Excellence in Clinical Leadership
for Safe Patient Handling and Mobility

Description

This award recognizes excellence in clinical leadership to promote and implement safe patient handling and mobility. This award recognizes accomplishments of frontline clinical staff who spend at least 50% of their time in clinical practice and who are active proponents of SPH. Clinical staff from a wide variety of disciplines and backgrounds are encouraged to apply. Because staff may work together on special projects, we will consider individual and group nominees, as long as all are frontline clinical staff.

Instructions

1. Complete the nomination form (page 3)
2. Attach a narrative of no more than two pages.
   a. How did the nominee inspired others, including peers, to embrace safe patient handling and mobility?
   b. Give examples of how the nominee inspired and what outcomes were achieved.
   c. What qualities does the nominee display in working with colleagues?
   d. What makes the nominee stand out as a leader?
   e. Include anything else you would like us to know about this candidate.
### Evaluation Rubric

Nominations will be evaluated using the rubric below.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities (scope)</td>
<td>Limited to needs of one unit in a hospital</td>
<td>Activities broader in scope than one unit</td>
<td>Unit activities are linked to organizational activities</td>
<td></td>
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<tr>
<td>Activities (Interprofessional)</td>
<td>Limited to one profession</td>
<td>Includes 1-2 professions</td>
<td>Multidisciplinary</td>
<td></td>
</tr>
<tr>
<td>Outcomes</td>
<td>“Soft outcomes” measured and tracked</td>
<td>Beginning to develop systematic data collection and evaluation processes</td>
<td>Unit level outcomes are lined with organizational goals and measurement systems.</td>
<td></td>
</tr>
<tr>
<td>Qualities</td>
<td>Feedback limited to direct co-workers</td>
<td>Recognized by others for leadership qualities</td>
<td>Peers and others in the organization articulate qualities that make this person stand out</td>
<td></td>
</tr>
<tr>
<td><strong>BONUS POINTS</strong></td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>Rating</td>
</tr>
<tr>
<td>Discussion of other considerations</td>
<td>Not articulated</td>
<td>Minimal discussion</td>
<td>Convincingly discussed</td>
<td></td>
</tr>
<tr>
<td><strong>Total Points</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Nomination Form

Nominations must be received by September 1, 2018

Excellence in Clinical Leadership Award in Safe Patient Handling and Mobility
attn.: Valerie Kelleher
8900 Grand Oak Circle
Tampa, FL 33637
Phone: 813-558-3948
Email: vkelleher@tampavaref.org

Nominee Information:

Name: ............................................................................................................................................
Title: ............................................................................................................................................... 
Organization: ................................................................................................................................
Address: ........................................................................................................................................
City, State Zip ...................................................................................................................................
(Area Code) Phone number ..................................................................................................................
Email ............................................................................................................................................... 

Nomination Submitted By:

Name: ............................................................................................................................................
Title: ............................................................................................................................................... 
Organization: ................................................................................................................................
Address: ........................................................................................................................................
City, State Zip ...................................................................................................................................
(Area Code) Phone number ..................................................................................................................
Email ............................................................................................................................................... 