

Transformational Leadership

TL3

Q-Does the advocacy for resources mean the resource must be acquired? Does the resource have to be a human resource? (updated February 2020)

- The advocacy does not need to result in the acquisition of the resource.
- The resource does not need to be a person, it could be such things as the acquisition of time, money, equipment, technology.

Q-My organization does not have all the levels that are requested in the source of evidence for TL3. How do I respond to the required source of evidence request statement? (updated September 2019)

Two examples must be provided for TL3. In the case of a flat organizational nursing leadership structure (i.e. either only Nurse Managers or only AVP/Nurse Directors) two examples are required using the nurse levels that exist in the organization. For example, if there are no Nurse Managers then the organization will need to supply two AVP/director examples.

TL5

Q-Does the organization-level, decision-making group also need to be interprofessional? (updated February 2020)

- This source does not require the organization-level, decision-making group to also be interprofessional.

Q-Does the improved patient outcome need to be captured at the organization level? (updated February 2020)

- The improved patient outcome can occur at **any level** within the organization (organization level, division, or unit/clinic). The narrative needs to explain how the membership in the organization-level, decision-making group led to the interventions and outcome.

TL6

Q-What is the definition of mentoring? (updated September 2019)

Mentoring is providing information, advice, support and ideas to a person in their current role. Note: The term mentor and preceptor are not used interchangeably. See glossary definition of mentor pg. 152.

Q: Does the mentor associated with a mentoring plan or program need to be a nurse? (updated September 2019)

- TL6a-d: For the clinical nurse, APRN, nurse manager, and nurse AVP/Director examples, the mentor must be a registered nurse. Please refer to the definition for mentor (2019 Magnet Application Manual, pg. 152)
- TL6e: For the CNO example, the mentor may be a registered nurse or a non-nurse.

Q-Does the mentor have to be from within the organization? (updated February 2020)

- It is acceptable to use system-level organization mentor programs or plans, as long as the mentoring is occurring within and supported by the organization. The mentorship can be formal or informal.
- The organization must employ the mentee. The organization or system must employ the mentor.
- All registered nurses must be mentored by registered nurses or APRNs, except for the CNO.
- TL6e (CNO): The CNO may be mentored by nurses or non-nurses, within or outside the organization; however, the narrative must reflect organizational support for this mentoring.

TL7

Q-What is the definition of succession planning? (updated September 2019)

Succession planning is preparing a nurse **to move into** a new role. For Magnet purposes, the succession planning activities of the individual does not have to result in entrance into the new role. However, the activities that move(d) them into the new role must have occurred. See glossary definition on pg. 161

The intent is that nurses are being prepared through succession-planning activities to move into one of the four options listed. For example, succession-planning activities for the CNO **role** might include activities for the Associate CNO or another nurse executive preparing to assume (or already assumed) the CNO's responsibilities.

Q-My organization does not have all the levels that are requested in the source of evidence for TL7. How do I respond to the required source of evidence request statement? (updated September 2019)

Three examples must be provided for TL7 (one from an ambulatory setting) using the nurse levels that exist in the organization. If the applicant organization has a flat structure, the organization must provide three examples using the nurse levels that exist in the organization.

Q-Can I use a role not expressly identified in the four options listed? We have nurse educators, infection control, and other professional development specialist roles. (updated September 2019)

Only if one of these roles meets the definition of the four options provided. We recognize there are other opportunities for succession-planning but these four are the only options included in the Sources of Evidence.

TL9EO

Q-For the communication between the clinical nurse and the CNO/AVP/nurse director/nurse manager, does it need to be direct or indirect communication? (updated February 2020)

- Either direct or indirect communication is acceptable for TL9EO. In either type of communication, it must be clear that the communication is two-way.
- When communication is indirect, it must be clear that messages are received and returned from/to the clinical nurse and the nurse leader in the example.