

Application Packet for Advanced Clinicians and Clinical Scholars

Please print this document as a reference while you are compiling your application to ensure that you have followed the guidelines for each of the portfolio documents.

To be recognized at the Advanced Clinician or Clinical Scholar level, you must submit a portfolio to the Clinical Recognition Review Board. Your portfolio is a way for you to present your work to your peers on the board. It should give readers a clear image of what your clinical practice is like and why you meet criteria that have been outlined for a particular level of practice.

Please make sure your completed portfolio includes the following components. More information about each of these components is included in this packet. **Please read and PRINT each of these documents by clicking on the links below.**

- A [checklist](#) to be completed, signed, and submitted with your application, to ensure that your application is complete and you are familiar with Clinical Recognition Program procedures
- A [cover letter](#) written by you, in which you introduce yourself and your practice to the board
- A [clinical narrative](#), or story, describing an actual clinical event or situation that is representative of your practice within the past six months
- Your [resume](#) or [curriculum vitae](#) (to view sample documents click [sample1](#) or [sample2](#))
- [Letters of support](#) from colleagues. Three letters of support will be required for both the Advanced Clinician and the Clinical Scholar levels. For both levels, it will be required that one of the letters of support be written by unit/department leadership within the applicant's discipline. For the discipline of Nursing, the required letter from outside the discipline may be from an Advanced Practice Nurse, which includes: Nurse Practitioners, Nurse Midwives, Psychiatric Clinical Nurse Specialist and Certified Registered Nurse Anesthetists.
- [Leadership Endorsement Form](#) from your director

Additional information and resources for the application process are also provided with this application packet:

- [Applicant calendar](#)
- [Application templates](#)

The Clinical Recognition Program has created templates for each of the portfolio documents listed above. It is recommended, though **not required**, that you use these templates.

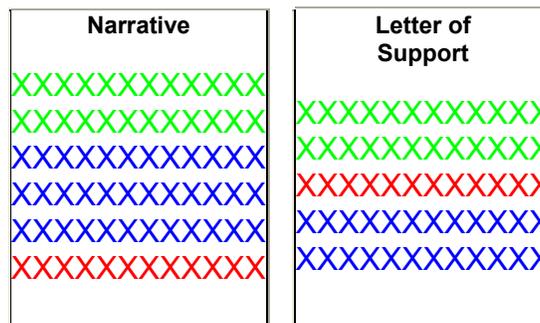
Cover Letter for Advanced Clinicians and Clinical Scholars

Guidelines for Cover Letter

The cover letter serves several purposes. It introduces you to the review board and allows you to further speak to the themes and criteria for the level you are applying for. Below are some hints from advanced clinicians and clinical scholars to assist you in writing the cover letter.

- Write the cover letter last after you have had a chance to review your portfolio
- Use your cover letter to strengthen your portfolio
- Decide what to address in your cover letter, read through your portfolio. Underline or highlight in different color markers examples that reflect each theme. Are the "colors" equally distributed? If not emphasize the theme(s) in your cover letter.

Example #1



Green - clinician patient relationship

Blue - clinical knowledge and decision-making

Red - teamwork and collaboration (emphasize this criteria in your cover letter)

Example #2 - [Advanced Clinician Cover Letter](#)

- Use the cover letter to add additional patient related stories to your portfolio. Do this by breaking your letter into themes and under each theme write a few sentences on a practice situation that reflects the criteria. If the review board wants more evidence on the criteria they have a natural starting point for the conversation.
- Show the letter - and your entire portfolio - to your manager, clinical specialist, a recognized clinician or someone who knows your practice and the criteria for the level you are applying for. Ask for Feedback.



Example

Cover letter Advanced Clinician Nursing

To the clinical recognition review board:

My name is Sara James, RN and I am a staff nurse on White 15 a 24 bed general medical unit and I am applying for recognition as an advanced clinician. In looking back over my four years of practice I am both amazed and proud. Amazed at how fast the four years have gone and proud at how much my practice has evolved and developed. Developing my portfolio has been a wonderful opportunity to reflect on how this has occurred as well as provided me an opportunity to articulate where I see my practice moving.

Central to my practice is my work with patients and their families. Illness forces patients to redefine who they are and how they interact with their world and the people in their lives. I see my role as working to understand what the experience of illness means to them. I recently cared for a dignified, prim eighty two year old woman who was adamant that she did not want services in her home. The team was very frustrated with her and began to wonder whether she was competent. I knew she was competent but I also knew that we- the team- did not have the whole story. I made time to sit with her and talk with her, not to force the plan on her but to ask her to help me understand her decision, slowly the story came out that she did not want strangers "rifling" through her things. Now, we could move ahead. Many times what looks like non-adherence, aggression or ignorance can in fact be fear, a conflict with culture or tradition or a knowledge deficit. My role is to unlock the mystery.

Of course, all of this occurs in the context of an environment that on its best day can be described as stressful. The acuity of our patients, the complex technology required and the ethical and moral issues we address make for an environment that requires me to remain current in my knowledge and constantly curious- complacency does not have a place in my practice. I wonder if that is even possible. Every shift I am surrounded by not only experts in their practice but also novice clinicians. I am honored at how often I am called upon to help a colleague problem solve or assist them in managing a complex situation. But, I am always aware that if being sought out for my skill and knowledge becomes an ego boost for me; I am failing my patients, colleagues and my discipline. I need to in some ways work myself out of that job by sharing my knowledge with others. I run brown bag lunch meetings- even though lunch may be at 3 am- to present patient scenarios. I will debrief with staff after a code or other unusual event not only to

let the emotions out but to see what lessons were learned or systems or issues that may need to be addressed.

My clinical knowledge and experience allows me to quickly evaluate a patient situation and mobilize treatment quickly. I will give you this brief example to describe this skill. In caring for Mrs. G I noticed that in her conversation, she would occasionally seem slightly winded. When I mentioned it to her, she said that she hadn't noticed and felt fine. She had an MI two months ago and was now in for cellulites. I checked her lung sounds and found her clear and her O2 sat was 98% on room air. In checking her I&O I found that she was positive almost a liter of fluid in the last 24 hours. With a lowered EF due to her MI I was concerned that she could go into flash pulmonary edema. Her vital signs were stable. I put her oxygen on and called her intern. The intern was not concerned, but I said this woman is fragile she needs Lasix and you need to see her in the next 10 minutes. On my way to her room, I picked up a syringe and some Lasix, grabbed the EKG machine and told the resource nurse that my patient was getting into trouble. As I entered the room, she looked at me anxiously, and said that her breathing felt heavier. Her O2 sat was in the 80's now. I increased her oxygen and as I put my stethoscope to her chest and was about to ask the resource nurse to call the intern, the intern walked in. We gave the patient Lasix and averted a difficult time for the patient.

Throughout my career I have benefited from the generosity of mentors, colleagues from other disciplines and a level of autonomy that allows me to practice and to professionally develop. My colleagues from the other disciplines have been generous to me in their knowledge and time. I have taken this knowledge and have hopefully improved the care of my patients and families as well as my own ability to make referrals to my colleagues that are more focused and deliberate. We may disagree with each other at times, but we do so respectfully and with keeping the needs of the patient- and not ourselves- always central in our discussion.

Thank you for the opportunity to reflect on my practice. I look forward to talking with you.

Sincerely,

Sara James, RN

Clinical Narrative for Advanced Clinicians and Clinical Scholars

Guidelines for Clinical Narrative

A clinical narrative is a first person “story” written by a clinician that describes a specific clinical event or situation. Writing the narrative allows a clinician to describe and illustrate her / his current clinical practice in a way that can be easily shared and discussed with professional colleagues. In addition, the narrative can help clinicians examine and reflect on their clinical practice or analyze a particular clinical situation.

For recognition at the Advanced Clinician or Clinical Scholar level, you will submit a written clinical narrative as part of your portfolio. The narrative must describe a clinical event or situation that occurred in the six months prior to the date of the submission of your portfolio. Detailed guidelines on writing the clinical narrative are included in the Clinical Recognition Program’s information folder. If you did not receive a copy of these guidelines, please speak to your director. Additional copies are available.

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Resume / CV for Advanced Clinicians and Clinical Scholars

Guidelines for Resume / Curriculum Vitae

Here are the main components that should be included in your resume/curriculum vitae:

I. Identifying Information

Name

Employee ID #

Current Position

Discipline

Unit/Location

Home Phone Number

Home Address

Partners E-mail Address

Date Prepared

Items within each of the categories below should include dates if appropriate and be listed in reverse chronological order, i.e., most recent first.

II. Education (all formal post-secondary education)

- For completed education, include educational institution, degree granted and/or major area of study, date of graduation
- For education in progress, include educational institution, degree in progress and/or major area of study, expected date of graduation

III. Licensures and certifications

IV. Professional history

- List all formal positions held, including institution, position title, description of primary responsibilities, activities and accomplishments, starting and ending dates

V. Academic appointments

VI. Hospital committee activities/department or unit projects

- Include dates and brief description of activities or projects

VII. Professional society membership

- Include any offices held

VIII. Professional society committee activities

IX. Continuing education activities attended (last two years only)

X. Presentations given

- Include title, organization, location, and dates

XI. Awards and professional honors

XII. Grants

XIII. Publications

[Resume / CV Sample 1](#) [Resume / CV Sample 2](#)

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Name: Michael Thomas

Employee ID number:1234567

Program Deadline Date (e.g. May 1st): June 1, 2002

Resume/Curriculum Vitae

I. Identifying Information

- Name: Michael Thomas
- Current Position: Staff Respiratory Therapist
- Discipline: Respiratory Therapy
- Unit/Location: Ellison 10
- Home phone number:617-555-5555
- Home street address:35 Thorne Street
- City, state and zip code: Canton, MA 09743
- Partners e-mail address: mthomas@partners.org
- Date prepared: 4/15/02

Items within each of the categories below should include dates if appropriate and be listed in reverse chronological order, i.e., most recent first.

<p>II. Education (all formal post-secondary education)</p> <ul style="list-style-type: none"> • For completed education, include educational institution, degree granted and/or major areas of study, date of graduation • For education in progress, include educational institution, degree in progress and/or major area of study, expected date of graduation 	<p>Newbury College Brookline, MA</p> <p>Associate of Science in Respiratory Therapy (May 1994)</p>
<p>III. Licensures and certifications</p>	<p>Advanced Cardiac Life Support (1995)</p> <p>Registered Respiratory Therapist (1994)</p> <p>Certified Respiratory Therapist (1994)</p>
<p>IV. Professional history</p> <p><i>List all formal positions held, including institution, position title, description of primary responsibilities, activities and accomplishments, starting and ending dates</i></p>	<p>Massachusetts General Hospital (1994 – present) Staff Respiratory Therapist</p> <ul style="list-style-type: none"> • Provides individualized respiratory therapy for adults through neonates • Educates members of the medical and nursing staff in modalities of respiratory care • Educates patient about asthma including use of inhalers and peak flow meters • Participates in gathering data for research within the Respiratory Care Department • Participates in patient consultation with members of the health care team
<p>V. Academic appointments</p>	<p>None</p>

<p>VI. Hospital committee activities/department or unit projects</p> <p><i>Include dates and brief description of activities or projects</i></p>	None
<p>VII. Professional society membership</p> <p><i>Include any offices held</i></p>	<p>American Association for Respiratory Care (1995-present)</p> <p>Massachusetts Society for Respiratory Care (1995-present)</p>
<p>VIII. Professional society committee activities</p>	None
<p>IX. Continuing education activities attended (last two years only)</p>	<p>Massachusetts Society of Respiratory Care Annual Meeting (2000-2001)</p> <p>Management Issues in Respiratory Care (2000)</p>
<p>X. Presentations given</p> <p><i>Include title, organization, location, and dates</i></p>	None
<p>XI. Awards and professional honors</p>	None
<p>XII. Grants</p>	None
<p>XIII. Publications</p>	None

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Name: Janice Collins

Employee ID number: 1234567

Program Deadline Date (e.g. May 1st): August 1, 2002

Resume/Curriculum Vitae

I. Identifying Information

- Name: Janice Collins
- Current Position: Staff nurse
- Discipline: Nursing
- Unit/Location: White 15, General Surgical Unit
- Home phone number: 617-555-5555
- Home street address: 77 Sunset Street
- City, state and zip code: Waltham, MA 02442
- Partners e-mail address: jcollins@partners.org
- Date prepared: 6/24/02

Items within each of the categories below should include dates if appropriate and be listed in reverse chronological order, i.e., most recent first.

I. Education (all formal post-secondary education)

- For completed education, include educational institution, degree granted and/or major areas of study, date of graduation
- For education in progress, include educational institution, degree in progress and/or major area of study, expected date of graduation

Boston College
Boston, MA
Bachelor of Science in Nursing (June 1997)

II. Licensures and certifications	Advanced Cardiac Life Support (August 2001)
<p>III. Professional history</p> <p><i>List all formal positions held, including institution, position title, description of primary responsibilities, activities and accomplishments, starting and ending dates</i></p>	<p>Massachusetts General Hospital (1997 – present)</p> <p>Staff Nurse, White 15, General Surgical Unit</p> <ul style="list-style-type: none"> • Primary nurse for pre and post operative surgical patients • Assess, plan and evaluate care for pre and post operative surgical patients • Act as a preceptor to new staff • Act as a mentor to new graduate Registered Nurses • Act as a Resource Nurse • Member of unit time planning committee
Academic appointments	None
<p>IV. Hospital committee activities/department or unit projects</p> <p><i>Include dates and brief description of activities or projects</i></p>	<p>Patient Education Collaborative Governance Committee (October 1999 – present)</p> <ul style="list-style-type: none"> • (include brief description of activities)
<p>V. Professional society membership</p> <p><i>Include any offices held</i></p>	None
VI. Professional society committee activities	None
VII. Continuing education activities attended (last two years only)	<ul style="list-style-type: none"> • 2001: A Diabetic Odyssey (September 2001) Massachusetts General Hospital • Pain Management (March 2001) Massachusetts General Hospital • Complex Wound Care Management (February 2001) Boston, MA

	<ul style="list-style-type: none"> • Introduction to Culturally Competent Care (November 2000) Massachusetts General Hospital • Preceptor II Workshop (May 2000) Massachusetts General Hospital
VIII. Presentations given <i>Include title, organization, location, and dates</i>	“The Use of Clinical Narratives in Professional Practice Development” Massachusetts General Hospital(June 2001)
IX. Awards and professional honors	None
X. Grants	None
XI. Publications	Collins, Janice, “Caring for the Challenging Patient – Clinical Narrative”, Caring Headlines, September 1998.

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Letters of Support

Guidelines for Writing a Letter of Support

Applicant: Please give a copy of this sheet to each applicant who will be writing a letter of supporting your application.

You have been asked to write a letter of support for an applicant to the MGH Clinical Recognition Program. This program is designed to recognize clinicians for advanced levels of clinical practice and is intended to reward clinicians for excellence in the care of patients and for their ability to work collaboratively with others. Your letter is important and will be reviewed as part of the applicant's portfolio.

The following guidelines are suggested as you formulate your letter:

- Understand the criteria for the level of practice the clinician is applying for. The applicant can provide you a copy of the criteria.
- Describe your relationship with the applicant including how long you have known the person and in what capacity you have worked with him/her.
- Comment on any or all of the following themes for practice: clinician-patient relationship; clinical knowledge and decision making; teamwork and collaboration and movement (for physical therapy and occupational therapy only).
- It is helpful to use examples whenever possible rather than using broad statements - e.g. "an excellent clinician"
- Please type your letter and return it to the applicant.

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Guidelines for Director Endorsement Form

Applicant: Please give this sheet to the director who will endorse your application.

The following guidelines are to assist directors with their responsibilities within the Clinical Recognition Program.

Responsibilities

As a director, you will be asked to either endorse or not endorse a candidate's request to submit a portfolio to the review board. Endorsement reflects your decision that the candidate meets the criteria for the level of practice for which he/she is seeking recognition. Please review the criteria for the specific level of practice in question. The review board will carefully review the portfolio and will make a final decision about recognizing the candidate at that level.

Endorsement by the director is necessary in order for the candidate to submit his/her portfolio. If the decision is to endorse, your role is to coach and lend wisdom and guidance to the candidate in developing a portfolio that is representative of his/her practice. You may wish to review the portfolio before the candidate applies, however this is not a requirement. Remember, you are endorsing the candidate, not the portfolio.

The Portfolio

The contents of the portfolio are the candidate's responsibility. However several facts may help to guide you in your role as coach.

- The entire portfolio is reviewed by the review board and is designed to ensure the board understands the candidate's practice. An interview will also be a part of the review.
- The candidate's cover letter gives voice to his/her own assessment of practice and guides members of the review board in their review of the portfolio
- The letters of support and the narrative should reflect the candidate's level of practice in all of the practice themes outlined in the program. Therefore, the selection of information chosen to write about is important in telling the whole story.
- Your advice and counsel are important in helping the candidate to understand the importance of the portfolio as a reflection of practice.
- Many resources are available to the candidate, including sample portfolios, reflective questions and the Blind Pre-Review Process.
- Attending Leadership Orientation of the Clinical Recognition Program and observing the Clinical Recognition Program Review Board meetings for a month are opportunities to help leadership better understand the program. Please contact Mary Ellin Smith (MESmith@partners.org) if you are interested in these opportunities.

Director Endorsement Form

Applicant: Please give this sheet to your director to sign, indicating endorsement of your application. Include this signed form with your completed portfolio.

After a review of the criteria for _____ (level of practice),
I endorse _____'s (name of candidate) application for
recognition to the Clinical Recognition Review Board.

Director's signature

Date

Director's Name in print

Application Calendar

If you submit your application by:	Your interview will be between:	You will be notified of the Review Board's decision between:
January 1	Late January and Late February	Late February and Late March
February 1	Late February and Late March	Late March and Late April
March 1	Late March and Late April	Late April and Late May
April 1	Late April and Late May	Late May and Late June
May 1	Late May and Late June	Late June and Late July
June 1	Late June and Late July	Late July and Late August
July 1	Late July and Late August	Late August and Late September
August 1	Late August and Late September	Late September and Late October
September 1	Late September and Late October	Late October and Late November
October 1	Late October and Late November	Late November and Late December
November 1	Late November and Late December	Late December and Late January
December 1	Late December and Late January	Late January and Late February

You have reached the end of the application packet.

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Application Templates

The templates are intended to help you with the application process by providing a standard format for each of the portfolio documents. You may choose to use all of the templates provided, or just the ones you need. Using the templates is optional.

All templates are Microsoft Word documents. To use a template, first save the file, then open it in Word to input your personal information. We recommend printing out the blank templates prior to filling them out on the computer, for your reference. Please remember to save the file after making changes in order to update the document with your changes.

Each template has a series of information fields for you to fill-out.

Some of them are simple information fields, e.g.:

Name: Jane Doe

Employee ID number: 1234567

Some of them are shaded, gray text boxes, e.g:

[Click here to enter your education information]

To enter information in the gray shaded areas, move your cursor to the middle of the shaded area and click once. This will highlight the shaded area and anything that you type will replace the existing text.

Application templates ([attached](#)):

Application checklist – Complete this form and submit it with your portfolio

Cover letter

Clinical narrative

Resume or Curriculum Vitae

Letters of Support from colleagues – If your colleagues wish to use this template, email them this document or direct them to this website

Endorsement form from your director – Print this form and give it to your director to sign

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