NEW LEVEL 5 EXAMPLE

August 31, 2022

CAP coordinator,

I am writing to you to detail my eligibility for CAP level 5, in this narrative I will discuss the nursing values of education, professionalism and collaboration, as well as how I believe that I meet each. I have recently transitioned roles within the institution and am now working as an Adult SWAT RN, previously working as an RN in the MICU for four years. My work in each of these roles and on additional committees and groups has served to improve my clinical and professional skills.

Speaking to the essential value of education I have taken steps to improve my personal expertise as an RN. I had the opportunity to attend the AACN National Teaching Institute and Critical Care Exposition (NTI) in May of 2019 along with several nurses from Upstate. This conference provided a vast number of lectures which highlighted current research and evidence-based practice as it applies to critical care medicine. I, along with Matthew Holbok, another nurse from the medical ICU, took special interest in a lecture on modalities to assess fluid responsiveness in septic patients in an effort to initiate vasopressors, if indicated, and reduce incidences of fluid overload. We were invited to present to the Upstate Sepsis Advisory Committee to discuss the risks of fluid overload in the critically ill patient population and the technique and validity of methods such as the passive leg raise using arterial pressure, end-tidal CO2 and stroke volume as well as new, noninvasive devices to assess potential fluid responsiveness. Of all these methods the easiest to implement in the current setting is the passive leg raise test, as, with proper central access and monitoring, it requires no additional equipment. This allows the medical team to assess a patient's likelihood to respond to fluid administration prior to burdening their system with additional, possibly unnecessary, IV fluids. Should the patient's monitored hemodynamics not respond to the passive leg raise test it would be indicated to start vasopressors, a measure that would be delayed until completion of a fluid challenge otherwise.

Prior to our discussion with Dr. Sah and the sepsis committee the passive leg raise test was rarely used,

instead fluid challenges were conducted. While still infrequent I have personally seen the passive leg raise test used by the attendings on service in an educational exercise. In addition to this project I have, since my last CAP interview, begun the FNP program here at Upstate. I am currently in my second to last semester and I have focused my elective courses on palliative care and legal and ethical issues to make myself an ideal candidate to the palliative care team here at upstate.

Discussing professionalism I have, since leaving the MICU, stepped away from my position as co-chair of MICU Shared Governance however I remain a member of Nursing Research and Innovation and my new role on SWAT requires us to review and offer input on policy changes, implementation and updates through the Critical Care Shared Governance committee. In the SWAT role I have been a part of multiple educational programs and opportunities through the Resuscitation Committee and beyond. The role of SWAT also requires us to maintain a high level of professionalism in all areas of the hospital and in working with all levels of staff. SWAT also serves as a resource at EMSTAT in addition to within the hospital. In addition to maintaining our ACLS certifications we are required to attain and remain competent as ACLS Instructors, teaching certification and recertification courses at the EMSTAT facility. I have completed the ACLS instructor course and, as logistics allow, will be assisting in the certification and recertification of ACLS providers in the area. We are tasked with teaching providers, nursing, pharmacy, respiratory and EMS personnel ACLS, administering didactic competency and proctoring, grading and remediating the ACLS examinations.

In meeting the value of collaboration I have learned to apply the skills developed and honed in the MICU to that of my new role of SWAT. Acute medical emergencies require effective communication, coordination and collaboration of all staff involved. I was unaware of the depth of collaboration required in relocating a patient from a medicine floor to an ICU, requiring me and my team to converse with the current care team, a consulting and receiving care team, administrative bed management and administrative supervisors to progress to the point that the patient can be assigned an

ICU bed. The next step in this process is coordinating report to the receiving unit, availability of respiratory therapy for intervention and transport and supplies to physically transfer the patient. All of this occurs after acute interventions occur, with SWAT implementing care in conjunction with available bedside staff, contacting bedside services such as X-Ray or transport for diagnostic imaging and engaging with the resident in the appropriate assessment and supportive diagnostic elements of the situation. The importance of clear, concise and, when appropriate, closed-loop communication ensures that interventions and plans of care are carried out correctly and safely in a fast-paced environment.

These are skills that I learned in EMS and were later reinforced through formal TEAMSTEPPS education while earning my BSN at Michigan State. Working alongside the nurses in the MICU and in SWAT in urgent and emergent situations has only served to solidify their importance. I continue to provide education to the nursing staff, an important aspect of the SWAT role as it pertains to cardiac arrest and medical emergency training for nurses on the general floors and within the ICUs. I have most recently been involved in a joint collaboration between SWAT and the MICUs for their Vortex Airway management trial, serving as one of the primary educators on the process and serving as a touchpoint for providers, unit staff, SWAT members and respiratory therapists.

Thank you for considering my application for the CAP level 5 recognition.

Sincerely,