CAREER DEVELOPMENT PATHWAY
DESCRIPTION OF LEVELS

RN1	RN2	RN3	RN4
• New graduate • Inexperienced with bedside hospital nursing • Returning to nursing • Experienced RN, but changing specialty • Dependent on review of policy and procedures to provide nursing care • Dependent on preceptors or resource nurse • Committee observer	• Independent • Completion of unit specific orientation • Positive evaluation • Experienced with nursing • Able to cope and manage clinical nursing • Narrow focused • Feeling of mastery with routine clinical situations; supervision required in new clinical experience • Can be preceptor • Active with unit development • Data collector for research • Education consumer • Contributes to the healthy work/ care environment	• Proficient • Self Directed • Focused critical thinking skills/clinical decision-making • Takes initiative to identify problems and pursues solutions • Obvious use of process, evaluates decision on basis of outcome/process • Strives to make a positive difference in the Pinnacle Health System • Charge, preceptor, mentor • Excellent communication skills • Active committee participant • Takes initiative to identify and collaborate with regard to practice concerns by utilizing the research process and evidence based practice • 360° education (receive and give to colleagues) • Holds certification in specialty • Membership in any professional nursing organization • Contributes to the healthy work/ care environment	• Resource & Leader • Consultant to colleagues outside of own unit • Obvious, active promotion of system mission, vision, values • Bachelor's degree or actively working towards bachelor's degree is required. BSN preferred, but bachelor's degree in any other field accepted • Investigator, data analyzer for research • Sustains long term mentoring role • Membership in any professional nursing organization • Unit committee leader or system committee participant or active participant in a professional nursing organization • Contributes to the healthy work/ care environment • <u>Investigator, data analyzer for research or active participant in all phases of evidence-based practice project</u>

References for levels and RN Attributes: **12/02, 10/06, 6/09, 12/10**

Patricia Benner, *From Novice to Expert*, Menlo Park, CA. Addison-Wesley, 1984.
***The Synergy Model of Certified Practice*, AACN website 12/01**

Curley, Martha A.Q., *Patient-Nurse Synergy: Optimizing Patients' Outcomes*, American Journal of Critical Care, January Volume 7, No. 1

Clinical judgment--clinical reasoning, which includes clinical decision making, critical thinking, and a global grasp of the situation, coupled with nursing skills acquired through a process of integrating formal and experiential knowledge.

RN1	**RN2**	**RN3**	**RN4**
Collects patient data as directed. Basic decision-making ability. Requires coaching, guidance and exposure to follow protocols, algorithms and practice standards.	Collects basic-level data; follows algorithms, decision trees, and protocols with all populations and is uncomfortable deviating from them; matches formal knowledge with clinical events to make decisions; questions the limits of one's ability to make clinical decisions and delegates the decision-making to other clinicians; includes extraneous detail	Collects and interprets complex patient data; make clinical judgments based on an immediate grasp of the whole picture for common or routine patient populations; recognizes patterns and trends that may predict the direction of illness; recognizes limits and seeks appropriate help; focuses on key elements of case, while sorting out extraneous details	Synthesizes and interprets multiple, sometimes conflicting, sources of data; makes judgment based on an immediate grasp of the whole picture, unless working with new patient populations; uses past experiences and intuition to anticipate problems; helps patient and family see the "big picture"; recognizes the limits of clinical judgment and seeks multi-disciplinary collaboration and consultation with comfort; recognizes and responds to the dynamic situation

Advocacy--working on another's behalf and representing the concerns of the patient, family, and community; serving as a moral agent in identifying and helping to resolve ethical and clinical concerns within the clinical setting.

RN1	RN2	RN3	RN4
Self-exploration of own values & role as it relates to patient advocacy. Applies own set of values to the patient. Requires guidance to identify actual/potential ethical conflicts.	Works on behalf of patient; self assesses personal values; aware of ethical conflicts / issues that may surface in clinical setting; makes ethical / moral decisions based on rules; represents patient when patient cannot represent self; aware of patients' rights	Works on behalf of patient and family; considers patient values and incorporates in care, even when differing from personal values; supports colleagues in ethical and clinical issues; moral decision-making can deviate from rules; demonstrates give and take with patient's family, allowing them to speak / represent themselves when possible; aware of patient and family rights	Works on behalf of patient, family, and community; advocates from patient's / family's perspective, whether similar to or different from personal values; advocates ethical conflict and issues from patient / family perspective; patient and family drive moral decision-making; empowers the patient and family to speak for / represent themselves

Caring practices--the combination of nursing activities that are responsive to the uniqueness of the patient and family and that create a compassionate and therapeutic environment, with the aim of promoting comfort and preventing suffering. These caring behaviors include, but are not limited to, vigilance, engagement, and responsiveness.

RN1	RN2	RN3	RN4
Requires coaching to identify patient and family needs inclusive of physical, emotional, and spiritual comfort. Demonstrates concern. Focuses primarily on technical aspects of care. Assesses physiologic pain and seeks treatment.	Focuses on the usual and customary needs of the patient; no anticipation of future needs; bases care on standards and protocols; maintains a safe physical environment; acknowledges death as a potential outcome; attends to and resolves patient's physical pain; assesses the spiritual needs of patient/family	Responds to subtle patient and family changes; engages with each patient as an individual in a compassionate manner; recognizes and tailors caring practices to the individuality of patient and family; modifies the patient's and family's environment to be comforting; aggressively responds to patient/family discomforts and utilizes alternative pain control measures; recognizes that death may be an acceptable outcome	Has astute awareness and anticipates patient and family changes and needs, including discomforts; fully engaged with and sensing how to stand alongside the patient, family, and community; caring practices follow the patient and family lead; anticipates hazards and promotes safety throughout patient's and family's transitions along the health care continuum; orchestrates the process that ensures patient's / family's comfort and concerns surrounding issues of death and dying are met

Collaboration--working with others (e.g. patients, families, healthcare providers) in a way that promotes and encourages each person's contributions toward achieving optimal and realistic patient goals. Collaboration involves intra- and interdisciplinary work with all colleagues.

RN1	RN2	RN3	RN4
Attends meetings as an observer; participates in patient rounds and team meetings by supplying data; explores multidisciplinary framework to identify team players; develops a plan of care and requires guidance with interventions and outcome evaluation	Willing to be taught, coached and / or mentored; participates in team meetings and discussions regarding patient care and / or practice issues; open to various team members' contributions; independently develops, implements, and evaluates plan of care	Seeks opportunities to be taught, coached, and/or mentored; elicits others' advice and perspectives; initiates and participates in team meetings and discussions regarding patient care and/or practice issues; recognizes and suggests various team members' participation; seeks multidisciplinary input to enhance plan of care	Seeks opportunities to teach, coach, and mentor and to be taught, coached and mentored; facilitates active involvement and complementary contributions of others in team meetings and discussions regarding patient care and/or practice issues; involves/recruits diverse resources when appropriate to optimize patient outcomes

Systems thinking-- the body of knowledge and tools that allow the nurse to appreciate the care environment from a perspective that recognizes the holistic interrelationship that exists within and across healthcare systems. Recognizes the complexity of healthcare systems and how it impacts patient care.

RN1	RN2	RN3	RN4
Concentrates efforts on day-to-day routine; self-absorbed in one's own needs as new or inexperienced RN; learning the RN role	Uses a limited array of strategies; limited outlook - sees the pieces or components of the healthcare systems; does not recognize negotiation as an alternative; sees patient and family within the isolated environment of the unit; sees self as key resource to patient	Develops strategies based on needs and strengths of patient/family; able to connect patients with available resources; assists patient/family with transitions within the continuum of care	Develops, integrates, and applies a variety of strategies that are driven by the needs and strengths of the patient/family; global or holistic outlook - sees the whole rather than the pieces; knows when and how to negotiate and navigate through the systems on behalf of patients and families; anticipates needs of patients and families as they move through the health care systems; utilizes untapped and alternative resources as necessary; recognizes patient and system barriers to achieving outcomes

Response to diversity-- the sensitivity to recognize, appreciate, and incorporate differences into the provision of care. Differences may include, but are not limited to, individuality, cultural differences (e.g. in child rearing, family relations), spiritual beliefs, gender, race, ethnicity, disability, family configuration, lifestyle, socioeconomic status, age values, and alternative medicine involving patients and their families and members of the healthcare team.

RN1	**RN2**	**RN3**	**RN4**
Assesses cultural diversity; provides care based on own belief system. Learns the culture of the health-care environment	Inquires about patient/family differences (as defined above) and considers their impact on care. Incorporates differences in the plan of care	Responds to, anticipates, and integrates patient/family differences (as defined above) into patient/family care. Appreciates, respects and incorporates differences, including alternative therapies, into care.	Educates the healthcare team to the importance of meeting the diverse needs and promoting the strengths of the patient/family

Clinical inquiry --the ongoing process of questioning and evaluating practice, providing informed practice, and innovating through research and experiential learning. The nurse engages in clinical knowledge development to promote the best patient outcomes.

RN1	RN2	RN3	RN4
Clinical inquiry is limited to educational experience and circle of influence is immediate peer group	Follows standards and guidelines; implements clinical changes and research-based practices developed by others; recognizes the need for further learning to improve patient care; recognizes obvious changing patient situation (e.g., deterioration, crisis); needs and seeks help to identify patient problem	Questions appropriateness of policies and guidelines; questions current practice; seeks advice, resources, or information to improve patient care; begins to compare and contrast possible alternatives	Improves, deviates from, or individualizes standards and guidelines for particular patient situations or populations; questions and/or evaluates current practice based on patients' responses, review of the literature, research and education/ learning; acquires knowledge and skills needed to address questions arising in practice and improve patient care; (The domains of clinical judgment and clinical inquiry converge at the expert level; they are not separable)

Facilitator of learning or patient/family educator--the ability to facilitate patient and family learning.

RN1	RN2	RN3	RN4
Follows planned educational programs; sees patient/family education as a separate task from delivery of care; limited ability to assess patient's readiness or understanding; has limited knowledge of the totality of the educational needs; focuses on a nurse's perspective; sees the patient as a passive recipient	Adapts planned educational programs; begins to recognize and integrate different ways of teaching into delivery of care; incorporates patient's understanding into practice; sees the overlapping of educational plans from different healthcare providers perspectives; begins to see the patient as having input into goals; begins to see individualism	Creatively modifies or develops patient/family education programs; integrates patient/family education throughout delivery of care; evaluates patient's/family's understanding by observing behavior changes related to learning; able to collaborate and incorporate other healthcare providers' and educational plans into the patient/family educational program; sets patient-driven goals for education; sees patient/family as having choices and consequences that are negotiated in relation to education	Represents healthcare system in the provision of community education; follows educational process: assessment of learning needs, develops and implements educational plan using age-appropriate teaching strategies, evaluates overall effectiveness based on outcomes