UnityPoint Health
Allen Hospital

CAREER LADDER APPLICATION

March, 2016

(Supersedes: 10/18/10, 01/01, 07/01, 12/01, 10/00, 02/03, 02/05, 04/07, 12/07, 6/08, 2/12, 7/14)

INTRODUCTION

The purpose of the Career Ladder Program is to:

- Recognize and promote individual responsibility for personal and professional growth among nurses at Allen Memorial Hospital.
- Provide financial reward for professional growth.
- Retain professional nursing staff.
- Reduce the cost of orientation, recruitment, and hiring associated with turn-over.
- Increase job satisfaction.
- Encourage nurses to participate in activities that improve the patient/family experience, promote the mission and vision of the organization, and promote health and wellness in the people we serve.

The following application, once completed, should be submitted to the staffing office at Allen located on 4th floor. Review Career Ladder Policy C-5 for guidelines including dates for submission, application process, and expectations for documentation. Each applicant must read the policy regarding the Career Ladder Program prior to completing the application.

Any questions or concerns regarding completion of the application can be addressed to Paula Geise, Executive Director, or any of the following members of the committee:

     Shannon Lindeland, Chair, PACU
     Betty Marshall, Ambulatory Surgery, Allen Hospial
     Kim Porterfield, Ambulatory Surgery Center, United Medical Park

Each applicant will appear before the committee during the review of the initial application or if applicant is applying for CL 5. The chair of the committee will contact you with a meeting date and time.

I have read the policy regarding the Career Ladder Program.

Signature: _____ Date: _____

INTENT OF PACKET

I am applying in the following category:

_____New CL3

_____New CL4

_____New CL5

_____Advancing to _____ from _____

_____Decreasing from _____ to _____

_____Maintaining CL3

_____Maintaining CL4

_____Maintaining CL5

*Increase in salary will be in primary job

RESUME

Please complete the following information. You may choose to submit a typed, current formal resume if desired instead of completing this section. If completing this section by hand, writing must be legible.

WORK EXPERIENCE

Date   Experience

_____   _____

                                             _____

                                             _____

                                             _____

_____   _____

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                                             _____

                                             _____

_____   _____

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_____   _____

                                             _____

                                             _____

                                             _____

EDUCATION
Date   Degree   Institution

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

NURSE MANAGER PERFORMANCE REVIEW

No points given

1. You have been chosen to evaluate _____ as his/her nurse manager.
2. The purpose of the nurse manager review is to evaluate leadership abilities, dedication to patient care and enhancement of professional practice.
3. As nurse manager, please rate the applicant on the following criteria:

	Acceptable	Needs Improvement
Applicant readily assists other members of the patient care team.		
Applicant demonstrates commitment to quality patient care.		
Applicant demonstrates positive behavior with those they come in contact with.		
Applicant demonstrates critical thinking skills regarding patient care.		
Applicant demonstrates proficiency in documentation, complying with standards of hospital and regulating agencies (ex. JCAHO, HCFA, State regulations).		
Applicant is free from disciplinary action greater than Level I and consistently displays all of the CARE Values.		

∗ If "Needs Improvement" is checked, the application will not be reviewed by the Career Ladder Committee. **Applicant's who have more than a Level I**
∗ **disciplinary action are not eligible to apply until they meet criteria defined in the policy.**

_____

_____

_____

4. Nurse Managers participating in the review process are expected to respect the confidential nature of the information provided and not share or reveal contents of this review outside the career ladder review process.

Signature: _____ Date: _____

PEER PERFORMANCE REVIEW #1

1 POINT FOR EACH POSITIVE REVIEW*

Maximum 3 points

1. You have been chosen to evaluate _____ as his/her peer.
2. The purpose of the peer review is to evaluate leadership abilities, dedication to patient care and enhancement of professional practice.
3. The **applicant selects one <u>nurse</u> to complete a peer review, and the nurse manager selects two <u>nurses</u>**, with representation from other shifts, if applicable.
4. As a peer evaluator, please rate the applicant on the following criteria:

	Acceptable	Needs Improvement
Applicant readily assists other members of the patient care team.		
Applicant demonstrates commitment to quality patient care.		
Applicant demonstrates positive behavior with those they come in contact with.		
Applicant demonstrates critical thinking skills regarding patient care.		
Applicant demonstrates proficiency in documentation, complying with standards of hospital and regulating agencies (ex. JCAHO, HCFA, State regulations).		

* If "Needs Improvement" is checked, the application will not be reviewed by the Career Ladder Committee.

_____

_____

_____

_____

5. Employees participating in the Peer Review process are expected to respect the confidential nature of the information provided and not share or reveal contents of this review outside the formal Peer Review process.

Signature: _____ Date: _____

PEER PERFORMANCE REVIEW #2

1 POINT FOR EACH POSITIVE REVIEW*

Maximum 3 points

1. You have been chosen to evaluate _____ as his/her peer.
2. The purpose of the peer review is to evaluate leadership abilities, dedication to patient care and enhancement of professional practice.
3. The **applicant selects one <u>nurse</u> to complete a peer review, and the nurse manager selects two <u>nurses</u>**, with representation from other shifts, if applicable.
4. As a peer evaluator, please rate the applicant on the following criteria:

	Acceptable	Needs Improvement
Applicant readily assists other members of the patient care team.		
Applicant demonstrates commitment to quality patient care.		
Applicant demonstrates positive behavior with those they come in contact with.		
Applicant demonstrates critical thinking skills regarding patient care.		
Applicant demonstrates proficiency in documentation, complying with standards of hospital and regulating agencies (ex. JCAHO, HCFA, State regulations).		

*If "Needs Improvement" is checked, the application will not be reviewed by the Career ladder Committee.

_____
_____
_____
_____
_____
_____

5. Employees participating in the Peer Review process are expected to respect the confidential nature of the information provided and not share or reveal contents of this review outside the formal Peer Review process.

Signature: _____   Date: _____

PEER PERFORMANCE REVIEW #3

1 POINT FOR EACH POSITIVE REVIEW*

Maximum 3 points

1. You have been chosen to evaluate _____ as his/her peer.
2. The purpose of the peer review is to evaluate leadership abilities, dedication to patient care and enhancement of professional practice.
3. The **applicant selects one <u>nurse</u> to complete a peer review, and the nurse manager selects two <u>nurses</u>**, with representation from other shifts, if applicable.
4. As a peer evaluator, please rate the applicant on the following criteria:

	Acceptable	Needs Improvement
Applicant readily assists other members of the patient care team.		
Applicant demonstrates commitment to quality patient care.		
Applicant demonstrates positive behavior with those they come in contact with.		
Applicant demonstrates critical thinking skills regarding patient care.		
Applicant demonstrates proficiency in documentation, complying with standards of hospital and regulating agencies (ex. JCAHO, HCFA, State regulations).		

* If "Needs Improvement" is checked, the application will not be reviewed by the Career Ladder Committee.

_____
_____
_____
_____
_____

5. Employees participating in the Peer Review process are expected to respect the confidential nature of the information provided and not share or reveal contents of this review outside the formal Peer Review process.

Signature: _____ Date: _____

PROFESSIONAL/ HEALTHCARE ORGANIZATION MEMBERSHIP

1 POINT FOR EACH ORGANIZATION
1 ADDITIONAL POINT IF OFFICE HELD

Maximum 4 points

Mandatory for CL5

Submit the following information about your current membership and participation in a professional/healthcare related organization.

1. Include a copy of your membership card.

2. If not identified on the card, document the following information:
   a.   Name of organization.
   b.   Local chapter/district, if applicable.
   c.   Dates of membership.

3. Describe your involvement in the organization and how it affects your clinical practice.

The following are examples of professional/healthcare organizations. It is not all-inclusive.

Association of Critical Care Nurses
Association of Operating Room Nurses
Oncology Nursing Society
Sigma Theta Tau
Emergency Nurses Association
American Rehabilitation Nursing
American Society of Post-Anesthesia Nurses
American Nurses Association
Iowa Nurses Association
Allen Alumni Association

CHECKLIST:

_____   Copy of card/proof of membership dates

_____   Documentation including name, chapter, verification if office held, and impact on clinical practice

CONTINUING HOURS OF EDUCATION

.5 POINTS FOR EACH HALF-HOUR OF PARTICIPATION

Points are awarded for CEU's in excess of 12 per year.
Maximum 6.0 points

For every Continuing Education Unit awarded during the past year, submit documentation verifying attendance and the number of units awarded (ex. copy of certificate for CEU, Net-Learning Transcript). In addition to the In addition to proof of attendance, create a cover sheet for this section listing date, name of educational offering, and the number of CEU and total CEU's you are submitting.

Example: If you completed 13 hours of continuing education in the past year, you may submit credit for 1 hours = 1 point.

1 Contact Hour = 0.1 CEU

College coursework: May be used here if not used in college credit.
Coursework must be completed (submit transcript).

Each semester hour =   15 Contact Hours

Each quarter hour =   10 Contact Hours

CHECKLIST:

_____ Coversheet with name, date, CEU and total CEU submitted

_____ Copy of certificates/Net Learning Transcript/college transcript

INSTRUCTOR OF FORMAL PROGRAM/INSERVICE

.5 TO 12 POINTS
(subject to committee approval)
Maximum 12 points

CL5 must either present to a broader group <u>outside of department</u> or serve as preceptor for <u>nurses</u> on your unit

Credit is awarded for the <u>actual time spent presenting</u> based on the following categories (points are not awarded in this category for preparation time-see project section):

Documentation must include the date and times of presentation, title of presentation, copy of the agenda or minutes from meeting, samples of handouts or information used to present, lecture outline, competency checklist, tests, etc. Specify the actual amount of time <u>you</u> presented (class is 8 hours but you only lectured for 1 hour-points are awarded for 1 hour of lecture time).

.5 point is awarded for each hour of presentation for the following:
Equipment /Policy Reviews
> These reviews discuss current hospital policy and/or how equipment operates, but does not involve discussion regarding the critical thinking skills that may be necessary in caring for the patient. Examples: How to use glucometer, using pulse oximeter, IV pumps, hoyer lift, Fire safety, etc.

The amount of time spent in individual reviews may be less than one hour. Add total amounts of time spent on individual reviews over the past year. For example, if 20 minutes spent doing a review 3 different times, the applicant could take credit for one hour.

1 point is awarded for each hour of presentation in a pre-structured course for the following:
Advanced Cardiac Life Support (ACLS)
Pediatric Advanced Life Support (PALS)
Trauma Nursing Core Course (TNCC)
Basic Life Support (BLS)
Neonatal Resuscitation (NRP)
EPIC training (may be at Allen or another affiliate)
Orientation of associates thru Professional Development (IV training, transitions course, CPI, etc.)
Subsequent presentations of programs you've created and presented in previous years

1 point is awarded for each 1/2 hour of presentation for a program you create and present.
Examples include educational presentations to staff, programs presented to other nursing/healthcare professionals.
Competency reviews assess the critical thinking skills involved in caring for patients, thereby differing from equipment reviews. Examples include: care of the patient with assisted ventilation, care of patient with intra-aortic balloon pump, caring for patients with epidurals.

CHECKLIST:

_____ Documentation of dates, times (time refers to amount of time <u>you</u> presented), title, participant attendance records
_____ Samples of outline, handouts, quizzes, competency, information used to present program, policy, pictures, etc.

1 TO 3 POINTS PER PROJECT
(subject to committee approval)
Maximum 14 points

*** CL5 must have points in project area that involves application of evidence based practice into their clinical setting-see page 14***

Project page MUST include signature of nurse manager/committee chair verifying your involvement in the project. For each project, provide documentation of the nature of the project, amount of time involved, the impact/outcome/purpose of the project, pictures, log sheets, audit summaries, or any other proof of your involvement. Identify your specific contributions in a group project.

Project work includes work <u>not</u> expected of you as part of your job description or terms of employment. If another staff would have to complete the task in your absence or all members of the department participate equally in the task, it is not a project, i.e. checking the code cart, checking equipment, narcotic counts, monitoring temperatures, outdates, etc.

Minor project: 1 point
Minor projects are projects that involve little time or effort on your part, or have minor impact on the unit/organization. Examples of minor projects include but are not limited to:

Rewriting Policy or Procedure already developed (include original document prior to revision)
Creating/Restructuring forms or checklists (include original document prior to revision)
Reviewing Kronos/payroll
Ordering supplies
Flu Clinic (may submit in Volunteer section if NOT paid for participation)
College mentor
Preference cards

Major project: 2 points
Major projects involve large amounts of time and effort on your part and have a major impact on the unit/organization. Examples of major projects include but are not limited to:

Coordination of support groups or programs (Heart/colon awareness program, CEU offering, etc.)
Development of patient education materials
Scheduling staff for the department including on-call hours
Allen Mentoring Program (2 points per mentee at end of 12 month cycle -must include paperwork and signature of mentee, beginning and end of date of mentoring cycle, experiences you shared or provided, and your impact on the associate).
<u>Initial</u> development of all material used in educational program/inservice i.e. handouts, competency, quizzes, powerpoint (2 points/educational topic) Please date all material.

1 TO 3 POINTS PER PROJECT
(subject to committee approval)
Maximum 14 points

*** CL5 must have points in project area that involves application of evidence based practice into their clinical setting-see page 14***

Project page MUST include signature of nurse manager/committee chair verifying your involvement in the project. For each project, provide typed documentation of the nature of the project, amount of time involved, the impact/outcome/purpose of the project, pictures, log sheets, audit summaries, or any other proof of your involvement. Identify your specific contributions in a group project.

Project work includes work <u>not</u> expected of you as part of your job description or terms of employment. If another staff would have to complete the task in your absence or all members of the department participate equally in the task, it is not a project, i.e. checking the code cart, checking equipment, narcotic counts, monitoring temperatures, outdates, etc.

Ongoing project: 3 points
Ongoing projects involve large amounts of time each month and are done throughout the year. Ongoing projects are critical to reimbursement, maintaining standards of care, or assist in quality improvement. Ongoing projects must be able to be categorized under the following:

Monthly/quarterly chart audits
Patient/procedural charges
Analyzing or recording statistical data for department

CL5 Project:

**Nurses applying for CL5 must provide evidence of leading and completing a project involving the application of evidence-based practice to actual practice in their unit. The following criteria must be met:
- CL5 project approval form must be signed by the nurse manager and director prior to starting the project.
- Project relates to your unit/area of practice.
- Provide bibliography of research/evidence gathered, indicating need for change in practice.

CHECKLIST:

_____ Manager or committee chair signature and date for each completed project

_____ Typed documentation of the nature of the project, amount of time involved, the impact/outcome/purpose of the project, pictures, log sheets, audit summaries, or any other proof of your involvement. Identify your specific contributions in a group project.

_____ CL5 Project approval form and supporting documentation as outlined on form

CL5 Project Approval Form

This form must be completed in its entirety and <u>signed by your manager and the director of your department</u> prior to starting the project. This form must also <u>accompany other evidence</u> of your project. Example: If you updated a unit policy as part of the project, this form would be completed and signed as well as a copy of the policy with your name on it attached.

Please answer the following questions regarding the project you are considering for Career Ladder 5 and submit prior to beginning. This applies to unit protocols and procedures, patient education materials, staff education, in-services, or unique needs you see in your unit.

1.   Describe your project briefly.

2.   What is the benefit to Patients?

3.   How will your project be implemented?

4.   Any additional information needed to help you gain approval of your project.

Approved_____

Approved with modifications_____

Not approved_____

Manager _____ **Date_____**

Director _____ **Date_____**

PRECEPTING EXPERIENCE

1-12 POINTS PER EXPERIENCE

Maximum 12 points

CL5 must have preceptor experience for associates or presentation of educational program for hospital

A preceptor serves as a teacher, role model, mentor, and resource person, supporting the growth and development of an individual. The preceptor demonstrate advanced clinical and leadership abilities and communication skills. <u>Completion of the Preceptor Training Program will be required once a program becomes available in order to receive credit in this category.</u>

For each category, describe the experience with the students or new associates. Include the types of students, names of associates, experiences you shared or provided, number of hours for each associate or category, and your impact on the student or associate. For Senior Nursing Internships, you must include your signed preceptor agreement from the college and a copy of the log sheet used to record student hours with preceptor signatures.

- **Precepting of students in nursing and other healthcare-related fields (ex. EMT's):**

24 to 80 hours	1 point
81 to 120 hours	2 points
Over 120 hours	3 points

- **Orientation of new associates (time directly spent in the orientation process)**

24-40 hours	2 points
41 and 80 hours	4 points
81-120 hours	6 points
121-150 hours	8 points
151-180	10 points
Over 180 hours	12 points

- **Precepting for Nursing Senior <u>Internship</u> (Full Time)**   120-130 hrs.   6 points
- **Precepting for Nursing Senior <u>Internship</u> (Part Time)**   60-65 hrs.   3 points

- **Designated Education Unit (DEU)**

120 to 240 hours	6 points
241 to 360 hours	9 points
Over 360 hours	12 points

CHECKLIST:

_____   **Typed summary describing types of students, names of associates experiences you shared or provided, number of hours for each associate or category, and your impact on the student or associate. Differentiate if hours were part of DEU pro gram.**

_____   **For senior internship students, include signed preceptor agreement from the college and a copy of the log sheet used to record student hours with preceptor signatures.**

PROFESSIONAL VOLUNTEER ACTIVITY

<u>4 HOURS REQUIRED FOR ALL APPLICANTS</u>

Maximum 3 points

POINTS AWARDED FOR HOURS <u>EXCEEDING</u> THE REQUIRED 4 HOURS

2 hours of participation = 1 point

Volunteer activities include those activities in which you were not paid or compensated for. Because we are representing Allen Hospital and the nursing profession, volunteer activities must be professional. Credit will be given for volunteering in community, school, or hospital activities. Examples of unapproved activities would be mailing fliers for donations, participating in a 5K or walk, or working at a beer tent. Contact a committee member for further clarification if necessary.

Provide a typed summary of the type/name of event, your role, number of hours involved, and the impact this event has on the community. You *may* submit pictures or proof of participation.

Examples include:
• Assisting with flu shot clinics (uncompensated)
• Baby Extravaganza
• Allen Gift shop
• Jubilee clinic
• Blood pressure screenings
• Prostate screening
• Health fairs
• Habitat for Humanity
• Mission trips
• School, church, library events
• Jaycees,Lions Club, etc.
• Parish nursing
• Road runner
• Serving as a volunteer first responder/pre-hospital care provider in your community
• Working the school carnival
• Donating blood (paid plasma donations are not accepted)
• First aid tents
• Hospice volunteer
• Food pantry or drives
• Charity events i.e bake sales, craft fairs
• Walks/5K events (no points awarded for simply walking/running. Must have served as team captain and participated in fundraising or organizing for the event)
• Humane society

CHECKLIST:

_____   Typed summary of your involvement in an approved volunteer activity including dates, number of hours served, impact on community

NATIONAL NURSING CERTIFICATION

1 TO 2 POINTS PER CERTIFICATION

Maximum 5 points

CL5 must have national certification relevant to current area of practice

Nationally recognized certification programs must be approved through The American Board of Nursing Specialties. Some examples are listed in table below.

Specialty certifications such as ACLS, PALS, TNCC, CPI, STROKE, CHEMO will not be awarded points.

Initial Certification	5 points
Recertification	3 points
Maintaining Certification	1 point

Include a copy of your certification card, identifying date of certification and/or renewal. Provide documentation as to how you became interested in becoming certified, the process, the requirements to maintain certification, and how certification benefits you and the patients/practice.
Identify which category above applies to the certification and obtain manager signature.

See below for a list of EXAMPLES of NATIONAL CERTIFICATIONS.

3 Surgical:	Med/Surg	**HH:**	WOCN, OS-C (OASIS), Coding, OCN, Infusion, Med/Surg, Pediatric, Ortho, Pain, Gerontology, High Risk Perinatal, Psychiatric, Cardiac, Vascular
3 Medical:	Med/Surg	**MICU:**	CCRN
4 NET:	Oncology, Med/Surg	**PACU:**	CPAN, CAPA
4 Ortho:	OCNS, RN/BC or Med/Surg	**Peds:**	CPN
Ambulatory:	CAPA/Urology	**R/P:**	Med/Surg
ASC/UMP:	CPAN/CAPA/SGNA; CNOR	**Surgery:**	CNOR, CRNFA
Card Reh:	Exercise Physiology, Cardiovascular	**DDC:**	SGNA/CPAN
CCL/2 Heart:	Cardiovascular	**Wound:**	WOCACB, CRNI, NCBDE
ER:	CEN (Certified Emergency Room Nurse)	**3 Heart:**	Cardiovascular, Med/Surg

CHECKLIST:

_____ Copy of certificate and documentation as to how you became interested in becoming certified, the process, the requirements to maintain certification, and how certification benefits you and the patients/practice.

_____
Signature of Nurse Manager   Date

SPECIALIZED COMPETENCY
RELATED TO DEPARTMENT-SPECIFIC PATIENT POPULATION

1 point per competency

Maximum 2 points

To receive credit in this category, applicant must demonstrate top proficiency/expert status in demonstrated competency. **This DOES NOT include competencies expected of all members of a unit,** but rather competencies that only a set group of nurses on the unit are able to do; it should be <u>above the norm</u> for the staff on the unit. Specialty competency must *not* be a requirement for the job.

Resource person for a specific competency (RN who does all formal education) may also receive credit in this category.

The Nurse Manager must sign the statement below:

I verify that _____ should receive additional credit in the career ladder application for this category, as he/she demonstrates *expertise* in care of (fill in blank)

_____

_____

Signature of Nurse Manager   **Date**

COLLEGE CREDIT

1 POINT PER CREDIT HOUR

Maximum 6 points

Credit must have been awarded within the past calendar year of submission of packet. Course should be related to nursing degree, either bachelor, master, or doctorate level. College credit may not transfer to the CEU category providing credit was already given in this section.

Submit copy of transcript or other grade reports showing name and date of successful course completion and number of credit hours awarded. College schedules <u>do not</u> signify whether course was completed or grade obtained and <u>will not</u> be accepted.

CHECKLIST:

_____ Transcript or other document verifying course name, date, and successful completion

COMMITTEE INVOLVEMENT

2 POINTS PER COMMITTEE
2 Additional points if chair, co-chair, or secretary of hospital/UMP Committee

Maximum 10 points

CL5 must participate in Hospital-wide or Shared Decision Making committee

Committee/team involvement includes standing or ad-hoc committees, teams, or task force that have nursing representation. **If you are a member of a standing committee, you must have a minimum of 3 months of participation. Short-term committees must have a documented 3 meeting dates to count in this category. You must provide documentation indicating participation in >80% of the meetings held.**

Include the following information:
• Name of committee/team and dates of membership
• Letter from chairperson verifying your attendance and participation, including dates of meetings. If you are the chair, signature from manager/director is required.
• Attendance logs with signature of chair verifies attendance but not participation. A signed letter verifying active participation is required in addition to attendance sheet.
• Your specific contributions to the committee/team to include special activities or positions
• Results of the committee/team's work during your membership

Examples of committees/teams include, but are not limited to:
• Patient education committee
• Career Ladder Committee
• Safety committee
• Infection Control committee
• Ethics committee
• Leadership Council
• Practice Council
• Patient Care Delivery Council
• Unit Practice Council
• Quality Council
• Professional Life Council
• Special events committee

CHECKLIST:

____ Typed documentation detailing committee name, dates of membership, purpose, your contributions, results of committee work or special projects, proof of > 80% of meetings held

____ Letter from chairperson/manager/director verifying attendance and participation. Letter must include signature and date

FORMAL DEGREE ACHIEVEMENT

1 TO 5 POINTS

Maximum 5 points

Maximum points for degree achievement can be claimed only once and only the highest level of achievement can be claimed. **Include copy of diploma.**

Master of Science in Nursing   5 points
Master other than Nursing   4 points
Baccalaureate in Nursing   3 points
Bachelor other than Nursing   2 points

Individuals <u>maintaining</u> status of Career Level 3, 4, or 5 are awarded 1 point for formal degree achievement.

CHECKLIST:

_____ Copy of diploma

YEARS OF EXPERIENCE AS REGISTERED NURSE

.5 TO 5 POINTS

Maximum 5 points

CL5 must have three years of experience as a nurse

This criterion is for actual years of nursing practice. This includes nursing experience outside of Allen Hospital. Criteria are met at the <u>completion</u> of the third year, sixth year, and so on. **Resume should indicate number of years experience including month of designation.**

3-5 years	.5 points
6-8 years	1.0 points
9-11 years	1.5 points
12-14 years	2.0 points
15 -19 years	2.5 points
20 – 29 years	3.0 points
30 – 39 years	4.0 points
40+ years	5.0 points

CHECKLIST:

____ Resume indicating month and year of designation as RN

YEARS OF SERVICE AT UNITYPOINT

1 TO 5 POINTS

Maximum 5 points

This addresses **years of continuous employment** with Allen Hospital. If you had a period of absence and were re-hired, you may only count the second set of continuous employment. Criteria are met at the <u>completion</u> of the third year, sixth year, and so on.

Resume should indicate number of years experience including month of hire.

2-5 years	1.0 points
6-10 years	2.0 points
11-15 years	3.0 points
16-25 years	4.0 points
26+ years	5.0 points

CHECKLIST:

____ Resume indicating month and year of hire at Allen Hospital

RECRUITMENT OF NURSE TO CAREER LADDER

1 point

Max 1 point

To receive this credit you must encourage and assist a nurse in achieving career ladder designation. The nurse you assisted must verify that you assisted with their application. The nurse you assisted must have had his or her packet approved prior to you submitting credit in this area. Only one nurse can be identified as assisting with the packet.

I, _____ verify that _____
   (Printed name)   (Printed name)

assisted me with achieving career ladder designation.

Date of designation: _____

_____
Signature of nurse recruited   Date

GOALS

0 Points

In this section, identify the goals you plan to accomplish in the <u>next</u> year. **The goals should be measurable with a clear plan for implementation. The goals should relate to the goals of your nursing unit.** It is best to discuss the goals with your unit nurse manager to assure they are realistic and pertinent to unit needs. You may refer to the attached goal packet for assistance in creating and writing your goals. You may type a separate page and have your manager sign and date or you may write goals on this page. Legibility is important.

1. **What goal(s) do you plan to accomplish in the next year that will impact the delivery of care to patients, enhance the patient/family experience, result in improved patient outcomes, or impact the nursing profession at Allen?**

_____

_____

_____

_____

_____

_____

_____

_____

2.   How do you plan to achieve that goal(s)? (Be specific)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____   _____
Nurse manager signature   Date

SUMMARY OF PREVIOUS YEAR'S GOALS

0 points

For this section, provide a summary of last year's goals. Achievement of goals is not necessary. You may type a separate sheet with the goal summary and manager signature or use the space provided. Legibility is important.

Summary:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____   _____
Nurse manager signature   **Date**

Addendum: Creating your Goals

Creating goals can seem like a challenge at first. Let's take a look at the process from the beginning and then look at some samples of well-written goals.

Find a problem. For many, that is the easy part. It may be identified at your unit meetings, by fellow associates, or your nurse manager. It may be a need to re-organize, develop a plan of action to minimize error, or to simplify a process. As part of your unit, each person has a responsibility to identify ways to make your unit successful in providing the best patient care.

Discuss the problem with your nurse manager and other staff. How do they see this problem? Is there a common goal that can be achieved? Accomplishing your goal will be easier if you can gain the support of others in your unit.

Define the goal, the expected outcome that you would like to see. It should be specific enough that you will know when you have achieved it. *Improving patient care* may seem like a great goal, but it isn't measurable. If someone else reads your goal, will they know **exactly** what you are trying to accomplish?

Establish your plan of action. How are you going to meet the goal? It is important to be specific here as well. If you haven't presented a well thought out plan of action, it will be difficult for you to achieve your goal. It may be helpful to have input from your nurse manager or others in your unit as you write out your plan of action.

Sometimes goals may change or your plan to achieve them may change. However, this shouldn't be an excuse every time you don't achieve your goal. When it does happen, ask yourself, what prevented you from achieving the goal? Was there a flaw in your plan of action? Did situations change that eliminated the need for this goal or altered the plan of action? Doing a quick analysis now will help as you establish new goals for the future.

The following are examples of goals that meet some of the criteria we have discussed.

Goal:
Create education packets, for patients entering the emergency department, that contain all the necessary information required by JCAHO regarding pain, patient satisfaction, domestic violence, and expected wait times for the emergency department.
1. Meet with nurse manager and other nurses on committee to decide on documents to be included with packet.
2. Order supplies for packets and assemble. Arrange area for storage of extra packets.
3. Instruct ED staff on use of packets at ED unit meeting.
Goal:
Conduct monthly competency review for the unit.
1. Identify competencies to be reviewed for the year.
2. Create competency review sheet for each topic and distribute packet ahead of time to each associate on unit.
3. Establish set dates for presentations so staff can attend.
4. Provide one review each month and record attendance. Sign completion of competency review for each associate and forward to nurse manager.

WORKSHEET/REQUIRED DOCUMENTATION

CRITERIA/ POINTS POSSIBLE	MAX POINTS	POINTS GIVEN
RESUME (0 POINTS)	0	0
NURSE MANAGER PERFORMANCE APPRAISAL • All criteria acceptable • Manager signature and date	0	0
PEER PERFORMANCE REVIEW • All criteria acceptable. • Peer signature and date	Max 3 points	
PROFESSIONAL/HEALTHCARE ORGANIZATION MEMBER-SHIP** • Copy of card/proof of membership dates • Documentation including name, chapter, verification if office held, and impact on clinical practice	Max 4 points	
CONTINUING EDUCATION HOURS • Coversheet with name, date, CEU and total CEU submitted • Copy of certificates/Net Learning transcript/College transcript	Max 6 points	
INSTRUCTOR FORMAL PROGRAM/INSERVICE** • Documentation including name and date of presentation, time spent presenting, audience type • Submit copies of handouts, quiz/competency, participant attendance record, information used to present, pictures, etc.	Max 12 points	
PROJECT WORK INVOLVEMENT** • Manager/committee chair signature and date for each project • Documentation of nature of project, time involved, impact/outcome/purpose, log sheets, audit summaries, other proof of project. Identify your specific contributions if group project. • CL5 project approval form and supporting documentation as outlined on form	Max 14 points	
PRECEPTING EXPERIENCE** • Summary describing types of students or associate names, experiences provided, number of hours for individuals/category, your impact on student or associate. Differentiate if this was part of the DEU program. • Senior internships-include signed preceptor agreement from college and copy of log sheet to record student hours	Max 12 points	
VOLUNTEER ACTIVITY** 4 HOURS REQUIRED FOR ALL APPLICANTS • Typed summary of your involvement in an approved volunteer activity including dates, number of hours served, impact on community	Max 3 points	

NATIONAL NURSING CERTIFICATION** • Copy of certificate and documentation as to how you became interested in becoming certified, the process, the requirements to maintain certification, and how certification benefits you and the patients/practice. • Certification page includes manager signature and date	Max 5 points	
SPECIALTY COMPETENCY • Manager signature and date on category page verifying criteria	Max 2 points	
COLLEGE CREDIT • Transcript or other document verifying course name, date, and successful completion	Max 6 points	
COMMITTEE/TEAM INVOLVEMENT** • Typed documentation detailing committee name, dates of membership, purpose, your contributions, results of committee work or special projects, proof of $\geq$ 80% of meetings held • Letter from chairperson/manager/director verifying attendance and participation. Letter must include signature and date	Max 10 points	
FORMAL DEGREE ACHIEVEMENT • Copy of diploma	Max 5 points	
YEARS OF EXPERIENCE AS RN** • Resume includes month and year of RN designation	Max 5 points	
YEARS OF SERVICE AT UNITYPOINT • Resume includes month and year of hire at UnityPoint	Max 5 points	
RECRUITMENT OF NURSE TO CAREER LADDER • Signature and date of nurse you recruited on category page	Max 1 point	
GOALS • Typed or legible goals • Nurse manager signature and date on category page or typed goals paper	0	0
PREVIOUS YEAR'S GOAL(S) SUMMARY • Typed or legible summary of previous year's goal(s) • Nurse manager signature and date on category page or typed summary paper	0	0

TOTAL POINTS (93 possible): _____

Level 3 = At least 30 points and 4 hours of volunteer activity (no points given)
Level 4 = At least 40 points and 4 hours of volunteer activity (no points given)
Level 5 = At least 50 points and 4 hours of volunteer activity (no points given)

**Must be met for CL5

COMMENTS:

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_____ Application approved for _____. No further action.

_____ Application denied with above recommendations.

_____   _____
Signature of Committee Chair   Date

_____   _____
Signature of Director   Date

==Re-application to maintain status must be turned in to nursing service by _____.Packets not received by this date will result in applicant decrease in pay as indicated in policy.==

***NO* REMINDERS WILL BE SENT WHEN NEXT APPLICATION IS DUE. PLEASE MARK THIS IN YOUR CALENDAR.**