

## Nursing Best Practice Champions® Network Application Form – Level 1

Each application for admission into the Nursing Best Practice Champions© workshop and participation into the Nursing Best Practice Champions© Network will be reviewed by the RNAO.

**Successful applicants will be notified of their acceptance by email.**

Please fax this Application Form, including the signed Letter of Support to:  
416-599-1926 ATTN: Chelsea Morka

<b>First Name</b> _____	<b>Last Name</b> _____
<b>Work Phone</b> _____	<b>Mobile/Pager</b> _____
<b>Home Phone</b> _____	<b>Fax Number</b> _____

**Please provide at least one email address – Information will be sent by Email**

<b>Home Email</b> _____	<b>Work Email</b> _____
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**Work Title/Position** \_\_\_\_\_  
**Organization** \_\_\_\_\_

**Preferred Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_

**Province & Postal Code** \_\_\_\_\_

**Manager Name** \_\_\_\_\_

**Manager Email** \_\_\_\_\_

**Please check the workshop that you are applying for:**

- Kingston – October 30, 2012 – Deadline to submit this form: October 22, 2012**
- Kitchener – November 1, 2012 – WAITLIST**
- Owen Sound – November 7, 2012 – Deadline to submit this form: October 31, 2012**
- Ottawa (English) – November 26, 2012 – Deadline to submit this form: November 19, 2012**
- Toronto – November 29 – Deadline to submit this form: November 21, 2012**
- Ottawa (French) – December 4, 2012 – Deadline to submit this form: November 26, 2012**
- Toronto – December 14, 2012 – Deadline to submit this form: December 7, 2012**
- Thunder Bay – January 24, 2013 – Deadline to submit this form: January 14, 2013**
- Newmarket – January 30, 2013 – Deadline to submit this form: January 18, 2013**
- Toronto – February 27, 2013 – Deadline to submit this form: February 14, 2013**
- Windsor – Date TBA
- Videoconference – Date TBA

**Please check your highest level of education:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> RPN                 | <input type="checkbox"/> RN (diploma)            | <input type="checkbox"/> RN (Bachelor of Nursing)  |
| <input type="checkbox"/> RN Bachelor (other) | <input type="checkbox"/> RN (Masters of Nursing) | <input type="checkbox"/> RN (Masters – other)      |
| <input type="checkbox"/> PhD                 | <input type="checkbox"/> Student                 | <input type="checkbox"/> Other Health Professional |

**Workplace setting(s) (Check one or more of the following):**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Ambulatory Care         | <input type="checkbox"/> Home Health Care                    | <input type="checkbox"/> Public Health  |
| <input type="checkbox"/> Acute Care Hospital     | <input type="checkbox"/> Long-Term Care                      | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> CHC                     | <input type="checkbox"/> Psychiatric Hospital/ Mental Health | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Complex Continuing Care |  |   |

**Please check the specialty area you are currently working in:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Antenatal/Postpartum | <input type="checkbox"/> Infection Control                             | <input type="checkbox"/> Operating Room            |
| <input type="checkbox"/> Cardiac Care         | <input type="checkbox"/> Knowledge transfer / Guideline Implementation | <input type="checkbox"/> Paediatrics               |
| <input type="checkbox"/> Critical Care        | <input type="checkbox"/> Medical/Surgical                              | <input type="checkbox"/> Pain                      |
| <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Neonatal                                      | <input type="checkbox"/> Palliative Care           |
| <input type="checkbox"/> Dialysis             | <input type="checkbox"/> Neurology                                     | <input type="checkbox"/> Psychiatric/Mental Health |
| <input type="checkbox"/> Emergency/Trauma     | <input type="checkbox"/> Oncology                                      | <input type="checkbox"/> Wound Care                |
| <input type="checkbox"/> Gerontology          |  | <input type="checkbox"/> Other: _____              |
| <input type="checkbox"/> Health Promotion     |  |  |

**Are you a member of an RNAO Spotlight Organization?**

- Yes  
 No

If so, which one?

**Are you a member of RNAO? (Not required for Network Participation)**

- Yes  
 No

**Office Use Only**

**Application Received Date:**

**Accepted Date:**

**Network/Workshop Materials Emailed:**

A letter of support from your organization is required in order to process your application and is to be forwarded with this application.

I have reviewed and understand the Network Expectations (see page 4 of this form).  
I understand this is an application only and completion does not confirm participation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Nursing Best Practice Champions© Network  
 Letter of Support**

Date \_\_\_\_\_, \_\_\_\_\_

Name:	
Organization:	
Address:	
City, Province:	
Postal Code:	
Telephone:	
Fax:	

Dear RNAO,

As the \_\_\_\_\_ of \_\_\_\_\_, I am supporting \_\_\_\_\_ to  
*(title) (organization) (Nurse / Applicant)*

join the Nursing Best Practice Champions© Network and attend the Nursing Best Practice Champions© workshop on  
 \_\_\_\_\_.  
*(date)*

In his/her current role as a(n) \_\_\_\_\_ he/she will be supporting the staff  
*(RN / Applicant title/position)*

at \_\_\_\_\_ as they work towards the implementation of the Nursing Best  
*(organization)*

Practice Guideline(s) \_\_\_\_\_  
 \_\_\_\_\_  
*(Best Practice Guideline(s))*

I will support him/her in the role of a Best Practice Champion throughout the planning, implementation, and sustainability phases of the guideline(s).

Sincerely,

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Email Address*

## Frequently Asked Questions (FAQ) About RNAO's Best Practice Guidelines Champion Network

### **1. What is the Nursing Best Practice Guidelines Champion Network?**

Having had tremendous success with engaging nurses and the healthcare community to develop, pilot, implement, and evaluate RNAO's Nursing Best Practice Guidelines, also known as NBPGs, the RNAO developed this program to further enhance active dissemination and purposefully identify and support individuals and organizations to implement NBPGs.

The response to the Network so far has been overwhelming. The pilot workshop was held in Toronto, early in June, 2002. Since its inception, the network has engaged over 5000 nurses across the province with representation from all sectors of the health care sector.

The nurses appropriately named "Best Practice Champions" receive an initial one-day workshop designed to provide them with the tools and skills to champion the project and facilitate active implementation of the guidelines in their organization. Following the initial launch to the champion's role, these nurses will receive on-going communication and support through the RNAO NBPG project office and will have access to the Best Practice Network. The aim of the Network is to provide a means of sharing successes, requesting assistance, and continuous learning on dissemination and implementation of best practices.

### **2. What are the responsibilities of the NBPG Champion role?**

NBPG Champions are responsible for mobilizing, coordinating, and facilitating the training and development of professional staff in best practice guideline education and implementation and participating in Network activities. Moreover, they may provide ongoing resource support for bridging a gap between evidence and practice with strategies to implement specific best practice guidelines by ongoing participation within the Network. To build their capacity to be a NBPG Champion, they will have access to the Network and be a linking agent between the RNAO NBPG Project Office and their home organization. Network expectations include:

#### **Network Expectations**

- Participation in the Best Practice Champions Network, including:
  - Receiving and reviewing information sent by RNAO (approx. 1 email per month)
  - Fulfilling requirements set out by your Sponsor Organization (such as reports, or presentations or projects)
  - Attendance at a minimum of 2 Champions Knowledge Exchange teleconferences or Learning Series Booster sessions (not mandatory but encouraged)

**\*\*NOTE:** Some requirements may be waived at the discretion of the Sponsor Organization

### 3. What are the benefits of getting involved?

The RNAO will actively support and train nurses in to be able to transfer knowledge about nursing best practice guidelines to their bedside practice.

By having nurses become a “RNAO NBPG Champion” they will be given:

- a) a one-day education (orientation) workshop that will develop skills and give resources (including workbook, articles, references) to enable them to leave with broad action plans for local/ service base training;
- b) access to a network of BPG Champions established to give ongoing consultation and resources within web-services, materials, newsletter, and regular meetings
- c) tools and resources to assist with implementation of evidence-based practice (i.e., standard templates for presentations, flyers and/or posters, updates or fact sheets)

### 4. How do I apply?

*Please fully complete and fill out the Registration form to attend a Best Practice Champions Workshop (Level 1). Priority is given to nurses and nursing students (RN or RPN), however allied health professionals are welcome, particularly those who work closely with nursing staff and/or whose organizations are implementing RNAO's Best Practice Guidelines.*

Best Practice Champions are recommended or nominated by their organization and are required to have the Letter of Support (included in the Application) signed by a Manager or Nursing or Administrative Director.

**Please tell other nurses who might be interested in implementing BPGs in their practice setting.** Hoping you will take this opportunity to become a member of the BPCN.

If you would like further information, please feel free to contact:

**Chelsea Morka**  
Program Coordinator  
Direct Line: 416-907-7950  
Toll Free: 1-888-268-7199 x241  
Fax: 416-599-1926  
[cmorka@RNAO.ca](mailto:cmorka@RNAO.ca)

**Registered Nurses' Association of Ontario**  
158 Pearl Street, Toronto, Ontario M5H 1L3  
Main: 416-599-1925  
Fax: 416-599-1926  
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[www.rnao.ca](http://www.rnao.ca)