AMSN PRISM Award Application

Offered by

Academy of Medical-Surgical Nurses (AMSN)

Medical-Surgical Nursing Certification Board (MSNCB)

Revised September 2019
The Academy of Medical-Surgical Nurses (AMSN) is the professional nursing organization dedicated to the specialty of medical-surgical nursing. Its mission is to promote excellence in medical-surgical nursing.

AMSN represents a vibrant community of nurses who care about improving patient care, developing personally and professionally, advocating for the specialty, and connecting with other nurses who share their compassion and commitment.

The Medical-Surgical Nursing Certification Board (MSNCB) is a professional organization that administers the Certified Medical-Surgical Registered Nurse (CMSRN®) certification program. Its mission is to validate excellence in medical-surgical nursing.

A strong collaborative relationship exists between AMSN and MSNCB. They partner to provide an array of programs and services for professional development.
AMSN PRISM Award Application

Introduction

The AMSN PRISM Award recognizes elite medical-surgical units for providing exemplary patient care. The professional nurse is responsible for her/his individual practice. However, it takes a dynamic, energetic, and committed group of professionals within a medical-surgical unit, diligently practicing as a synergistic team, to achieve and sustain outstanding patient and staff satisfaction outcomes.

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. Medical-surgical units demonstrating these characteristics often have lower staff turnover rates, and through their reputation, are recognized as premier sites for patient care and employment.

The Academy of Medical-Surgical Nurses (AMSN) and the Medical-Surgical Nursing Certification Board (MSNCB) are proud to offer the AMSN PRISM Award. In the name of this prestigious award, “PRISM” signifies Premier Recognition In the Specialty of Med-Surg.

Through this distinguished honor, AMSN and MSNCB identify and celebrate medical-surgical units that achieve sustained excellence through exhibiting:
- Effective leadership
- Recruitment and retention of competent staff members
- Evidence-based practice
- Positive patient outcomes
- Healthy practice environment
- Lifelong learning of unit staff members

Achievement of the AMSN PRISM 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.

Eligibility

Patient care units eligible to apply for this award include any individual acute care unit with a primarily adult and/or elderly patient population with medical-surgical diagnoses. These units may admit and provide care for adolescent patients on a periodic basis in an “overflow” capacity or may be a combined adult/pediatric unit that is classified by the facility as a medical-surgical unit. These units may utilize remote telemetry monitoring, but may not be classified as step-down or progressive care units by their facilities. Multiple units from the same facility which fit the description of a medical-surgical unit may apply for the award. Each unit must apply individually.
**Instructions for Completing and Submitting Your Application Electronically**

Use this form to apply for the AMSN PRISM Award. A thorough review of the completed application should be done prior to submission to ensure that all required data have been incorporated into the final product and that no identifying information is included in the application. Incomplete applications will not be reviewed by the selection team.

This form is presented as a Microsoft Word document which can be completed and then converted to a PDF format. **Please submit your application in PDF format.**

1. Each question should be answered in its entirety and not refer to other sections of the application.
2. Acronyms must be defined the first time they are used. If the acronym is unique to your facility include a brief description.
3. Unless otherwise stated, all data provided must be within the last 3 years.
4. The total pages in the application should not exceed 50. Pages i-v of this document should not be submitted. Applications longer than 50 pages will not be considered. Successful applications have been longer than 35 pages.
5. Type your responses in 12pt Helvetica or Arial font, single spaced, directly under each question or in the tables provided.
6. 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. They should not be included at the end as an attachment. Documentation cannot include identifying information or photos of staff. These documents are included in total page count.
7. In order 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 returned to the applicant.

8. To ensure a blinded review process, it is essential to omit information from your application that could be used to potentially identify your med-surg unit. Specifically, **do not include** any of the following information in your application responses (including exemplars) or graphs:

   - Names of all individuals – use [name] instead
   - Name and acronym of hospital/health system/med-surg unit – use [Hospital/health system/ unit] instead
   - Names of cities, states – use [city] [state] instead
   - Names or acronyms of local/regional organizations and companies – use [organization] or [company] instead of National organization names such as the National Library of Medicine or NIH are acceptable.
   - Any identifying facility logos (e.g., on graphs)
   - Any other information that could be used to identify your ed-surg unit
9. **Note:** If application responses are not de-identified, there may be a delay in the review of the application or it may not be accepted for review. Email the final application as a pdf document to PRISM-Award@amsn.org.

10. Payment for the application fee must be made within two (2) weeks of submitting the application. Acceptable forms of payment are check, Visa, MasterCard, Discover, or American Express. To make payment, use page v, AMSN PRISM Award Application Payment Page:
    a. **By mail** (check or credit card) – to AMSN PRISM Award; East Holly Ave Box 56; Pitman, NJ 08071.
    b. **By fax** (credit card) – to 856-589-7463, Attn: AMSN PRISM Award.

11. Fee and application will be acknowledged by email with a formal receipt when both have been received.
Application Review, Selection, and Notification

1. Applications will be initially screened to ensure they are complete, blinded, and comply with the instructions above. Applications that are not completely blinded or fail to comply with other requirements will be returned to the applicant along with the fee.

2. After the initial screening, applications will be peer reviewed by one of several trained review teams composed of medical-surgical nurses. A scoring tool will be used to conduct the review. Applicants are encouraged to review the scoring tool found at www.amsn.org/PRISM before beginning the application process to learn how the application will be reviewed and scored.

3. A score of 520 points or more, out of 600 maximum points, must be achieved to receive the award.

4. Allow 10-12 weeks to receive notification of the award.

5. Applicants who do not receive the minimum score of 520 points will be notified of their score and feedback will be provided for improvement. These applicants will have the opportunity to resubmit their application one time with no additional application fee.

6. The award is valid for a period of three (3) years. A unit that has received the AMSN PRISM Award is encouraged to submit the application for re-designation at least three (3) months prior to the expiration of their current award. The unit must demonstrate ongoing achievement of the minimum score of 520 points or greater to receive consecutive AMSN PRISM Award status.

Award Presentation

1. The medical-surgical unit recipients will receive a 19"x16" beautifully framed plaque to display in a prominent location on their unit. The plaque may be viewed at www.amsn.org/PRISM.

2. The award will be personally presented to the medical-surgical unit/facility by a member of the AMSN or MSNCB board or their designated representative. Units are encouraged to invite staff, administration, physicians, patient/families, or other appropriate individuals to the award ceremony. Units may consider holding the award ceremony during Medical-Surgical Nurses Week, November 1-7, or National Nurses Week, May 6-12.

3. The unit’s name, facility, and location will be announced at the AMSN Annual Convention in the fall and displayed on the AMSN and MSNCB websites and social media. The unit will also be recognized in the AMSN and MSNCB e-newsletters.

4. The recipients will receive a press release to distribute at their discretion.

5. Recipients will receive the AMSN PRISM Award Recipient Seal artwork with permission and guidelines to use it to promote their achievement in advertisements, annual reports, flyers, newsletters, etc.

For more information, contact AMSN at PRISM-Award@amsn.org or 866-877-2676. Visit the website at www.amsn.org/PRISM for more details about the AMSN PRISM Award.
This application will be blinded. Please provide the following information.

Unit Name:
Facility Name:
Facility Address:

Application Contact Name:
Application Contact Position:
Application Contact Email:
Application Contact Phone Number:
Date of Submission:

Nurse Manager Name:
Director of Nursing:
Chief Nursing Officer:
Media Relations Contact:

Payment Method: Payment must be received within 2 weeks of application submission. The payment page must be submitted along with your payment.

Please indicate the payment method your facility will use.

☐ Check by mail
☐ Credit Card by mail
☐ Credit Card by fax

You will receive a confirmation receipt for the application fee and application once we have received both.

For Office Use Only
Application Number: _________
Application Version: September 2019
Facility Name:

Facility Address:

Unit Name:

Application Contact Name:

Application Contact Email:

Payment by Check: Make check payable to AMSN PRISM Award.

Payment by Credit Card:

- [ ] Visa
- [ ] MasterCard
- [ ] American Express
- [ ] Discover

Credit Card Number:

Expiration Date: Security Code:

Name on credit card:

Billing address of credit card:

Signature: Date:

By entering my name and the date by signature or electronically, I attest that I agree to this credit card charge of $500.00 as the application fee for the AMSN PRISM Award. I understand that this fee is non-refundable.

Mail to:

AMSN PRISM Award
East Holly Avenue Box 56
Pitman, NJ 08071

Fax to: Attn: AMSN PRISM Award 856-589-7463

For Office Use Only
Application Number: 
Application Version September 2019
Provide information describing unit size, care delivery model, patient population, and staff skill mix.

1. Size of unit (number of licensed beds):

2. What is the care delivery model (e.g., team nursing, primary care, patient-focused care, etc.)?

3. Describe how the care delivery model is incorporated into the process of patient care and used on this unit:

4. What is the age range of patients admitted to this unit?

5. What are the primary diagnoses of patients admitted to this unit?

6. What co-morbid conditions do patients admitted to this unit frequently have?

7. What procedures do patients admitted to this unit frequently undergo?

8. What is the average daily census of this unit?

9. Staff Information:

<table>
<thead>
<tr>
<th>Unit Staff Information</th>
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</thead>
<tbody>
<tr>
<td><strong>Average RN to Patient Ratio</strong></td>
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</table>

<table>
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<tr>
<th><strong>Position Title</strong></th>
<th><strong>Number</strong></th>
<th><strong>Percent</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Please list any additional position titles and define acronyms</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RNs (include unit leadership here)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LPN/LVNs</td>
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<tr>
<td>NACs, CNAs</td>
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<tr>
<td>Unlicensed Assistive Personnel (PCAs, PCTs)</td>
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<tr>
<td><strong>Other:</strong></td>
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<td><strong>Other:</strong></td>
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</tr>
<tr>
<td><strong>Other:</strong></td>
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</tbody>
</table>
AWARD CRITERIA

The six (6) criteria categories for the award application along with related questions are provided below. Evidence 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 scored based on how they meet the following criteria.

CRITERION 1: Leadership

An exemplary medical-surgical unit has effective leadership structures that promote mutual respect, empowered staff, team accountability, effective communication and collaboration, and professional development.

1.1 Describe how unit leaders* involve frontline staff to promote shared decision making. If nurses participate in a shared governance structure, how are they selected and how many participate? Please focus on nurse participation rather than nurse leader roles and their qualifications. *Examples of titles for unit leaders include, but are not limited to, nurse manager, assistant nurse manager, charge nurse, shift coordinator, and shared governance coordinator.

1.2 Explain the roles of leaders and staff members in identifying, meeting, and evaluating unit goals and priorities (e.g., strategic planning meetings, practice council/shared governance meetings, formal and informal surveys, mission/vision/goals of the organization, etc.). Please be specific on how frontline staff members are involved in this process.

1.3 Describe how the unit’s annual staffing plan and overall staffing matrix are developed. Explain how adequate staffing to meet anticipated workload and patient needs are ensured.

1.4 Explain how the unit leaders ensure and encourage effective communication. Please incorporate your response in your answers to the following three questions listed below.

| Other: | Total Number of Unit Staff | 100 % |
1.4.1 How do the unit leaders disseminate organization related information to unit staff members (e.g., staff meetings, e-mail, newsletters, social media, message boards in common area, etc.)?

1.4.2 What tools/resources are used by unit leaders to manage conflict (e.g., one-on-one coaching sessions, HR consultations, modeling behaviors, posters, message boards, self-study modules/tutorials, etc.)? Have staff received any proactive training? Please provide a brief example of conflict and what tools were employed to prevent escalation and resolve the conflict.

1.4.3 What strategies* are used to encourage collaboration with patients, families, colleagues, and other health care providers (e.g., interprofessional rounds, roundtable discussions, team meetings, patient-family consultations/meetings, tutorials/self-study modules, etc.)? *Innovative strategies preferred.

1.5 Describe how unit leaders encourage education (formal and continuing education), certification, and other professional development activities (e.g., flexible scheduling, tuition reimbursement, study groups, on-site CNE opportunities [tutorials/self-study modules], unit-specific education offerings, etc.).

1.6 Explain how unit leaders reward/recognize staff members for their activities, accomplishments, and outcomes (e.g., unit-based awards, organizational awards, Daisy awards, monthly luncheons, personalized thank you cards, white board available for “in the moment” acknowledgements, etc.).

1.7 Describe how unit leaders create and maintain a culture of mutual trust and respect, as well as encourage open communication with staff members. (e.g., leading by example, maintaining confidentiality, Just Culture, mentoring, individual coaching for at-risk individuals, etc.). Please provide an example of how mutual trust, respect OR open communication was ensured.

**CRITERION 2: Recruitment and Retention**

The medical-surgical patient receives the best care in an environment in which the medical-surgical unit strives to provide quality care and to meet the professional expectations of its employees. Effective recruitment and retention of qualified and competent staff members is an indicator of a unit’s ability to provide quality care and sustain satisfied employees.

2.1 Describe how unit staff members* are involved in attracting new staff members to the unit (e.g., forming relationships with students, staff recommendations of colleagues, organizational referral programs, etc.). *May also include NAC/CNA/PCA/PCT involvement if desired.

2.2 Explain how staff members are involved in the interviewing/selection of new staff (e.g., peer interviewing, shadow programs, etc.). *May also include NAC/CAN/PCA/PCT involvement if desired.

2.3 Describe the unit’s orientation plan and what systems/structures are in place to support new staff members (e.g., length of orientation, preceptor selection, residency/fellowship programs, etc.). Also describe how orientation is individualized to a new grad versus an experienced nurse, and an in-hospital transfer nurse versus a nurse new to the facility.
2.4 Turnover* can be for good reasons (nurses furthering education, promotions, etc.) or for negative reasons (staff dissatisfaction, heavy loads, etc.).

*Turnover is defined as any nursing staff members that left (i.e. resigned, retired, expired, or were terminated). It does not include per diem, float personnel, agency or supplemental staff, or traveling nurses. Turnover rate is calculated as the number of nursing staff members who left divided by the number of nursing staff employed during the same period and is reported as a decimal number or percentage. You are not required to use this formula if your facility calculates turnover rates in a different manner.

Use the chart below to report the turnover rate for nursing staff. Discuss your turnover data. Are your rates similar to your hospital? If not, why? What factors are causing turnover? Is the turnover voluntary? What interventions has your unit put in place to improve turnover and support retention?

<table>
<thead>
<tr>
<th>Nursing Staff Turnover Rate Reported as a Percentage</th>
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<tbody>
<tr>
<td>Most Recent Annual Rate</td>
</tr>
<tr>
<td>Overall Facility</td>
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<tr>
<td>Unit</td>
</tr>
<tr>
<td>Average Length of Service of Unit Employees:</td>
</tr>
</tbody>
</table>

2.5 Explain how multigenerational and multicultural differences among unit staff members are recognized, addressed or enhanced (e.g., educational offerings, Just Culture, peer to peer trust and accountability, team-building activities/exercises, tutorials/self-study modules, etc.).

2.6 Provide data from the past two consecutive measuring intervals of staff satisfaction or engagement scores. The scores should be from the same tool or source.* Provide the name of the scoring tool or source. (e.g., NDNQI, Press Gainey, Advisory Board, etc.). Identify the benchmark and if unit’s scores are not above the benchmark provided, please explain what your unit is doing to improve your scores. *If your hospital changed scoring tools (so that providing data from the same tool is not possible), then provide data and the benchmark used for each tool.

2.7 Describe opportunities for staff professional development (e.g., clinical ladder, mentoring, coaching, leadership development programs/seminars, staff providing continuing education opportunities etc.).

**CRITERION 3: Evidence-Based Practice (EBP)**

The leaders and nursing staff of an exemplary medical-surgical unit create and maintain an environment where clinical practice and other actions are based on the most current evidence that is available integrated with clinical expertise and patient values. Unit staff actively participate in research, EBP, or performance/quality improvement projects and seek out opportunities for interprofessional collaboration in solving clinical and managerial problems.

3.1 Describe the process in which unit leaders and clinical nurses communicate evidence, best practices, and research (e.g., research council, staff meetings, research symposia, research update communication via practice council or shared governance, etc.).
3.2 Describe the process for how evidence, best practices, and research are incorporated into policies and procedures at the unit level (e.g., frontline staff revise policies, organizational review board, use of Lippincott or other references etc.). Please provide an example of how evidence, best practice or research were incorporated into a policy or procedure. Please provide an example.

3.3 Provide two or more examples within the last year of unit staff nurses’ involvement in research, EBP, or performance/quality improvement projects. Describe the methodology used to test ideas; change processes, policy or practice; and sustain the changes (e.g., poster presentations, unit-based projects, local or national podium presentations, evidence of unit-based EBP projects spread throughout the organization, etc.).

3.4 Describe how EBP (strategies based on best practices, nursing protocols, literature review, patient surveys etc.) have been used to consistently integrate patient preferences and values into the individualized daily care plan. Please provide an exemplar of how this occurred.

3.5 Explain how the results of EBP projects and research are implemented and evaluated (e.g., PDSA/PDCA tests of change, use of research coordinator or CNS staff, etc.).

3.6 What unit and facility resources are available to support participation in and dissemination of EBP (e.g., journals or EBP texts, EBP classes, support for poster or podium presentations)?

3.7 Provide evidence of any publications, podium or poster presentations of unit-based projects related to EBP/research from the last 3 years. Please include topic, type of presentation, date and audience.

**CRITERION 4: Patient Outcomes**

An exemplary medical-surgical unit demonstrates positive patient outcomes. The creation of a healing environment is evident where patients or significant others feel safe and are empowered as full partners in the caring process. Staff members provide compassionate and coordinated care based on respect for patient preferences, values, and needs. Actual injuries or errors are dealt with swiftly and effectively, and patients are monitored to prevent additional harm. Potential risks of injury are prevented by the implementation of appropriate unit processes and measures. A quality improvement process to measure patient outcomes and guide practice changes is tangible and ongoing.

You are REQUIRED to complete questions 4.1 and 4.2.

4.1 Based on recent patient satisfaction survey results (past 6 months) for your unit, describe how your unit responded to an area that needed improvement. Include details regarding the measure used (external data collection company, internal data collection process), specific satisfaction indicator(s) addressed, the improvement plan implemented, and outcomes in response to the intervention.

4.2 Select one of the following areas and describe the process by which your unit achieved improved patient outcomes: pain management, pressure ulcer prevention, fall prevention, restraint reduction, blood transfusion error reduction, central line associated bloodstream
infection reduction, catheter associated urinary tract infection reduction, medication error reduction, improved alarm safety, or identified and mitigated risks associated with behavioral health patients.

Answer TWO of the following questions. If more than two questions are answered only the first two will be scored. Extra points are not given for additional questions.

4.3 Provide an exemplar* from the last 6 months that highlights patient empowerment on your unit throughout the hospital stay. Include details regarding the patient’s diagnoses, how the patient’s preferences, values, and needs were communicated and addressed by staff on all shifts, how the patient participated in the teaching plan starting early in the hospital stay, and how learning was validated prior to discharge.
   *An exemplar is an example that describes your unit’s success with meeting or exceeding these criteria.

4.4 Select one of the core measure initiatives (e.g., myocardial infarction, stroke, heart failure, pneumonia, venous thromboembolism, immunizations) based on your patient population and scope of service and describe how your unit achieved/is in the process of achieving improved patient outcomes as a result of your initiative.

4.5 Provide an exemplar* from the past six months to illustrate how concepts of caring and compassion were provided by the health care team for a patient at the end of life throughout the hospital stay, including all shifts, to promote death with dignity. How did the staff communicate with the rest of the health care team? Describe how the patient and family/significant others were active participants in the dying process. Include a description of how symptoms were assessed/reassessed, what interventions were implemented, and the effectiveness of these interventions in promoting comfort. Also, describe the ways support was provided to the family/significant others during the hospital stay, at the time of death, and afterward (bereavement). In addition, explain how support was provided to the staff and the rest of the health care team during this time.
   * An exemplar is an example that describes your unit’s success with meeting or exceeding these criteria.

4.6 What is the 30-day readmission rate for your unit? What kind of pattern emerged in relation to the patients readmitted in 30 days or less over the past 6 months? Were there any nursing care or patient teaching (empowerment) issues noted that indicated a need for improvement? Describe the issues and the improvement plan that was (or will be) developed. What was the outcome specific to your improvement plan?

CRITERION 5: Healthy Practice Environment

An exemplary medical-surgical unit employs the eight (8) attributes identified by Kramer and Schmaling (2008) as essential to a healthy practice environment: Support for education, practicing with clinically competent coworkers, collegial/collaborative nurse-physician and interprofessional relationships, autonomous nursing practice, control over nursing practice, supportive nurse managers, perceived adequacy of staffing, and a culture in which concern for the patient is paramount. To create and sustain a healthy practice environment requires an environment of respect and safety.

5.1 Describe the structures and processes in place to promote collegiality on the unit (among staff members as well as improving collegiality with members of the interprofessional team) (e.g., staff recognition, celebrations, peer support, team-building events such as
fund-raising walks, unit participation in community service projects, other team commitments etc.).

5.2 Describe strategies used to enhance interprofessional communication (e.g., daily rounding, interprofessional care plan/communication tools, grand rounds, etc.). What is the role of each team member and how do you know their communication is effective? Give an example of when interprofessional communication was not as effective as expected and the steps taken to implement a change. What was the outcome following this change?

5.3 Explain leader and staff initiatives* to reduce and/or eliminate adverse outcomes related to practice environment safety, including physical injury (e.g., needle sticks, back injuries, workplace violence) and caregiver responses to stress (e.g., lateral violence, burnout, increased sick calls). Explain if any proactive education has been provided to staff and if they have participated in debriefings. *Innovative initiatives preferred.

5.4 Describe how the unit’s staffing plans and day-to-day assignments are developed. Include the factors considered (e.g., patient acuity, nurse’s experience, unit turbulence/churn, etc.) and how changes to the staffing plan are communicated to frontline staff. Please include in description how frontline staff are actively involved in staffing decisions.

**CRITERION 6: Lifelong Learning**

An exemplary medical-surgical unit recognizes the importance of professional development for staff members and its impact on continuing staff competence and positive patient outcomes. The unit provides/participates in ongoing education activities. Staff members participate in professional associations and pursue professional certification and advanced education.

6.1. Provide examples of education activities in which unit staff members participated during the 12-month period prior to submitting the application (e.g., unit-based in services of at least 30 minutes duration; facility provided continuing education programs; local, regional, and national meetings/conventions).

<table>
<thead>
<tr>
<th>Title/Topic of Education Activity</th>
<th>Type of activity (in-service, new skills, local, regional, national workshops, conferences, etc.)</th>
<th>Date of activity (mo/yr)</th>
<th>Provider (e.g., unit, facility, name of local, regional group or national organization)</th>
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6.2 Give examples of strategies your unit uses to support the staff members to attend local, regional, and/or national education activities (e.g., paid time off, travel expenses, paid registration fees).

6.3 Give examples of education activities provided by unit staff for other professionals, nursing students, or the public (e.g., informal presentation, community education, poster or podium presentation).

<table>
<thead>
<tr>
<th>Title/Topic of Education Activity</th>
<th>Date of activity</th>
<th>Title of Unit Presenter (e.g., manager, clinical nurse, CNS)</th>
<th>Audience (e.g., other units, facility wide event, students, community, local, regional or national conference)</th>
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6.4 Explain how the unit measures and maintains the competence of its staff (e.g., annual competency fair, competency check process, tracking mechanisms, etc.)?

6.5 What percentage of unit eligible Unit staff is nationally certified? Limit response to professional specialty certifications, not skill-based certifications such as BLS, ACLS. Most recent data should be submitted. Include unit leadership in your numbers.

To complete the following graph, first place the total number of registered nurses in the first line. This includes all RNs regardless of degree (Associates, BSN, MS, etc.). Then deduct the number that are not eligible for certification (because they are a recent graduate or not enough years of experience in the specialty, etc.). Then complete the table. The percentage is the number of staff certified/number of staff eligible.

<table>
<thead>
<tr>
<th>Percentage Unit Staff that are Nationally Certified</th>
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<tbody>
<tr>
<td>Total Number of RNs on Unit</td>
</tr>
<tr>
<td>Number Ineligible for Certification</td>
</tr>
<tr>
<td>Number Eligible for Certification</td>
</tr>
<tr>
<td>List Specialty Certifications / Qty. of Staff Certified in Each</td>
</tr>
<tr>
<td>Staff Certified in:</td>
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<td>Staff Certified in:</td>
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<td>Staff Certified in:</td>
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<tr>
<td>Staff Certified in:</td>
</tr>
<tr>
<td>Total Certified Staff</td>
</tr>
<tr>
<td>Percentage of Eligible RNs who are Certified (Total Certified/Eligible)</td>
</tr>
</tbody>
</table>
6.6 Based on the total number of staff on your unit, how many are actively pursuing additional education? To determine percentages, take the number who are pursuing degrees and divide it by the total number of staff that you identified in the answer to question 9 of the Unit profile.

<table>
<thead>
<tr>
<th>Total Unit</th>
<th>Number of Staff</th>
<th>Percentage of Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Unit Staff from No. 9</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td><strong>Staff Pursuing Advanced Education</strong></td>
<td></td>
<td></td>
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<tr>
<td>Registered Nurse (i.e. CNA to RN)</td>
<td></td>
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<tr>
<td>Baccalaureate Degree (i.e. RN to BSN)</td>
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<tr>
<td>Master’s Degree</td>
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<tr>
<td>Doctorate Degree</td>
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<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please also indicate the current education level of Nursing Staff:

<table>
<thead>
<tr>
<th>Current education level of RN Staff</th>
<th>Number of RNs</th>
<th>Percentage of RN Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of RNs on Unit</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Diploma RNs</td>
<td></td>
<td></td>
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<tr>
<td>ADNs</td>
<td></td>
<td></td>
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<tr>
<td>BSNs</td>
<td></td>
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<tr>
<td>MNs or MSNs</td>
<td></td>
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<tr>
<td>PhDs</td>
<td></td>
<td></td>
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<tr>
<td>DNPs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6.7 Provide information regarding how unit nurses are involved in other professional activities such as writing for publication, membership in local, regional or national nursing organizations, state boards of nursing, and volunteering for professional organizations at the local, regional or national level. You may also include community service when it involves professional nursing skills. Please indicate how many unit nurses participate(d) in each activity.

Stop: Before submitting your application, please review your document carefully!

- Is your application blinded? Have you checked all sections including but not limited to graphs, charts and photographs? AMSN suggests that you complete an electronic search of your application to check your document.

- Have you checked your response are submitted in compliance with instructions for completing and submitting your AMSN PRISM Award Application listed at the beginning of this application?