



Program Guide as of January, 2026

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Program Fundamentals

Clinical Transformation Ladder in Brief

Rewards and recognizes clinical staff for advancing their knowledge, doing things that promote quality & patient care delivery, and taking on leadership roles for projects or department/company initiatives. Ladder advancement is an individual's choice to strengthen their professional evolution and growth at InterMed.

Our Why

- **Fosters Growth:** the Clinical Ladder paves the way for a clinical career pathway for frontline clinical staff to advance in their career and importantly have that occur with InterMed. RNs, MAs, LPNs, and ATCs are included in the program.
- **Our Team Asked, and We Answered:** the development of a Clinical Ladder was asked for by our clinical staff via recent prior feedback surveys.
- **Aligned with Industry Best Practices and Standards:** Our InterMed Clinical Ladder is backed by multiple references and is comparable to other healthcare clinical ladders locally and nationally.
- **Retain Talent:** Clinical ladder programs are proven to be successful strategies for recruitment and retention of talented individuals in healthcare.

Participation Eligibility

- **Eligible:** Registered Nurses (RNs), Licensed Medical Professionals (LPNs), Medical Assistants (MAs), and Athletic Trainers (ATCs) who work in the following departments are eligible to participate in the Clinical Transformation Ladder.
 - Ambulatory Surgery Center (ASCRN)
 - Family Medicine
 - Internal Medicine
 - Pediatrics
 - Specialty Services (all)
 - Sports Medicine
 - Urgent Care
 - Workplace Health (excluding ATCs)

Participants must be in good standing and not be active on a performance improvement plan (PIP) within the last 90 days. They must also receive a minimum of 'achieving' in all areas of their most recent annual performance review.

- **Ineligible:** per diem, part time (<20 hours), clinical leadership roles (e.g., supervisors, managers, directors) and clinical operations support roles are not eligible to participate in the Clinical Ladder. This includes but is not limited to athletic trainers in workplace health, sterile processing perioperative techs, CST staff, pharmacy, physical therapy and associated services, and clinical care representative staff.

Per Diem Staff Exception

Transitioning to per diem status after June 2024 to pursue an applicable ongoing educational program (e.g., academic degree or certification course) enables the employee to retain their current ladder level, provided they continue to meet the annual maintenance requirements for that level. Per diems must submit an annual letter of intent, outlining their goals of completion in ongoing education. Employees that transition to per diem status for all other reasons will be reassigned to the department's entry level.

Program Governance

The Clinical Transformation Ladder Oversight Committee (herein referred to as “CTLOC”) has program oversight.

Committee Membership:

- Medical Director of Clinical Systems (Co-Chair)
- Director of Clinical Care Transformation (Chair)
- Chief of Human Resources or designee
- One to three Clinical Managers (1-2-year commitment) *
- Up to 6 RN, MA, LPN, or ATC (1-2-year commitment) *
- Clinical Education Manager
- Additional participants as deemed appropriate by CTLOC – usually for biannual review of applications.

* Members must be employees of InterMed for at least two consecutive years.

Committee Responsibilities:

- General oversight and evaluation of Clinical Transformation Ladder Program.
- Report out through Executive Leadership Team (ELT).
- Annual review of the clinical ladder policies and procedures.
- Annual review and revisions of the clinical ladder guidelines and/or criteria.
- Annual monitoring of program participation and return on investment metrics.
- Biannual review and recommendation action for each applicant for promotion based on clinical ladder levels.
- Provide consultation to eligible applicants as appropriate.
- The committee will meet at least four times per calendar year and no more than six times per calendar year.
- Employees will be paid for their time participating in committee meetings and application review. However, there is no additional stipend for the time dedicated to CTLOC work.

Standard Guidelines for Participants

The following guidelines are applicable to all levels on the Clinical Transformation Ladder:

- At the department [entry level](#), there is no requirement to advance or maintain a level. For external hires, entry level-designation may be adjusted based on the candidate’s professional experience and organizational needs.
- At any time, an RN, LPN, ATC, and/or MA may request to step-down a level, done by submitting a letter to the Director of Clinical Care Transformation and Chief Human Resource Officer or HR designee. There is a mutually understood agreement that an employee is not eligible to be readmitted into the program for six months.
- At any time, based on performance standards and/or conduct issues, the Director of Clinical Care Transformation and Chief Human Resource Officer or HR designee may relinquish ladder privileges from an employee. If this takes place, all ladder differentials will be suspended temporarily during the PIP timeframe.
- Completion of [Application Elements](#) must be done outside of individuals working hours.
- The Clinical Ladder is a separate and distinct program for ongoing professional development and does not replace annual performance review. Please note that the combined hourly rate increase will be capped at a maximum of 10% per year.

Advancement Fundamentals

Advancement Frequency

- After one year of employment (12 consecutive months), any Level 1 may apply to advance to Level 2.
- For additional ladder advancement to Levels 3 or 4 refer to the [Advancement Guidelines & Requirements](#).
- Maintenance of the clinical ladder level beyond entry level will be reviewed annually by the clinical manager and CTLOC using the ladder level maintenance form.

Advancement Application Required Elements

The following elements are required to be included in an individual's application to advance beyond entry level. These same elements are required each time an individual seeks ladder advancement (e.g., 1 to 2, 2 to 3, 3 to 4).

Application Elements	Who Completes	Resource
Letter of intent to Manager	Individual	Requirement 1
Letter of support from Manager	Individual's Manager	Requirement 2
Professional resume/CV	Individual	N/A
Letter of recommendation from MD/DO/NP/PA	MD/DO/NP/PA	Requirement 3
Letter of recommendation from a clinical peer	RN/MA/LPN/ATC Peer	Requirement 3
Personal narrative explaining advancement readiness and candidacy	Individual	Requirement 4
Ladder domain completion with documentation of supporting evidence	Individual	Ladder Domains

Upon completion of required application elements, the manager and applicant must review the application checklist to confirm eligibility and application completeness appropriate to requested level prior to submitting for final review. See [Requirement 5](#). Once all the information is compiled, the portfolio must be submitted electronically via [Forms](#) to the CTLOC prior to the biannual deadlines. The CTLOC will review the application elements using a [quality rating rubric](#).

Advancement Application Submission Time Frame

Applications are reviewed twice per calendar/fiscal year. Applications will not be accepted after the deadline; the candidate will have to wait until the next submission time frame.

Application Due Date	CTLOC Decision Communicated By
May 1	May 29
September 4	October 2

Advancement Application Review Process

- The CTLOC will designate a minimum of two days per calendar year to review biannual applications (one in the month of May and one in the month of September).
- Final recommendations (approval or denial) will be communicated in writing to the candidate and their manager.

Application Quality Rating Rubric

Utilized during the CTLOC application review, the rubric reflects decision following the total amount of points earned per the [application quality rating rubric](#). Each section of the application is assigned a specific percentage weight, which is then used in a calculation to determine the total weighted score.

Rubric	Score	Scoring Scale	Total (%)
QUALITY: Provides a thorough response to the prompt, including well-explained/elaborate examples TECHNICAL: Fully meets the criteria	4	EXCELLENT	95-100
QUALITY: Completely addresses the prompt with examples; examples may not be thoroughly explained. TECHNICAL: Response too long but still adequately addresses the prompt	3	VERY GOOD	80-94
QUALITY: Completely addresses the prompt. Examples may be limited or lacking. TECHNICAL: Response is too short but still adequately addresses the prompt	2	ADEQUATE	60-79
QUALITY: Does not address the prompt TECHNICAL: Response is too short/long and does not adequately address the prompt	1	INADEQUATE	0-59

Letter of Intent to Manager (5%)	Rating 1-4	Comments
Sets clear objectives regarding the intent to advance to the next level of the ladder, outlining professional goals and how progression will support achieving them.		
Clearly explains how current practice meets the requirements of the desired position, using specific leadership and clinical examples.		
Provides a maximum of 1-2 pages double spaced.		
Total Score	0	
Letter of Support from Manager (5%)	Rating 1-4	Comments
Manager submits evidence of quality improvement, ongoing professional development and/or leadership through specific examples observed within the department.		
Provides clear, meaningful examples of how this employee has impacted department.		
Total Score	0	
Letter of Recommendation from MD/DO or NPPA (5%)	Rating 1-4	Comments
Provides ample evidence surrounding their reasoning for recommending the clinical advance to the next ladder level.		
Uses specific examples to support at least three instances in at least one area of: leadership, ongoing professional development, teamwork, quality improvement.		
Total Score	0	
Letter of Recommendation from Clinical Peer (5%)	Rating 1-4	Comments
Provides ample evidence surrounding their reasoning for recommending the clinical advance to the next ladder level.		
Uses specific examples to support at least three instances in at least one area of: leadership, ongoing professional development, teamwork, quality improvement.		
Total Score	0	
Personal Narrative (25%)	Rating 1-4	Comments
Touches upon the required Ladder Domains you have achieved and explain the impact these have on patients and/or the care team and how they align to at least one of the organization's 8 strategic objectives.		
Double-spaced: minimum of 2 pages.		
Total Score	0	
Professional Resume (5%)	Rating 1-4	Comments
Uploads completed resume that reflects, at minimum, professional experience, education and skills.		
Total Score	0	
Ladder Domains (50%)	Rating 1-4	Comments
Supports each activity with evidence that highlights commitment to professional career growth.		
Ladder activities are pertinent to role and meaningful to employee's department.		
Meets points requirement relevant to ladder level requested, as outlined in written criteria.		
Minimum of 3 sentences per prompt.		
Total Score	0	

Advancement Guidelines & Requirements

Ladder advancement is based on three factors:

- Years of InterMed experience and
- Certification/degree and
- Completion of a required number of ladder domains

Registered Nurse (RN)			
Level	Years of InterMed Experience	Qualifications	Ladder Domain Points
RN 1	Entry	ADN/BSN	None
RN 2	1	ADN/BSN	1
RN 3	2.5	BSN <u>OR</u> ADN with 5 years' experience & national certification*	2
RN 4	5 or more	BSN/MSN	3
Medical Assistant (MA)			
Level	Years of InterMed Experience	Qualifications	Ladder Domain Points
MA 1	Entry	N/A	None
MA 2	1	RMA/CMA/CCMA preferred	1
MA 3	2.5	RMA/CMA/CCMA	2
Athletic Trainer Certified (ATC)			
Level	Years of ATC Experience ⁱ	Qualifications	Ladder Domain Points
ATC 1	Entry	Licensed	None
ATC 2	5	Licensed/MSAT	1
ATC 3	5 or more	Licensed <u>AND</u> national certification**	2

Licensed Practicing Nurse (LPN)			
Level	Years of InterMed Experience	Qualifications	Ladder Domain Points
LPN 1	Entry	N/A	None
LPN 2	1	N/A	1
LPN 3	2.5	N/A	2

Ambulatory Surgery Center Registered Nurse (ASCRN)			
Level	Years of InterMed Experience	Qualifications	Ladder Domain Points
ASCRN 2	Entry	ADN/BSN	None
ASCRN 3	2	BSN <u>OR</u> ADN with 5 years' experience & national certification*	2
ASCRN 4	5 or more	BSN/MSN	3
Population Health Registered Nurse (PHRN)			
Level	Years of Pop Health Experience ⁱⁱ	Qualifications	Ladder Domain Points
PHRN 3	Entry	BSN/MSN	None
PHRN 4	5 or more	BSN/MSN	3

American Nurses Credentialing Center (ANCC)

- Ambulatory Care Nursing Certification (AMB-BC)
- Pain Management Nursing Certification (PMGT-BC)
- Pediatric Nursing Certification (PED-BC)
- Nursing Professional Development Certification (NPD-BC)
- Nursing Case Management (CMGT-BC)

Accreditation Board for Specialty Nursing Certification (ABSNC)

Certified Perioperative Nurse (CNOR)

American Board of Paraneesthesia Nursing Certification

- Certified Post Anesthesia Nurse (CPAN)

Association of Diabetes Care & Education Specialists

- Advanced Diabetes Management (BC-ADM)

Certification Board of Infection Control and Epidemiology

- Certified in Infection Control (CIC)
- Certified Ambulatory Paraneesthesia Nurse (CAPA)

Dermatology Nursing Certification Board (DNCB)

- Dermatology Nurse Certified (DNC)

Wound, Ostomy & Continence Nursing Certification Board

Certified Wound Care Nurse (CWCN)

*Eligible for RN3 with an ADN, provided they have 5 years' nursing licensure and hold an active national certification not required by their current role, which mandates ongoing continuing education for maintenance. The national certification cannot also be counted as a ladder activity; however, the associated contact hours may be utilized. Examples of applicable certifications include but are not limited to:

Clinical staff must obtain certification through a nationally accredited program. Discussion should occur with your leader to identify and pursue a certification that aligns with your role and career goals. The CTLOC reserves decision-making rights to the appropriateness of certification based on employee's current role or career path.

Ladder Domains

Individuals seeking to advance are required to demonstrate a certain number of ladder domains. Examples of qualifying activities are outlined under each domain. Other activities not listed will be considered based on CTLOC discretion. For advancement to Level 4, applicants must obtain a minimum of 1 point from each domain e.g., 1 point from Quality/Lean Improvement, 1 point from Professional Development and Practice and 1 point from Leadership and Teambuilding to total 3 points for advancement from Level 3 to 4.

Quality/Lean Improvement		
Activity	Criteria	Points
Actively pursuing a Lean Six Sigma Green Belt	Uploads LSS Green Belt completion certificate, or uploads documentation of enrollment in course. Demonstrates acquired skills from course participation by providing evidence of leading projects or presenting during LSS or Gemba walks.	1
Leading formal quality improvement/process improvement with measurable outcomes	Under the direction of the Clinical or Practice manager, the clinical may adopt areas of quality improvement or access projects. Completes and uploads completed A3 template. Project must be presented as a meaningful benefit to clinical peers through a staff, department, or committee meeting.	1
Poster Presentation at conference or publication	Presentation given over the past 12 months and must be related to healthcare. Upload image of poster or presentation.	1

Ongoing Professional Development and Professional Practice		
Activity	Criteria	Points
Current and Active National Certification	Uploads evidence of national certification that is outside the requirements of the individual's primary role (e.g., BLS and ACLS are not admissible). Uploads certificate of completion for # of contact hours required to maintain certification.	1
Enrolled in formal coursework toward advanced degree	Employees must provide documentation of current enrollment that demonstrates good standing in program.	1
Attendance at conference, seminar, or workshop AND 50 Educational Contact Hours	Uploads documentation of attendance with certificates supporting evidence for completion of 50 contact hours within the past 12 months. Must include supporting documentation regarding how you brought or will bring knowledge into your clinical setting.	1

Leadership and Teambuilding		
Activity	Criteria	Points
Support during Clinical NEO or Annual Competency	Assists with or coordinates education to new employees at clinical NEO or leads activities in annual or ad-hoc clinical competencies (e.g., leading a table at a skills fair).	0.5
Unit-Based team building/engagement project with demonstrated ROI	Initiates department or company-wide program in efforts to boost staff morale leading to overall employee satisfaction and staff retention. Describes role during project and how it contributed to staff retention.	0.5
Participation on committee or workgroup (ex. CTLOC, Quality Champion)	Attends required amount of committee meetings, comes prepared for discussion by reviewing agenda and prior minutes. Demonstrates active participation throughout membership. Outlines 3 responsibilities of the role.	0.5
Community Volunteer Work (Dempsey Challenge = 8 hours!)	Documents 40 hours of healthcare related volunteer work during a 12-month rolling period.	0.5
Policy/Guidelines Development	Uploads completed policy, guidelines or workflow that has been submitted via appropriate channels (e.g., BBP policy vetted through compliance sub-committee).	0.5
Self-Guided Leadership	Examples include but are not limited to 1) Consistently educates oneself on evidence-based best practices and brings updates and recommendations to department or overall organization 2) Completes self-assessments and/or reads articles regarding strengthening leadership qualities, and visibly brings this awareness to the workplace 3) Actively engages in workshops/webinars/modules that elevate leadership opportunities within your role or department 4) Demonstrates clinical expertise beyond primary department, providing support amongst various sites. Education obtained through Self-Guided Leadership must be presented as a meaningful benefit to clinical peers through a staff, department, or committee meeting.	0.5
Lead-Role	Currently holds, or has held within the past 12 months, a formal lead role within the department. Provides two specific examples demonstrating leadership that goes above and beyond core role requirements, with clear evidence of a positive impact on the POD/department. Examples of lead roles include Vaccine Coordinator and/or Safety Officer.	0.5
Precepting of new hires	Consistently and effectively precepts new hires within the past 6 months. Attends quarterly GTT meetings. Provides number of new hires trained and 2 specific examples of leadership/continuous improvement/teamwork.	0.5
Super User for platform used by InterMed	Must be designated by management or leadership. Documentation must include a total of 1 hour of educational instruction to staff related to the system.	0.5
Preceptor Education Course	Uploads certificate of completion. Describes how this affected the way you precept onboarding staff, and how you have educated your surrounding preceptor (GTT) peers.	0.5

Clinical Ladder Levels

Employees participating in the Clinical Ladder program must demonstrate proficiency in all areas of the preceding levels before qualifying for promotion.

Registered Nurse (RN), ASC RN and Population Health RN Levels:

Level 1: At Level 1, the RN is expected to fulfill the core responsibilities outlined in their job description and seek guidance from more experienced staff. They focus mainly on the tasks of their job but sometimes engage in department projects or initiatives.

Level 2: At Level 2, the RN demonstrates their ability to function independently within their designated role. They have demonstrated competency across all core areas and possess the capacity to delegate tasks or provide education to other clinical team members. RN2s may begin to pursue additional leadership responsibilities.

Level 3: At Level 3, the RN has developed advanced clinical expertise within their primary or specialty areas. These individuals are actively pursuing or have completed ongoing education or professional development relevant to their roles, enabling them to deliver comprehensive patient care. An RN3 demonstrates leadership by initiating or contributing to evidence-based quality improvement projects within their department. They exemplify a thorough understanding of the organization's values and operational goals. RN3s are required to have or be enrolled to earn a bachelor's degree in nursing (BSN)* OR have an associate's degree in nursing (ADN) with completion of an active national certification outside of their current job requirements.

Level 4: At Level 4, RNs serve as a resource to support and guide surrounding clinical staff and directly manage patient populations specific to their area of expertise (*e.g., Diabetes RNs maintain diabetic screenings and provide education to the diabetic patient population*). They have completed additional education and/or obtained certification that enables them to lead patient care within their specialty. The RN4 has considerable experience in quality improvement initiatives and focuses on enhancing patient care and experience through a multi-departmental approach, collaborating with departments such as Operations, BI, Billing, Coding and Quality. A BSN is required of RN4s with preference given to those who have also attained a master's degree.

ⁱⁱ A BSN is required for entry into the Population Health Registered Nurse (PHRN) position. Nurses with five or more years of population health experience may be hired at the RN4 level. Those hired at the RN3 level must have five or more years of population health experience and at least 2.5 years of InterMed experience to be eligible for promotion to PHRN4.

Medical Assistant (MA) Levels:

Level 1: At Level 1, the MA is expected to fulfill the core responsibilities outlined in their job description and seek guidance from more experienced staff. They focus mainly on the tasks of their job but sometimes engage in department projects or initiatives.

Level 2: At Level 2, the MA demonstrates their ability to function independently within their designated role. They have demonstrated competency across all core areas and possess the capacity to delegate tasks or provide education to other MAs. MAs may begin to pursue additional leadership responsibilities.

Level 3: At Level 3, the MA has developed advanced clinical expertise within their primary or specialty areas. These individuals are actively pursuing or have completed ongoing education or professional development relevant to their roles, enabling them to deliver comprehensive patient care. An MA3 demonstrates leadership by initiating or contributing to evidence-based quality improvement projects within their department. They exemplify a thorough understanding of the organization's values and operational goals. The MA must hold an active Registered Medical Assistant (RMA), Certified Medical Assistant (CMA) or Certified Clinical Medical Assistant (CCMA).

Licensed Practical Nurse (LPN) Levels:

Level 1: At Level 1, the LPN is expected to fulfill the core responsibilities outlined in their job description and seek guidance from more experienced staff. They focus mainly on the tasks of their job but sometimes engage in department projects or initiatives.

Level 2: At Level 2, the LPN demonstrates their ability to function independently within their designated role. They have demonstrated competency across all core areas and possess the capacity to delegate tasks or provide education to other LPNs. LPNs may begin to pursue additional leadership responsibilities.

Level 3: At Level 3, the LPN has developed advanced clinical expertise within their specialty areas. These individuals are actively pursuing or have completed ongoing education or professional development relevant to their roles, enabling them to deliver comprehensive patient care. An LPN3 demonstrates leadership by initiating or contributing to evidence-based quality improvement projects within their department. They exemplify a thorough understanding of the organization's values and operational goals.

Athletic Trainer (ATC) Levels:

Level 1: At Level 1, the ATC is expected to fulfill the core responsibilities outlined in their job description and seek guidance from more experienced staff. They focus mainly on the tasks of their job but sometimes engage in department projects or initiatives.

Level 2: At Level 2, the ATC demonstrates their ability to function independently within their designated role. They have demonstrated competency across all core areas and possess the capacity to delegate tasks or provide education to other ATCs or physical therapy aids (PTA). They are cast certified, or working towards cast certification, and may begin to pursue additional leadership responsibilities.

Level 3: At Level 3, the ATC holds a national certification in addition to their bachelor's or master's degree and has developed advanced clinical expertise within their specialty areas. These individuals are actively pursuing or have completed ongoing education or professional development relevant to their roles, enabling them to deliver comprehensive patient care. An ATC3 demonstrates leadership by initiating or contributing to evidence-based quality improvement projects within their department and demonstrates versatility among all musculoskeletal departments. They also exemplify a thorough understanding of the organization's values and operational goals.

ⁱ *Athletic Trainers with five or more years of clinical musculoskeletal experience and a master's degree may be hired at the ATC2 level. Those hired at the ATC2 level must have five or more years of experience, at least 2.5 years of InterMed experience and a national certification to be eligible for promotion to ATC3.*

**ATC education and certifications that may be outside of job requirement include, but are not limited to:

National Academy of Sports Medicine (NASM)

- Corrective Exercise Specialist (NASM-CES)
- Performance Enhancement Specialization (NASM-PES)

National Strength & Conditioning Association (NSCA)

- Certified Strength & Conditioning Specialist (CSCS)

QPR Institute/Mental Health First Aid

- Suicide Prevention Training Certification

Cast Technician

- Registered Ortho Tech (ROT)

National Board for Certification in Orthopedic Specialties

- Orthopedic Physician Extender Certification (OPE-C)

Specifications

- ACE Certification - Personal training certificate
- CRC Certification - Certified Rehabilitation Counselor
- ABP Certification - American Board of Pediatrics showing that you are pediatrics trained.
- Speed and Explosion Specialty
- Ergonomic Specialty - CEAS

Maintaining Ladder Levels

To maintain their level status, clinicals must annually submit evidence outlining work related to their professional development that aligns with the expectations of their designated level. Evidence must correlate to points required to meet current level (*e.g., two points for level 3, three points for level 4*) as defined in [ladder domains](#). Maintenance requirements are consistent for both grandfathered** employees and those who applied for advancement and are outlined below:

Points:

Entry Level	No maintenance required (<i>includes ASCRN2, ATC2 & PHRN3</i>)
Level 2	Submits documentation for one point chosen from any clinical ladder domain*
Level 3	Submits documentation for two points chosen from any clinical ladder domain*
Level 4	Submits documentation for three points chosen from any clinical ladder domain*

May obtain multiple points from one activity (e.g., if an employee completes two quality improvement projects, it may count towards 2 points vs. 1 point).

**Grandfathered employees will be provided 24 months (from February 2025- February 2027) to complete initial maintenance and annually thereafter. No application is required.

Incompletion of maintenance will result in the clinical manager and/or Director of Clinical Care Transformation revoking one ladder level. Maintenance documentation is due annually based on the initial advancement period (*e.g., if approved for advancement in October 2024, maintenance is due October 2025*).

See Ladder Level Maintenance Form in [Appendix B](#) for steps outlining submission.

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[Requirement 1] Letter of Intent to Manager

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.

Guidelines:

- 1-2 pages double spaced maximum
 - Send to clinical manager prior to 30 days of final submission.
-

[Requirement 2] Letter of Support from Manager

Purpose: Each eligible clinical candidate must be in good standing (no active performance management plans within the last 90 days). Addressed to the CTLOC, each clinical manager must outline the following:

- a) Statement that confirms that the employee is eligible, and the application is complete to committee standards.
- b) Statement of Recommendation for [clinical candidate name] to advance to [ladder level] during the [specified date range].
- c) Include three statements of support that align to the ladder competencies (quality improvement, ongoing professional development, and/or leadership).

Guidelines:

- 1-2 pages double-spaced maximum
-

[Requirement 3] Letters of Recommendation from Colleagues

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 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.

Guidelines:

- Must include two letters of recommendation:
 - 1 from MDDO or NPPA
 - 1 from clinical peer (RN, MA, LPN, ATC)
 - 1-2 pages, double spaced
-

[Requirement 4] Personal Narrative

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

1. Describe a patient care situation at InterMed 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 did not go as planned. Describe the following:

- Brief overview of the situation (what happened, identify any concerns, and what you did)
- 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.

2. Touch upon the required Ladder Domains you have achieved and explain the impact these have on patients and/or the care team and how they align to at least one of the organization's 8 strategic objectives.

3. Discuss any additional activities or contributions you have demonstrated beyond the minimum required points.

Guidelines:

- Double-spaced: minimum of 2 pages
-

[Requirement 5] Clinical Transformation Ladder Application Submission Checklist

Must have completed ALL these components completed at time of submission (incomplete applications will not be accepted).

- Clinical Candidate Letter of Intent to Manager
- Letter of Support from Manager
- Current Resume
- Two letters of recommendation:
 - One from MDDO or NPPA
 - One from clinical peer
- Personal Narrative
- Supporting Documentation in one or more of the following domains:
 - Quality Improvement / Lean Improvement Work
 - Ongoing Professional Development
 - Leadership or Teamwork

Appendix B: Ladder Level Maintenance Form

This document serves as a reference for what to include when completing the online form. Do not submit a written version of this form.

Step 1: Fill out the online form reflecting on completed ladder activities (link available on SharePoint)

Step 2: Attach documentation related to each activity outlined in the criteria above.

Step 3: Submit to Clinical or Practice Manager for review.

Ladder Level: _____

Activity 1:

Ladder Domain:

- Quality/Lean Improvement
- Ongoing Professional Development and Professional Practice
- Leadership and Teambuilding

Describe or upload evidence as outlined in ladder activity [criteria](#). Explain how this has benefited or impacted your clinical practice.

Activity 2:

Ladder Domain:

- Quality/Lean Improvement
- Ongoing Professional Development and Professional Practice
- Leadership and Teambuilding

Describe or upload evidence as outlined in ladder activity [criteria](#). Explain how this has benefited or impacted your clinical practice.

Activity 3:

Ladder Domain:

- Quality/Lean Improvement
- Ongoing Professional Development and Professional Practice
- Leadership and Teambuilding

Describe or upload evidence as outlined in ladder activity [criteria](#). Explain how this has benefited or impacted your clinical practice.

Additional activities will be available online.

Total Points Obtained: _____