

INSTITUTE OF NURSING EXCELLENCE

FALL 2009 APPLICATION PACKET

Program Purpose:

The Institute of Nursing Excellence is a 3 1/2 day retreat style professional development program designed to reward excellent direct-care nurses; encourage them to remain in the profession; increase their capacity for leadership; and enhance their ability to be role models; and motivate them to attract others into the profession.

During the retreat, INE participants discuss issues such as the professional excellence, teamwork, leadership, mentoring and self-renewal. Our goal is to have the Institute be a “positively life-changing” experience.

Location & Cost:

The Fall 2009 Institute of Nursing Excellence will be held October 18-21, 2009 at Crystal Mountain Resort in Thompsonville, MI (Near Cadillac and Traverse City). The Institute of Nursing Excellence is sponsored by the Michigan Center for Nursing (MCN) and Michigan Organization of Nurse Executives (MONE). The Center is the first-state supported agency charged with assuring that the state of Michigan has the nursing resources needed to meet the health-care needs of its citizens. Through research and policy analysis, the Center is planning today for tomorrow's nursing resource needs and an important component of that plan includes retention of and continued professional development of excellent nurses who provide direct patient care.

The cost for employers per participant is \$1,250 along with providing paid release time and reimbursement of travel expenses (see authorization for attendance on the Applicant Data Form).

Eligibility:

- Registered nurse working in Michigan
- Has three (3) or more years nursing experience
- Spends at least 50% of time providing direct patient care

Selection Procedure:

Institute of Nursing Excellence applications are screened by MCN staff for completeness and eligibility and forwarded to the selection committee. The selection committee, consisting of nurse professionals from MONE and MCN, rate the blinded applications based upon evidence provided in the application package. Thirty nurses will be selected to attend the Fall 2009 Institute of Nursing Excellence. **All** applicants will be notified of final selections.

Application Deadline

The application deadline for the Fall 2009 Institute of Nursing Excellence is **August 15, 2009**. All applications must be received or be postmarked by the deadline. The Michigan Center for Nursing will send a receipt of application confirmation to applicants with an email address on the Applicant Data Form.



The 2009 Institute of Nursing Excellence is sponsored in part by the Michigan Center for Nursing and the Michigan Organization of Nurse Executives

Fall 2009 Institute of Nursing Excellence

The Fall 2009 INE will be held **October 18-21, 2009** at the Crystal Mountain Resort in Thompsonville, Michigan. The Michigan Center for Nursing is conducting a statewide search of Michigan's exemplary registered nurses; thirty nurses will be selected to attend the Fall 2009 Institute of Nursing Excellence. Applications are due **August 15, 2009**.

The Institute Of Nursing Excellence

The Institute provides an opportunity for recognition, reward and renewal to those dedicated to advancing the professional art and science of nursing.

The Institute is designed to develop leadership talent. Participants will learn the "how-tos" of:

- Teamwork
- Creative problem solving
- Meeting Facilitation
- Motivating Others
- Working with individuals of different cultures, generations and perspectives
- Self Renewal Skills
- Oral and written communication skills
- Cultural Sensitivities
- Institutional Change

PURPOSE

The purpose of the Institute of Nursing Excellence is to:

- Reward outstanding nurses,
- Encourage them to remain in the profession,
- Improve their capacity of leadership, and
- Enhance their ability to be role-models and to attract other individuals into the profession.

ELIGIBILITY

A nurses is eligible if:

- She/he is a registered nurse and is working in Michigan,
- Has three or more years nursing experience, and
- Spends at least 50% of his/her time providing direct nursing care.

POST INSTITUTE

Institute attendees will be asked to participate in an assessment survey at the conclusion and at selected intervals following the Institute. A directory of Nursing Excellence will be maintained with names of Institute participants. The nurses will be showcased by their employer and asked to represent the facility at events within the community. An advisory panel from each Institute will assist with the planning of future Institutes.

SELECTION CRITERIA

The Institute of Nursing Excellence is seeking exemplary RNs who demonstrate excellence in their practice and professional roles. Applications may be initiated by the candidate, a colleague, a patient or a manager/administrator. Selection criteria include:

- provides outstanding performance
- has extensive knowledge base
- is forward thinker
- participation
- support of peers
- serves as a mentor
- serves as a consultation
- role model
- participates in collaborative practice
- support of other healthcare professionals team members
- self-determination of excellence



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MICHIGAN INSTITUTE OF NURSING EXCELLENCE – October 18-21, 2009
APPLICANT DATA FORM – Due August 15, 2009

PERSONAL INFORMATION:

First Name:	Middle Initial :	Last Name:
Home Address:		
City:	State:	Zip: County:
Home Phone:	Email Address:	

EMPLOYMENT INFORMATION:

Employer:			
Address:		City:	
State:	Zip:	County:	Work Phone:
Practice Setting Type: <input type="checkbox"/> Hospital		<input type="checkbox"/> Nursing Home	
<input type="checkbox"/> Community-Based (e.g., Public Health, Community Mental Health, Home Health, Office, School Health, etc.)			
Current Job Title:		Clinical Area of Practice:	
Number of Years as a RN:		Number of Years in Clinical Area of Practice:	

EDUCATION:

Please check each type of education you have completed and the year in which it was completed.

<input type="checkbox"/> Diploma	Year:	<input type="checkbox"/> MSN	Year:
<input type="checkbox"/> ADN	Year:	<input type="checkbox"/> MS or MA in other field	Year:
<input type="checkbox"/> BSN	Year:	<input type="checkbox"/> Doctorate in Nursing	Year:
<input type="checkbox"/> BS or BA in other field	Year:	<input type="checkbox"/> Doctorate in other field	Year:

***SIGNATURE OF APPLICANT:**

If selected, I agree to participate in the Directory of Institute of Nursing Excellence Participants and in program evaluation before, during and after the completion of the Institute.

Signature of Applicant _____
Date

***AUTHORIZATION FOR ATTENDANCE:**

I certify that the applicant is a licensed registered nurse, is employed, has three or more years experience as a registered nurse and spends at least 50% of her/his time providing direct nursing care. If the applicant is accepted to participate in the Institute of Nursing Excellence, registration of \$1,250 fee and travel expenses will be provided by the employing agency.

Print Name (Chief Executive Officer, Nursing Officer or Designee) _____
Signature _____ Date

Email _____

* The application is not complete without the appropriate signatures

**MICHIGAN INSTITUTE OF NURSING EXCELLENCE
APPLICANT SELF-EVALUATION FORM
(PAGE 1 OF 1)**

Please state why you like being a nurse.

Indicate Professional Organizations, Memberships and Activities (do not abbreviate):

Indicate National Certifications (do not abbreviate):

Indicate Community Activities, Precepting or Mentoring (do not abbreviate):

MICHIGAN INSTITUTE OF NURSING EXCELLENCE
SUPERVISOR REFERENCE FORM
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Excellent nurses demonstrate many outstanding characteristics that go beyond what is expected. This applicant exemplifies the following criteria. Please check all that apply.

- Provides outstanding direct patient care.
- Has an extensive knowledge base.
- Is a forward thinker who can anticipate problems and creatively puts forward solutions.
- Initiates changes to better serve patients.
- Works well in a team
- Motivates others
- Shows cultural or generational sensitivities
- Initiates changes to better serve patients.

Please add any additional comments here.

Please sign the Supervisor Reference Form. Thanks.

Reference's Name (Print)

Title

Length of Association

Signature of Reference

Date

