An exemplar is a significant clinical example or narrative description of an incident, which serves as a model of excellence in nursing practice. To select a situation to write about Pat Benner (1984), whose research was based on exemplars, suggests, “An incident in which you feel your intervention really made a difference in patient outcome, an incident that you think captures the quintessence of what nursing is all about…an incident that was particularly demanding”. The focus of the exemplar should be the impact your nursing care has made on a patient or family and on yourself as a professional.

- Focus on your interactions and interventions with the patient, what you said, did and how it helped to “make a difference”.
- Avoid details about your own career or the patient’s history, lab data or plan of care, unless these are necessary to an understanding of your actions.
- Describe what happened, your concerns, feelings, thoughts and decision-making process and why it was significant to you as well as the patient.
- You are encouraged to give the story complete with fears, risks, opportunities, and satisfactions in order to uncover the practical knowledge and the reading of the situation.

1. How to select a clinical story/exemplar: The clinical story selects you in a way. A situation stands out in your mind because it is laden with significance. The story expresses important knowledge or meanings or expresses your notion of excellent practice or a breakdown in practice. These situations stand out for you and are the ones you think of repeatedly.
   - A situation that stands out as the quintessence of good nursing practice
   - A clinical situation or memorable patient that taught you something new, opened new ways of helping, new lines of injury, or made you notice something new
   - A situation where you clearly made a difference.

2. Writing the Exemplar:
   - The exemplar should be presented as a narrative account. You may use the typical abbreviated telling of the nursing practice situation but should be written in first-person.
   - Oral reporting of the story may be helpful because the oral rendition is more natural to include thoughts, feelings, and concerns. The length should be several double-spaced, type written pages.
   - Have a colleague read your story, preferably one who may have also cared for the patient. This may help you capture the description you want and perhaps help you fill in familiar information you may have taken for granted.
   - When editing your story, avoid summary statements or general phrases that do not communicate what occurred. For example, avoid phrases such as: “I analyzed the possible dangers to the patient and took action to minimize them,” or “I gave emotional support,” or “The patient felt better.” Instead, tell the reader how you recognized the possible dangers, how you minimized them, how you gave emotional support and, where possible, actual outcomes.
   - Include dialogue, when possible, to give the reader a first-hand account of the situation as it unfolds. Include your concerns or what you were anticipating when you took a particular action because that gives a window to your judgment.
   - You should change the patient’s identifying information, such as name, age, family configuration, or any other identifying information if you feel you need to protect confidentiality.

Benner, P (1984), From Novice to Expert-Excellence and Power in Clinical Nursing Practice, Menlo Park, California