

Frequently Asked Questions

1. When was the Clinical Recognition Program implemented?

The Patient Care Services Clinical Recognition Program (CRP) was implemented in 2002 as a way to formally recognize clinical staff for their expertise in caring for patients and families. The Clinical Recognition Program recognizes that valuable contributions are made by staff at every level (Entry, Clinician, Advanced Clinician, Clinical Scholar) and that excellence is a goal common to all clinicians.

2. Who is eligible to apply to the Clinical Recognition Program?

Clinicians from six disciplines in Patient Care Services - Nursing, Physical Therapy, Occupational Therapy, Respiratory Therapy, Social Work and Speech-Language Pathology, whose primary responsibility is direct care of patients, are eligible to apply to the program. Within the discipline of nursing, Case Managers became eligible to apply to the program in 2011.

3. What is Entry level practice?

Clinicians practicing at the Entry level are learning to apply newly acquired knowledge and skills to a multitude of patient care situations. Entry level clinicians initially draw on learned facts and rules to organize care and guide practice. As they gain experience, they are increasingly able to recognize the uniqueness of each patient situation and modify care to meet each patient's needs. The Entry level clinician understands the role of other disciplines and consults with peers in developing a plan of care.

4. What is Clinician level of practice?

Those practicing at the Clinician level have acquired broad experience in caring for patients and have often developed a sound understanding about the care of a particular patient population. They are resources to other clinicians in their practice area and actively act as strong advocates for patients. They routinely draw on learned facts and experience as well as an understanding of possible outcomes when designing a plan of care. Their experience allows them to recognize patterns in clinical practice and use this knowledge as they make clinical decisions.

5. What is Advanced Clinician level of practice?

Those practicing at the Advanced Clinician level have typically acquired in-depth knowledge about the care of a particular patient population and an appreciation for the many factors that influence care. They focus on probabilities versus possibilities in a given clinical situation. The hallmark of Advanced Clinicians is that they influence practice on their units by sharing their knowledge and/or putting systems or resources into place to ensure excellence in patient care.

6. What is Clinical Scholar level of practice?

Those practicing at the Clinical Scholar level are recognized as experts in their area of practice. They demonstrate exquisite foresight in planning patient care and are adept at negotiating conflict and collaborating with colleagues. They are able to respond intuitively to patient needs

and to comfortably engage in clinically sound risk-taking. They understand hospital wide systems and issues and their influence on practice extends beyond their specific unit.

7. How and when can staff be recognized for their practice at the Entry and Clinician Levels?

Recognition at the Entry and Clinician levels occurs within an individual's unit/department. Generally, within the first six months to a year of practice, a staff member meets with his/her director/manager, discusses advancing novice practice, shares a clinical narrative and is formally placed in the Entry level of the program. Subsequent to Entry level recognition and within the first two years of practice, the staff member again meets with his/her director/manager, discusses more experienced practice, shares a clinical narrative and is then formally recognized at the Clinician level.

8. How are individuals who are recognized at the Clinician level rewarded?

Achieving the Clinician level of practice is the standard of excellence expected of all clinicians in Patient Care Services. Once recognized, Clinicians are rewarded at both the unit and institution levels through annual salary and benefits reviews, opportunities for certification, tuition reimbursement, participation in collaborative governance, and eligibility for professional awards.

9. In the Clinical Recognition Program materials "current practice" is mentioned. What does this mean?

In developing the Clinical Recognition Program, the Department of Professional Development looked to the work of Hubert and Stuart Dreyfus on skill acquisition as well as the work of Patricia Benner, RN, PhD, who used narratives to apply the concept of skill acquisition to the practice of nursing. From their cumulative research, it became clear that in order for clinicians to gain expertise they must be actively engaged in their clinical work and to challenge any preconceived notions, expectations and/or theories by means of encounters with actual clinical situations. Clinicians can only accomplish this by caring for and being directly accountable for a caseload of their own patients. Building on this theory, a Structure and Process Workgroup identified that six months of consistent practice would allow sufficient time to develop evidence that the clinician met specified criteria at the applied for level. *Current practice* is then defined as the most recent six months of practice prior to the clinician submitting his/her portfolio. Therefore, all elements within the portfolio - the cover letter, the narrative and the letters of support - must reflect the clinician's practice on his/her unit or department in the previous six months.

10. If an applicant just transferred to a new unit after working for several years on a previous unit, can a portfolio be submitted based on practice on the previous unit?

A portfolio must reflect current practice which is defined as the most recent six months of practice. Therefore, at the time of portfolio submission, the applicant must be practicing on a

unit/department for six contiguous months and all elements of his/her portfolio - the cover letter, the narrative and the letters of support, must reflect this current practice.

11. Are resource nurses, ARNs and T-nurses (emergency department) eligible to participate in the clinical recognition program?

The Clinical Recognition Program is designed to celebrate clinicians providing all aspects of nursing care to patients and families. Resource Nurses, ARNs and T-nurses are all eligible for the clinical recognition program.

12. How long does a clinician have to work at MGH before he/she can apply to be recognized as an Advanced Clinician or Clinical Scholar?

Any staff member who has been recognized at the unit/department level as a Clinician is eligible to apply for recognition as an Advanced Clinician or Clinical Scholar. Because the Clinical Recognition Program celebrates expertise in practice, not longevity, a minimum number of years of experience are not required.

13. Is seeking recognition as an Advanced Clinician or Clinical Scholar mandatory?

No, seeking recognition as an Advanced Clinician or Clinical Scholar is voluntary.

14. Is there an educational requirement to apply for recognition as an Advanced Clinician or Clinical Scholar?

No, there is no educational requirement to apply for recognition as an Advanced Clinician or Clinical Scholar. Applicants who have earned associate, diploma, bachelors, masters and doctoral degrees are eligible for recognition and have been recognized.

15. Does an applicant have to publish in order to be recognized as an Advanced Clinician or Clinical Scholar?

No, being published is not part of the criteria for being recognized at any level of the program.

16. Is it true that to be recognized as an Advanced Clinician or Clinical Scholar an applicant must be certified in advanced competencies such as ECMO or CVVH?

No, being certified in advanced competencies is not part of the criteria for being recognized at any level of the program.

17. Is it true that to be recognized as an Advanced Clinician or Clinical Scholar, an applicant must be a member of a committee?

No, committee membership is not part of the criteria for being recognized at any level of the program.

18. How should an applicant select a narrative for the application portfolio?

A narrative should be about a current (within the last six months) clinical situation that reflects the level of practice for which the applicant is seeking recognition. The narrative should describe a situation where the applicant's interventions made a difference or one that captures the essence of the applicant's practice.

A self-reflection tool and a guide to writing narratives can be found on the CRP website at: <http://www.mghpcs.org/IPC/Programs/Recognition/>

19. Can a non-clinical member of the team, a patient or family member write letters of support?

No, only licensed clinicians are eligible to write letters of support, as only they have the ability to assess and speak to all aspects of an applicant's clinical role.

20. What are the requirements for letters of support in the application portfolio for Advanced Clinician or Clinical Scholar?

Effective September 1, 2012, the requirements for letters of support in the application portfolio will be the same for Advanced Clinicians and Clinical Scholars.

Each portfolio will contain **three** letters of support:

- One letter from a member of the applicant's leadership team
- One letter from a colleague within the applicant's discipline
- One letter from a colleague outside the applicant's discipline.

Effective September 2012, for the discipline of nursing, colleagues outside of the applicant's discipline may include Advanced Practice Nurses such as Nurse Practitioners, Certified Nurse Mid-Wives, Certified Nurse Anesthetists or Psychiatric Nurse Clinical Specialists

21. What is the Review Board's process in reviewing portfolios?

Every member of the Review Board reads each portfolio and looks for evidence of criteria within the three themes of Clinician-Patient Relationship, Clinical Knowledge and Decision-Making and Team Work and Collaboration specific to the level for which the applicant is applying. For PT and OT applicants, the Review Board also looks for evidence of criteria within a fourth theme of Movement.

Criteria for all themes, for each of the levels of practice, and for every discipline can be found on the CRP website at: <http://www.mghpcs.org/IPC/Programs/Recognition/>

At their weekly meeting, the Review Board discusses each individual portfolio and the evidence found within it to support the criteria for all required themes. If no evidence is found to support criteria for one or more of the required themes, the portfolio will be returned to the applicant.

22. How does the Review Board determine whether an applicant will be recognized?

After reading an applicant's portfolio, the Review Board develops questions which will be asked during the interview to help fully understand an applicant's practice as it relates to the required themes. An applicant may be asked to expand upon a statement in his/her portfolio or to provide additional examples from his/her practice that support the level of recognition for which the applicant is applying.

Three members of the Review Board conduct the interview, with the lead interviewer always being a member of the applicant's discipline.

Post-interview, the interview team presents a detailed summary of the interview to the entire Review Board. After a thorough discussion of both the portfolio and the interview, the Review Board makes a decision on recognition based on the presence or absence of evidence to support criteria in the required themes. All decisions are made by consensus.

23. How should an applicant prepare for the interview process?

The best way to prepare for the interview process is to visit the CRP website at: <http://www.mghpcs.org/IPC/Programs/Recognition/> and click on the links under *Preparing for the Interview*. Here an applicant will find interview tips from staff who have been recognized, reflective questions based on the criteria of all themes, and video examples of both Advanced Clinician and Clinical Scholar interviews.

Many clinicians feel that talking about themselves and their practice is uncomfortable – this is normal. There is a tendency for clinicians to want to talk about themselves as a member of a team. While this teamwork is extremely valuable, it is important to remember that for success in this program, the interviewers need to hear about what **you** do and how **you** contribute to your unit and the hospital. Be proud of your practice. Relax, breathe and remember that you have a captive audience eager for you to succeed.

24. How can the Review Board understand the diversity of clinical practice within each discipline at Massachusetts General Hospital?

The Review Board is comprised of members of each of the six disciplines within Patient Care Services. Members of the Review Board are experienced clinicians who are familiar with the range of practice within their own discipline. If a portfolio touches on a practice area unfamiliar to Board Members, expert clinical consultants will be brought in to help them understand practice in that area.