

# CLINICAL TRANSFORMATION LADDER FORMS

JULY 1, 2024 INTERMED

## Table of Contents

[Template 1] Letter of Intent to Manager	. 2
[Template 2] Letter of Support from Manager	. 3
[Template 3] Letters of Recommendation from Colleagues	. 4
[Template 4] Personal Narrative	. 5
[Template 5] Clinical Transformation Ladder Application and Submission Checklist:	. 6
Healthcare Community Volunteer Hours Log Sheet	. 7

## [Template 1] Letter of Intent to Manager (Required)

Purpose: Addressed to the candidate's manager, the letter must outline the following:

- a. Identify intent to climb the ladder to the next level (specify level).
- b. Request Manager support for the process.
- c. Describe how current practice reflects the requirements of the position for which you are seeking to advance to.
- d. Describe why you want to take these next steps and what your professional goals are.

- 1-2 pages maximum
- Send to clinical manger within 30 days of final submission.
- Submission to be included in the entire package to be submitted by clinical candidate into Staff Garden platform.

### [Template 2] Letter of Support from Manager (Required)

**Purpose:** Each eligible clinical candidate must be in good standing (no active performance management plans within the past 90 days) and Clinical Manager validates the need for the position due to operational need and/or outstanding contributions by clinician. Addressed to the CTLOC, each clinical manager must outline the following:

- a) Statement of Recommendation for [clinical candidate name] to advance to [ladder level] during the [specified date range].
- b) Include three statements of support that align to the ladder competencies (performance improvement, ongoing professional development, and/or leadership).

- 1-2 pages maximum
- Submission to be included in the entire package submitted by clinical candidate into Staff Garden platform.

## [Template 3] Letters of Recommendation from Colleagues (Required)

I, [MDDO, NPPA, or clinical Peer name] recommend [clinical candidate name seeking to advance in the ladder] advance from [insert level] to [insert level] in the InterMed Clinical Transformation Ladder for the following reasons -- Insert 3 examples in areas such as: leadership, ongoing professional development, teamwork, continuous improvement – does not need to be one example of each.

Example 1

Example 2		
Example 3		
Submitted by:	Date:	

- Submission to be included in the entire package submitted by clinical candidate into Staff Garden platform.
- Must include 2 letters of recommendation:
  - o 1 from MDDO or NPPA
  - 1 from clinical peer (RN, MA, LPN, ATC)

## [Template 4] Personal Narrative (Required)

**Purpose:** The clinical candidate must submit a 2-page narrative outlining why the candidate should be considered for progression in the ladder. This must include and may not be limited to:

- a) Describe a patient care situation in which you felt the intervention you made positively impacted the patient or the care team environment. Examples: May be a situation that went very well or a situation that didn't go as planned. Describe the following:
  - i. Brief overview of the situation (what happened, identify any concerns, and what you did)
  - ii. Discuss why the incident was significant to you, how your intervention positively impacted the patient experience or care team experience, and what knowledge or insights you gained and have shared with others.
- b) Briefly touch upon the Ladder competencies you have achieved and explain the impact these have on patients and/or the care team.

- 2 pages minimum, 3 pages maximum.
- Submission to be included in the entire package submitted by clinical candidate into Staff Garden platform.

## [Template 5] Clinical Transformation Ladder Application and Submission Checklist:

Name:		Date:	
Contac	t Phone	Number	_
InterM	ed E-ma	ail address:	_
Manag	er Name	e:	_
Numbe	er of hou	urs hired to work per week:	-
Role (C	heck on	e):	
Registe	ered Nur	rse (RN) Medical Assistant (MA) Licensed Practical Nurse (L	PN) Athletic Trainer (ATC)
Highes	t Level c	of Education	_
Curren	t Level i	n Ladder:	_
Applyir	ng for Le	evel (Check one): Level Two Level 3 Level 4	
Employ	/ee Sign	ature:	Date:
. ,			
To be c		ed by manager:	
	Candid	late work equal to or greater than 20 hours per week.	
		late is in good standing (no performance improvement plans w	<i>r</i> ithin last 90 days).
		late is compliant with mandatory annual education and clinical	• •
	l confir	m the candidate meets the application criteria.	
Clinical	Manag	er Signature	_ Date:
Mucth		npleted ALL these components completed at time of submiss	ion (incomplete applications will not be
accept		inpleted ALL these components completed at time of submiss	ion (incomplete applications will not be
	Clinica	l Candidate Letter of Intent to Manager	
	Letter	of Support from Manager	
	Curren	t Resume	
	Two le	tters of recommendation:	
		One from MDDO or NPPA	
		One from clinical peer	
	Person	al Narrative	
	Suppor	rting Documentation in one or more of the following elements	:
		Quality Improvement / Lean Improvement Work	
		Ongoing Professional Development	
		Leadership or Teamwork	

Completed Clinical Transformation Ladder Application and Submission Checklist (this form).



#### Healthcare Community Volunteer Hours Log Sheet (Optional Ladder Activity)

Employee/Volunteer Name: \_\_\_\_\_

Employee Department: \_\_\_\_\_\_

Employees must complete at least 40 hours per 12-month rolling period of the Clinical Transformation Ladder application deadline (September 1<sup>st</sup> or March 1<sup>st</sup>). The completed log must be uploaded to StaffGarden as part of your application.

Date	Project/Task/Event/Activity Performed	Supervisor/Director Signature	Hours
7/1/2024			

7/1/2024