

Clinical Excellence Award

The SOHN Clinical Excellence Award is to recognize and reward nurses who have consistently demonstrated excellence in the delivery of skilled and compassionate care to the ORL-Head and Neck Patient.

PROCEDURE:

A. AWARD

1. The winner of the SOHN Clinical Excellence Award will be selected by the Scholarship and Awards Committee.
2. This award may be made annually.
3. Applications will be reviewed by the SOHN Scholarship and Awards Committee.
4. The award stipend will be determined by the Board of Directors.
5. The recipient will be recognized at the SOHN Annual Congress.
6. A certificate will be awarded in addition to the stipend.

B. CRITERIA

1. Current RN license
2. Current SOHN member
3. CORLN
4. A minimum of five years of ORL nursing
5. Consistently demonstrates excellence in both technical and interpersonal skills
6. Serves as a role model to other ORL nurses
7. Nominations accepted from colleagues, patients and/or families
8. Recipient is selected by the Scholarship and Awards Committee and receives SOHN Board Approval

C. NOMINATION PROCESS

1. Completed nominations must be received by July 1
2. Nominations made on application form
3. Four letters of support must accompany the nomination
 - a. One from the immediate supervisor
 - b. Two from nursing colleagues
 - c. One from a patient/family member, student or other professional colleague

D. REVIEW PROCESS

1. President, Vice President, Executive Director and a Board Member will constitute the Scholarship and Awards Committee.
2. Nominations with supporting application and letters will be reviewed by the Committee.

Clinical Excellence Award application and Scoring form available from SOHN Headquarters.

Written: 1994; Reviewed: 2000; Revised: 2003

AWARD: CLINICAL EXCELLENCE APPLICATION FORM

DIRECTIONS:

1. The form is to be completed by the nominator.
 - a. Responses must be typewritten on the form only.
 - b. Responses must be returned to SOHN Headquarters by July 1.
 - c. Return to: SOHN, 202 Julia Street, New Smyrna Beach, FL 32168
Fax: 386-423-7566, Phone: 386-428-1695 Email:sohn1@earthlink.net
2. No more than four (4) letters of support may accompany the application.
 - a. One (1) should be from the immediate supervisor.
 - b. Two (2) letters should be from colleagues.
 - c. One (1) letter from a patient and/or family member.

Information on Nominee:

Name _____ Nursing License #/STATE: _____

Address _____

City _____ State _____ Zip _____

Telephone Numbers: Home(_____) _____
Work(_____) _____

Employer: _____ Current Job Title: _____

Brief Job Description: _____

Address _____

City _____ State _____ Zip _____

Verification of Employment *(to be completed by the Nominee's supervisor):*

I verify that _____ is employed as a registered nurse with the job title

of: _____ at this facility: _____

Supervisor's Name and title:(please type or print) _____

Signature: _____ Date: _____

Information on Nominator:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Numbers: Home (_____) _____ Work (_____) _____

Information to be completed by Nominator:

1. How long have you known the nominee? _____ How do you know the nominee?

2. Please describe the Nominee's usual involvement with patients with ORL diagnoses.

3. How has the Nominee demonstrated consistent excellence in delivering patient care?

4. Please provide examples of ways in which the Nominee has served as a role model for colleagues:

5. What personal qualities enhance the Nominee's delivery of quality patient care?

6. Describe a specific situation which exemplifies the Nominee's unique ability to provide compassionate, quality care to the ORL patient and family.

7. How does the Nominee participate in community activities and contribute to advancement of a positive image of nursing?