“Unless we are making progress in our nursing every week, every year, every month take my word for it we are going back."
Florence Nightingale

Nursing Clinical Ladder

Application Packet

Confluence HEALTH

Dear Applicant,

The Confluence Health Nursing Clinical Ladder is presented to you as an opportunity to develop your professional practice and, through doing so, contribute to the continual growth and development of the nursing profession at Confluence Health. Through this program you will be offered the opportunity to utilize the nursing process to identify the needs of your patients, unit, and fellow nurses and to improve or develop policies and practices to meet those needs. You will be supported in your journey to further your own professional development through national certifications and continued education and in your efforts to improve the health of our communities.

Your efforts to advance your own professional practice and improve the outcomes for all patients at Confluence Health will be recognized and rewarded as you advance through the program. We look forward to seeing you through this process.

Sincerely,

The Nursing Clinical Ladder Council and the Nurse Practice Committee

Nursing Mission and Vision:

The mission of nursing practice at Confluence Health (CH), Central Washington Hospital (CWH) and Wenatchee Valley Hospital (WVH) is to deliver quality, evidence-based, health care that is dynamic and adaptable to meet the needs of our patients. This results in a practice:

- Which is quality driven, competent, and efficient
- That is based upon a plan of care which intimately involved the patient and utilizes all members of the health care team
- Where patient advocacy is paramount
- That is guided by a shared vision and philosophy, understood, and adopted by all clinical personnel
- That anticipates change in a creative and proactive manner
- That demonstrates the unique contribution professional nursing makes to society

Purpose:

The purpose of the Nursing Clinical Ladder Program is to support nursing professional development, increase quality of nursing, promote a healthy work environment and recruit/retain nurses. This is a program in which registered nurses (RN's) can be recognized and rewarded for excellence in professional nursing practice. Through the program, the RN will demonstrate best practices in education, clinical and research/evidence-based practice/shared governance pathways demonstrating a commitment to professional development and providing competent care.

Committee Structure:

The Nursing Clinical Ladder Committee will consist of 9 members from the following areas:

- 1 CWH Nursing Leader (Management)
- 1 WVH Nursing Leader (Management)
- 5 CWH RNs (including 4 RNs from the Nurse Practice Committee)
- 2 WVH RNs

The Nurse Practice Committee will serve as an advisory committee for the Nursing Clinical Ladder Committee.

Program Overview:

This is a voluntary program and participation is determined annually.

Eligibility:

Must be a full-time or part-time RN at CH CWH or WVH that is reflective of a staff nurse bedside caregiver. Overall performance appraisal rating of meets or exceeds and not in a disciplinary process.

Application Process:

See attached information.

Levels of Advancement – Novice to Expert

- Level 1 – Clinical Novice
- Level 2 – Clinical Colleague
- Level 3 – Clinical Mentor
- Level 4 – Clinical Leader
- Level 5 – Clinical Expert

	Minimum RN Experience	Qualifications	Points
Level 1- Clinical Novice *no compensation	• None	• Washington Licensure	• n/a
Level 2- Clinical Colleague *$300 bonus	• 1 Year of experience	• Washington Licensure • All RN's who have a minimum of 1-year. • Overall performance appraisal rating of meets or exceeds and not in a disciplinary process	• Total of 20 points in 2 pathways
Level 3- Clinical Mentor *$1500 bonus	• 2 Years' experience	• Washington Licensure • 2 years of employment as RN at CH • ADN plus 5 years at CH **OR** • National certification **OR** • BSN *or currently enrolled* working towards BSN with 6 credits completed • Obtain CHVS Foundation and Fundamentals • Overall performance appraisal rating of meets or exceeds and not in a disciplinary process	• Total of 35 points in 2 pathways
Level 4- Clinical Leader *$3000 bonus	• 3 Years' of experience	• Washington Licensure • 3 years of employment as RN at CH • BSN *and* certification in specialty • Obtain CHVS Foundation and Fundamentals • Overall performance appraisal rating of meets or exceeds and not in a disciplinary process	• Total of 41 in each pathway
Level 5- Clinical Expert *$4000 bonus	• 4 Years' of experience	• Washington Licensure • 4 years of employment as RN at CH • National certification • MSN/master's in healthcare related field *or actively* pursuing with current enrollment and completion of a minimum of 6 credits • Overall performance appraisal rating of meets or exceeds and not in a disciplinary process	• Total of 48 in each pathway

Educational Requirements:

Clinical Mentor (Level 3) must have a minimum of 35 points

Clinical Leader (Level 4) must have a minimum of 41 points

Clinical Expert (Level 5) must have a minimum of 48 points

Educational			
Activity	Examples	Points	Documentation
Current Education: Highest Level Completed	MSN Master's - Other Doctorate Nursing/PhD Nursing Doctorate - Other	20 15 25 20	Copy of Diploma
Advancing Education: Pursuing or completion of additional formal nursing education. Points may not be used if course is taken in which degree is received and applicant is taking credit for degree.	MSN Master's - Other Doctorate Nursing/PhD Nursing Doctorate - Other	20 15 25 20	Attach proof of satisfactory completion of course within 12 months of application. A minimum grade of "B" for MSN or Doctorate.
National Certification: Only Certifications that require renewal will be accepted under these categories: Internal or External Certifications (Skill Specific) All ANCC Certifications	Must be in current practice area and is a 2nd certification	15 points per 2nd certification	Attach a copy of current certification and highlight expiration dates.
Conference, Seminar, Workshop: Attends a national, regional, state, or local conference or workshop (must not be required for your job)	ANCC National Magnet Conference AONE National Nursing Ethic Conference ENA AACN Nursing Quality Conference	1 point = 1 contact hour Max 20 points	Submit copy of program or brochure and proof of attendance (example-CEU certificate)
RN's as Teachers: Supports community educational activities and participates in community service	Health Fair Participation Teach Community Education Classes Volunteer work in RN capacity Completes formal staff education component of Policy (new, revised, or manager approved existing policy)	1 point = 1 hour (Max 15 points) 1-5 points (Max 15 points)	Evidence of participation from community official, organization representative or volunteer organizer 1 point for revisions and 5 points for new policies

Additional Educational Requirements/Clarifications

A. MSN, Masters or Doctorate must be from accredited institution. Provide a copy (on year obtained or at rollout).

B. National, Professional Certifications: Provide copy of current certification. **Must be** in your specialty area of practice. Max 2 certifications.

C. Completion of a specialty related education course and disseminate information: provide transcript with passing grade from each completed class.

D. Community education must provide an attendance roster, course objectives, flyers, educational materials, evaluations if done, or a signed affidavit from community liaison or contact person.

E. Volunteer work: **Must be** in an RN capacity (e.g., Scouts of America, youth camps, church, and community programs). Must present a copy of material presented, flyers, thank you cards, list of responsibilities/duties, and correspondence with community liaison or organizers. Fundraisers are excluded.

Clinical Requirements:

Clinical			
Activity	Examples	Points	Documentation
Preceptor Role: Final semester nursing students, New Grad Residents, experience RN's new to organization	Preceptor for final semester nursing students or New Grad Resident	1 point per 12 hours (max 25 points)	Proof of Preceptor Class for precepting staff and Preceptor Evaluation Form
Charge RN Role:	Charge RN or relief charge RN for department	7.5 points = full-time 2 points = Relief Role (min. of 1 shift per 6 week schedule)	Manager validation and proof of attending charge RN class for charge RN points to be accepted
Policy/Procedure: Revision or development based on relevant evidence. Review current literature including research related to an existing or new clinical policy or procedure.	Submits revisions or new policy or procedure to the appropriate committees for approval. Proposal should include Staff Education Plan.	1 point for revisions and 5 points for new policies (max 21pt)	Submit policy with verification by policy owner of work and evidence
Quality Improvement Activities: Audits and peer feedback Special Projects	CAUTI, HAPI, Tracer, Falls, Hand Hygiene, Restraints, Procedural Sedation, etc. and peer feedback Kaizen, Value Stream, A3, 5S Lean	3 point per month per audit category (Max 30 points) 1-10 per approved project	Must be designated by NCLC or project champion
Reward and Recognition:	Catch Me: Daisy Award: Nominee Honoree	2 point (Max 10 points) 2 points 10 point	Submit copy of nomination or award certificate
RNs as Teachers: Promotes continuing education through development or teaching of courses, being a certified instructor or developing/evaluating patient education tools	Presents or co-presents CE or Educational programs (if not a requirement for the job, e.g., simulations) Presents a unit-based in-service Teach at affiliated institution Superuser for Clinical IT project (per completed project)	5 points 50 min presentation (max 25 points) 1 point/10 minutes 5 points/ 50 minutes 15 points (Max 25 pts for RNs as Teachers)	Educator or Manager validation

Additional Clinical Requirements/Clarifications

A. Precepting final semester students or new grad residents must have attended preceptor course. Precepted final semester student/new grad resident in the past 12 months and provide signed documentation from Manager.

B. Development of unit-based in-service clinical presentation must be directly related to Nursing. Provide objectives and/or syllabus, handouts, PowerPoint, etc. Requires documentation signed by Manager.

C. Teaching at an affiliated institution- provide signed documentation from director of affiliated institution and/or staff roster.

D. Develop/revise policy/procedure. Must provide copy of approved policy/procedure with updated tracking tool and signed documentation from chair of relevant committee.

E. Quality Improvement Activities: Provide documentation signed by manager/director and sample of each audit (do not include patient information)

F. Special Projects- approved by sponsor/manager and documentation signed by same. (1-10 points per project but no more than a total of 10 points annually.
(Example an RN could do one project worth 10 points, two projects worth 5 points, or ten projects for one point each.)

Research, EBP, and Shared Governance Requirements:

Research, EBP, Shared Governance			
Activity	Examples	Points	Documentation
Shared Governance: Actively participates in unit-based councils or committees	Chair Co-Chair Member Example: Nurse staffing committee, Nurse practice etc.	25 20 15	Attends 80% of meetings, validated by committee chair
Formal Research: Completes a nursing research study. This study may be conducted as part of a formal education program, if completed within the previous 12 months.	Formal Research Study	55 points	Submit a copy of the IRB approval, when applicable, and a 1-2-page abstract of the research that includes research question(s) or hypotheses, description of sample and sampling method, method used to collect data, and summary of findings.
Participation in Research: Actively participates in a formal research study. This does not apply if you participated as a research subject.	This may include: Helping to design the study Obtaining research subjects for the Principal Investigator Collecting Data Entering Data Analyzing Data Assisting with writing a final report	7 points per portion performed	Provide proof of participation signed by Principal Investigator of Research Study
Publication: Publishes a health related clinical or research article or review of literature in a peer reviewed professional journal	Submission Acceptance and Publication	20 points 45 points	Submit a copy of the manuscript and acceptance letter from the publisher
Evidence-Based Practice: Evaluate and use evidence-based findings in practice to recommend a practice change within the department.		20 points	

EBP/Research Knowledge: Attends a workshop-seminar related to EBP/Nursing research		5 points per 1-day event (max 10 points)	Submit a copy of the program or brochure and verification of attendance (CEU certificate or other appropriate documentation)
Presentation: Poster or Podium presentation at a regional, state, national, or international event. Presentation at staff meeting or within the organization.	Submission of abstract for poster or podium presentation Acceptance and completion of poster or podium presentation or presentation within organization	5 points 15 points	Submit copy of submission and letter of acceptance, if applicable.
Professional Organization: Participation in professional organizations at the local, state, national, and international levels.	Board Officer (Elected) Subcommittee or activity planning Active Member	20 points 15 points 10 points	

Additional Research, EBP, and Shared Governance Requirements/Clarifications

A. Member of research and education council, 80% attendance. Provides signed documentation from current chairperson or co-chairperson and attendance roster.

B. Participating in research project as lead investigator or participant- provide copies of meeting minutes, material distributed, IRB approval or IRB schedule of current projects.

C. Attend professional nursing research conference. Provide flyer/pamphlet from conference, registration confirmation, copies of program or continuing education completed.

D. Submitting and publishing articles in peer-reviewed nursing journals. Provide a copy of the article and letter (or email) of confirmation of acceptance of article by journal or magazine. If published, include a printed copy from the journal or magazine.

E. Evidence Based Practice Project: Proposal, Implementation, Education and Dissemination--must include proof of your involvement with each step of the project including copies of literature/references, flyers, in-services, meeting minutes, and education.

F. Chairperson, Co-Chairperson, Advisor or Member in hospital or regional organizational decision-making group--provide signed documentation from chairperson or co-chairperson of committee certifying membership and regular attendance (80% of meetings) and **must provide attendance roster**.

G. Membership in professional organization- copy of current membership card(s) with current expiration date and documentation of leadership role if applicable.

Application Process

As a prospective candidate you will need to review the requirements for each level of the Nursing Clinical Ladder (NCL) and determine the level to which you want to apply for advancement. All listed qualifications for the prospective level must be met for your advancement to be approved. Once you have determined this the application process can be divided into three phases.

In the **first phase**, pre-application, you will meet with your manager to go over the program and orient to the application process. Questions may also be directed to the Nursing Clinical Ladder Council (NCLC) and the Nurse Practice Committee (NPC) who can offer more detailed information on the application process. This can include advise on documents that will need to be provided, recommendations for further development in specific areas, and other subjects pertaining to the application process. If it is determined that you will need to acquire more experience in a certain area a follow up meeting or call may be advised.

In the **second phase** you will work to obtain all the needed documentation to be included in your portfolio. This includes your letters of recommendation, diplomas or a copy of your current curriculum, proof of membership in any professional organizations or certifications, and your clinical narrative. Once obtained these documents will all be submitted with the demographics sheet included in this packet.

In the **third phase**, following submission of your application, you will be notified by mail of your acceptance or denial. If accepted you will be scheduled to attend an orientation meeting at which you will be given further guidance and introduced to resources that may help you as you work to progress and earn recognition at your prospective level. If you are not accepted there is a two-week window during which you may appeal the decision and resubmit your application.

Below you will find the steps of this process discussed in more detail.

1. **Review the requirements for each level**

2. Statement of Intent
    2.1. The statement of intent is a brief outline addressed to the NCLC which should include the following:
        - Level of Advancement you are applying to
        - List of qualifications in your daily practice
        - Strengths and values at your current level of practice

    2.2. This is to be submitted with your initial petition for advancement.

3. **Meeting with Unit Leadership, Nursing Clinical Ladder Council or Nurse Practice Committee**
    3.1. Meeting with the Unit Manager is mandatory as all applications must be approved prior to further consideration. This ensures that all applicants have met attendance and professionalism standards, are not in the disciplinary process and are otherwise in good standing.

3.2. This meeting should be used to identify the level to which you are applying and the requirements for eligibility that need to be met.

3.3. Strategies for meeting these qualifications prior to the deadline for applications will be identified and discussed.

3.4. At this time, you may be counseled to apply for entry to the NCL at a level different than what you have identified. Such recommendations are advisory only but are meant to promote your successful acceptance to the NCL.

3.5. Meetings with the NCLC, NPC or Unit Council are optional and advisory only. They are intended to provide further avenues for informational resources and guidance.

4. Petition for Advancement and Demographics

4.1. See attached document.

4.2. This document is to be presented to the Unit Manager at the time of the initial meeting. The signature of the Unit Manager is required to progress further.

5. Resume or Curriculum Vitae

5.1. Either document will be accepted without preference by the committee. Entries should be concise and adhere to professional standards of communication and writing.

6. Letters of Recommendation (2)

6.1. The program requires two letters of recommendation to be provided as part of the application packet.

6.2. Letters of recommendation must be obtained from the nursing leadership team of your *current* unit, a nursing peer with whom you have worked in the last six months, or from a person who you believe can best speak to your clinical nursing practice. The last of these may be a coworker from any department with whom you have worked closely, a former manager/Director, an instructor, or a member of the community.

6.3. When considering who to request a letter from it is important to remember that these letters are not statements of character so much as an objective review of your professional practice. Each letter should address at least one of the following areas of your performance.

Areas to Choose From:

1. Evidence-Based Practice and Other Clinical Knowledge Development
2. Education: Receiving, Teaching, Mentoring and Coaching
3. Quality Improvement
4. Interdisciplinary and Intradisciplinary Collaboration
5. Leadership Roles
6. The Caring Role of the Bedside Nurse
7. The Nurse as an Advocate

6.4 A template has been provided for your use when requesting letters of recommendation (See attached documents).

6.5 Letter from patients will not be accepted.

7. **Clinical Exemplar (1)**

7.1. The Clinical Exemplar is a first-person account of a situation, patient specific intervention, or event that you feel exemplifies your nursing practice.

7.2. This event should be related to your current unit and should have occurred within the last 12 months. Exceptions may apply and should be discussed at the meeting with your manager or with a representative from the NCLC or NPC.

7.3. The purpose of the Clinical Exemplar is to showcase your clinical practice and to present your own understanding of your practice to the NCLC.

7.4. While writing your Clinical Exemplar it is important to be mindful of the American Nurses Associations (ANA) Standards of Nursing Practice and Code of Ethics for Nurses. You should identify how your actions are representative of one or more of the provisions of either of these documents. Both may be accessed at nursingworld.org.

7.5. The Clinical Exemplar should be approximately 400 to 1,000 words in length.

7.6. See attached documents for a written example.

8. **Acceptance**

8.1. Successful candidates will be notified by mail and Confluence Health email.

8.2. The successful candidate will be provided the opportunity to participate in an orientation meeting. The date, time and location of this event will be provided in the acceptance letter.

8.3. Applicants not accepted to the NCL at the level to which they applied, may be offered entry at a different level if the NCLC find that the criteria for that level have been met.

8.4. Applicants who are not accepted may appeal the decision within two (2) weeks or fourteen (14) days notification. The appeals process will involve a review of the application packet with the candidate, explanation of denial, and the opportunity to reapply within two weeks with the recommended changes to the candidate's application completed.

8.5. Correction and resubmission of an application does not guarantee acceptance to the NCL.

8.6. There are no max attempts at entry to the NCL. All candidates who do not obtain entry upon their initial application are encouraged to reapply during the next application cycle.

Application for the Nursing Clinical Ladder

Name: _____

First Middle Last

Address: _____

Street City, State Zip

Contact Number: _____

Hospital Email Address: _____ (required for participation)

Employee Number: _____

Manager's Name: _____ Email Address:_____

Highest Level of Education: ☐ Associates/Diploma ☐ Bachelors ☐ Masters

Professional Certifications and Organizations: _____

_____

_____

_____

License Number: _____ Years of Experience as an RN: _____

Initial Date of Hire as RN at Confluence Health: _____ Unit: _____

Status: _____ Full-time _____ Part-time Current Shift: _____

Number of Hours Worked Per Pay Period: _____ Number of Hours Hired to Work: _____

Current Level on Clinical Ladder (if applicable): _____

Applying for Level ☐ II ☐ III ☐ IV ☐ V

Employee's Signature: _____ Date: _____

DIRECTOR/MANAGER/CLINICAL MANAGER TO COMPLETE THE FOLLOWING:

☐ Participant is projected to work an average of 20 hours per week or more for the entire program year.
☐ Participant has successfully completed the 90-day probationary period
☐ Participant is immediately responsible for bedside care.
☐ Participant's overall performance rating meets or exceeds competency standards. Participant is not in the disciplinary process.
☐ Participant is compliant with mandatory education, PPD and attendance and tardiness standards.
☐ I confirm that the participant meets the application criteria.

Director/Clinical Manager Signature: _____ Date: _____

To Whom It May Concern:

I am currently applying for the Nursing Clinical Ladder (NCL) and I am requesting that you write one of my letters of recommendation. I am asking you to specifically address the area of_____ in your letter, as you have seen it applied to or in my nursing practice. Please cite specific examples, as this will help determine the level at which I am able to enter the NCL. I really do appreciate both your opinion and any time you may spend on your response. My application deadline is _____, and I will need the letter provided to me prior to that date. If you are unable to supply a letter of recommendation, please let me know as soon as possible. Once again, thank you for your time.

Sincerely,

Areas to choose from:

Evidence-Based Practice and Other Clinical Knowledge Development

Education: Receiving, Teaching, Mentoring and Coaching

Quality Improvement

Interdisciplinary and Intradisciplinary Collaboration

Leadership Roles

The Caring Role of the Bedside Nurse

The Nurse as an Advocate

RN Reference: Clinical Ladder Candidate Name _____

2021-2022 Cycle

Thank you for taking the time to complete this recommendation form! Your recommendation provides the Nursing Clinical Ladder Committee with important insight into the applicant and his/her nursing practice. **Please submit a formal letter and use the questions as a guide to what needs to be addressed in the letter.**

The timeline is critical – please be sure to complete this and send it to Deborah.Navarro@confluencehealth.org by _____.

1. **Reference Name & Position** _____
2. **Are you the candidate's direct supervisor?** ☐ **Yes** ☐ **No**
3. **If no, what is your relationship to the candidate?**
4. **What are the first words that come to mind to describe this candidate?**
5. **Please share your thoughts on one of the following areas evidenced by this candidate and an example – you need only discuss one, if you choose to discuss more that is fine.**
    a. Evidence-based practice examples/advocacy
    b. Education: Receiving, teaching others, mentoring, coaching
    c. Quality improvement activities
    d. Interdisciplinary and intradisciplinary collaboration
    e. Leadership roles
    f. The caring and compassionate role of the bedside nurse
    g. The nurse as an advocate
6. **Any additional comments for the Nurse Clinical Ladder Committee?**

Thank you! Please complete and send to Deborah.Navarro@confluencehealth.org by _____.

Clinical Exemplar

What is a clinical exemplar and how do you write one?

The clinical exemplar is a story you are telling about your practice and events that impacted you through your nursing. “I” statements should be used and while professional writing standards are expected, this isn’t a chart note. This is your story, and it is okay to be subjective, to explain how you felt (then and now) and what your personal thoughts were at the time. Talk about the nursing process and how you applied it. Or tell the reader how being a nurse guided by the American Nurses Association Standards of Practice and Ethics effected your actions and the outcomes. You can even tell the reader about a time you made a mistake and how you learned from it, how you researched the best practice for what you were doing and the next time *did better* than before. Nursing is not about perfection; it is about adaptation and growth and learning.

You can tell the story of why you became a nurse, but the focus should be on the nurse you are now and how that person came to be. And please remember, submissions must meet 400 to 1,000 words in length to be accepted and any paper that includes information identifying a patient will immediately disqualify the applicant. Use of the APA style of formatting is recommended, though not required so long as your paper meets accepted professional standards.

Clinical Exemplar: Example 1

This happened in the fall of 2020. There was a patient on my unit, advanced in dementia and unsafe to return home. The significant other couldn't or wouldn't provide financial information for insurance purposes and refused to let us medicate them with anything stronger than Tylenol. The patient was violent, as people with advanced dementia can be and no longer able to perform their own ADLs. The spouse would get hurt, we knew, if the patient went home with them but no facility would accept the patient without medications for the aggression. To complicate the situation the patient remained a full code, despite numerous attempts by numerous hospitalists to change this. What would we do, we wondered, if the heart stopped? How could we inflict the physical harm that so often comes with resuscitation efforts for a life where you couldn't remember how to use the toilet, or dress yourself? Couldn't recognize your spouse and children? A life where even if you could communicate your pain, it didn't matter because all you could get was Tylenol?

Eventually there was a family conference, this time including the couple's children and it was determined that the patient would sit in. No one knew when the children had last seen the patient and it was likely they were unaware of how far the dementia had advanced. As the primary RN that day I sat in to help care for the patient during the meeting.

I had known the spouse was in the medical field, I didn't know that both of the children were as well. Usually, we think this will make it easier, but it did not. The significant other wouldn't let us give more medications because of the black box warnings, one of the children was an ER nurse who said, "we keep him a full code because if you come into the ER as a DNR you don't get treated" and the child who was an EMS worker seemed to agree with our staff that it was time to make changes to the plan of care. And I held the patient's hand whenever he reached over to grab at the significant other, redirected him when he became frustrated.

It was difficult to ignore the jabs from the ER nurse when they implied our care was sub-par, when she accused us of not feeding her parent. I assured her that her parent ate very well, usually double helpings. "And yet he's still losing weight," she said.
I had been irritated only a second before, frustrated with the entire situation, and I had wanted to lecture them all on the disease process and selfishness and how much harm we would cause trying to save the patient. Yet looking at her then, hearing the tears beneath the anger, I knew that she didn't need me to tell her any of that and I felt myself soften as I said, "Yes, he is".

The significant other spoke then, a smaller woman with a quiet approach that had baffled us all by her insistence that her husband was getting *better*. That he *could* get better. She spoke with more passion than I had thought her capable of and insisted that she would not make her husband a DNR because he was a fighter, because she would never deprive him of the chance to keep fighting if he had the will to do so. It dawned on me then how much this person was loved, how good he must have been to all of these people before dementia stole him away from them and left them only the image of the man they had so loved.

I had assumed, as many of us had, that it was about the money. That the spouse, at least, wouldn't let us medicate him and wouldn't provide the information for insurance because of the cost. All I could see was that she had become an impediment to providing the care I felt I needed to, and I had wanted to find a reason to be upset with her. I was wrong though, to see her in such a light. From her point of view, from the point of view of someone who had spent a lifetime with my patient, she was advocating for him to the best of her ability. I might have disagreed with her choices, but I had no idea about who this person was outside of their disease. No idea if he would have wanted the treatment we offered.

After that I tried to help the significant other identify interventions she could and would approve. Understanding her fear of medications with certain black box warnings led me to provide education on medications such as gabapentin than could be used to decrease the aggression without the risk of the antipsychotics. I started trying to collaborate with her, instead of working against her.

I choose this event because I think it is easy to fall into paternalization, to believe that we must and do know what the best decision for our patient is… When we do that, we rob them of their individuality, of their autonomy and make them a diagnosis instead of a person. This interaction taught me to look outside of my nursing perspective and remember the person I am taking care of is a person. It is difficult, incredibly so, when one feels as if they are not allowed to help where they could, but we have to remember that forcing help that is not wanted upon someone is harmful and depersonalizing.

Clinical Exemplar: Example 2

Day two being independent on the floor and I had my first med error. It was the most basic of nursing mistakes, I had changed the container a medication came in (an oral syringe to a luerlock) to facilitate administration. In doing so I ignore the fact that oral syringes do not fit luerlocks for a reason and in the semi dark of the room at 0500 I administered an oral solution into a port. I thought it was saline and when I realized it wasn't, I felt, literally felt, the blood rush out of my head. I thought about the consequences, thought that maybe he would be okay, considered not telling and then drew back on the still connected syringe and went to get help. It felt like an hour, but it had been less than a minute since I had seen that what should have been a clear liquid was, in fact, not clear at all.

I told my Charge and my former preceptor what had happened. I called the provider and the pharmacy and poison control. I followed the recommendations I was given. I gave a full report to the oncoming nurse. And I was numb through it all because the patient could have died and for only a split second, I had considered not telling anyone about my error. I had almost killed someone. When I got home, I cried so hard that I couldn't breathe, for two hours. The next day I listened as my director told me it was going to be okay, that there was nothing in the medication that isn't in IV fluids. I didn't contradict her when she said I was a good nurse.

So, what did I do? The next day at work I pulled the Charge RN aside and told her about my error, told her that going forward I would always set my medications up in a well-lit room and (at least for a while) ask for the Charge to go over the process with me for blood draws and medication administrations with ports prior to using them. I would, at the start of each shift where I was assigned a patient with a port, print out the best practice guidelines and be sure to use them throughout the shift.

This incident, more than any other in my career to date, taught me the importance of paying attention to the details. More, it taught me that we are all human and mistakes can happen even when we have only the best of intentions. Weirdly, I am glad it happened on my second day because I have never since hesitated to ask for help. Never hesitated to ask another, more experienced RN, to double check my work or my findings, to verify my understanding of a procedure. By forcing myself to do so right at the beginning of my career I demolished any personal barriers set by pride or fear that may have prevented me from doing so.