



BJC HealthCare

**PROFESSIONAL
NURSE
DEVELOPMENT
PROGRAM (PNDP)**

**BJC PNDP
TABLE OF CONTENTS**

PNDP Policy/Program	Pages 3-6
PNDP Qualifications	Page 7
Promotion Cover Sheet	Page 8
Checklist for Promotion	Page 9
Checklist for Continued Status	Page 10
Letter of Intent Format	Page 11
Resume Format	Page 12
Reference Forms	Pages 13-16
Verification of Meetings	Page 17
Committee Evaluation	Page 18
Continuing Education Log	Page 19
Points Description	Page 20
Points Log	Pages 21-33
Exemplar Format/Guidelines	Pages 34-35
Exemplar Examples	Pages 36-40
Clinical Evaluation Checklist	Pages 41-44

BJC Healthcare Professional Nurse Development Program

General Information for Nursing Staff

I. **Philosophy**

The BJC Professional Nurse Development Program (PNDP) promotes the lifelong pursuit of expertise of the clinical nurse. The overall goal of the program is to continue to provide high quality nursing care and opportunities for clinical nurses to experience professional growth and advancement.

The BJC PNDP is based on the work of Dr. Patricia Benner. In the BJC PNDP, all five of Benner's levels of skill acquisition are recognized: novice, advanced beginner, competent, proficient, and expert. The criteria become progressively more complex and demanding as the level of expertise increases. Each level requires a defined amount of experience and knowledge.

Evidence of the nurse's performance is further demonstrated through exemplars which are written illustrations of the nurse's professional practice. These exemplars represent the nurse's contribution to patients' or families' welfare and reflect the nurse's clinical knowledge and leadership.

As part of the evaluation of the nurse's professional development, Benner's seven domains further indicate his or her competence. These competencies within each domain are evaluated as met or not met and demonstrate to the nurse and his or her manager or mentor that knowledge and clinical application for each level is present.

II. **PNDP Program Objectives**

1. Provide an opportunity for staff nurses to develop a career path which recognizes professional practice excellence.
2. Promote leadership and development of frontline staff nurses.
3. Encourage exemplary practice, new knowledge, and innovation.
4. Attract and retain high quality nursing staff at the bedside resulting in improved patient outcomes.
5. Recognize and reward front line staff that engage in clinical inquiry, education, research projects, and evidence-based projects to improve empirical outcomes.

III. **Level Definitions**

Staff RN 1:	Designated for new graduate nurses with less than one year of nursing experience.
Staff RN 2:	Designated for nurses who reach one year total nursing experience or nurses new to the hospital with more than one year of nursing experience but less than two.
Staff RN 3:	Designated for nurses who complete two years of experience and are beginning to take actions in terms of long-range goals or plans. Conscious, deliberate planning helps achieve efficiency and organization.

- Staff RN 3-P: Same definition as a Staff Nurse 3, however chooses to highlight their clinical skills and knowledge by participating in the PNDP.
- Staff RN 4-P: Designated for nurses who reach three years of nursing experience and choose to highlight their clinical skills and knowledge by participating in the PNDP. The nurse recognizes situations in terms of the overall picture and utilizes advanced analytical and psychosocial skills.
- Staff RN 5-P: Designated for nurses with five years of experience and chooses to highlight their clinical skills and knowledge by participating in the PNDP. The nurse has an intuitive grasp of the patient's situation, both clinically and psychosocially. Performance is unlabored and flexible, reflecting a finely integrated sense of knowledge and skills.

IV. **Components/Criteria Identified for Each of the Voluntary PNDP Levels**

The following comprise the components of the PNDP:

1. Qualifications
2. Clinical Practice (Exemplar)
3. Leadership/Professional Growth and Contribution (Points)
4. Continuing Education (CEU's)
5. Clinical Evaluation

V. **Eligibility**

1. Upon hire, all staff RN's will be assigned a staff nurse level (SN) based on years of RN experience.
2. Advancement into the PNDP is available to nurses with more than two years of RN experience.
3. All staff nurses who have worked at least 800 hours in the past 12 months and whose primary role is the provision of direct patient care are eligible to participate in the PNDP. This would include jobs from certain entities in the title of charge nurse. (Lead Charge I not eligible at BJH). (Insert new staff nurse pay grade) At least 50% of the applicant's hours worked must be in direct patient care delivery.
4. Employees who have received a corrective action within the past 12 months and/or are on disciplinary probation are not eligible to apply to the PNDP.
5. Employees who receive written disciplinary action while participating in the PNDP, will be removed from the PNDP for a period of one year.

VI. **Compensation/Recognition**

The PNDP compensation is distributed as a differential on hours paid. (up to 1820/year) It will appear as a line item each pay period.

Payment will end at one year (26 pay periods) or 1820 hours, whichever comes first. The current full time annual compensation is:

Staff RN 3-P	\$1500 or \$.82/hr
Staff RN 4-P	\$3000 or \$1.65/hr
Staff RN 5-P	\$5000 or \$2.75/hr

The differential pay on hours paid is effective only as long as the employee remains on active status, and meets the eligibility requirements outlined in this document. No payout will be made upon termination of employment or transfer out of an eligible position.

VII. Application Process

1. At least one month prior to the application deadline, the nurse must submit a "Letter of Intent" to the PNDP committee. The Letter of Intent is described later in this packet.
2. The Letter of Intent will trigger an application packet to be sent to the nurse.
3. Portfolio is initiated by nurse.
4. Applicant completes all required forms including documentation to validate achievement of criteria.
5. First time portfolios for promotion will be considered on March 1 or September 1.
6. Portfolios for continued status will only need to be submitted every two years.
7. The PNDP portfolio for promotion/continued status must be reviewed by the applicant's manager or manager designee before submission.
8. The PNDP Committee meets to review all portfolios.
9. All applicants attend a panel interview and present an exemplar to the panel members. Applicants applying for continued status will participate in an abbreviated interview every two years.
10. It is the applicant's responsibility to present a complete portfolio with all required documentation. Copies of documentation must be retained by applicant for possible future verification of achievement.
11. Experienced RN's can be hired into an SN3. They can then apply for a Staff RN 3-P or Staff RN 4-P after one year at the entity if they meet all established criteria. They must attain Staff RN 4-P and Staff RN 5-P sequentially, but can apply for promotion annually.

VIII. Bi-annual Renewal or Request for Promotion

1. Portfolios for promotion to a new level or for first time applicants may be submitted either March 1 or September 1 each year. Portfolios for promotion must be submitted at least one year from the date of last submission.
2. Every two years, the Staff RN 3-P, Staff RN 4-P, or Staff RN 5-P must submit an update of activities in a portfolio. They can apply for continued status at their current level or apply for promotion to a new level. Nurses who are at the Staff RN 3 level may also apply for promotion into a Staff RN 3-P or Staff RN 4-P if qualified.
3. It is the applicants' responsibility to track their renewal dates.
4. The applicant completes all required forms including documentation that all criteria are met for the designated level and submits the forms by the deadline date.
5. Continued status portfolios will be due March 1 or September 1 accordingly, based on the original achievement date every two years.
6. The PNDP renewal portfolios must be reviewed and approved by employee's manager or manager's designee before submission.
7. The PNDP committee meets to review and discuss renewals, new applications, and promotion packets.
8. If an applicant does not meet the level for which they applied, but qualify for a lower level, they will automatically be awarded that level.
9. The PNDP committee will determine if the applicant meets the criteria, award achievement and notify applicant.

IX. Transfer Process Related to Eligibility

1. If a nurse who is participating in the PNDP is transferring to another BJC entity, both CNE's (may include manager or director in conversation) will review the transfer to assess similarities in the roles at both institutions.
2. If the roles are considered to be similar, the PNDP payments will be suspended for 6 months while orienting to the new environment.
3. At the end of 6 months, the nurse will reapply to the PNDP at the next available submission date. The applicant can use information from their previous job, in addition to their current job.

X. Role and Composition of the PNDP Committee

1. The Committee is comprised of management, staff nurses, leadership, educators and HR reps.
2. To review and act upon all submitted portfolios.
3. To provide consultation to staff nurses and managers about the PNDP.
4. To serve as an appeal board.
5. To notify the applicant of achievement.
6. Compliance with criteria (e.g., no corrective action) is monitored by manager and HR.
7. Notify new members of ongoing rules and regulations and any program revisions.
8. The committee will be responsible for problem solving issues that arise within the PNDP.
9. The committee will be responsible for follow-up on employee issues/concerns.

XI. Appeals Process

1. The staff nurse shall first discuss the situation with the manager of their department.
2. The staff nurse shall then submit the concern, in writing to the PNDP Committee Chair(s).
3. If the issue is not resolved in Step Two, the staff nurse shall submit the concern in writing to the Vice President of Patient Care Services within 10 calendar days from the date letter received from the Professional Nursing Development Program Committee.
4. The Vice President of Patient Care Services will investigate, consult with the PNDP Committee, and provide a written response which will include their understanding of the problem and the action to be taken, if any. The response of the Vice President of Patient Care Services shall be in the mail within 10 days.

XII. Written Discipline

If an RN in the PNDP program receives a written corrective action, the nurse will immediately be removed from the program and all PNDP payments will be suspended. The nurses' manager is responsible for notifying the committee chair that a corrective action has been received. The RN will be eligible one year from the receipt of the written warning, pending any further written discipline. In order to reinstate, the RN must reapply at the designated date of March 1 or September 1 using the Application for Promotion.

Professional Nurse Development Program (PNDP) Qualifications

Categories	All Staff Nurses Upon Hire			Voluntary PNDP		
	Staff RN 1	Staff RN 2	Staff RN 3	Staff RN 3-P Formerly CNI	Staff RN 4-P Formerly CNII	Staff RN 5-P Formerly CNIII
Education	RN	RN	RN	RN	RN + BSN required	RN + BSN required
Years as RN	0-1 year	≥ 1 year	≥ 2 years	≥ 2 years	≥ 3 years	≥ 5 years
Years in Specialty	NA	≥ 1 year	≥ 1 year	≥ 1 year	≥ 2 years	≥ 3 years
Years at Entity	NA	NA	≥ 1 year	≥ 1 year	≥ 1 year	≥ 1 year
Exemplars for promotion	NA	NA	NA	1 exemplar	2 exemplars	3 exemplars or 2 exemplars and a project pre-approved by the board
Exemplars for renewal				1 exemplar	1 exemplar	1 exemplar
Interviews for promotion				Full interview	Full interview	Full interview
Interviews for renewal				Abbreviated interview	Abbreviated interview	Abbreviated interview
References				Needed for new applicants only.	Needed for promotion only.	Needed for promotion only.
Professional Development Contribution Points	NA	NA	NA	15 Points annually or 30 biannually from 2 categories	30 Points annually or 60 biannually from 3 categories	45 Points annually or 90 biannually from 4 categories
CEU's Required	Departmental requirement	Departmental requirement	Minimum 2 CEU's or departmental requirement Exception for Illinois Hospitals where 20 CEU's/2 years are required.	4 CEU's annually or 8 biannually above annual competencies Exception for Illinois Hospitals where 20 CEU's/2 years are required.	6 CEU's or 12 biannually above annual competencies Exception for Illinois Hospitals where 20 CEU's/2 years are required.	8 CEU's or 16 biannually above annual competencies Exception for Illinois Hospitals where 20 CEU's/2 years are required.
Performance Rating	Successful	Successful	Successful	Successful	Successful	Successful
HR Job Codes	Job 1	Job 1	Job 1 BSN preferred	Job 2 BSN preferred	Job 2 BSN required	Job 2 BSN required

**BJC PNDP
APPLICATION COVER SHEET**

Name:	Date:
Email:	Department:
Home Address (include City, State, Zip)	
Home Phone:	Work Phone:
Length of employment in current department:	Employee ID #
I am applying for: <input type="checkbox"/> Staff RN 3-P <input type="checkbox"/> Staff RN 4-P <input type="checkbox"/> Staff RN 5-P	Years employed as a registered professional nurse _____
Hospital employment date:	

<p>TO BE FILLED OUT BY Director/ Manager</p> <p>Satisfactory attendance at annual appraisal time. Current Year <input type="checkbox"/>Yes <input type="checkbox"/>No Prior Year <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Most recent performance appraisal rating: _____</p> <p>This applicant has been in the disciplinary process during the previous twelve months. <input type="checkbox"/>No <input type="checkbox"/>Yes, (applicant is not eligible to go forward).</p> <p>I support this applicant for promotion:</p> <p align="right">Date: _____</p> <p>_____ Signature of Director/ Manager</p>
--

**BJC PNDP
CHECKLIST FOR PROMOTION
Portfolio Submission**

Name:	Date:
I am applying for: <input type="checkbox"/> Staff RN 3-P <input type="checkbox"/> Staff RN 4-P <input type="checkbox"/> Staff RN 5-P	Department:

Required application components **due by March 1 or September 1:** (check if completed)

- A. Cover sheet
- B. Letter of intent (**Submit at least one month prior to program application deadline**)
- C. Resume
- D. References:
 - One (1) Management/Administration
 - One (1) Peer Selected by Applicant
 - One (1) Peer Selected by Manager
 - One (1) Non-Nursing **Licensed** Professional
- E. Written exemplars ** See appendix for examples
 1. Staff RN 3-P: One (1)
 2. Staff RN 4-P: Two (2)
 3. Staff RN 5-P: Three (3) or two exemplars and a project
- F. Verification of Meetings/Mandatory Training (Include Cornerstone validation of completed mandatories)
- G. CEU Log and CEU Certificates
- H. Points Log and Verification of Points
- I. PNDP Clinical Evaluation

This completed sheet should accompany materials due by March 1 or September 1. Submit completed portfolio to _____ in Room _____.

Signature of Applicant

Date

**BJC PNDP
LETTER OF INTENT FORMAT**

Letter of intent must be submitted at least one month prior to program application date.

ADDRESS TO:

Professional Nurse Development Program Committee

BODY OF LETTER:

1. Indicate the level for which you are applying.
2. Tell about your nursing experience.
3. Explain why you should be promoted to the next level in the program. (First time and promotion)
4. List any additional information that might be useful to the PNDP Committee.

CLOSING:

Include name, department and telephone extension, e-mail address, mailstop.

BJC PNDP PROFESSIONAL RESUME FORMAT

A resume represents your experience and qualifications in an organized written format, targeted to a specific occupational interest.

Information to Include

Personal Data

Your name, address, and telephone number (home and work).

Employment Objectives

Identify the level for which you are applying.

Work Experience

List most recent first, include month and year going back a maximum of ten years. List duties and responsibilities. Focus on your accomplishments and contributions in each position, especially as they relate to the level for which you are applying.

Formal Education

Start with the most recent schools and pertinent specialized education. College graduates should list degree, college, and major and minor areas of study.

Professional/Community Activities/Memberships

Highlight leadership responsibilities.

Honors/Scholarships/Awards

List any achievements in college, community, or professional.
Publications

BJC PNDP
REFERENCE: MANAGEMENT/ADMINISTRATION SELECTED BY APPLICANT

_____ has applied for a promotion to _____.

Your feedback on his/her abilities is an important part of the evaluation process. Please evaluate how the above person performs in the following areas:

1. Please comment on this individual's ability to coordinate the care of patients:

2. Please comment on this individual's ability to be a team player and willingness to assist others:

3. Please describe a time you have seen this individual function as a role model, change agent or leader.

Please choose one of the following four rating statements that you feel best describes this applicant's ability to practice professional nursing:

- Outstanding:** Performance at this level consistently exceeds job expectations and is recognized by peers and/or customers as a leader and a positive example for others. Represents a level of performance that is rare and unusual.
- Highly Successful:** Performance at this level consistently generates results above those expected of the position. Contributes in a superior manner to the success of the department and organization.
- Successful:** Performance at this level meets expectations and represents what is expected of a trained, experienced employee. Employee consistently contributes to the department's overall success.
- Improvement Expected:** Performance at this level falls below what is expected for a trained, experienced employee. Performance does not consistently meet expectations.

Manager Signature: _____ Date: _____

BJC PNDP
REFERENCE: PEER REVIEW REFERENCE SELECTED BY APPLICANT

_____ has applied for a promotion to _____.

Your feedback on his/her abilities is an important part of the evaluation process. Please evaluate how the above person performs in the following areas:

1. Please comment on this individual's ability to communicate with patients, families and other members of the healthcare team:

2. Please comment on this individual's ability to be a team player and willingness to assist others:

3. Please describe a time when you have seen this individual function at a high level to get things done to improve the work environment or a patient care experience:

Please choose one of the following four rating statements that you feel best describes this applicant's ability to practice professional nursing:

- Outstanding:** Performance at this level consistently exceeds job expectations and is recognized by peers and/or customers as a leader and a positive example for others. Represents a level of performance that is rare and unusual.
- Highly Successful:** Performance at this level consistently generates results above those expected of the position. Contributes in a superior manner to the success of the department and organization.
- Successful:** Performance at this level meets expectations and represents what is expected of a trained, experienced employee. Employee consistently contributes to the department's overall success.
- Improvement Expected:** Performance at this level falls below what is expected for a trained, experienced employee. Performance does not consistently meet expectations.

Signed: _____ Date: _____

BJC PNDP
REFERENCE: PEER REVIEW REFERENCE SELECTED BY MANAGER

_____ has applied for a promotion to _____.

Your feedback on his/her abilities is an important part of the evaluation process. Please evaluate how the above person performs in the following areas:

1. Please comment on this individual's ability to communicate with patients, families and other members of the healthcare team:

2. Please comment on this individual's ability to be a team player and willingness to assist others:

3. Please describe a time when you have seen this individual function at a high level to get things done to improve the work environment or a patient care experience:

Please choose one of the following four rating statements that you feel best describes this applicant's ability to practice professional nursing:

- Outstanding:** Performance at this level consistently exceeds job expectations and is recognized by peers and/or customers as a leader and a positive example for others. Represents a level of performance that is rare and unusual.
- Highly Successful:** Performance at this level consistently generates results above those expected of the position. Contributes in a superior manner to the success of the department and organization.
- Successful:** Performance at this level meets expectations and represents what is expected of a trained, experienced employee. Employee consistently contributes to the department's overall success.
- Improvement Expected:** Performance at this level falls below what is expected for a trained, experienced employee. Performance does not consistently meet expectations.

Signed: _____ Date: _____

BJC PNDP

REFERENCE: NON-NURSING LICENSED PROFESSIONAL REFERENCE SELECTED BY APPLICANT (Pharmacist, RRT, PT, OT, Dietician, Physician)

_____ has applied for a promotion to _____.

Your feedback on his/her abilities is an important part of the evaluation process. Please evaluate how the above person performs in the following areas:

1. Comment on this individual's ability to communicate with you or your department:

2. Please comment on this individual's ability to be a team player and willingness to assist others:

3. Please describe a time when you have seen this individual function at a high level to get things done to improve the work environment or a patient care experience:

Please choose one of the following four rating statements that you feel best describes this applicant's ability to practice professional nursing:

- Outstanding:** Performance at this level consistently exceeds job expectations and is recognized by peers and/or customers as a leader and a positive example for others. Represents a level of performance that is rare and unusual.
- Highly Successful:** Performance at this level consistently generates results above those expected of the position. Contributes in a superior manner to the success of the department and organization.
- Successful:** Performance at this level meets expectations and represents what is expected of a trained, experienced employee. Employee consistently contributes to the department's overall success.
- Improvement Expected:** Performance at this level falls below what is expected for a trained, experienced employee. Performance does not consistently meet expectations.

Signed: _____ Date: _____

Print: _____

Discipline of Person Completing this form: _____

**BJC PNDP
VERIFICATION OF MEETINGS / MANDATORY TRAINING**

Name: _____ Date: _____

Applying for: STAFF RN 3-P STAFF RN 4-P STAFF RN 5-P

Mandatory training for individual department:

Annual training requirements for all nursing departments:

Quarterly Cornerstone Mandatories Complete: (Please include Cornerstone Report)	Quarter _____	Yes/No _____
	Quarter _____	Yes/No _____
	Quarter _____	Yes/No _____
	Quarter _____	Yes/No _____

STAFF MEETING ATTENDANCE

- | | | | |
|------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March | <input type="checkbox"/> April |
| <input type="checkbox"/> May | <input type="checkbox"/> June | <input type="checkbox"/> July | <input type="checkbox"/> August |
| <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |

Manager, state your department's standard for attendance at staff meetings:

Manager's Signature: _____

**BJC PNDP
Hospital or Professional Committee Participation Evaluation**

Name: _____ Unit: _____

The person named above is seeking advancement or renewal in the BJC Professional Nursing Development Program. Your assistance would be appreciated in evaluating their effectiveness in committee participation. Please furnish the information requested below. This information will be considered **confidential**.

Committee: _____ Attendance: # attended of # possible: _____

EVALUATION	MEETS EXPECTATIONS	DOES NOT MEET EXPECTATIONS
Attendance		
Participation		
Effectiveness		

Remarks:

Printed name of person giving reference: _____

Signature: _____ Date: _____

This form can be photocopied if you are on multiple committees.

BJC PNDP CONTINUING EDUCATION LOG

NAME _____
EMPLOYEE # _____

DEPARTMENT _____

Directions: Print or type all information legibly. This form may be photocopied. Keep this log for your records and include in your portfolio **along with copies of CEU certificates**. It is the applicant's responsibility to keep track of contact hours.

Contact Hours: These programs must address subjects that have direct application to the needs of the acute and critically ill patient or family. Staff RN 3-P requires 4 CEU's annually, Staff RN 4-P requires 6 CEU's annually, and Staff RN 5-P requires 8 CEU's annually. These are in addition to other contact hours that may be required by your entity. The exception is for Illinois Hospitals where 20 CEU's (every two years) are required for licensure. CEU's required for licensure can count in the total CEU's.

Program Title	Dates	Sponsoring Organization	Contact hours Obtained
		TOTAL	

**BJC PNDP
POINTS DESCRIPTION**

The *Points Program* allows credit for time and expertise in precepting, giving inservices or presentations, publishing original materials, obtaining specialty certification or recertification, and participation in various leadership activities. Points are broken down into six categories for ease in determining your points. A log is included to help keep track of your points.

Points required for Promotions / Recertification:

- From a Staff Nurse 3 to an Staff RN 3-P: must have 15 Points for the prior calendar year in a minimum of 2 categories.
- To maintain a Staff RN 3-P: must maintain 15 Points per year from a minimum of 2 categories.
- From a Staff RN 3-P to a Staff RN 4-P: must have 30 Points for the prior calendar year from a minimum of 3 categories.
- To maintain a Staff RN 4-P: must maintain 30 Points per year from a minimum of 3 categories or 60 points over the past 2 years.
- From a Staff RN 4-P to a Staff RN 5-P: must have 45 Points for the prior calendar year from a minimum of 4 categories.
- To maintain a Staff RN 5-P: must maintain 45 Points per year from a minimum of 4 categories or 90 points over two years.

**BJC PNDP
POINTS LOG AND DESCRIPTIONS**

Category A: Academic Credit (Maximum points for category = 6 points annually or 12 points biannually)

Encompasses academic courses offered by an accredited college or university. These courses should address the bio-psychosocial knowledge base of professional human services. It is not essential that the course content be patient focused.

Examples include psychology, sociology, philosophy, social or cultural anthropology, research, education statistics, chemistry, biology, human anatomy and physiology, medical Spanish, health care management. College credits earned through challenge exams are acceptable.

Examples that **are not** acceptable include but are not limited to: history, math, art, music, and English.

Activity/Description	Dates when pts acquired	Verification Needed	Points Available	Points Achieved	Office Use Only
		Copy of grade report from the school, grade "C" or better.	1 point per credit hour to a max of 6 points.		
Total points achieved for this category:					

Category B: Professional Publications (Maximum points for category = 15 points annually or 30 points biannually)

Encompasses professional healthcare publications related to clinical nursing or leadership. The RN's responsibility in the publication may be authorship, co-authorship, or editorial. The item to be published may be a book, chapter in a book, paper, article, abstract, book review, etc. This item may be published in a book, journal, professional organization's national or local newsletter, etc. Professionally authored multimedia teaching aids are acceptable. Professional publications are evidence based and have references cited.

Activity/Description	Dates when pts acquired	Verification Needed	Points Available	Points Achieved	Office Use Only
Editorial in a journal (healthcare related)		Copy of editorial from publication.	5 points		
Article in an internal or external newsletter		Copy of article from publication.	2 points with a max of 6 points		
Editor for a local newsletter (internal or external)		Either copy of newsletter indicating name of editor or verification by manager.	2 points/issue and max of 6 points.		
Writing a pamphlet or teaching tool for patient teaching.		Copy of pamphlet and verification of authorship by manager or educator.	5 points for hospital wide tool. 2 points for unit based tool.		
Revision of a pamphlet or teaching tool for patient teaching		Copy of pamphlet and verification of authorship by manager or educator.	0.5 points per pamphlet with max of 5 points		
Original research article		Copy of article in year of publication OR letter of acceptance for publication.	Primary author=15 points Co-authors=5 points each		
Textbook editor		Verification from publisher	10 points		
Writing chapter in textbook		Verification from publisher OR copy of title page of chapter.	15 points		
Professionally authored multimedia aids such as scripted teaching video for patients or staff.		Copy of script or verification from educator.	10 points for individual work Co-authors=3 points each		
Clinically published journal article such as case study.		Copy of article in year of publication OR letter of acceptance for publication.	Primary author=10 points Co-authors=5 points each		

Activity/Description	Dates when pts acquired	Verification Needed	Points Available	Points Achieved	Office Use Only
Journal reviewer (review of article or book chapter)		Verification from publisher	3 points		
Book reviews (externally published)		Verification from publisher	5 points		
Evidence based policy writing and expert review.		Copy of policy with verification of authorship from manager/educator. For revisions, copy of policy before and after review.	3 points for new policies 1 point for revisions Max of 6 points		
Web based revisions (e.g. to department intranet pages) or unit/department webmaster		Verification from manager. For revisions, copy of web page before and after revision.	1 point for revisions 3 points for webmaster duties for each year. Max of 6 points		
Total points achieved for this category:					

Category C: Professional Presentations (Maximum points for category = 15 points annually or 30 points biannually)

Encompasses the RN's participation as an instructor delivering clinical or healthcare related content to nurses or other health care professionals. The presentation must be delivered within a structured framework of teaching/learning.

A presentation includes a seminar, in-service, clinical conference, patient/family educational program, consumer education program, or other clinical courses such as BLS. Professional organization chapter education activities, and/or presenting an original paper or poster presentation at a conference.

The participation may be as a primary instructor, guest lecturer, panel participant, skills day instructor.

Activity/Description	Dates when pts acquired	Verification Needed	Points Available	Points Achieved	Office Use Only
In-service, orientation lectures or skills day station content developer		Copy of objectives, sign-in sheet, and in-service	2 points each per topic Max of 6 points		
Skills day competency validator		Verification by educator or manager	1 point per four hours of skills day with a max of 6 points		
Local clinical conference presentation		Copy of objectives and powerpoint. Also acceptance letter or copy of brochure listing the presentation.	Individual presenter=10 points Co-presenters=5 points each Panel participants=2 points each		
Hospital wide clinical presentation or Nursing Grand Rounds		Copy of objectives, powerpoint and notice of presentation.	Individual presenter=5 points Co-presenter=3 points each Panel participants=2 points each		
National conference presentation		Evidence of participation in the presentation (ie. brochure or announcement including objectives and copy of powerpoint).	Individual presenter=15 points Co-presenters= 10 points each Panel participants=5 points each		
Poster presentation-must be in attendance at conference to present poster.		Copy of poster or picture, objectives, sign in sheet if available. Need to have acceptance letter or copy of conference brochure listing poster presentation.	National=10 points (single author=10 points; co-authors=5 points) Local professional chapter conference=3 points Unit=2 points		

Activity/Description	Dates when pts acquired	Verification Needed	Points Available	Points Achieved	Office Use Only
PALS, ACLS, BLS, NRP, TNCC, ENPC, Fetal Monitoring, Decon, Crisis Prevention Intervention/Mandt (certified instructor and teaches minimum of 2 times over 2 years)		Copy of brochure identifying instructors or verification by educator, or sign in sheet for classes taught. Need to submit a copy of their instructor card.	5 points		
Simulation center superuser (writes scenarios, trained to use simulation manikins, committed to simulation center education time)		Verification by educator or manager	5 points		
Total points achieved for this category:					

Category D: National Certifications/Recertifications (Maximum points for category = 8 points annually or 16 points biannually)

Encompasses those national certifications recognized and recommended by AACN and Magnet – see attached list.

Activity/Description	Dates when pts acquired	Verification Needed	Points Available	Points Achieved	Office Use Only
		Copy of letter from certifying body or copy of card.	4 points per certification and maintaining certification 8 points max		
		Copy of letter from certifying body or copy of card			
Total points achieved for this category:					

Category E: Preceptorship/Mentorship/Charge Nurse (Maximum points for category = 12 points annually or 24 points biannually)

Encompasses precepting students, externs, and new nurses. Preceptors must meet the competencies required for precepting nurses and must show evidence of preceptor training. Unit charge nurses are eligible except for Full Time Charge Nurses (S55). Mentors must attend the Professional Nurse Mentor Workshop and attend meetings as required.

Activity/Description	Dates when pts acquired	Verification Needed	Points Available	Points Achieved	Office Use Only
Precepting points:		Verification of hours from MyTime Verification of hours by manager for Boone. Verification of required training/competency.	1 point for every 36 hours of precepting		
Mentoring points		Verification from mentoring facilitator validating the mentor-mentee partnership	5 points per mentee		
Charge Nurse points:		Verification of hours from MyTime. Verification of hours by manager for Boone.	1 point for every 36 hours working as charge nurses		
Total points achieved for this category:					

Category F: Leadership (Maximum points for category = 15 points annually or 30 points biannually)

Encompasses activities that demonstrate a commitment to improve the care delivery environment through participation in departmental or hospital-wide committees.

Activity/Description	Dates when pts acquired	Verification Needed	Points Available	Points Achieved	Office Use Only
Department based committee membership		Committee must be sanctioned by department leaders and are structured by agendas and minutes. Must have completed committee participation evaluation form. Committee must meet at least 4 times/year. Applicant must have attended at least 75% of the meetings scheduled. (Boone – schedule nurse earns 5 points as committee chair)	2 points for member or 5 points for chair Co-chairs=3 points Secretary (if applicable) = 3 points		
Member, professional organization		Copy of membership card Provide verification of officer role.	2 points for member or 5 points for officer		
House-wide shared governance/leadership councils member, other house wide committees/councils		Completed committee participation evaluation. Applicant must attend 75% of the meetings scheduled.	2 points for member or 5 points for chair or co-chair		
Super user (clinical documentation, bar coding, Lean projects, CWI, Magnet champions)		Verification of teaching, resource shifts, implementation support, and auditing after implementation.	5 points year of implementation and 3 points for ongoing support of project.		
Participates in peer interviews (formal training required)		Verification by manager	1 point for every 3 candidates interviewed		
National professional committee member		Letter from the organization leadership.	5 points		
Adjunct Faculty		Letter from Dean of college or the immediate supervisor from the college	5 points/semester (online, classroom, or clinical supervision) 10 points max		

Activity/Description	Dates when pts acquired	Verification Needed	Points Available	Points Achieved	Office Use Only
PI, RIE, Kaizen team member		Verification by event leader	2 points		
Subject Matter Expert – Liaison Nurses		Verification by manager or committee chair	3 points		
Subject Matter Expert -EBP mentor -Facilitator for Nurse Residency Program		Verification by manager/educator	5 points		
EBP project leader -designs project -implements project -summarizes results		Verified by EBP trainer or manager	5 points		
Total points achieved for this category:					

Category G: Advanced Clinical Skills (Maximum points for category = 6 annually or 12 points biannually)

These skills must be **above and beyond** what is required for your position and must be approved by the program Steering Committee.

Activity/Description	Dates when pts acquired	Verification Needed	Points Available	Points Achieved	Office Use Only
ACLS, PALS, TNCC, ENPC, ABLIS, NRP, SANE		Copy of card	1 point per card		
PICC line inserter		Verification by manager, educator or PICC line committee chair	2 points		
PICC line removal - approved only		Verification by manager, educator or PICC line committee chair	1 point		
Chemotherapy administration certified		Verification by manager or educator	2 points		
ECMO/Transport Nurse		Verification by manager or educator	5 points		
CVVH/CRRT (hemo)		Verification by manager or educator	3 points		
Rapid Response Team		Verification by manager or educator	1 point		
PPD Reader		Verification by Caryl Ulmer (Occ Health)	1 point		
Total points achieved for this category:					

Category H: Community Service (Maximum points for category = 8 points annually or 16 points biannually)

Encompasses RN participation as a volunteer in a health or medical related community service. This does not include community service for non health-related activities such as Girl Scouts, Boy Scouts or school activities unless health related.

Activity/Description	Dates when pts acquired	Verification Needed	Points Available	Points Achieved	Office Use Only
Health fair		Signature of event organizer verifying your participation	1 point 3 points for organizer		
Health fund raising events (MS Walk, Heart Walk, etc)		Documentation of your participation from event	1 point		
Recruitment fair		Documentation of participation from recruiter or organizer	1 point		
Career fair		Documentation of participation from recruiter or organizer	1 point		
Health Literacy event		Signature of event organizer verifying your participation	1 point 3 points for organizer		
Medical mission trip		Signature of event organizer verifying your participation	1 point/day 5 points for organizer		
Health care camp (heart camp, CF camp, etc)		Signature of event organizer verifying your participation	1 point/day 5 points for organizer		
Health care legislative advocacy (participation in advocacy days)		Signature of event organizer verifying your participation	1 point		
Other health related community service		Signature of event organizer verifying your participation	1 point/day		
Serve on a Board/task force for an agency (Cancer Society, Heart Association)		Signature of board president	2 points/year		
Flu shot campaign		Documentation from event chair	1 point/session with a max of 4 points		
Total points achieved for this category:					

Category I: Professional Recognition (Maximum points for category = 5 annually or 10 points biannually)

Encompasses activities and behaviors recognized through committee review and demonstrate professionalism, role modeling, clinical excellence, and scholarship within the current program time period. Category includes professional recognition identified at each entity. Examples from various organizations include: Nurses Week Awards, Caring Spirit Awards, Clinical Excellence Awards, Employee of the Month, Employee of the Year, Induction into Sigma Theta Tau, Stiften Scholarship)

Activity/Description	Dates when pts acquired	Verification Needed	Points Available	Points Achieved	Office Use Only
		Award certificate	1 point		
		Award certificate	1 point		
		Award certificate	1 point		
		Award certificate	1 point		
		Award certificate	1 point		
Total points achieved for this category:					

Category J: Nursing Degrees (Maximum points for category = 5)

Completion of BSN OR MSN. These points can be used during the year of completion and in subsequent years.

Activity/Description	Dates when pts acquired	Verification Needed	Points Available	Points Achieved	Office Use Only
		Copy of Diploma	5 for MSN or 3 for BSN		
			5 for MSN or 3 for BSN		
Total points achieved for this category:					

Total points achieved for all categories – please total	
--	--

BJC PNDP EXEMPLAR FORMAT

An exemplar is a clinical situation in which your professional skills as a nurse were instrumental in your ability to assess, teach or intervene to affect an outcome of value to the patient or to your own growth and development. Think of a story that was especially meaningful to you as a professional nurse; a story that helped shape your practice today. The exemplar must be applicable to your current clinical practice and must ideally, have occurred in the past year.

- A. **Name**
 - Department
 - Date

- B. **Brief Background**
 - Patient History and Diagnosis
 - Your relationship in the situation
 - Physician involvement (if important)

- C. **Action Taken**
 - Specific situation
 - What you did
 - Motivation for action
 - What problems were anticipated and how that affected decision-making?

- D. **Outcome (This is most important)**
 - How did your action affect the outcome of the situation?
 - What made your decision the best course of action in this situation?

- E. **Debrief/Significance**
 - How did this story change you personally or professionally?

BJC PNDP EXEMPLAR HINTS AND GUIDELINES

1. Preferably no longer than 2-3 pages. (optimum 1-2)
2. Typed, double-spaced.
3. Must be a clinical or leadership situation that actually occurred in your practice applicable to your current practice, and preferably in the last year. **If only one exemplar is required, please use a clinical situation.**
4. Think of situations in which your actions affected the outcome of a clinical or leadership situation.
5. *Be thoughtful about any cases you choose to highlight. Make sure everyone is appropriately de-identified in the story, and also make sure the story is appropriate for an exemplar (for example, do not use the exemplar process to highlight negative actions of a colleague or a sensitive/unfortunate patient situation or any untoward patient outcome). If you have any questions about the appropriateness of a topic/situation for an exemplar, please contact Janet Kaminsky @ 996-8566.*

The following may be helpful hints in thinking of the specific situations in your nursing practice:

1. Have you been involved in situations in which your professional skills as a nurse were instrumental in your ability to assess, teach or intervene in that case?
Tell us about the care you deliver and the impact of that care.
Focus on:
 - ◆ Coordination of care
 - ◆ Available services
 - ◆ Physician participation and collegiality
 - ◆ RN practice autonomy
 - ◆ Family centered care
2. How does this example of your clinical choices made as an expert/knowledgeable nurse mesh with your personal goals in nursing and the goals of your department and/or hospital?

The following may be helpful hints in thinking of a specific situation where you provided leadership in your department or the hospital:

1. Have you taken the lead on a clinical project or committee in your department or in the hospital where you identified a need to improve patient care/patient flow and developed a plan for improvement?
2. How does this example show your leadership abilities, critical thinking skills, and enhancement of your professional goals?
3. How did this improve or enhance the experience of patients and families?
4. How did this contribute to the goals of your department or hospital?

**BJC PNDP
SAMPLE EXEMPLARS**

Exemplar #1

As I mentally prepared myself for another 12-hour shift, I reviewed in my mind FHT (fetal heart tone) strips, medications for comfort measures, situations to call for emergent care and confidentiality. I also wondered how often we overlook our customer's need for intervention if their needs are not listed in the procedure manuals nor affected by medications. About four years ago I was fortunate to have an experience that reminded me just how important it is to anticipate the needs of our patients and strive to meet them. This was a snowy night to remember.

Sitting at the nurses' station finishing my charts on the delivery earlier in the shift, I listened to my co-workers visiting about their evening, while FHTs beeped in the background. I tapped my foot to a tune from the radio and listened to the phone ring (one ring is in-house; two rings indicate outside calls). The unit secretary answered an outside call and after a long pause she asked me to take the call. On the other end of the phone was an operator who was translating a call from a deaf patient. The patient was a 20-year-old primigravida who was 38 weeks gestation with complaints of contractions. I got her name and encouraged her to come to Labor and Delivery for evaluation. "Be careful coming in. I hear the weather is getting bad." I told her before hanging up. The secretary printed out her prenatal information and got her evaluation paperwork ready. We made the appropriate phone calls for an interpreter to meet her at the hospital. I continued to work to complete the mother/baby chart and transfer them to postpartum before the next patient was to arrive.

The phone rang once. ER brought up XX and took her to room 3. I scribbled the observation process on a piece of paper. We proceeded through the initial assessment writing back and

forth on the tablet until the interpreter arrived. I became intrigued as the interpreter started a conversation with the parents in sign language. I explained the monitor to them in detail so they could see the baby's heart rate and contractions.

"We plan to watch you for at least an hour to see if your cervix changes with these contractions." I informed the parents. The couple looked to the interpreter and then shook their heads in agreement.

As I began to chart her observation I couldn't help but wonder how difficult it would be to raise a child being deaf. My plan was to sit at the bedside and educate the parents on equipment and services available that might be of benefit to them in raising their child. I was thrilled to find out everything was already in place and ready for the baby.

The father asked appropriate questions about the monitor and his wife's status. He kept a close eye on the heart rate and the monitor paper printout. He kept smiling, reassuring his wife and tending to her every need. He signed he had been to every prenatal visit. I knew she had a great support system.

My attention was drawn toward the fetal monitor as the sound of the heart beat decreased to a lower baseline (fetus in a sleep cycle). As I listened to the FHT and looked at dad with his brow wrinkled, I was intrigued at how in tune he was to the FHT. All he saw were numbers and a black line go up and down as his baby moved and slept in the womb. He needed the reassurance of hearing the baby's heart beat. However, he was deaf and I wondered how I could give him that reassurance. I turned the sound of the FHT up as loud as it would go and brought the monitor close to the bed. I took dad's hand and placed it on top of the vibrating monitor. I explained to him through the help of the interpreter that the vibration he was feeling was his baby's heart rate. He took his other hand, laid it on his wife's abdomen feeling the

baby kick and the vibration of the heart rate increase. He looked at me with tears in his eyes and then signed to the translator, "This is the first time I have felt the baby's heart beat. Thank you." He picked up his wife's hand and placed it on top of the monitor. A smile glowed on both their faces.

Disappointed in the fact that XX's cervix did not change, I reviewed discharge instructions with them and sent them home. However, seeing the expression on the couple's face when they felt the baby's heart beat was reassurance that I had given them a wonderful gift. It touched all of our hearts.

Exemplar #2 (An example from your facility)

Exemplar #2

An experienced, professional nurse spends the majority of a shift providing care and education to both the patient and their family. Yet, with any patient/family interaction, it is often the nurse who learns something that will mold their future nursing care. I participated in the care of L.B. over a couple of shifts and saw her condition worsen. Her parents were aware of her condition before birth and were grateful for the moments they shared with her from birth. L.B. required multiple procedures to support her failing heart as she waited for a heart transplant. The various attempts to stabilize her eventually led to kidney failure as well. After a week of continuous dialysis, her kidneys showed no sign of improvement.

As I began my shift, I could sense the family wanted to talk. I explained my plan of care for the night for L.B. and asked them how they were doing. They verbalized that they were concerned that their child's therapy was being maintained despite the fact that she had no chance of recovery. I listened and asked why they felt this way. They stated that they were aware that L.B. could not receive a heart transplant if her kidney function did not return. In the family's discussion with the nephrologists, he explained that L.B. had a very small chance of her kidney

function returning. They were concerned that L.B. would suffer unnecessarily if treatment was prolonged for another week to see if kidney function would return. I asked if they had discussed their fears with the cardiothoracic surgeon and the cardiac ICU team. They said they tried but they felt their concerns had gone unheard. I assured them that I understood their concern and would try to help make their care conference more comfortable. I also suggested to the family that with their permission, I would involve the chaplain. I explained that in my experience, the chaplain was a good liaison for families in these kinds of situations. I also assured them as L.B.'s parents that they ultimately could make the decision on the care of their child. They thanked me and planned to return in the morning for a meeting with the doctors.

As soon as they left, I called the chaplain and filled her in on this family's situation. I asked that she be available to this family during the care conference and serve as liaison if they felt uncomfortable. The chaplain was quick to agree and promised to arrive in the morning to speak with the family prior to the care conference. I also sought to speak with both the ICU attending and the CT surgeon to share with them the family's feelings prior to the care conference.

A professional nurse understands that care of the pediatric patient also includes the care of their family. This family spent weeks at this baby's bedside and had lots of time before her birth to think about what they wanted for their baby. My experience in the ICU has taught me that an important part of being a nurse is serving as an advocate of the needs of a patient and their family. As an advocate, a nurse can serve as main vessel of communication. A hospital is often overwhelming, especially for families who have never experienced the environment. I sought to make the entire team aware of this family's concerns. Ultimately, the team heard the

family's concerns and L.B. died peacefully. This family taught me that sometimes the best way to love someone is to let them go. I feel like I was able to help empower this family to let the medical team know their wishes.

BJC PROFESSIONAL NURSING CLINICAL EVALUATION
Professional Nursing Development Program

Staff RN 3-P
 Staff RN 4-P
 Staff RN 5-P

Applicant Name:

Employee #:

Date:

DOMAIN	Staff RN 3-P		Staff RN 4-P		Staff RN 5-P							
	Met	Not Met	Met	Not Met	Met	Not Met						
Therapeutic Relationship	1.	<input type="checkbox"/>	<input type="checkbox"/>	1. Provides climate of support.	<input type="checkbox"/>	<input type="checkbox"/>	1. Anticipates and plans for periods of increased stress for patient/family.	<input type="checkbox"/>	<input type="checkbox"/>	1. Able to establish “on the spot” relationships with families in difficult or crisis situations (life threatening, grief, hostile, withdrawn, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
	2.	<input type="checkbox"/>	<input type="checkbox"/>	2. Establishes effective relationships with patient/family.	<input type="checkbox"/>	<input type="checkbox"/>	2. Able to establish very effective relationships with patient/families from diverse backgrounds.	<input type="checkbox"/>	<input type="checkbox"/>	2. Able to defuse potentially “explosive” situations.	<input type="checkbox"/>	<input type="checkbox"/>
	3.	<input type="checkbox"/>	<input type="checkbox"/>	3. Incorporates key elements of standards of care in practice.	<input type="checkbox"/>	<input type="checkbox"/>	3. Consistently incorporates all key elements of customer centered care.	<input type="checkbox"/>	<input type="checkbox"/>	3. Incorporates a comprehensive & holistic approach in developing relationship with patient/family.	<input type="checkbox"/>	<input type="checkbox"/>
	4.	<input type="checkbox"/>	<input type="checkbox"/>	4. Able to implement a variety of approaches outlined in plan.	<input type="checkbox"/>	<input type="checkbox"/>	4. Able to adapt approach readily when patient/family displays unexpected response.	<input type="checkbox"/>	<input type="checkbox"/>			
	5.	<input type="checkbox"/>	<input type="checkbox"/>	5. Recognizes and seeks help when encountering unexpected responses.	<input type="checkbox"/>	<input type="checkbox"/>	5. Uses a variety of creative age specific approaches with patient population served.	<input type="checkbox"/>	<input type="checkbox"/>			
	6.	<input type="checkbox"/>	<input type="checkbox"/>	6. Utilizes appropriate age specific standards of care.	<input type="checkbox"/>	<input type="checkbox"/>						
Teaching	1.	<input type="checkbox"/>	<input type="checkbox"/>	1. Provides and documents routine teaching to patients and family.	<input type="checkbox"/>	<input type="checkbox"/>	1. Revises standard teaching plan to meet specific needs of patient/family.	<input type="checkbox"/>	<input type="checkbox"/>	1. Able to develop and implement complex teaching plans.	<input type="checkbox"/>	<input type="checkbox"/>
	2.	<input type="checkbox"/>	<input type="checkbox"/>	2. Identifies and uses variety of resources available.	<input type="checkbox"/>	<input type="checkbox"/>	2. Uses creative strategies to ensure patient/families possess understanding.	<input type="checkbox"/>	<input type="checkbox"/>	2. Provides health teaching not directly related to reason for hospitalization /visit.	<input type="checkbox"/>	<input type="checkbox"/>

Applicant Name:

BJC PNDP

DOMAIN	Staff RN 3-P	Met	Not Met	Staff RN 4-P	Met	Not Met	Staff RN 5-P	Met	Not Met
	3. Responds to questions from staff and provides information about basic unit routines.	<input type="checkbox"/>	<input type="checkbox"/>	3. Provides guidance to new staff.	<input type="checkbox"/>	<input type="checkbox"/>	3. Recognized by other staff for their expert knowledge.	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic And Monitoring	1. Initiates appropriate diagnostic and monitoring activities per standards.	<input type="checkbox"/>	<input type="checkbox"/>	1. Anticipates potential problems and clarifies with other health care providers actions to be taken if they occur.	<input type="checkbox"/>	<input type="checkbox"/>	1. Clearly differentiates between collaborative problems/ Interventions and those interventions that are within the nursing scope of practice.	<input type="checkbox"/>	<input type="checkbox"/>
	2. Notifies other health care providers appropriately of changes per protocols.	<input type="checkbox"/>	<input type="checkbox"/>	2. Able to quickly evaluate when data may indicate a diagnosis not already identified.	<input type="checkbox"/>	<input type="checkbox"/>	2. Recognizes and reports subtle variations in patient response.	<input type="checkbox"/>	<input type="checkbox"/>
	3. Able to adapt plan of care when data indicates need.	<input type="checkbox"/>	<input type="checkbox"/>	3. Communicates findings clearly and in a timely manner to other health care providers	<input type="checkbox"/>	<input type="checkbox"/>	3. Anticipates need for and obtains resources for changing needs.	<input type="checkbox"/>	<input type="checkbox"/>
	4. Documents patient responses in relation to expected outcomes	<input type="checkbox"/>	<input type="checkbox"/>	4. Evaluates and documents patient responses.	<input type="checkbox"/>	<input type="checkbox"/>	4. Individualizes and revises plan of care based on expected outcomes.	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic Interventions	1. Demonstrates competence in therapeutic interventions specific to unit skills (medications, tissue integrity, suctioning, telemetry, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	1. Demonstrates proficiency in unit specific therapeutic interventions/ skills.	<input type="checkbox"/>	<input type="checkbox"/>	1. Develops creative ways to implement interventions in challenging situations.	<input type="checkbox"/>	<input type="checkbox"/>
	2. Makes adjustments to plans as indicated.	<input type="checkbox"/>	<input type="checkbox"/>	2. Recognizes potential incompatible interventions and initiates actions to resolve situation.	<input type="checkbox"/>	<input type="checkbox"/>	2. Is consulted by other staff for alternative interventions.	<input type="checkbox"/>	<input type="checkbox"/>
	3. Consistently documents all interventions.	<input type="checkbox"/>	<input type="checkbox"/>						

Applicant Name:

BJC PNDP

DOMAIN	Staff RN 3-P	Met	Not Met	Staff RN 4-P	Met	Not Met	Staff RN 5-P	Met	Not Met
Ensuring Quality of Care	1. Uses standards of care as guidelines in planning quality care.	<input type="checkbox"/>	<input type="checkbox"/>	1. Uses individualized expected outcomes to evaluate patient quality care.	<input type="checkbox"/>	<input type="checkbox"/>	1. Identifies patient care issues to improve quality care.	<input type="checkbox"/>	<input type="checkbox"/>
Rapidly Changing Patient Situations	1. Adapts to unforeseen circumstances (the what ifs).	<input type="checkbox"/>	<input type="checkbox"/>	1. Anticipates and develops alternative strategies for changing patient care situations.	<input type="checkbox"/>	<input type="checkbox"/>	1. Provides care for a group of patients, even when a sequence of unexpected events have occurred.	<input type="checkbox"/>	<input type="checkbox"/>
	2. Sets appropriate priorities for assigned patients.	<input type="checkbox"/>	<input type="checkbox"/>	2. Collaborates with other disciplines to discuss potential problem areas.	<input type="checkbox"/>	<input type="checkbox"/>	2. Readily assists other staff in establishing priorities of care.	<input type="checkbox"/>	<input type="checkbox"/>
	3. Collaborates with other disciplines for identified diagnoses.	<input type="checkbox"/>	<input type="checkbox"/>				3. Insures continuity of care through a holistic approach to health team collaboration.	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Evaluation	1. Participates in unit meetings.	<input type="checkbox"/>	<input type="checkbox"/>	1. Assumes leadership role in unit problem solving.	<input type="checkbox"/>	<input type="checkbox"/>	1. Participates in hospital-wide activities/committees.	<input type="checkbox"/>	<input type="checkbox"/>
	2. Assists in development of standards for patient care.	<input type="checkbox"/>	<input type="checkbox"/>	2. Collaborates effectively with other health care disciplines.	<input type="checkbox"/>	<input type="checkbox"/>	2. Effects change through appropriate channels.	<input type="checkbox"/>	<input type="checkbox"/>
	3. Functions as a mentor.	<input type="checkbox"/>	<input type="checkbox"/>	3. Functions as a preceptor.	<input type="checkbox"/>	<input type="checkbox"/>	3. Takes a leadership role in preceptor development..	<input type="checkbox"/>	<input type="checkbox"/>
Applicant Name:									

BJC PNDP

DOMAIN	Staff RN 3-P		Staff RN 4-P		Staff RN 5-P							
	Met	Not Met	Met	Not Met	Met	Not Met						
Applies a scientific basis /EBP approach towards nursing practice	1.	Complies with changes in clinical practice and standards	<input type="checkbox"/>	<input type="checkbox"/>	1.	Seeks and/or articulates rationale and scientific basis for clinical practice or changes in standards	<input type="checkbox"/>	<input type="checkbox"/>	1.	Evaluates research findings with potential implications for changing clinical practice, compares practice to findings, and takes appropriate action.	<input type="checkbox"/>	<input type="checkbox"/>
	2.	Participates in data collection when the opportunity is presented	<input type="checkbox"/>	<input type="checkbox"/>	2.	Supports research-based clinical practice (teaches, role models, applies to own practices).	<input type="checkbox"/>	<input type="checkbox"/>	2.	Designs tool and/or participates in data collection and other specific assignments (e.g., literature review) in the conduct of research when the opportunity presents.	<input type="checkbox"/>	<input type="checkbox"/>
	3.	Poses relevant clinical questions when evidence and practice differ.	<input type="checkbox"/>	<input type="checkbox"/>	3.	Participates in data collection, when the opportunity is presented.	<input type="checkbox"/>	<input type="checkbox"/>	3.	Mentors staff to identify differences in practice and best evidence, generates clinical questions, searches evidence, reviews and critiques evidence related to area of clinical, administrative, or education practice.	<input type="checkbox"/>	<input type="checkbox"/>
	4.	Consults appropriate experts when the basis for practice is questioned	<input type="checkbox"/>	<input type="checkbox"/>	4.	Identifies difference in practice and best evidence.	<input type="checkbox"/>	<input type="checkbox"/>	4.	Serves as a resource and mentor in evidence-based discussions articulating rationale for practice.	<input type="checkbox"/>	<input type="checkbox"/>
	5.	Uses appropriate resources to answer evidence-based practice questions.	<input type="checkbox"/>	<input type="checkbox"/>	5.	Generates clinical questions, searches evidence, and reviews evidence related to area of practice.	<input type="checkbox"/>	<input type="checkbox"/>	5.	Participates in implementing evidence-based practice through role modeling and support of practice changes.	<input type="checkbox"/>	<input type="checkbox"/>
	6.	Additional requirement for IM: Reviews current evidence relevant to practice.	<input type="checkbox"/>	<input type="checkbox"/>	6.	Consults appropriate experts to answer evidence-based practice questions.	<input type="checkbox"/>	<input type="checkbox"/>	6.	Incorporates EBP into daily patient care and leadership responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>
				7.	Articulates evidence-based rationale for care.	<input type="checkbox"/>	<input type="checkbox"/>	7.	Participates in/supports evidence-based practice projects within unit/department.	<input type="checkbox"/>	<input type="checkbox"/>	

Applicant Signature:
Manager Signature:
Date:

NOTE: In order to meet criteria for selected level there can be no more than a total of 5 “Not Mets” for all domains and at least 50% of the criteria for each domain must be met.