As an OR manager, have you ever asked, “What will I be doing 5 years from now? Will I be doing the same thing I’m doing now?” Your staff may be asking themselves the same questions.

No two days for an OR manager are the same. But can the staff say the same? What can you as a manager do to help keep your staff from developing the “same job, different day” attitude?

A clinical ladder program may be the answer.

Clinical ladders hold benefits and opportunities for motivated staff who want additional challenges. A ladder program gives them opportunities to learn new skills, demonstrate initiative, accept additional responsibilities, and advance to new positions. Clinical ladders also benefit OR managers by providing a pool of nurses who can fill leadership positions and cover for them when they are away.

Ann Vandervort, RN, director of surgical services at Inova Mount Vernon Hospital, Alexandria, Virginia, started and oversees what she believes is a successful clinical ladder program. After a similar program was introduced by the whole Inova Health System in 2001, turnover for RNs participating in clinical ladders was 5.2% compared to 14.1% for RNs who did not participate, according to a 2005 report in the *Journal of Nursing Administration*.

**Answer to supervisory needs**

When Mount Vernon opened more than 20 years ago, the OR was small, and there were no management layers. Vandervort was managing 3 or 4 of the 8 available ORs, and there were no funds for additional managers.

As Vandervort’s role became more involved, she says she realized she needed help, but there still wasn’t enough surgical volume to have head nurses to help with supervisory duties. She found the answer in a clinical ladder program.

“I knew I needed 2 things: I needed an RN to supervise the clinical part and an administrative RN who could assume my role in my absence. And that’s how I started it,” she says.

The ladder has 4 steps—RN 1 through RN 4:

- **RN 1s** are new graduates with no experience.
- **RN 2s** have at least 1 year of experience and must be competent, skilled, and knowledgeable and function independently.
- **RN 3s** have at least 2 years of experience and must be competent and skilled, serve as a major resource person and preceptor, and serve on Inova Health System committees. A BSN degree and CNOR certification are desirable.
- **RN 4s** serve as major preceptors, educators, and are leaders in the department. They present in-services and assume the charge nurse role. They also are active in professional activities. A BSN and CNOR certification are desirable. A BSN is mandatory for the RN 4 who assumes the educator role.

Presently 26% of the RNs are RN 4s, 27% are RN 3s, and 47% are RN 2s. There are no RN 1s on staff. Each level has a pay increase of 6%.

Vandervort began with RN 3s and chose 2 to become RN 4s to fill supervisory needs. The 2 RN 4s remain in those positions today.

In 1993, when the OR volume started to grow, Vandervort selected a clinical ladder nurse to lead same-day surgery—adding another RN 4—without having to hire...
a head nurse or a supervisor. This nurse has managed the department, including staffing and in-services, since then.

Vandervort says the ladder structure is cost-effective because the OR does not have to hire supervisors, head nurses, clinical specialists, quality improvement nurses, or educators. All of these responsibilities are covered by nurses at advanced steps on the clinical ladder.

**Major benefits**

The program offers 2 main benefits for the participating RNs—recognition and a break from everyday scrubbing and circulating, Vandervort notes.

“The clinical ladder gives them the opportunity to be clinical and stay on top of practice and standards as well as have the autonomy to be on teams to improve processes,” she says.

For example, RN 4s also function as:

- safety officer
- research nurse
- ethics committee member
- in-service provider
- leader of new-employee orientation
- preceptor for OR fellows.

They also are involved in:

- peer interviews
- peer evaluations
- maintenance and revision of policies and procedures.

The RN 3s and 4s rotate in the charge nurse role daily. When they are in charge, they receive an additional $1 per hour, which will soon be raised to $2.

Clinical ladder nurses with long-term service also have a higher salary rate, which is an excellent retention factor, notes Vandervort. The clinical ladder is cost-effective because the higher salaries increase retention. Paying higher salaries is substantially less expensive than recruiting and hiring replacement nurses or nurses for supervisory positions, Vandervort says.

She also believes the ladder system encourages retention. The OR has never used traveling nurses or agency staff, which also saves money, she notes.

**Training ground for leaders**

Nurses applying for the clinical ladder are recognized leaders, Vandervort says—“they walk the talk.” RN applicants for ladder advancement must be clinically advanced, good resource persons, self-motivated, and have leadership qualities.

The top criterion for advancing up the ladder is the nurses’ willingness to be the best performers they can be and participate in the department by their talents as leaders, says Vandervort. Promotion criteria also focus on improved patient outcomes and professionalism.

The clinical ladder promotion application process includes a number of components (sidebar). Applicants for the ladder must be in budgeted positions.

**Surgical technologist ladder**

Perioperative services also has a ladder for surgical technologists (STs), which includes ST levels 1, 2, and 3. An ST 1 is a new graduate with no experience. After 2 years, an ST 1 is eligible to become an ST 2.

Those wanting to advance must first be resource persons in at least 2 specialties and write letters to Vandervort stating their intent to advance and why they think they qualify.

She responds to the letters in writing, commenting on their:

- job performance
- professionalism
- ownership
- stewardship
• communication
• accountability
• personal responsibility
• commitment to colleagues
• safety protocols
• caring relationships
• having the patient as their first priority
• understanding the importance of physician satisfaction
• understanding the overall strategic goals of the OR, hospital, and system.

“They have to prove to me that they’re worthy,” says Vandervort, “and they work hard to do that. The techs really want to move up the ladder.”

To become an ST 3, a person must have 3 to 5 years of experience and be certified. Presently, about 50% of the STs are certified. The pay adjustment for ST ladder advancement is the same as for RNs—6%.

Systemwide ladder

In 2001, Inova, a nonprofit health system in northern Virginia, instituted a systemwide clinical ladder program, ADVANCE (Achievements Demonstrating Versatile Accomplishments of Nursing Clinical Excellence), so all departments in all of its facilities would have the same program. The systemwide program is described in the 2005 Journal of Nursing Administration report.

The program was designed by representatives from across the system and from various specialty areas. Two of the RN 4s from the Mount Vernon OR are on the ADVANCE committee, and one is the chair.

The ADVANCE ladder has 4 steps—RN 1 through RN 4—and 4 domains of practice that include:
• clinical practice/case management at point of service
• quality
• teamwork
• professional development.

In the first 2 years of the ADVANCE program, 210 RNs in Inova received RN 3 promotions, and 58 received RN 4 promotions.

After the first 2 years, the system’s turnover for the RN participants was 5.2%, with only 14 nurses resigning due to relocation, career advancement, or personal reasons. This compares to a systemwide turnover rate of 14.1% for RNs during the same period.

In all, 27 nurses promoted in the program were later promoted into advanced practice roles in management, education, and clinical specialties—demonstrating the value of a clinical ladder program in succession planning for nursing leadership positions, the authors say.

—Judith M. Mathias, RN, MA

Reference

Clinical ladder promotion

The application process includes these components:

360-degree performance evaluation
- Peer
- Self
- Manager

Career portfolio
- Resume
- Evidence of continuing education
- Leadership examples
- Service in professional organizations
- Quality improvement project involvement
- Committee participation
- Clinical narrative
- A written essay, taped narrative, or other creative means of presenting evidence of the applicant’s excellence in practice.