

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

Narrative	Letter of Support
XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX

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