview (Required):**
  - CV/Resume
  - Letter of Intent: What you’ve done in the past year and what you plan to do in the upcoming year.
  - Letter of Support from UD
  - CE credits earned
  - BLS- submit copy of card
  - ACLS (unit-based): submit copy of card
  - PALS (ER only)- submit copy of card
  - Attend Preceptor Workshop
  - Attend Charge Nurse Workshop
  - Letter of approval and/or suggestions from prior portfolio submission

### Certification:

Specialty certification as determined by your UAC is required within one year after leveling to RN3.

- If you transition to another specialty area, in order to maintain RN3 status, you must take the new area’s approved certification within 1 year of eligibility to maintain RN3 status.

### Proficiency in each section can be demonstrated in one or more of the following ways:** (Unless specified within the individual section)

- **Exemplar**
- **Official Document**
- **Letter from Patient, Peer colleague, Supervisor, Physician, etc.**
- The examples must be current and from the past fiscal year.

### Section 3 Critical Thinking

- **Projected patient situations, expert assessment skills**
- **Development of Education- Inservice, Bulletin Boards, Journal Clubs to assist fellow staff and students in critical thinking and problem solving**
- **Involvement in Quality Improvement Projects/ Audits**
- **Required exemplars and documents from clinical advancement process**

### Section 4 Technical Expertise

- **Any Continuing Education Proof Credits Earned, Topics Content Utilized on Unit**
- **Any Preceptor or Charge Workshops attended, as well as other workshops: EKG, ACLS, etc.**
- **Proof of “Super user” or “Expert” Status on unit- skin, palliative care, Epic, etc.**
- **Performance evaluation and Peer Review**
- **Required exemplars and documents from clinical advancement process**

### Section 5 Evidence Based Practice

- **Your Projects and any future EBP projects that you do with references and slides and outcomes**
- **Your involvement in development or revision of any nursing standards of practice or care and any related education or presentation**
- **Use of EBP to drive unit quality improvement or nursing practice projects- with examples**
- **Required exemplars and documents from clinical advancement process**

### Section 6 Leadership

- **Your involvement in development or revision of any unit quality improvement or nursing practice projects- with examples**
- **Required exemplars and documents from clinical advancement process**

### Section 7 References

- **Active engagement in charge or preceptor role and proof of such**
- **Involvement in unit committees, care rounds, Unit/Clinic Advisory Committee, Department Advisory Committee, NSG0 Standing Committees or other institutional groups**
- **Involvement in Professional Organizations and proof of information sharing to unit from such**
- **Any innovations to unit not listed in projects as above, especially those that denote leading of staff from unit towards new practices, communication techniques, teambuilding exercises, recognition practices**
- **Required exemplars and documents from clinical advancement process**

### Extras…Any articles you have written, membership listings, things not listed above
Where Are You Going?

In-patient Pathway

Hi, my name is Amelia, and I am an RN 1.

I am a new graduate, six months past orientation.

I frequently look up nursing standards of practice and seek out more experienced nurses on my floor to guide me in my practice.

My main focuses are my patients and my nursing skills.

I stay informed of what is going on in my unit by staff inservices, emails and meetings.

I just completed a telemetry class.

I know the unit goals and contribute to the team’s success.

Hi, my name is Jamie, and I am a more experienced RN 1.

I seek out nursing experts to help me with unique patient needs like wound ostomy nurses or behavioral nursing liaison.

I routinely communicate with patient care technicians and my nursing team to see if they need help.

I just completed the NICHE Educational modules.

As a member of my Unit Advisory Committee, I participate in decision making that drives practice as well as improves the work environment.

I recently attended the preceptor workshop and have begun precepting nursing students on my unit.

I am learning to delegate and negotiate with assistive and ancillary staff.

Disclaimer:
While pictures match title and name listed at the time of publishing, activity descriptors in columns may not match.
Hi, my name is Rich, and I am a new RN 2.
You will see me precepting new staff nurses and students on my unit.
I usually bring in articles and share them with the rest of the unit.
I am good at facilitating family meetings. I prioritize goals and plan of care for my patients.
In addition to being an engaged and active Unit Advisory Committee member who is involved in decision making related to nursing practice, I am also a member of the Nursing Standards of Practice and Care Committee.
When an unusual occurrence happens, I look for system issues more than just individual error.
I lead and champion unit goals and quality projects.

Hi, my name is Brandi, and I am a more experienced RN 2.
I frequently do audits on my unit to monitor quality of nursing care and give mini in services to the staff regarding evidence-based care.
I am able to identify and assess subtle changes in my patients’ status and have the knowledge to put into place the appropriate interventions.
I recently completed the charge nurse workshop and have been in charge on my unit.
I recently achieved certification in my area of specialty.
I have become one of the most resourceful nurses when a problem, clinical or administrative, arises on the unit.

Hi, my name is Beth, and I am a new RN 3.
I am the co-chair of my Unit Advisory Committee.
I ensure quality care on my unit by participating in unit data collection and development of solutions in collaboration with unit leadership.
When clinical crises arise on my unit I am the one who typically coordinates the code, working with the MD and chaplain, while coaching staff nurses.
I am accountable for priorities on my unit.
When I see something that requires direction, I work to resolve the issue.

Hi, my name is Charie, and I am a more experienced RN 3.
I recently completed a research project on my unit and presented the results at my professional organization’s annual conference.
I am the chair of the NSGO Nursing Standards of Practice and Care Committee.
I am a member of the Academy of Medical-Surgical Nurses and attend local chapter meetings.
I help transition staff in times of change.
I mentor many nurses on my unit, helping them improve their skills and guiding them in professional development.
I have maintained my certification in my specialty area.
I am pursuing graduate education.
I am able to navigate many of the complex Rush systems.
### RN2 & RN3 Ambulatory Pathway

These quotes are from nurses in the Rush System for Health. They exemplify competencies in each domain and at both levels of the Rush System Nursing Ambulatory Clinical Ladder.

<table>
<thead>
<tr>
<th>Professional Practice Model Domain</th>
<th>RN2 - Ambulatory</th>
<th>RN3 - Ambulatory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationships and Caring</td>
<td>“Sometimes we will find out that a patient cannot afford their medications or health services … we will take the time to work with them and share resources with them, while also following through on making sure they got their meds and were able to afford them better now.”</td>
<td>“We had a patient that had frequent readmissions due to her CHF… the last inpatient stay she was intubated and sent home with home care… we tracked when she was going to be discharged and advocated for her to be placed in a CHF telemonitoring home care program which is keeping her out of the hospital for longer. This process allows her to come to us in the clinic first rather than be readmitted to the hospital at a late stage in her disease’s exacerbation.”</td>
</tr>
<tr>
<td>Evidence-Based Practice</td>
<td>“We are working to make sure our patients are getting their INR according to a safe timeframe … we run a report from EPIC to our patients to make sure that they are getting their INR drawn in the correct timeframe … if they do not, we developed and now lead implementation of a patient outreach protocol to help them get this important test done.”</td>
<td>“Each RN in our clinic manages their own case load of patients. We know them well … we utilize best practice algorithms for wound care and healing. When we see that these algorithms point to a patient not progressing as they should we initiate a visit or a phone call. Our healing rate due to this model of case management and evidence-based practice has brought us a near perfect healing rate for all of our patients.”</td>
</tr>
<tr>
<td>Technical Expertise</td>
<td>“We have many of our nurses certified in chemobi-therapy through the oncology nursing society … this has allowed us expertise with administering oncology drugs that are vesicants. We have determined best practices through this and have advocated for more central lines for administration of vesicants as well as for the use of pumps while administering these drugs.”</td>
<td>“We have worked with hospital administration to have the AAACN Ambulatory Care Nurse Certification Exam study tools available to all RNs desiring to take this certification so that they can become recognized as experts in the specialty of caring for patients that come into our clinics.”</td>
</tr>
<tr>
<td>Critical Thinking</td>
<td>“We needed better education for anaphylactic and emergency response to our patients in the clinic … we worked with our physician colleagues and our pharmacy representative to develop anaphylactic and emergency protocols along with education for the whole clinic.”</td>
<td>“We work with our team to recognize which patients have patterns of either high level of anxiety or high risk for abuse within the family … we work with our RN2 nurses and the team to hone assessment skills to identify these patients and the care they need. Then we work with staffing to create an environment that can safely care for them if the anxiety or abusive behavior escalates, and finally we have led and initiated inter-disciplinary rounds on a weekly basis to discuss these patients and how to more comprehensively care for them on an ongoing basis.”</td>
</tr>
<tr>
<td>Leadership</td>
<td>“When we first envisioned shared governance I went as representative from our clinics … I didn’t know anything and what I was supposed to do … now I have been the NSGO Executive Representative for the clinics for two years and see the importance of nurses managing practice as related to our patient outcomes and overall team collaboration.”</td>
<td>“We developed a home monitoring system whereby a nurse works with a physician to care for our patients with uncontrolled hypertension … we proactively select these patients to receive blood pressure monitoring at home, which is conducted via Bluetooth technology … if we see that their BP is up the RN calls the patient, asks about current activity and medication adherence among other factors … we have had patients tell us they love the program, adhere to their medication and feel ‘safer’ because ‘someone is watching over them.’”</td>
</tr>
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</table>
ROPH Performance Improvement Model and Evidence Based Practice Guidelines

**Process**

- The procedures, methods, means, or sequence of steps for providing or delivering care and producing outcomes.

**Clinical Processes:**
- What practitioners do for patients and what patients do in response, such as:
  - Assessments
  - Treatment Planning
  - Medication Administration
  - Education
  - Discharge Planning

**Care Delivery Processes:**
- The support activities utilized by practitioners and all suppliers of care and care products to get the product to the patient:
  - Services, such as: registration, room cleaning, transport, lab
  - Systems, such as: medication dispensation, equipment delivery

**Administrative and Management Processes:**
- Activities performed in the governance and management systems of the organization
  - Systematic, data-driven, evaluation of processes of care and clinical outcomes based on EBP and research
  - Rapid Cycle Process: Plan, Do, Study, Act

**Research**

- Applies a methodology to generate new knowledge or validate existing knowledge based on a theory
- Translates best clinical evidence from research to make patient care decisions
- Systematic, data-driven, evaluation of processes of care and clinical outcomes based on EBP and research

**Evidence Based Practice (EBP)**

- Practice guidelines may include clinical expertise and knowledge gained through experience
- Systematic review of literature, including critical appraisal, to find the best available evidence and whether the evidence supports practice change
- Systematic method for improving processes and outcomes within an organization based on philosophy of continuous quality improvement

**Quality Improvement (QI)**

- Systematic review of literature, including critical appraisal, to find the best available evidence and whether the evidence supports practice change
- Systematic method for improving processes and outcomes within an organization based on philosophy of continuous quality improvement
- Rapid Cycle Process: Plan, Do, Study, Act

**Examples**

- Providing adequate nutrition and supplements to hospitalized older adults is a clinical factor that reduces the likelihood of developing a pressure ulcer
- Assess risk for pressure ulcer development using the Braden Scale
- Reduce the number of patients who develop pressure ulcers while in the hospital

Relationships Among QI, EBP, and Research

- **QI Process**
  - Goals Met?
    - Yes
    - No

- **Evidence Based Practice**
  - Evidence-Based Practice
    - No Evidence
    - Evidence

- **Research**
  - Evidence
  - No Evidence

- **Structure**
  - Process begins with a question and systematic review of literature, including critical appraisal, to identify knowledge gaps

- **Outcome**
  - Systematic review of literature, including critical appraisal, to find the best available evidence and whether the evidence supports practice change

- **Examples**
  - Providing adequate nutrition and supplements to hospitalized older adults is a clinical factor that reduces the likelihood of developing a pressure ulcer
  - Assess risk for pressure ulcer development using the Braden Scale
  - Reduce the number of patients who develop pressure ulcers while in the hospital

**FOCUS-PDSA**

- **Plan**
  - Generation of a good idea
- **Do**
  - Small test of change
- **Act**
  - Adjust and do again
- **Study**
  - Analyzing what works
APRN Credentialing and Priviledging Process

APRN Privileges:

Core APRN Privileges include but are not limited to: Order appropriate pharmacological agents and non-pharmacological interventions; evaluation of consults on inpatients and ED patients; diagnosis based upon history and physical exam and clinical findings; initiate referrals to appropriate physicians or other healthcare professionals; interpret diagnostic tests; obtain consents for treatment; obtain history and physical; order and perform consults; order blood and blood products; order diagnostic testing and therapeutic modalities; order and initiate tests, treatments and interventions; prescribe medications; write admission orders; write discharge orders and corresponding plans of care; write transfer orders based on the plan for the care transition.

Definitions:

Professional Practice Model Job Description for APRN: The ROPH Professional Practice Model Domains of relationships and caring, technical expertise, critical thinking, evidenced-based practice and leadership define the competencies in the job descriptions of all APRNs at ROPH.

Credentialing: Credentialing is the process for validating licensure, clinical experience, educational preparation, and certification for specialty practice. This process is required for all APRNs.

Priviledging: Priviledging is an entitlement process whereby nurses in advanced practice roles are granted authority to provide specific healthcare services to patients at ROPH practice sites. APRNs requesting privileges must identify a physician, with active privileges for the same procedures requested by the APRN. This process is required for all APRNs requesting privileges for procedures beyond the APRN Core Privileges.

APRN Credentialing and Privileged Process

Credentialing and privileging (if applicable) must be completed prior to practicing as an APRN. The Joint Commission requires that all APRNs be privileged through the medical staff process or a procedure that is equivalent to the medical staff process. It must follow criteria set forth in the Joint Commission credentialing and privileging regulations.

STEP ONE
+ All APRNs applying for credentials or privileges through the Medical Staff Office (MSO) will do so using a pre-application form. The pre-application must be completed in full by the APRN applicant. Once a complete pre-application is returned by email to the MSO, MSO staff verify licensure, run a National Practitioner Data Bank report and Clerk of the Circuit Court check.

STEP TWO
+ The Credentialing and Priviledging (C&P) Committee then reviews pre-application, Curriculum Vitae and Licensure status, and gives approval for the candidate to progress through further application steps.
+ A member of the NSGO APRN practice council sits on the MSO C&P Committee as an additional resource/representative for the APRN applicant approval process.

STEP THREE
+ The MSO’s receipt of this authorization will trigger them to have Rush Health (CVO) launch the electronic credentialing and privileging application, which will be sent directly to the applicant by email.

STEP FOUR
+ Once the verifications have been completed, a representative from the NSGO APRN Practice Council, Chief Nursing Officer and the department chair will be contacted to review the application, prior to it being sent to the Medical Staff C&P Committee.

STEP FIVE
+ The APRN application packet is then sent to the MSO C&P, Executive Committee and Board for approvals.

STEP SIX
+ Medical Staff office notifies APRN applicant of approval and process is complete.
Leadership Development

**Program:** ROPH Nursing Leadership Development Mentorship Program

**Who:** Candidates apply for leadership development mentorship at ROPH each June

**How:** Application form, required documents and referrals from UAC and UD submitted to CNO by June 1 of each year

**Program Start:** July 1 of each year and progresses for approximately one year or until content is covered

**Facilitator:** CNO to approve and select participants for each year’s program. Additionally CNO will right-fit a mentorship facilitator for each participant to follow throughout the year.

Completion of the program will result in a certificate awarded to the participant for use throughout his/her career.

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## Awards Available for Nurses

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<th>Award Description</th>
</tr>
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<td>Relationships and Caring</td>
<td>Professional Practice Model Award</td>
<td>The Rush Professional Practice Model (PPM) defines who we are as nurses at Rush Oak Park Hospital. Award given to a person who exemplifies all domains of our practice at ROPH.</td>
</tr>
<tr>
<td></td>
<td>Nurse Mentorship Award</td>
<td>The Nurse Mentorship Award is presented to recognize the exemplary mentorship qualities of one nurse who promotes the growth of others, fosters interpersonal communication in the healthcare setting, is a frequent educator and a positive role model. This nurse is willing to share knowledge, seeks to fit the mentees strengths into the right initiatives and provides a multitude of experiences that the mentee can learn from.</td>
</tr>
<tr>
<td></td>
<td>Daisy Foundation Award</td>
<td>The Daisy Award was creating by the Barnes family after the loss of their son, Patrick. They wanted to honor the nurses who gave him exemplary care. The DAISY award is an acronym for Diseases Attacking the Immune System — which is symbolic of the disease that killed Patrick. The Daisy award thanks nurses for “the super-human work RNs do everyday in direct care of patients and families, funds nursing research and celebrates extraordinary compassion and skill by nursing students and honors nursing faculty.” (<a href="http://daisyfoundation.org">http://daisyfoundation.org</a>)</td>
</tr>
<tr>
<td>Evidence Based Practice</td>
<td>Professional Practice Model Award</td>
<td>The Rush Professional Practice Model (PPM) defines who we are as nurses at Rush Oak Park Hospital. Award given to a person who exemplifies all domains of our practice at ROPH.</td>
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<td>Technical Expertise</td>
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</tr>
<tr>
<td></td>
<td>Tonya Reddy Advanced Practice Registered Nurse Excellence Award</td>
<td>The candidate demonstrates authentic leadership, and is a role model as a clinician and mentor. The candidate has made a significant contribution to the improvement of patient care through evidence based practice. She/he promotes a healthy work environment. The candidate provides educational opportunities to patients, nurses, and other members of the health care team. She/he has found creative ways to address issues that impact APRN practice, the Institution, and/or the community. The candidate actively participates on professional committees, either within or outside of Rush and mentors other APRNs to do the same.</td>
</tr>
<tr>
<td>Critical Thinking</td>
<td>Professional Practice Model Award</td>
<td>The Rush Professional Practice Model (PPM) defines who we are as Nurses at Rush Oak Park Hospital. Award given to a person who exemplifies all domains of our practice at ROPH.</td>
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<td>Leadership</td>
<td>Professional Practice Model Award</td>
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<td></td>
<td>Advancing and Leading the Profession Award</td>
<td>The Advancing and Leading the Profession Award is presented to recognize the outstanding efforts of one nurse who promotes the profession of nursing through outstanding leadership, advancing and/or strengthening nursing, either as a profession or in the delivery of patient care within and/or beyond his or her own healthcare facility.</td>
</tr>
<tr>
<td>Certification Area</td>
<td>Certification</td>
<td>Organization</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>----------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Ambulatory Care Nursing</td>
<td>Ambulatory Care Nurse, RN-BC</td>
<td>American Nurse Credentialing Center (ANCC)</td>
</tr>
<tr>
<td>Cardiac Care Nursing</td>
<td>Cardiac Nurse, RN-BC</td>
<td>American Association of Critical Care Nurses (AACN)</td>
</tr>
<tr>
<td>Gastroenterology Nursing</td>
<td>Gastroenterology Nurse, CGRN</td>
<td>Certified Board of Gastroenterology Nurses (CBGN)</td>
</tr>
<tr>
<td>Gerontologic Nursing</td>
<td>Gerontologic Nurse, RN-BC</td>
<td>American Nurse Credentialing Center (ANCC)</td>
</tr>
<tr>
<td>Heart Cath Laboratory</td>
<td>Cardiac Medicine Certification, CMC</td>
<td>American Nurses Credentialing Center (ANCC)</td>
</tr>
<tr>
<td>Home Health Nursing</td>
<td>Home Health Nurse Certification, IHNC</td>
<td>American Nurses Credentialing Center (ANCC)</td>
</tr>
<tr>
<td>Hospice Nursing</td>
<td>Hospice Nurse and Palliative, CHPN</td>
<td>National Board for Certification of Hospice and Palliative Nurses (NBCHPN)</td>
</tr>
<tr>
<td>Infusion Nursing</td>
<td>Vascular Access Board Certified, VA-BC</td>
<td>Association for Vascular Access (AVA)</td>
</tr>
<tr>
<td>Intermediate Care Nursing</td>
<td>Progressive Care Certified Nurse, PCCN</td>
<td>American Association of Critical Care Nurses (AACN)</td>
</tr>
<tr>
<td>Lactation Nursing</td>
<td>Lactation Consultant, IBCLC</td>
<td>International Board of Lactation Consultant Examiners (IBLC)</td>
</tr>
<tr>
<td>Medical-Surgical Nursing</td>
<td>Medical-Surgical Nurse, RN-BC</td>
<td>American Nurses Credentialing Center (ANCC)</td>
</tr>
<tr>
<td>Nephrology Nursing</td>
<td>Certified Hemodialysis Nurse, CHN</td>
<td>Board of Nephrology Examiners Nursing and Technology (BONENT)</td>
</tr>
<tr>
<td>Oncology Nursing</td>
<td>Oncology Certified Nurse, OCN</td>
<td>Oncology Nursing Certification Corporation (ONCC)</td>
</tr>
<tr>
<td>Orthopedic Nursing</td>
<td>Orthopedic Nurse Certified, OCN</td>
<td>Orthopedic Nurses Certification Board (ONCB)</td>
</tr>
<tr>
<td>Pediatric Nursing</td>
<td>Registered Nurse, Certified, RN-BC</td>
<td>American Nurses Credentialing Center (ANCC)</td>
</tr>
<tr>
<td>Peri-Operative Nursing</td>
<td>Certified Operating Room Nurse, CNOR</td>
<td>Competency &amp; Credentialing Institute (CCI)</td>
</tr>
<tr>
<td>RN First Assist, CRNFA</td>
<td>Certified Ambulatory Nurse, CAPA</td>
<td>American Board of Perianesthesia Nursing Certification, Inc. (ABPAINC)</td>
</tr>
<tr>
<td>Psychiatric and Mental Health Nursing</td>
<td>Registered Nurse, Certified, RN-BC</td>
<td>American Nurses Credentialing Center (ANCC)</td>
</tr>
<tr>
<td>Radiological Nursing</td>
<td>Certified Radiologist Nurse, CRN</td>
<td>American Radiological Nursing Association (ARNA)</td>
</tr>
<tr>
<td>Rehabilitation Nursing</td>
<td>Certified Rehabilitation Nurse, CRRN</td>
<td>Association of Rehabilitation Nurses (ARRN)</td>
</tr>
<tr>
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PROFESSIONAL ORGANIZATION INVOLVEMENT

National Nursing Organizations

Involvement in Nursing Professional Organizations can be at the city, state, region or national level. They help nursing practice grow, expand sphere of connections to other nurses and grow leaders in all settings and roles. Most organizations have a yearly meeting/conference which is focused on the memberships greatest educational needs/updates. Additionally, many organizations have area chapters that connect specialty RNs from different institutions.

ILLINOIS:
Chicago Chapter of NAPNAP
Illinois Society for Advanced Practice Nursing
Illinois organization of Nurse Leaders (Chapter of AONE)
Illinois Ambulatory Nurse Practice Consortium
chapter of AANAC
Gamma Phi Chapter of Sigma Theta Tau International
Illinois Ambulatory Nurse Practice Consortium
(local networking group of AANAC)
Chicagoland Chapter AMN
Chicagoland Chapter NAON
Academy of Medical-Surgical Nurses
Alliance for Psychosocial Nursing
American Academy of Ambulatory Care Nursing
American Association of Moderate Sedation Nurses
American Association of Nurse Life Care Planners
American Association of Nurse Practitioners
American Academy of Nursing
American Assembly for Men in Nursing
American Association of Colleges of Nursing
American Association of Critical Care Nurses
American Association of Heart Failure Nurses
American Association of Managed Care Nurses
American Association of Neuroscience Nurses
American Association of Nurse Anesthetists
American Association of Nurse Life Care Planners
American Association of Occupational Health Nurses
American Association of Spinal Cord Injury Nurses
American College Health Association
American College of Nurse Practitioners merged with AANP in 2012

CONTINUING EDUCATION OPPORTUNITIES

Courses of Nursing

University of Illinois at Chicago, Chicago
University of St. Francis, Leach College of Nursing, Joliet
Western Illinois University, Macomb

Masters Entry Level Program, RN, MSN
DePaul University, Chicago
Milkin University, Decatur
Rush University, Chicago
University of Illinois at Chicago, Chicago

Graduate Education Programs - Public Universities
Governors State University (MSN, DNP), University Park
Mennonite College of Nursing at Illinois State University (MSN, Ph.D. in Nursing), Normal
Northern Illinois University (MS - Major in Nursing), DeKalb
Southern Illinois University Edwardsville (MSN, DNP), Edwardsville
University of Illinois at Chicago (MSN, DNP, PhD in Nursing), Chicago

Graduate Education Programs - Private Universities
Aurora University (MSN), Aurora
Benedictine University (MSN), Lisle

Bradley University (MSN), Peoria
Chamberlain College of Nursing (MSN), Addison
DePaul University (MSN, DNP), Chicago
Elmhurst College (MSN), Elmhurst
Lewis University (MSN, DNP), Romeoville/Fox Valley Region
Loyola University (MSN, DNP, PhD in Nursing), Chicago
Milkin University (MSN), Decatur
North Park University (MSN), Chicago
Olivet Nazarene University (MSN, Bourbonnais
RUSH University (MSN, DNP, PhD in Nursing), Chicago
Resurrection University (MSN), Chicago
St. Anthony College of Nursing (MSN), Rockford
St. Francis Medical Center College of Nursing (MSN, DNP), Peoria
St. Xavier University-DE (MSN), Chicago
University of St. Francis, Leach College of Nursing (MSN, DNP), Joliet