ACADEMY OF MEDICAL-SURGICAL NURSES

compassion · commitment · connection

AMSN BEAM Award Application

IMPORTANT:

Please note that this document is for reference only and cannot be used to submit a final application. For the most recent link to the online AMSN BEAM Award application, please visit the AMSN BEAM Award page on amsn.org.

If copying and pasting from a document to the online application, please ensure that the question you are pasting to is the same as the document you are copying from.

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About the Award

The AMSN BEAM Award recognizes elite medical-surgical units for providing exemplary patient care. It is a unique award designed for nursing units outside of the traditional acute care medical surgical unit with "medical-surgical service lines" within health care organizations. We recognize, "medical-surgical nursing is what you practice, not where you practice".

Premier medical-surgical units are committed to providing excellent patient care, measuring successes, identifying opportunities for enhancement, conducting research, incorporating evidence-based practice, and creating an atmosphere of collaboration, innovation, and creativity. The Academy of Medical-Surgical Nurses (AMSN) and the Medical-Surgical Nursing Certification Board (MSNCB) are proud to offer the AMSN BEAM Award.

Through this distinguished honor, AMSN and MSNCB identify and celebrate medical-surgical units that achieve sustained excellence in:

- Patient/Care Management
- Holistic Patient Care
- Elements of Interprofessional Care
- Professional Concepts
- Nursing Teamwork and Collaboration

Achievement of the AMSN BEAM Award recognizes the professionalism and expertise of select medical-surgical units. The units achieving this distinction serve as models for other units to emulate, elevate the stature of the medical-surgical setting, and reflect the attainment of national standards for exemplary medical surgical units. Patient care units eligible to apply for the award include any acute care unit with a primarily adult patient population with medical-surgical diagnoses in a non-traditional medical surgical unit or center. Applying units are defined as an individual practice area with specific unit metrics and outcomes. These units may be built on the foundation of medical-surgical practice. These units may identify a minimum of 50% of the patient population (or encounters) is adult medical-surgical. Unit or center must be operational for at least 12 months before award submission. Multiple units from the same facility may apply providing each unit applies individually and meets the criteria.

Qualifying units for the AMSN BEAM Award include but are not limited to:

- Outpatient surgery center
- Outpatient infusion center
- Post-acute unit
- Acute physical rehabilitation unit
- Hemodialysis units/center
- Home health

Directions:

- Each question should be answered in its entirety. Respond only to the required components in each question.
- **ADDITIONAL QUESTIONS:**
    - Questions #3, #8, and #24 are "additional" questions. **Please select and respond to only one of these questions of your choosing to help enhance and support your BEAM award application.**
    - You may not answer more than one additional question. Choose the question your unit can best answer.
- Unless otherwise stated, all data provided must be within the last 3 years.
    - Provide a graph for the data table
    - Must provide at least 3 data points
- An application is stronger if exemplars, projects, examples, data, etc. are **used only once** throughout the document.
- You may include documents as supporting evidence. Do not include documentation that does not refer to the criteria. Documents must immediately follow the question to which they refer. Documentation cannot include identifying information or photos of staff.
- To ensure that the application and review process maintains confidentiality and to observe Health Insurance Portability and Accountability Act (HIPAA) regulations, applicants are asked to remove any patient or employee identifying information. Applications that violate confidentiality and/or HIPAA requirements will be disqualified.
- This is a blinded application process. All information including hospital/facility or hospital/facility system name, hospital/facility acronym, unit name, and other distinguishing names like a local chapter name and local nursing associations must be eliminated before submitting the final application such as:
    - Name of all individuals: substitute [name], [nurse], [patient], [family member], etc.
    - Name or acronym of hospital/facility/health system: substitute [hospital], [health system], etc.
    - Names of cities or states: substitute [city], [state]
    - Names or acronyms of companies or organizations: substitute [local company], [national company], [local community group], [national association], [state association], etc.
    - Identifying logos, images, etc. must be removed from all charts, graphs. and other documents.
- Multiple collaborators are allowed to work on this application together. The person who begins the application is considered the Primary Collaborator.
- Only one collaborator can work in the application at a time--when one collaborator is working, the others are locked out.
- The Primary Collaborator can add or remove other collaborators using the "Manage Collaborators" button on the upper right side of the first screen. The Primary Collaborator can also pass that role to another person if desired.

- Applications will be initially screened to ensure they are complete, blinded, and comply with the instructions above.
- After the initial screening, applications will be peer reviewed by one of several trained review teams composed of medical-surgical nurses.
- To achieve the award, a score of 101 out of a possible 112 points is needed.
- Allow 14-16 weeks to receive the status of your application.
- Applicants who do not meet the requirements will be notified and feedback will be provided for improvement. These applicants will have the opportunity to resubmit their application one time with no additional application fee if the resubmit is finalized/submitted within 9 months of the date of notice.
- The award is valid for a period of three (3) years. A unit that has received the AMSN BEAM Award is encouraged to submit the application for redesignation at least three (3) months prior to the expiration of their current award. The unit must demonstrate ongoing achievement to receive consecutive AMSN BEAM status.
- Achieving medical-surgical units will receive a plaque to display in a prominent location on their unit.
- The unit's name, facility, and location will be announced at the AMSN Convention and displayed on the AMSN and MSNCB websites and social media. The unit will also be recognized in the AMSN and MSNCB e-newsletters.
- Recipients will receive the AMSN BEAM Award Recipient seal artwork with permission and guidelines to use it to promote their achievement in advertisements, annual reports, flyers, newsletters, etc.

Please feel free to download these documents as needed:

- AMSN BEAM BLANK APPLICATION (to use for reference--cannot be used to submit a final application)
- AMSN BEAM AWARD PAYMENT FORM
- AMSN BEAM AWARD SAMPLE PLAQUE

Application Section/Criteria Introduction

The five (5) criteria categories for the award application are:

- Category 1: **Patient/Care Management**
- Category 2: **Holistic Patient Care**
- Category 3: **Elements of Interprofessional Care**
- Category 4: **Professional Concepts**
- Category 5: **Nursing Teamwork and Collaboration**

Supporting Evidence (SE) must be provided to indicate how the criteria are met. Provide a complete narrative description or response to the questions rather than an answer with a few words or phrases. Examples are provided with each question to clarify the information being requested. Refrain from providing a reference to other questions within the application or external information such as a website—all information must be provided within the application.

Applications will be weighed based on how they meet the criteria. Please respond to only the required components in each question.

Instructions

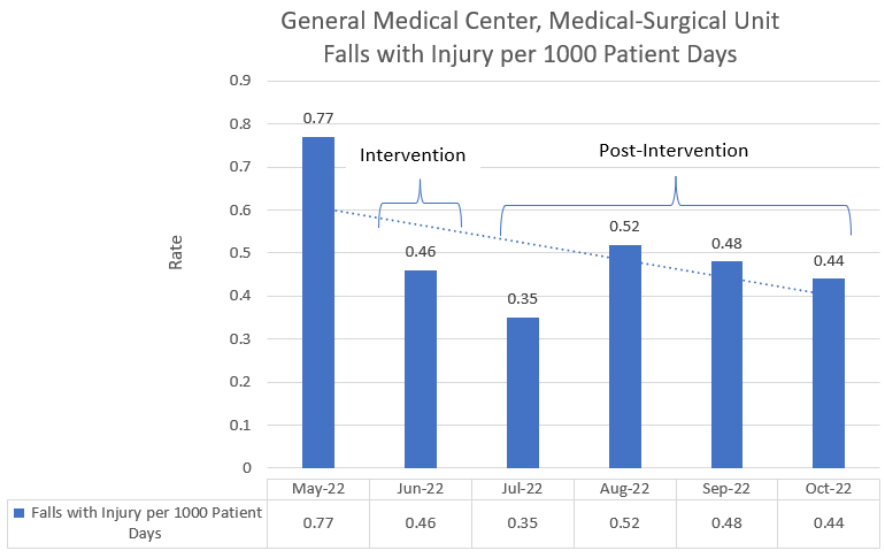
In many cases, the requirements above require the applicant to describe the technique, strategy, and/or method used to address a specific criterion across the medical-surgical nursing practice specific to the applicant's unit. In each requirement, the applicant may need to describe, explain, demonstrate, report, chart and/or provide tables and/or examples. When responding to the requirements, the requirement may be specific to include and/or exclude certain elements. Finally, the applicant may be required to provide a data table that includes pre-data, the intervention, and post-data.

Instructions and Examples for Questions Requiring Data

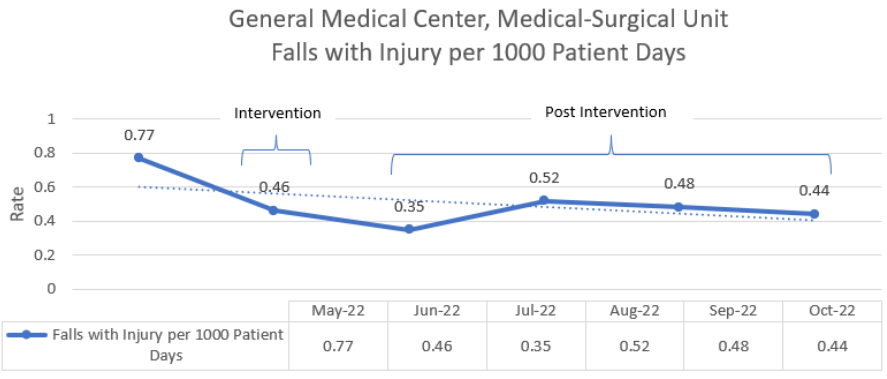
Designated questions requiring supporting evidence (SE) will be identified with the SE initialism. Based on what is asked in the question, provide an example with supporting evidence that demonstrates the achievement of a unit goal, shows an improved outcome, or displays survey results. Submit the supporting evidence in the form of a graph with a data table. The graph must include a minimum of one pre-data point, clear indication of when the improvement intervention occurred, and a minimum of two post-intervention data points.

Below are examples of acceptable graphs. Brackets are not required, but the reader must be able to clearly understand when the improvement intervention and the post-intervention data occurred.

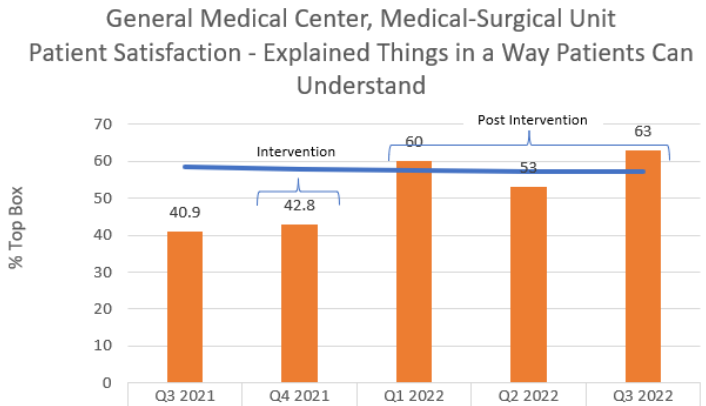
Example of Bar Graph



Example of Line Graph

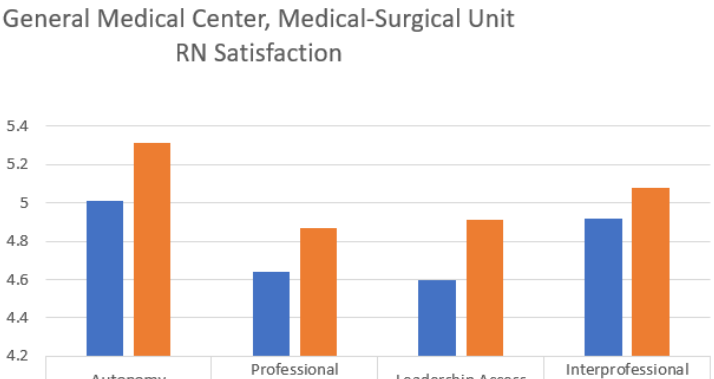


Example of a Bar Graph Displaying Unit Data and a Benchmark



	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022
% Top Box: During this hospital stay, how often did nurses explain things in a way you could understand?	40.9	42.8	60	53	63
Press Ganey - Medical - Median (Top Box%) Benchmark	58.6	57.9	57.4	57.3	57.2

Example of Bar Graph Displaying Data from Two Surveys



	Autonomy	Professional Development	Leadership Access	Interprofessional Relationships
2020 RN Satisfaction Survey	5.01	4.64	4.6	4.92
2022 RN Satisfaction Survey	5.31	4.87	4.91	5.08

	Examples May Include
Category 1: Patient Care/Management	
A. Patient Safety	
1. Improving Patient Safety (SE)	
Select one of the following areas below when the outcomes were not meeting expectations and **describe** how the unit outcomes improved. • Patient Safety 1. Hospital acquired conditions (i.e., pressure injury prevention, fall prevention, restraint reduction, blood transfusion error reduction) 2. Restraint reduction 3. Blood transfusion error reduction 4. Alarm fatigue 5. Identifying and mitigating risks associated with behavioral health • Infection Prevention 1. Hospital acquired infections (i.e., C-DIFF, MRSA, CLABSI, CAUTI) • Medication Safety Management • Pain Management When describing the improvement process, include the following: 1. Specific metric 2. Plan 3. Goal(s) 4. Intervention(s) 5. Outcome(s) 6. Description of how direct care staff participate in the process **Include** a graph with a data table	
Category 2: Holistic Patient Care	
A. Patient Centered Care	
2. Improving Patient Centered Care (SE)	
Describe how the unit responded to an area of improvement related to the patient satisfaction survey results for the unit. **Explain** any gaps in survey reporting, if needed. **Include:** 1. Measurement method used (i.e., third party vendor such as Press-Ganey, Non-Compliance Rating [NCR], or other) 2. Specific nurse-sensitive patient satisfaction indicator(s) addressed (i.e., nursing communication, transition of care, discharge instructions) 3. Improvement plan implemented including participation of direct care nurses 4. Outcomes in response to the intervention(s) 5. **Include a graph with a data table**	

	Examples May Include
Category 2: Holistic Patient Care (continued)	
A. Patient Centered Care (continued)	
3. Applying Strategies to Encourage Collaboration – ADDITIONAL QUESTION	
Describe three (3) separate innovative strategies used to encourage collaboration in the following categories: 1. Patients/families 2. Nursing colleagues 3. Other members of the healthcare team **Include:** 1. Direct care nurse involvement of development, implementation, and/or sustainability of each strategy	• Interprofessional rounds • Roundtable discussions • Patient-family consultations or meetings
4. Promoting Patient Empowerment*	
*The WHO defines empowerment as "a process through which people gain greater control over decisions and actions affecting their health." (Health promotion glossary. Geneva: World Health Organization; 1998.) **Provide** an **exemplar** that demonstrates patient empowerment on the unit while in your care. **Include:** 1. The patient's knowledge of their role 2. Acquisition of knowledge to engage with their provider(s) 3. Patient's skills 4. Presence of a facilitating environment	
Category 2: Holistic Patient Care (continued)	
B. Diversity and Inclusion	
5. Promoting Community of Belonging/Fair Access and Opportunity for Patients	
Provide an **exemplar** which demonstrates: 1. Identification and mitigation of biases to provide optimal patient centered care 2. Application of diversity, equity, and inclusion to patient care 3. Identification of social determinants of health for a patient (e.g., food, finances, transportation, housing, medications)	• Recognition of • Educational offerings for staff and patients • Patient education with consideration of literacy levels and languages

	Examples May Include
C. Palliative/End-of-life Care	
6. Demonstrating Care and Compassion for End of Life or Chronic Disease	
Provide an **exemplar** to illustrate how concepts of care and compassion were provided by the healthcare team for a patient at the end of life or with chronic disease while in your care. **Address** the following elements: 1. Promotion of patient dignity 2. Communication/collaboration of the healthcare team 3. Participation and support of family and significant others in the care process 4. Individualized plan of care based on patient/family preference(s) and collaboration with the care team 5. Support provided to the healthcare team during and after the time of care 6. Sensitivity to cultural and/or religious beliefs and practices	• Creative approaches to care • Interprofessional plan of care • Recognition of religious rituals, cultural beliefs, and traditions at the end-of-life
Category 3: Elements of Interprofessional Care	
A. Interprofessional Collaboration	
7. Demonstrating Interprofessional Communication	
Describe one (1) strategy used to enhance interprofessional communication. **Include:** 1. An example of when interprofessional communication was not as effective as expected **and** the steps taken to implement a change 2. The outcome following this change 3. The role of each team member 4. Evidence that the communication was effective	• Wishes of patients not recognized by providers • Delays in discharge due to miscommunication • Hand-off communication
B. Care Coordination & Transition Management	

	Examples May Include
8. Reducing Length of Stay or Readmission (SE) – ADDITIONAL QUESTION	
Describe the interprofessional process(es) that are implemented to reduce the length of stay or readmission on the medical-surgical unit. Include: 1. Processes utilized 2. The role of each interprofessional team member 3. Evidence the strategies reduced the length of stay or readmission improved and/or sustained excellence 4. **Include a graph with a data table** demonstrating six (6) months of data post implementation of a new strategy or 12 months of data	• Care coordination rounds • Team rounds • Family conferences
Category 4: Professional Concepts	
A. Communication	
9. Demonstrating Communication Strategies	
Describe how unit leaders facilitate bidirectional communication between the medical-surgical unit and senior nursing leadership. **Include:** 1. Communication regarding the organization's strategic plan 2. Communication regarding the nursing strategic plan 3. Escalation of unit staff input or concern to senior nursing leadership	• Huddles • Townhall meetings
Category 4: Professional Concepts (continued)	
B. Healthy Practice Environment	
10. Managing Unit Staffing	
Describe how the unit's staffing plans **and** daily assignments are developed. **Include:** 1. Factors considered (e.g., skill mix, patient acuity, direct care staff experience, unit turbulence/churn/throughput, etc.) 2. How changes to the staffing plan are communicated to direct care staff 3. The process by which direct care staff are actively engaged with staffing decisions 4. Provide the process/method on how staff reports unsafe staffing	• Assessment of patient acuity • Revision of staffing to meet patient care demands • Scheduling committees
11. Attracting New Staff	
Describe the strategies on how unit nursing staff members, including unlicensed assistive personnel, are involved in attracting new staff members to the unit.	• Forming relationships with nursing students • Organizational referral programs • Offering shadowing experiences to high school, college students, and community members interested in the healthcare profession

	Examples May Include
12. Promoting Collegiality	
Describe the structures and/or processes in place to promote collegiality on the unit (among staff members as well as improving collegiality with members of the interdisciplinary team). **Include:** 1. Examples of how unit staff are recognized and rewarded	• Staff recognition • Team-building events such as fund-raising walks • Unit participation in community service projects
13. Onboarding and Orientation	
Describe the unit's orientation and onboarding plan. What systems and structures are in place to support inclusivity of new staff members? **Include:** 1. Length of orientation 2. Preceptor selection and training 3. Competency-based orientation (i.e., residency/fellowship programs, etc.) 4. An exemplar of a new hire orientation that needed to be modified to meet the needs of that nurse	• Preceptor classes • Residency/fellowship programs/externship programs
Category 4: Professional Concepts (continued)	
B. Healthy Practice Environment (continued)	
14. Involving Staff with the Interview Process	
Describe how direct care nurses (DCN) are involved in the interviewing and selection of new staff. **Include:** 1. The process of how DCN are involved with the interview process 2. The diversity of the team members involved in the interview process 2. The process on how team members are included in the applicant's interview and selection 3. How are the DCNs trained to interview?	• Multishift team involvement • Scripts for interview questions • Include other assistive personnel (e.g., PCT, PCA, unit administrators)
15. Creating a Healthy Work Environment	

	Examples May Include
Describe the unit's formal and informal processes and strategies to reduce adverse outcomes related to practice environment safety. **Provide** examples of education that have been provided to direct care staff for each of the bullets below. **Include:** 1. Physical injury prevention (e.g., needle sticks, back injuries, workplace violence) 2. Improving direct care staff resilience and self-care (e.g., lateral violence, burnout, absenteeism) 3. Include support resources available to direct care staff (e.g., Employee Assistance Program (EAP), team training, behavioral emergency response team)	• Debriefings (i.e., Critical Incident Stress Management) • Mindfulness and stress reduction activities • Implicit bias training • Training on micro and macroaggressions in the workplace
16. Promoting and Supporting Educational/Conference Activities	
Describe examples of unit support toward direct care staff attendance to local, regional, national, and international education/conference activities. **Include:** 1. Selection process(es) of direct care nurses to attend conferences 2. Evidence of support (i.e., time off policy, budget) **Table:** 1. Date 2. Name of Conference 3. Type of Conference (international, national, regional, local) 4. Number of direct care nurses in attendance **Example of Table for Question #16** **Date** | **Name of Conference** | **Type of Conference (international, national, regional, local)** | **Number of Direct Care Staff in Attendance** | | | | | | | | | | | | | | | | | | | | Note: This question is not asking for internal activities	• Paid time off • Paid registration fees • Involvement of the unit shared governance
17. Promoting Staff Retention	
Describe unit level strategies used to reduce turnover and enhance retention. If the policy or process is not unit specific, explain how the process is enculturated on the unit. **Provide** a rationale (if applicable) of how the strategies to reduce negative turnover were unsuccessful.	• Promoting collegiality • Offering incentives (i.e., tuition reimbursement) • Staff recognition • Professional development opportunities

<table>
<tr><th></th><th>Examples May Include</th></tr>
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Definitions:

1. Negative turnover may include a nurse who was not meeting performance expectations and was terminated.
2. Positive turnover may include a nurse who transferred to the same hospital's intensive care unit to pursue career goals.

Table:

1. Most recent annual rate
2. Previous year's annual rate

Example of Table for Question #17

Staff Turnover Rate Reported as a Percentage		
	Most Recent Annual Rate	**Previous Year's Annual Rate**
Overall Facility		
Applying Med-Surg Unit		

To calculate turnover rate: Divide the number of terminates during a one-year period by the number of employees at the beginning of that period. (e.g., If the year starts with 50 med-surg unit staff and 10 staff terminate [voluntary or involuntary], the turnover rate is 10/50 = 0.2 or 20%. Units are not required to use this formula if the organization calculates turnover rates using an alternate formula. Describe the alternate formula in the narrative.

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<tr><td colspan="2">18. Promoting Staff Satisfaction (SE)</td></tr>
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Describe how the unit responded to **one area** of improvement related to a recent nurse or staff satisfaction survey (i.e., NDNQI) for the unit. **Explain** any gaps in survey reporting, if needed.

Include:

1. Measurement method used (external or internal data collection) *
2. Specific staff satisfaction indicator addressed
   a. Provide rationale for choosing this indicator (i.e., not achieving benchmark, indicator scored lower than score on previous survey)
3. Improvement plan implemented
4. Outcomes in response to the intervention
5. **Include a graph with a data table** showing the two most recent survey results for the chosen indicator and include the benchmark.

**If your hospital changed scoring tools, so that providing data from the same tool is not possible, provide data and the benchmark used for each tool.*

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- Focus groups
- Townhall meetings
- Partnering with internal unit or external organization who is succeeding in that metric

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19. Promoting a Community of Belonging for Unit Staff	
Describe two (2) strategies showing how multigenerational **and** multicultural differences are applied to nursing practice. **Identify** how diversity, equity, and inclusion have been integrated into the unit culture.	• Recognition of rituals and cultural beliefs • Team-building activities/exercises • Use and identification of preferred pronouns and name(s)

A. Scope of Practice and Ethics

20. Ensuring Staff Competency	

Describe how the unit measures and maintains the competence of its staff.
 	
Include:
 	
1. Model or framework used
2. Rationale/evidence for why the model or framework was chosen
3. How direct care nurses are involved
	• Staff educational needs assessment
	• Methods of validation
	  ○ Role playing
	  ○ Direct observation
	  ○ Simulation
	• Competency model
	  ○ AMSN Competency Framework
	  ○ Internal competency model
	  ○ Other evidence-based competency model

Category 4: Professional Concepts (continued)

B. Quality Management

21. Improving Clinical Outcomes (SE)	
Select one clinical improvement initiative based on the unit's patient population and scope of service. **Describe** how the unit achieved or is in the process of achieving improved patient outcomes as a result of the clinical improvement initiative. Below are the patient outcomes to focus on. **Include:** 1. A description of the pre-intervention outcome data that drove the goal and the initiative for improvement 2. A clear description of the clinical improvement initiative 3. A description of the pre- and post-intervention data 4. A description of the implementation date of the intervention 5. **Include a graph with a data table** using the information from above numbered bullets. Use a minimum of three data points.	• Sepsis • Central Line Bloodstream infections (CLABSI) • Catheter-associated urinary tract infections (CAUTI) • For more examples, please visit www.medicare.gov

Category 4: Professional Concepts (continued)

D. Quality Management (continued)

22. Involving Staff in Quality Improvement Projects

Provide one example of direct care nurse involvement from your unit in quality improvement projects (unit or system).

Include:

1. A description of the study or project that the nurse(s) were involved with and their participation
2. Provide the number of nurse(s) who participated
3. How the project was selected
4. Dissemination of project results (staff publications, podium or poster presentations related to unit-based projects, etc.)

- Patient harm metrics
- Patient flow
- Environment of care
- Nurse efficiency/productivity
- Transitions of care

23. Evaluating and Sustaining Quality Improvement

Describe the quality improvement structures and processes to identify, develop, manage, evaluate, and sustain initiatives on the medical-surgical unit.

Include one unit-specific example of an initiative that followed **one or more of** the described quality improvement structures and processes.

- Plan Do Study Act (PDSA)/Plan Do Check Act (PDCA)
- Six Sigma
- Root cause analysis (RCA)
- Lean methodology

E. Evidence-Based Practice and Research

24. Developing Individualized Plan of Care (IPOC) – ADDITIONAL QUESTION

Describe an example of how nurses create an individualized plan of care to address patient goals, preferences, and clinical outcomes.

Include:

1. How the nurse identifies and assess patient preferences, needs, and goals
2. How the individualized plan of care is communicated to all healthcare team members
3. How often the individualized plan of care is reviewed and/or updated
4. How the updated individualized plan of care is communicated to all healthcare team members

- Interprofessional collaboration

Category 4: Professional Concepts (continued)

E. Evidence-Based Practice and Research (continued)

25. Promoting Staff Participation in Evidence-Based Practice (EBP) and Research

Describe the unit and organization resources available to support direct care nurse participation in EBP projects and research studies.

Include:

1. **One example** of the resources available to support direct care nurse participation in EBP projects and research studies.

- Utilization of a nursing research scientist or a nurse researcher
- A learning module on how to conduct EBP projects
- Nursing research council

26. Disseminating Quality Improvement (QI), Evidence-Based Practice (EBP) or Research

Describe how QI, EBP, or research conducted on the unit or at a system level is disseminated.

Include:

1. **One example** of when QI, EBP, and/or from the following categories.
   a. Dissemination of a system level initiative involving direct care nurses from the unit
   b. Dissemination of a unit-based initiative involving unit leaders and direct care nurses

- Research symposia
- Research updated communication via practice council or shared governance
- Local, regional, national, and international conferences

27. Translating Evidence-Based Practice (EBP) and Research into Policy and Procedure

Describe the process on how evidence-based practices and research are incorporated into policies and procedures.

Include:

1. One example of how evidence-based practice or research was incorporated into a policy or procedure
2. How direct care nurses on the unit are involved in policy development and revision

- Organizational policy committees
- Online point of care resources
- Other references

Category 5: Nursing Teamwork and Collaboration

A. Professional Development

28. Participating in Professional Development Opportunities

Provide five examples of direct care nurse professional development activities based on or aligned with individually assessed professional and/or unit needs.

Note: Exclude periodic job required education/competencies (e.g., BLS, restraints, unit-specific skills)

Table:
In the table below, provide five examples of professional development opportunities with the following information:

1. Title/Topic of Educational Activity
2. Type of Activity (i.e., competency, conferences, etc.)
3. Date of opportunity

- AMSN professional development opportunities
- Professional development offering (i.e., education delivered within the organization, on a webinar, etc.)
- Grand rounds

4. Provider (i.e., individual, organization, system, local provider such as local AMSN chapter, national organization such as the annual AMSN conference)
5. Provide two to three sentences explaining why the direct care nurse pursued this professional development opportunity

29. Facilitating Lifelong Learning

Describe the structure and processes that the organization and unit utilize to support lifelong learning of unit staff.

Include an example of direct care nurses utilizing resources available for each of the following:

1. Specialty certification for nursing staff

Percentage of Eligible Nurses Nationally Certified	
Total Number of RNs on Unit	-
Number Eligible for Certification	
List Specialty Certifications / Number of Eligible Nurses Certified in Each	
Staff Certified in:	
Staff Certified in:	
Staff Certified in:	
Staff Certified in:	
Total Certified Staff	
Percentage of eligible RNs who are Certified (Total Certified/Eligible)	

2. Higher education

Higher Education Pursued	Number of Staff	Percentage of Staff
Pursuing Registered Nurse		
Pursuing Baccalaureate Degree		
Pursuing Master's Degree		
Pursuing Doctorate Degree		
Pursuing Other (please specify)		
Total Actively Pursuing Advanced Education:		

3. Staff involvement in service to nursing profession (i.e., publication, professional nursing organization membership, etc.)

Type of service to nursing profession	Details	Date/Date Range	Number of Participating Nurses

4. Staff involvement in service to the community through nursing focused volunteering activities

Type of service to the community	Details	Date/Date Range	Number of Participating Nurses

5. Education provided by nurses on the medical-surgical unit

Title/Topic of Education Activity	Date of activity	Role of Unit Presenter (i.e., NM/ANM, CNS, CNE/NPDS, CNL, DCN)	Audience (i.e., other units, students, community, national conference)

***At least 50% of the examples must identify the direct care nurses providing the education**

- Organization participates in MSNCB FailSafe Program
- Flexible scheduling and/or financial support for higher education, participation in professional activities, or community service
- Support from nurse researcher

Category 5: Nursing Teamwork and Collaboration (continued)

B. Leadership

30. Fostering Leadership Development

AMSN recognizes two primary types of leadership: clinical and staff leadership: clinical and staff leadership (defined below). Clinical leadership and staff leadership are not positions. They are roles and/or functions.
 	
• **Clinical leadership** is essential to implement the nursing process consistently and effectively. Regardless of formal authority, nurses lead an interprofessional care team and are responsible for patient safety and quality outcomes.
 	
• **Staff leadership** is important for healthy practice environments and advocacy for the medical-surgical nurse. Shared decision-making and professional autonomy are required to ensure adequate resources and appropriate staff assignments. These activities contribute to the staff's ability to achieve the unit's standards of nursing practice.
 	
Describe unit and/or organizational processes that foster leadership development.
 	
Include:
1. Individual clinical leadership exemplar
2. Individual staff leadership exemplar
	• Clinical leadership:
	  ○ Shared governance/shared decision-making member,
	  ○ Assists with establishing unit goals and/or practice changes on the unit
	• Staff leadership:
	  ○ Chairperson of shared governance/shared decision-making
	  ○ Ensuring adequate staff (i.e., direct care nurse in a charge nurse role)

Glossary

ANM
Assistant Nurse Manager

Certification
The formal recognition of the specialized knowledge, skills, and experience demonstrated by the achievement of standards identified by a nursing specialty to promote optimal health outcomes.

Clinical Leadership
Manages the structure and processes required to obtain positive clinical, quality and safety outcomes.

CNE
Clinical Nurse Educator

CNL
Clinical Nurse Leader

CNS
Clinical Nurse Specialist

DCN
Direct Care Nurse

Exemplar
A story that highlights excellence.

Mentorship
A guided experience, formally or informally assigned, over a mutually agreed upon period, that empowers the mentor and mentee to develop personally and professionally within the auspices of a caring, collaborative, culturally competent, and respectful environment.

NM
Nurse Manager

NPDS
Nurse Professional Development Specialist

Outcomes
Measurable, expected patient-focused goals.

Staff Leadership
Manages direct reports to ensure the appropriate resources are available to meet the practice's standards of nursing practice.

Supporting Evidence (SE)
Outcomes and improvements nurses are able to make through best practices in nursing care, the nurse practice environment and patient experience.