Nursing Professional Development Program

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AMBASSADORS AND COMMITTEE MEMBERS

TO BEGIN THE PROCESS OF CREATING A PROFESSIONAL DEVELOPMENT PORTFOLIO, CONTACT AN AMBASSADOR BELOW.

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1. INTRODUCTION

The Professional Development Program (PDP) is a voluntary nursing program that recognizes and rewards the development of nursing excellence while retaining expertise and enhancing the quality of patient care. The PDP has a theoretical basis stemming from Patricia Benner's work on identifying the development of nursing practice from novice to the expert. Patricia Benner's premise is that nurses achieve discernable differences in their practice through work, experience, and education.

The PDP was developed by and for Registered Nurses at Deaconess Hospital, Inc. and has the following objectives:

- Provide RNs who deliver patient care services with the recognition and rewards associated with their levels of clinical expertise.
- Provide RNs with incentives to increase and broaden their current clinical experience.
- Provide a program to attract and retain highly competent RNs and thus provide a high level of quality patient care.
- Promote excellence in nursing in an environment which relies on evidence-based practice to enhance the quality of patient care.

Benner used the model originally proposed by Dreyfus and described nurses as passing through five levels of development: novice, advanced beginner, competent, proficient, and expert. Each step builds on the previous one as abstract principles are refined and expanded by experience and the learner gains clinical expertise. The PDP has identified four levels to recognize RNs–Bronze, Silver, Gold, and Diamond. The requirements to achieve these four levels are as follows:

- Bronze: 4 Cores and 40 Elective Points
- Silver: 5 Cores and 55 Elective Points
- Gold: 6 Cores and 65 Elective Points
- Diamond: 7 Cores and 75 Elective Points

2. PARTICIPATION

Any Registered Nurse who provides patient care may elect to apply and begin participating following their annual performance evaluation. Participation in the PDP is voluntary.

In order to be eligible for participation in the PDP, all of the following requirements must be met:

- 1 year nursing experience as an RN at Deaconess
- 1000 or greater patient care hours worked in the previous 12 months in eligible areas participating in the PDP
- Annual performance evaluation must meet job standard with no unsatisfactory ratings
- No corrective warnings in the previous 12 months

TRANSFER

A.   Transfer from Non-eligible Area/Position to Eligible Area/Position

Any RN who meets the above criteria is eligible to participate in the PDP after their six month job transfer performance evaluation.

B.   Transfer from Eligible Area/Position to Eligible Area/Position

Transfers to another eligible nursing unit will not affect the application.

C.   Transfer from Eligible Area/Position to Non-eligible Area/Position

Transfers to non-eligible areas will make the RN ineligible to apply for the PDP. If active status in PDP at time of transfer, payout will occur for time period in eligible area.

LEAVE OF ABSENCE

If an RN is on leave of absence and the review date is involved within that period of time of the leave, the RN can submit their portfolio up to 30 days after their return date. All core and elective points must still be earned within the 12 month evaluation period. The performance evaluation will be given as soon as possible upon return to work. Documentation is needed on the Applicant Checklist (Exhibit A) by the Manager with the date the applicant returned to work after leave.

Individual circumstances may be reviewed by the PDP Chair/Chair Elect in collaboration with the CNO/VP regarding time frames for submission. The final decision regarding exceptions to the program requirements will be made by the CNO/VP.

3. PROCESS

The PDP portfolio is a showcase of the ongoing development of the professional nurse who meets the qualifications and wishes to **extend** his or her skills, talents, and abilities to enhance the outcomes of patient care. The RN applicant will discuss their interest to apply to the program with their manager, who in turn will sign the verification of readiness portion of the Applicant Checklist (Exhibit A) after reviewing the eligibility requirements with them. To determine eligibility for the Bronze, Silver, Gold, or Diamond levels, the RN applicant will complete the PDP Core and Elective Grid (Exhibit B). The RN applicant will complete and submit a portfolio that will contain copies and not originals of all necessary documents to verify accomplishment of professional activities as defined by the PDP program. All written submission documents must not be included in previously submitted binders. Required documents for each Core and Elective are outlined in the Definitions for Core Elements and Electives (Section V) of the PDP program. Portfolio content collection period is November 1 through October 31, annually.

PORTFOLIO SUBMISSION

The RN applicant will complete and submit his or her portfolio to the Ambassador for initial review no later than November 30th after their annual performance evaluation. Any Manager signature required throughout the PDP document must be a hand written signature indicating a review and agreement of the submitted documents.

The portfolio is required to be professional in appearance:

- 3 ring binder appropriately sized for content
- Page protectors
- Labeled tabs in appropriate sequence based on the PDP grid

AMBASSADOR

The Ambassador will complete the initial review of the portfolio for completeness, measureable outcomes, and/or value-added activities, in addition to meeting the core requirements. The reviewed portfolio will be returned to the RN applicant for revision by the Ambassador within seven days of receipt.

If the portfolio is complete, the applicant will submit it to the PDP Committee Chairperson or ambassador. If the portfolio is found to be incomplete, the RN applicant has the option to resubmit with the recommended additions within seven days of portfolio receipt. The RN applicant is allowed one resubmission to the Ambassador, who will review the resubmitted portfolio within seven days. The Ambassador will forward the resubmitted portfolio to the RN applicant who then will be responsible to submit the revised portfolio to the PDP Committee Chairperson within seven days. If the portfolio is incomplete the process is finished and the RN applicant may reapply the next year.

PDP COMMITTEE

The portfolio will be reviewed by the PDP Committee members. If there are any questions at the time of the review, the PDP Committee Chairperson will call the RN applicant at a number provided. At this time, if the RN applicant meets eligibility for a different level than applied, the PDP Committee Chair will discuss options or additional opportunities.

The decision letter (Exhibit M) is sent to the RN applicant and Human Resources (HR) within seven days of the PDP Committee Review meeting.

If the PDP Committee declines the RN applicant's portfolio, the Decision Letter (Exhibit M) will identify options for the RN applicant to consider. The PDP chair will meet with the RN applicant to discuss these comments to ensure clarity. The RN applicant has 14 days to make a decision to file an appeal. (See section IV. PDP Appeal Procedure)

4. PDP APPEAL PROCEDURE

PDP COMMITTEE

If the RN chooses to file an appeal regarding the PDP Committee's decision, the RN must respond with written notification within 14 days of receipt of the Denial Decision Letter (Exhibit K-2). The RN will respond by completing the lower portion of the Denial Decision Letter to explain the basis of his or her appeal and return to the PDP Chair. The PDP Chair then responds with a date and time of a formal hearing with the RN. The RN has the opportunity to explore and explain the reason he or she believes their portfolio should be accepted. The PDP Committee takes the RN's reason under advisement and the committee will respond within seven days. If the committee accepts the portfolio, the Approval Decision Letter (Exhibit K-1) will be sent. If the committee continues to deny the portfolio, it will be sent to the CNO/VP for final review/decision.

CHIEF NURSING OFFICER (CNO)/VICE PRESIDENT (VP)

If the portfolio is not accepted by the PDP Committee, the CNO or VP will receive the portfolio and all information concerning the appeal. If the CNO/VP accepts the portfolio, the RN and committee will be notified of the CNO/VP's decision. If the portfolio is not accepted, the appeal process is completed.

5. PDP AMBASSADOR

PURPOSE
The purpose of the Professional Development Program (PDP) Ambassador is to review a portfolio prior to submission to the PDP Committee Chairperson.

PRIMARY RESPONSIBILITY
The function of the PDP Ambassador is to check for appropriate and required portfolio content, and guide the RN through the application process. The Ambassador can review any portfolio from any specialty. The PDP Ambassador will be a voting member of the PDP Committee; however will not be allowed to vote on the portfolio they reviewed as the Ambassador.

TERM
Refer to VI. PDP Committee for TERM requirements

QUALIFICATIONS
Refer to VI. PDP Committee for QUALIFICATION requirements

SELECTION
Refer to VI. PDP Committee for SELECTION requirements

SPECIFIC DUTIES/RESPONSIBILITIES
The specific duties and responsibilities of the PDP Ambassador include:

- Reviewing an RNs portfolio prior to submission to the PDP Chair
- Checking completeness of portfolio
- Checking for appropriate supporting documentation including dates of all materials (previous 12 months to current annual evaluation due date)
- Checking the PDP Core and Elective Grid
- Completing the Ambassador Section of the Applicant Checklist (Exhibit A)
- Returning the portfolio back to the RN within seven days of receipt of portfolio
- Cannot accept/deny PDP Applicant portfolio during final committee review that he/she reviewed. However, this ambassador/committee member may be asked to clarify content of the Applicant's portfolio.

CONFIDENTIALITY
The PDP Ambassador must demonstrate the ability to interact professionally and in a confidential manner with peers and administration. A Confidentiality Statement will be signed at the beginning of their term (Exhibit J).

6. DEFINITIONS FOR CORE ELEMENTS AND ELECTIVES

CORE ELEMENTS

Elements necessary to meet the requirements for the appropriate level chosen. Any combination of CORE elements may be selected.

Core 1	Quality Data Collection	Applicant actively participates in quality data collection at the unit or hospital level. If completing audits, individual must complete a minimum of four (4) audits. **Documentation Required:** ▪ Special Verification form (Exhibit H) ▪ Copy of Audits, data collection, minutes
Core 2	Example of Excellence	Applicant serves as a role model who demonstrates and exhibits service excellence behaviors to impact patient satisfaction. **Documentation Required**: Two (2) documents to support the Applicant who serves as a role model and exhibits service excellence. ***Note:*** *At least one document must be a letter of compliment from a peer, supporting the Applicant as a role model who exhibits service excellence.* Items to consider include: ▪ Letters of compliment from patient/families, co-workers, physicians and/or manager ▪ Peer review responses ▪ Catch us at our best cards ▪ Patient/family survey responses ▪ Nurse of the Year or DAISY nomination
Core 3	Continuing Education	Applicant must complete twenty (20) continuing education hours from an accredited nursing- related program or source. Must be evidence-based and publication date no greater than five years old. May not use hospital-wide mandatory Net Learning or Skills Day. **Documentation Required:** ▪ Certificate of Completion to verify number of continuing education hours awarded and attendance. ▪ Provide a copy of the continuing education certificate/transcript. ▪ Continuing Education Verification Form (Exhibit F)
Core 4	National Nursing Certification	Applicant holds a specialty certification by a national professional nursing organization, in which credentials are obtained. Certification must be valid at the time of the annual evaluation due date. **Documentation Required:** Copy of certification card or certificate.
Core 5	BSN or BS with Major in Nursing	Completion of an accredited school with a BSN or BS with major in Nursing. **Documentation Required:** Copy of degree or certification from college/university.
Core 6	Membership in Professional Nursing Organization	Membership in professional, National, nursing organization. ***Note: Membership must be held for at least four months prior to annual evaluation due date.*** **Documentation Required:** Copy of current membership card/evidence of date of membership to show 4 months of membership.
Core 7	MSN	Completion of an accredited school with a Master of Science in Nursing (MSN). **Documentation Required:** Copy of degree or official certification.

ELECTIVES
Items from which the Applicant may choose in order to meet the necessary number of electives required to achieve the appropriate level. These items must be met in addition to the required core elements.

Elect.1	Submit a written exemplar	Exemplars are a narrative description of Applicant's involvement in actual clinical situations that clearly made a difference, within the past year. An exemplar describes how/what the nurse Applicant learned from the situation or patient interaction, or how the situation opened up new ideas. An exemplar is an expression of the caring and critical thinking aspects of professional nursing. Items which may be included: ▪ Description of how the RN's care made a difference in the patient's outcome. ▪ What was learned from the experience? ▪ Explanation of changes in nursing practice as a result of the situation ▪ Challenge(s) faced during the situation ▪ Focus on your interactions and/or interventions with the patient and how it helped to make a difference. ▪ Avoid details about the patient's history, test data, or plan of care unless they are necessary to understanding your actions. ***Note: Remember to maintain patient confidentiality with your submission.*** **Documentation Required:** Exemplar should not be more than 2 pages. Any document must be typed. **Points:** ▪ 1 point ****Max of 1 point****
Elect.2	Super Trainer	Applicant assumes leadership role in competency validation process on the unit or designated area. Super Trainer must be a unit-based consultant that has received specific training and completed educational requirements and testing as determined by Deaconess. If applicant is certified, certificate recommended. **Documentation Required:** ▪ Super Trainer Verification form (Exhibit I) ▪ List of **employees** validated in past 12 months. Manager must validate employees trained in the last 12 month with signature on Exhibit I. **Points:** ▪ 2 points for each item ****Max of 10 points****
Elect.3	Leadership Development	Applicant has completed the Preceptor Course or completed at least 2 preceptor updates within the past 12 months. Applicant has attended the Charge Nurse course within the past 12 months. Applicant has completed leadership course within the last 12 months. **Preceptor Documentation Required:** ▪ Proof of Preceptor course or update (2 annually) ▪ Dates of completed precepting (Ex. Orientee/student orientation schedule) ▪ Special Verification form (Exhibit H) **Charge Nurse Documentation Required:** ▪ Proof of Charge Nurse course if completed in the past 12 months ▪ Special Verification form (Exhibit H) **Leadership Documentation Required:**

| | | • Proof of leadership class completion

Points:
- 1 point for completing Preceptor course or Preceptor updates
- 1 for completing Charge Nurse course
- 1 point for being an Associate Preceptor (SNA, Nursing, EMS Students) (up to 25% or less time spent with orientee)
- 2 for being a Co-Preceptor (SNA, Nursing, EMS Students) (50% time spent with orientee)
- 3 points for being an Active Preceptor (SNA, Nursing, EMS Students) (75% time spent with orientee)
- 4 points for being an Active Charge Nurse as validated by manager / Team Leader (Exhibit H)
- 2 points for Active Emergency Department Flow/Float Nurse
- 1 point for completion of leadership course
- 1 point for Peer Interview (max 2)

Max of 10 points |
| --- | --- | --- |
| *Elect.4* | Course Instructor / Classroom Teacher | Applicant actively provides teaching as an instructor or teacher in a hospital-approved course. Course Instructor must teach at least the number of courses required to hold the instructor certification. Classroom Teacher must be active with planning, coordinating and teaching the approved content of the course.

Examples Instructor: **Example Classroom Teacher:**
- PALS   - Skills Day
- CPR   - Competency Day
- ACLS   - Critical Care Class
- TNCC   - National Certification Prep Class

Instructor Documentation Required:
- Copy of Valid Course Instructor Card
- Copy of attendance roster(s)with each course and date(s)

Classroom Teacher Documentation Required:
- Exhibit D for sign off through EE&D
- Copy of attendance roster(s); course outline/agenda; and presentation with each course and date(s)

Points:
- 1 point for current Instructor card
- 2 points for Instructor – each course station or lecture taught
- 2 points for Classroom Teacher – each station or lecture taught

Max of 20 points |

Elect.5	Faculty Instructor/Educator	Applicant actively serves as a Clinical Teaching Associate (CTA) – clinical preceptor for senior practicum nursing student rotation.(approximately 4 weeks)
		Applicant actively serves as a Clinical Teaching Partner (CTP): clinical preceptor for dedicated education units (DEUs) 1 staff RN for 2 students for 8 weeks = 60 hours (7.5 hours/week)
		Applicant actively serves as an Adjunct Nursing faculty instructor at an academic institution. Activity should be within the past 12 months.
		Documentation Required: ▪ Special Verification form (Exhibit H) ▪ Documentation from College or University supporting activity
		Points: ▪ 4 points per semester for clinical teaching associate ▪ 6 points per semester for clinical teaching partner ▪ 10 points per semester for adjunct nursing faculty ****Max of 20 points****
Elect.6	Nursing Leadership/Membership in Professional Organizations	Hold an office or membership in the professional organization and/or be a member of a task force/ committee of the organization. Office or Membership must be held for at least four months prior to annual evaluation due date. Membership can be counted only if not counted as core (max of 3 members; 1 point each). Officers may only count the officer level points, not officer and membership points.
		Documentation Required: ▪ Community Service/Professional Organization Verification form (Exhibit G) which includes written documentation from professional organization; task force;committees. ▪ Copy of current membership card/evidence of date of membership
		Points: ▪ 1 point per Professional Organization Membership (Max 3 points) ▪ 3 points per local Professional Organization task force/committee (Max 6 points) ▪ 5 points for holding an office in a local Professional Organization (Max 10 points) ▪ 6 points per National Professional Organization task force committee (Max of 6 points) ▪ 8 points for holding an office in a Professional State/or National Organization (Max of 8) ****Max of 24 points****
Elect.7	PDP Unit Ambassador/Committee Member	Applicant serves as a unit ambassador/committee member for the Nursing Professional Development Program (PDP). The function of the Ambassador/committee member is to review the PDP portfolio, check for appropriate and required portfolio content, guide applicants through their application process and provide a formal review and acceptance/denial of the PDP portfolio in collaboration with other committee members. The Ambassador/committee member position is ongoing as long as the Applicant continues to meet the qualification criteria.

		Documentation Required: ▪ Ambassador/Committee Member Application (Exhibit C) ▪ Attendance requirement of 75% scheduled meetings **Points:** ▪ 8 points for PDP Ambassador/Committee member role ****Max of 8 points****
Elect.8	Promotion of Safety	Written description of risk identification, action taken, and outcome. Applicant must show process improvement to promote safety within the work environment for the patients and/or staff. **Examples:** Develop SBAR tool, identifying safety risk and implementing plan of action for correction. **Documentation Required:** Approval/Verification: Special Project/In-service form (Exhibit D) , addition to an action plan, which includes: ▪ Identify safety risk. ▪ Identify action taken to ensure safety. ▪ Identify outcome from initiative. **Points:** ▪ 2 points per initiative ****Max of 8 points****

Elect.9	Research Project	Applicant pursues the advancement of nursing research and participates in the nursing research process individually, as a member of a dedicated research team, or as staff participating in data collection for a unit or hospital research study.
		
		 INDIVIDUAL or LEAD PRINCIPAL INVESTIGATOR Applicant
		 Documentation Required:
		 ▪ Presents and documents proposal according to the Nursing Research Study Proposals policy.
		     o Conducts a thorough literature search and documents findings on the Evaluation of the Evidence Table
		     o Contacts one of the following doctoral-prepared nurses with Evidence Table and supporting articles from literature search for the study:
		        ▪ Nurse Researcher
		        ▪ Nursing Research & EBP Council Liaison
		        ▪ Member of the DHI Abstract Review Committee
		 ▪ Research project identified; proposal and date approved through NSG Research & EBP Council, and Deaconess Oversight & Privacy Committee
		 ▪ IRB approval date and signature of IRB Chair; presentation of findings to NSG Research & EBP and Nursing Leadership Councils.
		
		 Points:
		 ▪ 10 points – Research study approved according to the Nursing Research Study Proposals policy and presents study findings at the Research & EBP Council and the Nursing Leadership Council
		
		 MEMBER OF RESEARCH TEAM applicant
		 Documentation Required:
		 ▪ Research Team or Committee meeting minutes and attendance roster showing evidence of 75% of meeting attendance
		 ▪ Signature of the Research Team Chair and/or NSG Research & EBP Council Chair
		
		 Points:
		 ▪ 4 points – Participation on a Research Team or Committee of a DHI approved

		research study DATA COLLECTION OR TRAINING FOR RESEARCH STUDY applicant **Documentation Required:** - Signature of the Principal Investigator of the DHI Research Study or Chair of the related Research Study Team - Documentation from the Research Study Team Chair on the type of training (general or extensive) applicant participated/conducted. "General" involved education on the study to others; "Extensive" involves train-the-trainer type of activity) **Points:** 4 points – Data collection of a research study, chart reviews, data entry into electronic source, or participates in "extensive" training 2 points – Obtaining informed consent from research subjects or participates in "general" training/education to staff about the study ****Max of 18 points****
Elect.10	Evidence-Based Practice (EBP) Project	Applicant develops and/or implements an evidence-based practice (EBP) project individually or as a member of a dedicated unit or house-wide team **Documentation Required:** - Signature of Manager approval if project is developed or implemented on unit - Signature of Project Chair if member of the team or subcommittee from which the project is developed or implemented interdepartmental, interprofessional, or house-wide. - Team meeting minutes and roster showing evidence of 75% of meeting attendance - Literature review and findings documented on the Evaluation or Evidence Table - Signature of NSG Research & EBP Council Liaison showing evidence project presented to Council **Points:** 4 points – Participates in the development and/or implementation of EBP project and/or member of the EBP team/subcommittee 4 points – Conducts or participates in a literature review or conducts an appraisal (following established criteria) of the literature that supports the EBP project ****Max of 8 points****
Elect.11	Quality Improvement Project involvement related to positive patient outcomes	PARTICIPANT applicant - team effort - Attended 75% of meeting attendance required in order to receive credit. - What was the recommendations for improvements - How did participant assist with implementation of improvements LEAD applicant uses quality improvement process to: - Identification of a problem or opportunity for improvement through use of tools and techniques, i.e. medical records review, data collection, brainstorming, root cause analysis, and clinical inquiries. - Data collection, analyze, and evaluate the data - What was the recommendations for improvement - What was the process of Implementation - Document how patient was positively impacted - Monitor and evaluate the new process - Changes must have been implemented within the past 12 months

		Documentation Required: ▪ Meeting attendee roster – individual project; (See Exhibit D for sign off) ▪ Approval and Verification: Special Project/In-service form (Exhibit D) – *SEE DOCUMENTATION REQUIREMENTS ABOVE TO INCLUDE ON EXHIBIT D FOR PARTICIPANT VS. LEAD* **Points:** ▪ 3 points for being PARTICIPANT ▪ 5 points for taking project LEAD ****Max of 15 points****
Elect.12	Policies and Procedures Review/Update	Participate in the formal review of at least 2 policies and procedures or standards of care (hospital, nursing or unit-based) using evidence-based practice. An Applicant may review, revise, or write a policy and procedure or standard of care (hospital, nursing or unit-based) using evidence-based practice. For the reviewing portion of the elective, an Applicant must review at least 2 policies and procedures that have been appointed by designee/Policy Owner during the formal designated review timeframe within a 12-month period. **A review of a policy includes:** ▪ No change in policy or verbiage change only **A revision of a policy includes:** ▪ Policy resolution change of practice **Documentation Required:** ▪ Approval and Verification: Policies and Procedures form (Exhibit E) ▪ Name/policy/number of policy reviewed/revised ▪ Description of policy or standard change and/or improvement ▪ Evidence of Implementation of change (if change P&P process) *Examples: Hospital wide e-mail of update, council minutes, etc*. **Points:** ▪ 1 point for every 2 policies/procedures reviewed ▪ 3 points for every revision of a policy/procedure process ▪ 4 points for writing new policy/procedure ****Max of 10 points****
Elect.13	Grand Rounds	Grand Rounds are forums to discuss learning opportunities around patient care and education. ***May not use contact hour under continuing education elective if used here.*** **Documentation Required:** ▪ For live video stream, you must complete the program evaluation to obtain the Grand Rounds attendance certificate. ▪ For recording of live video stream, complete Continuing Education or contact hours Verification (Exhibit F). *These must be recorded within the PDP submission year.* **Points:** ▪ 1 point for 2 Grand Round attendance ****Max of 6 points****
Elect.14	Advanced Nursing Degree	Applicant must hold an advanced nursing degree from an accredited school of nursing. **Documentation Required:**

		Copy of Degree or verification from College or University **Points:** ▪ 8 points for BSN or BS with major in Nursing (if not used as Core element) ▪ 12 points for MSN (If not used as a Core Element) ▪ 16 points for Doctorate (If not used as a Core Element) **Note:** *Points are not combined. Applicant will obtain the highest amount of points for which they qualify.* ****Max of 16 points****
Elect.15	Enrolled in an Advanced Nursing Degree Program	Applicant has completed classes toward an advanced nursing degree program with an acceptable GPA at an accredited university. The Applicant is awarded elective credit once the grade has been obtained. **Documentation Required:** ▪ Copy of grade report/transcript or a letter of completion from the institution(must include the grade obtained). ▪ Acceptable grade: C for BSN, B for MSN, Pass for Pass/Fail class **Note:** The Applicant may only use this elective one time per submission. The class must have been attended within the past 12 months. **Points:** ▪ 1 point per credit hour ****Max of 24 points****
Elect.16	Informational Article	Applicant developed at least one health-related, informational article. Information obtained for the article should be evidence-based research within the past five years. A summary of information is gathered and developed into an article and submitted for publication to a professional journal. Additional points are awarded if the article is published in a professional journal. **Documentation Required:** ▪ Copy of article approved for Deaconess or community Publication; i.e. Nursing Newsletter or health related article submission to a local publication (church, parish, or school newsletter). ▪ Copy of article submission application to National Organization ▪ Copy of application section submitted to National Organization ▪ Copy of published professional journal article from the National Organization **Points:** ▪ 4 points per section for National Organization application process – *Max of 16 Points* ▪ 2 points for submitting an article in the Deaconess Nursing Newsletter or other community newsletter – *Max of 10 points* ▪ 10 points for submitting article for publication in professional journal ▪ 15 points for article submitted and published in a professional journal ****Max of 25 points****
Elect.17	Journal Club	Journal Club is a hospital or unit-based forum to discuss a pre-assigned healthcare-related, evidence-based article from a peer-reviewed journal. The article must be less than five years old. Consult with the Librarian for guidance in selection of appropriate articles, if necessary. All attendees must participate in the discussion. **Documentation Required:**

		▪ Attend a Journal Club: Copy of the roster (if unit-based) ▪ Present a Journal Club: Approval and Verification: Special Project/In-services form (Exhibit D) ▪ Include a copy of the EBP article (required) ▪ Write a one-page summary of the Journal Club discussion/article addressing: • What was the research question? • What type of research study and the number of participants? • Results of the study • Level of evidence, using the hierarchy diagram: • Limitations of the study • Need for further research • How you can apply this evidence to your practice setting **Points:** *(Attendance point cannot be counted for the time presenting at Journal Club)* ▪ 1 point for 2 Journal Club Attendances ▪ 4 points for Journal Club Presentation ****Max of 8 points****
Elect.18	Additional Continuing Education Hours	Continuing Education hours (CEs) from accredited professional organization or contact hours. These continuing education hours only count if they are in addition to the hours counted as a Core element. Must be an evidence-based article and the article should be no greater than five years old. May not use hospital-wide mandatory Net Learning or Skills Day. These CEs must be completed within the past 12 months. **Documentation Required:** ▪ Certificate of Completion to verify number of continuing education hours awarded. Provide a copy of the continuing education certificate or transcript. **OR** ▪ Complete Continuing Education or contact hours Verification (Exhibit F) **Points:** ▪ 1 point for every 5 continuing education hours (CEs) ****Max of 10 points = 50 CEs**
Elect.19	Certifications / Specialty Training	Applicant holds a specialty certification by a national professional nursing organization, a non-national certification or receives a certificate of completion in which credentials are obtained. Certifications must be valid at time of submission. **National certifications only count if they were not counted as a Core element.** Non-national/certification (healthcare related) of completion of course or training can only be counted if not counted within other electives throughout PDP. (As long as certification is active, an Applicant may count each time they apply for the Professional Development Program. If no expiration date for non-national/certification of course or training, this can only be counted for one time towards PDP). **Documentation Required:** ▪ Copy of certification card or certificate **Points:** ▪ 3 points for every additional national certification above core (ex: CCRN, CORN) ▪ 2 points for TNS/ATCN certification due to complexity ▪ 1 point for every non-national certification and specialty training of

		completion of course or training (ex: ACLS, PALS, TB, Small Pox, Wound Vac, SANE, AEGIS, Crisis Prevention, CRRT, ISTAT, Chemo, etc.) ***Max 6 points*** ****Max of 11 points****

Elect.20	In-Services	**Note:** *All in-services must receive prior approval by manager. Approval and Verification: Special Project(s)/In-service(s) form (Exhibit D)*
		
		In-service A
		Presents a brief in-service (such as equipment demonstration)
		
		Documentation Required: Approval and Verification: Special Project/In-services form (Exhibit D); Copy of Attendance Roster(s)
		
		In-service B
		Develops a poster, PowerPoint, or web based on evidence-based practice. Gives a report on previously attended workshop.
		
		Documentation Required: Approval and Verification: Special Project/In-services form (Exhibit D; Copy of Attendance Roster(s); copy of poster, PowerPoint, or Web in-service.
		
		In-service C
		Presents formal in-service and develops evidence-based educational poster or PowerPoint with test.
		  · Length of presentation time must be **20-59** minutes.
		  · In-service summary (including topic and objectives)
		  · Teaching methods
		
		Documentation for evidence-based poster/PowerPoint to include:
		  · Test with minimum of ten (10) questions
		
		All in-services must receive prior approval by manager. (Exhibit D)
		Completes Nursing Service Educational Activities Record if unit required.
		
		Documentation Required: Approval and Verification: Special Project/In-services form (Exhibit D); Copy of Attendance Roster(s); copy of poster or PowerPoint
		
		In-service D
		Prepare own PowerPoint presentation and present **<u>FORMAL PRESENTATION</u>** or segment of class.
		
		Documentation to include:
		  · Length of presentation time must be **60 minutes** or more
		  · In-service summary (including topic and objectives)
		  · Audio visual aids/handouts and teaching methods
		
		Points:
		  ▪ 1 point for in-service A
		  ▪ 2 points for in-service B
		  ▪ 4 points for in-service C
		  ▪ 5 points for in-service D
		Max of 16 points for the entire elective

Elect.21	Committee/Council Membership	Applicant is and has been a member of a hospital-approved, unit-based committee/council, or chairperson of unit-based/hospital based committee for at least 6 months. Member must attend at least 75% of scheduled meetings with at least 50% (minimum requirement of 4) of the 75% to be in-person attendance. **Documentation Required:**

		• Copy of attendance roster or grid for UBC or Hospital council, subcommittee, task force • Supporting evidence of participation, documented by Liaison/Council chair (Exhibit D) **Points:** ▪ 1 point for member of hospital committee/subcommittee/task force ▪ 4 points for chair of hospital committee/subcommittee/task force ▪ 1 point for member of unit-based council/committee ▪ 4 points for chair of unit-based council/committee ▪ 3 points for member of Nursing Shared Governance (NSG) Council ▪ 4 points for chair-elect/Liaison of Nursing Shared Governance (NSG) Council ▪ 5 points for chair of Nursing Shared Governance (NSG) Council *(Chairs may only count the chair level points, not chair and membership points)* ****Max of 12 points for the entire elective****
Elect.22	Community Service	Applicant performs a health-related volunteer service in community or on Deaconess campus or representing Deaconess Hospital during paid or unpaid off duty time. Volunteer activity must have occurred during the past 12 months. **Examples:** Parish Nursing, United Way, Howard Rosa Mentors requested by Deaconess Team Captain/ Registration/First Aid/Event Aid at Deaconess-sponsored events/Quality and Safety Fairs/Disaster Drills. **Documentation Required:** Community Service/ Professional Organization Verification form (Exhibit G). List each activity. The following information must also be included: ▪ Volunteer activity name ▪ Role in activity (What did you do?) ▪ Time (number of hours), place, date ▪ What was learned from the experience **Points:** ▪ 2 point for 4-7 hours ▪ 3 points for 8-11 hours ▪ 4 points for 12-15 hours ▪ 5 points for 16-19 hours ▪ 6 points for 20-23 hours ▪ 7 points for 24+ hours ****Max of 7 points****
Elect.23	Hospital Service	Applicant is awarded credit for years of current continuous experience as a RN at Deaconess Hospital. The Applicant must have worked at the hospital for the specified number of current consecutive years as outlined below. **Documentation Required:** ▪ Signature from Unit Manager verifying that the Applicant has been employed as a RN at the hospital for current consecutive years. ▪ Applicant Checklist (Exhibit A) **Points:** ▪ 4 point for 5-9 years

		▪ 6 points for 10-14 years ▪ 8 points for 15-19 years ▪ 10 points for 20-24 years ▪ 12 points for 25-29 years ▪ 14 points for 30-34 years ▪ 16 points for 35-39 years ▪ 20 points for 40+ years **Max of 20 points**
Elect.24	Health Related Speaker/Presenter	Applicant develops and presents an educational offering to community audience and/or other health professionals, providing health information to the community. **Documentation Required:** ▪ Approval and Verification: Special Project/In-service form (Exhibit D) 　· Volunteer activity name 　· Role in activity (What did you do?) 　· Time (number of hours), place, date ▪ What was learned from the experience ▪ Program brochure; objectives of education; presentation / handouts **Points:** ▪ Local: 2 points for poster presentation; 5 points for speaker ▪ State: 4 points for poster presentation; 8 points for speaker ▪ National: 4 points for poster presentation; 10 points speaker **Max of 16 points**
Elect.25	Mentor	Applicant has completed the Mentor Course or mentor updates provided by Deaconess Hospital within the past 12 months. **Documentation Required:** ▪ Proof of mentor course or update ▪ Proof of mentoring activity (names, dates, etc. of interactions) ▪ Copy of completed Quarterly Evaluations ▪ Copy of Mentor/Mentee Agreement ▪ Special Verification form (Exhibit H) **Points:** ▪ 1 point for attending Mentor Class ▪ 1 point for attending Mentor Update ▪ 4 points for being an Active Mentor ** Max of 5 points**
Elect.26	Promotion of Deaconess Foundation	Participate in the formal promotion of the Deaconess Foundation as a Nursing representative. An Applicant may write "thank you" letters to Deaconess Foundation 'Nursing Scholarships' donors or partake in video creation to support Deaconess Foundation Nursing Scholarships and/or help promote Deaconess Foundation events as a Nursing representative. **Documentation Required:** Applicant must show proof of letter and/or video published within a 12-month period. **Points:** ▪ 1 point per correspondence with Deaconess Foundation Donor ▪ 2 points per video creation **Max of 6 points**

7.   PDP COMMITTEE

PURPOSE AND PRIMARY RESPONSIBILITY

The purpose of the PDP Committee Member is to provide a formal review and acceptance/denial of the RN applicant's PDP portfolio.

TERM/SELECTION

The PDP Committee members serve a two-year commitment/term with option to continue as a member as long as the individual continues to meet the qualification criteria. Individuals interested in serving as a PDP Committee Member should submit the PDP Ambassador/Committee Member Application (Exhibit C) to their manager for approval. Applications are submitted to the PDP Committee Chair after manager's approval (Exhibit C) throughout the calendar year. PDP Committee Chair will evaluate current membership availability in collaboration with the PDP committee members and elect to appoint additional committee members as appropriate.

The PDP Committee will consist of voting representatives from all levels of nursing (including but not limited to):

- Critical Care

- Medical/Surgical

- Ambulatory (Emergency Services, Surgical Services, Same Day, PACU)

- Nurse Educator/Nurse Clinician/Advanced Practice Nurse

- Behavioral Health

The PDP Committee will also consist of non-voting representatives as: Nurse Leader (Director &/or Manager) as Committee Chair/Co-chair. Manager &/or Director must be present for PDP Committee to vote. A **quorum is defined as five voting members** of any specialty present at the meeting where a vote is required.

QUALIFICATIONS

To qualify to be a PDP Committee Member, an individual must meet the following qualifications:

- Demonstrate leadership capabilities

- Have at least 3 years of nursing experience as an RN at Deaconess

- Annual performance evaluation must meet job standard with no unsatisfactory ratings

- No warning notices in the previous 12 months

- Nurse Educator, Nurse Clinician, Advanced Practice Nurse or Nurse Managers must have at or greater than 1000 worked hours within the previous 12 months (equal to 40 hours per pay period)

- RN members must have at or greater than 1000 patient care hours worked in the previous 12 months on areas participating in the PDP (equal to 40 hours worked per pay period)

- Preferably, RN members will submit a portfolio at the Bronze level or above by the end of first year term of eligibility based on annual evaluation

  To validate this information, the potential member must have the PDP Ambassador/Committee Member Application (Exhibit C) completed. After successful selection, the PDP Committee Member appointee must then participate in PDP committee meetings and review several portfolios with an experienced ambassador prior to independently reviewing other peer portfolios.

SPECIFIC DUTIES/RESPONSIBILITIES

- Reviewing and monitoring the core elements, electives and criteria for advancement within the PDP

- Reviewing the PDP standards and recommend any changes to the PDP committee chair. A list of these recommendations will be compiled by the chair each year and discussed with the committee for final approval prior to any changes.

- Actively participates in Nursing Shared Governance.

- Committee meets for PDP review with a quorum of (5) five voting members

- Each committee member must attend at least 75% of the scheduled PDP Committee meetings in order to continue as a member. This attendance must be in person. Committee membership and/or receive credit on their individual PDP. If at any time the committee member does not meet this requirement, the committee member will be in communication with the committee chair stating their intentions to continue as a committee member. The committee will then vote on final status of membership for this committee member. If membership is denied at that time, the individual may reapply for the next year.

- Not participating in the review of their own portfolio

CONFIDENTIALITY

The PDP Committee Member must demonstrate the ability to interact professionally and confidential manner with peers and administration.

8.   PDP COMMITTEE CHAIRPERSON

PURPOSE
 The purpose of the Professional Development Program (PDP) Chairperson is to provide leadership for the PDP Committee, to review the portfolio process, to maintain high standards of the quality of the program and to make revisions to the program as indicated by committee.

PRIMARY RESPONSIBILITY
The primary responsibility of the PDP Chairperson is to lead the committee, to preside over the formal review and acceptance/denial of the RN's PDP portfolio, and to ensure appropriate documentation of the Committee decision and supporting comments are sent to the applicant.

SELECTION
The PDP Committee Chairperson is represented by a leader expert knowledgeable in Nursing Shared Governance and the Magnet Program. This role must actively participate in Nursing Shared Governance at Unit and Hospital levels. If the Chairperson is unable to fulfill the role, the Co-chair will assume the Committee Chairperson position.

QUALIFICATIONS
To qualify to be a PDP Chairperson, an individual must meet the following qualifications:

- Demonstrate Leadership capabilities with an understanding of Nursing Shared Governance and the Nursing Excellence Magnet Recognition Program
- Chairperson must be at the Manager/Director level for appropriate needs of the committee.
- Have 3 years of nursing experience as an RN at Deaconess
- Performance evaluation demonstrates Deaconess Hospital's mission, vision, and philosophy of Nursing

SPECIFIC DUTIES/RESPONSIBILITIES
The specific duties and responsibilities of the PDP Chairperson include:

- Prepare for monthly meetings of portfolio reviews
- Review meeting documents
- Chair all PDP meetings or arrange for Co-chair to chair a committee in his/her absence
- Maintain and complete the PDP Activity Log
- Maintain PDP Committee records/all monthly activities in secure location. (Ex: activity log of awarded/denied portfolios, decision letters, FAQ's, revision documents, etc.)
- Delegate committee assignments

- Assist with orientation of new committee members/ambassadors
- The chairperson shall appoint task forces and convene and manage activities of the committee
- Complete and keep on file the decision letter (Exhibit M) and PDP Core and Elective Grid (Exhibit B) on each PDP submission. Send the completed copy of the decision letter to the applicant and the Human Resource representative. Human Resource representative will finalize the process via signature and forward to Finance department for payout.

9. MAINTENANCE OF THE PDP

Nursing is a changing profession. The PDP for RNs must be reviewed every two years to ensure it is current with trends in professional nursing. Changes will take effect in April of the odd year.

The PDP Committee will monitor and review the PDP and forward recommended changes as appropriate to the appropriate Nursing Shared Governance council for further nursing feedback/review. Suggestions for improvement to the PDP from the staff/managers are welcome and may be directed to any member of the PDP Committee.

PDP changes are to be completed and uploaded to the Nursing Excellence site every two years. These changes will be communicated to nursing at all Nursing Shared Governance Councils.

10.   MONETARY RECOGNITION FOR NURSING EXCELLENCE

MONETARY RECOGNITION

When a portfolio is approved, Human Resource representative will initiate final monetary award payment. Monies will be received following the acceptance of a PDP level. This amount will be dependent upon the level achieved. Payout for RNs who achieve a level of the PDP, will be added to their next paycheck following the approval of their PDP.

Monetary Reward:

Bronze:	4 Cores	40 Elective Points	$1,500.00
Silver:	5 Cores	55 Elective Points	$2,500.00
Gold:	6 Cores	65 Elective Points	$3,000.00
Diamond:	7 Cores	75 Elective Points	$3,500.00

ADDITIONAL NURSING RECOGNITION

Each successful participant will be recognized by receiving:

- Nursing Excellence recognition of the level achieved
- RN name in the Nursing Newsletter
- RN name in the Annual Nursing report

11.   REFERENCES OF ORIGINAL DOCUMENT

ALEXANDER, J., CRAFT, S., BALDWIN, M.S., BEERS, G., & MCDANIEL, G. (2002). THE NURSING PORTFOLIO: A REFLECTION OF A PROFESSIONAL. JOURNAL OF CONTINUING EDUCATION IN NURSING. VOLUME 33 (2), PP. 55-59.

BENNER, P. (2001). NOVICE TO EXPERT: EXCELLENCE AND POWER IN CLINICAL NURSING PRACTICE. NEW JERSEY: UPPER SADDLE RIVER.

BILLINGS, D. & KOWALSKI, K. (2008). DEVELOPING YOUR CAREER AS A NURSE EDUCATOR: THE PROFESSIONAL PORTFOLIO. JOURNAL OF CONTINUING EDUCATION IN NURSING. VOLUME 39, PP. 532- 533.

KRAMER, M., MAGUIRE, P., SCHMABENBERG, C., ANDREWS, B., BURKE, R., & CHMILLEUISHI, L. (2007). EXCELLENCE THROUGH EVIDENCE STRUCTURES: ENABLING CLINICAL AUTONOMY. JOURNAL OF NURSING ADMINISTRATION. VOL 37; NUMBER 1, PP.41-52.

WILLIAMS, M. JORDAN, K. (2007) THE NURSING PROFESSIONAL PORTFOLIO – A PATHWAY TO CAREER DEVELOPMENT. JOURNAL FOR NURSES IN STAFF DEVELOPMENT. VOLUME 23,
#3, PP 125-131.

WOLF, G., BRADLE, J., GREENHOUSE, P. (2006). INVESTMENT IN THE FUTURE – A THREE LEVEL APPROACH FOR DEVELOPING THE HEALTHCARE LEADERS FOR TOMORROW. JONA. VOLUME 36, #6, PP 331-336.

ADDITIONAL REFERENCES

©AMERICAN NURSES ASSOCIATION, ©AMERICAN NURSES CREDENTIALING CENTER, & ©AMERICAN NURSES FOUNDATION. (n.d.). ANCC MAGNET RECOGNITION PROGRAM®. RETRIEVED FROM WWW.NURSINGWORLD.ORG/ORGANIZATIONAL-PROGRAMS/MAGNET

AMERICAN ASSOCIATION OF CRITICAL-CARE NURSES. (n.d.). AACN BEACON AWARD FOR EXCELLENCE. www.aacn.org/nursing-excellence/beacon-awards

THE DAISY FOUNDATION. (2019). THE DAISY AWARD FOR EXTRAORDINARY NURSES: WHAT IS THE DAISY AWARD? RETRIEVED FROM HTTPS://DAISYFOUNDATION.ORG/DAISY-AWARD

12. EXHIBIT TABLE OF CONTENTS

EXHIBIT A: Applicant Checklist

APPLICANT INFORMATION

Employee ID: _____   RN Hire Date: _____

Job Title: _____

Full Name: _____
Last   *First*   *M.I.*

Credentials: _____
Highest earned degree, Licensure, State designations or requirements, National certifications, etc.

Department: _____
Department/ Unit Name   *Dept. #*   *Campus Location*

Phone: _____   Email _____

Level Applied for: ☐ Diamond   ☐ Gold   ☐ Silver   ☐ Bronze

	YES	NO
One (1) year nursing experience as an RN at Deaconess?	☐	☐
1000 or greater patient care hours worked in the previous 12 months?	☐	☐
Annual performance evaluation must meet job standard with no unsatisfactory ratings?	☐	☐
No corrective warnings in the previous 12 months	☐	☐

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge and will submit my portfolio to the Ambassador for initial review no later than December 1st after my annual performance evaluation.

Applicant Signature: _____   Date: _____

I have reviewed with the Applicant his or her readiness to apply for the PDP Core and Elective Grid (Exhibit D), and have verified the above evaluation information:

☐ Applicant is NOT READY to apply at this time   ☐ Applicant is READY to apply

FMLA Return Date (if applicable): _____

Department Manager Signature: _____   Date: _____

PDP AMBASSADOR REVIEW

(Each portfolio review must be completed within 7 days of receipt)

PDP Ambassador Signature: _____   Date /Time Submitted: _____

PDP Chairperson Signature: _____

EXHIBIT B: Definitions for Core Elements and Electives

APPLICANT INFORMATION

Name:_____ Employee ID:_____

Credentials:_____ Department Name & #:_____

Job Title:_____ RN Hire Date:_____

Currently enrolled in higher education? ☐ YES ☐ NO Degree: _____ Graduation Date: _____

Future career goals:_____

First Year Completing Portfolio? _____

CORE ELEMENTS

☐ Core 1: Quality Data Collection
☐ Core 2: Example of Excellence
☐ Core 3: Continuing Education
☐ Core 4: National Nursing Certification
☐ Core 5: BSN or BS with Major in Nursing
☐ Core 6: Membership in Professional Nursing Organization
☐ Core 7: MSN

ELECTIVE 1: WRITTEN EXEMPLAR

☐ Submit written Exemplar (1 point)

Elective # 1: Total Points Earned = _____ (MAXIMUM OF 1 POINT)

ELECTIVE 2: SUPER TRAINER

☐ Initiative _____ (2 points)   ☐ Initiative _____ (2 points)
☐ Initiative _____ (2 points)   ☐ Initiative _____ (2 points)
☐ Initiative _____ (2 points)

Elective # 2: Total Points Earned = _____ (MAXIMUM OF 10 POINTS)

ELECTIVE 3: LEADERSHIP DEVELOPMENT

☐ Preceptor Course/Update (1 point)   ☐ Active Charge Nurse (4 points)
☐ Charge Nurse Course (1 point)   ☐ ED Flow/Float Nurse (2 points)
☐ Associate Preceptor (1 point)   ☐ Completion of Leadership Class (1 point)
☐ Co-Preceptor (2 points)   ☐ Peer Interview (1 point – Max 2)
☐ Active Preceptor (3 points)   Elective # 3: Total Points Earned = _____ (MAXIMUM OF 10 POINTS)

ELECTIVE 4: COURSE INSTRUCTOR / CLASSROOM TEACHER

☐ Original Training/ Instructor Course (1 point)
☐ Number of Additional Courses Taught = _____ | (2 points for each course taught)

Elective # 4: Total Points Earned = _____ (MAXIMUM OF 20 POINTS)

ELECTIVE 5: FACULTY INSTRUCTOR/EDUCATOR

☐ Clinical Teaching Associate (4 points per semester) | Semester: _____
☐ Clinical Teaching Partner (6 points per semester) | Semester: _____
☐ Adjunct Nursing Faculty (10 points per semester) | Semester: _____

Elective # 5: Total Points Earned = _____ (MAXIMUM OF 20 POINTS)

Page Total = _____

ELECTIVE 6: NURSING LEADERSHIP / MEMBERSHIP PROFESSIONAL ORGANIZATIONS

☐ MEMBER of Professional Organization | 1 point x_____=_____ (max of 3)
☐ TASK FORCE/ COMMITTEE for Local Professional Organization | 3 points x_____=_____ (max of 6)
☐ OFFICER for Local Professional Organization | 5 points x_____=_____ (max of 10)
☐ TASK FORCE/ COMMITTEE for National Professional Organization | 6 points x_____=_____ (max of 6)
☐ OFFICER for State or National Professional Organization | 8 points x_____=_____ (max of 8)

Elective # 6: Total Points Earned = _____ (MAXIMUM OF 24 POINTS)

ELECTIVE 7: PROFESSIONAL DEVELOPMENT PROGRAM COMMITTEE

☐ PDP Unit Ambassador Committee Member (8 points)

Elective # 7: Total Points Earned = _____ (MAXIMUM OF 8 POINTS)

ELECTIVE 8: PROMOTION OF SAFETY WITHIN THE WORK ENVIRONMENT

☐ Initiative _____ (2 points)   ☐ Initiative _____ (2 points)
☐ Initiative _____ (2 points)   ☐ Initiative _____ (2 points)

Elective # 8: Total Points Earned = _____ (MAXIMUM OF 8 POINTS)

ELECTIVE 9: RESEARCH PROJECT

☐ Completion of an approved research study and presented project to Research & EBP Council and Nursing Leadership Council (10 points)
☐ Participation in Research Team or DHI approved research study | 4 points x_____=_____
☐ Data collection of a research study, chart reviews, data entry into electronic source or participates in extensive training | 4 points x_____=_____
☐ Obtaining informed consent from research subjects or participates in general training/education to staff about the study | 2 points x_____=_____

Elective # 9: Total Points Earned = _____ (MAXIMUM OF 18 POINTS)

ELECTIVE 10: EVIDENCE-BASED PRACTICE (EBP) PROJECT

☐ Participates in the development and/or implementation of EBP project and/or member of the EBP team/subcommittee | 4 points x_____=_____
☐ Conducts or participates in a literature review or conducts an appraisal (following established criteria) of the literature that supports the EBP project | 4 points x_____=_____

Elective # 10: Total Points Earned = _____ (MAXIMUM OF 8 POINTS)

ELECTIVE 11: QUALITY IMPROVEMENT PROJECT

☐ QI Participant | 3 points x_____=_____   ☐ QI Lead | 5 points x_____=_____
Initiative _____   Initiative _____
Initiative _____   Initiative _____
Initiative _____

Elective # 11: Total Points Earned = _____ (MAXIMUM OF 15 POINTS)

ELECTIVE 12: POLICY & PROCEDURE REVIEW / UPDATE

☐ 1 point for every two policies reviewed | 0.5 points x_____=_____
☐ 3 points for every revision of an existing policy & procedure | 3 points x_____=_____
☐ 4 points for writing a new policy & procedure | 4 points x_____=_____

*****Total must be a whole number/no rounding*****

Elective # 12: Total Points Earned = _____ (MAXIMUM OF 10 POINTS)

ELECTIVE 13: GRAND ROUNDS

☐ 1 point for two Grand Rounds attendance | 0.5 points x_____=_____

*****Total must be a whole number/no rounding *****

Elective # 13: Total Points Earned = _____ (MAXIMUM OF 6 POINTS)

ELECTIVE 14: ADVANCED NURSING DEGREE

Page Total = _____

☐ BSN or BS with major in Nursing (if not used as Core Element)| 8 points
☐ MSN (if not used as Core Element) | 12 points
☐ Doctorate (if not used as Core Element) | 16 points

*****Points are not combined/Applicant will obtain highest amount of points for which they qualify*****

Elective # 14: Total Points Earned = _____ (MAXIMUM OF 16 POINTS)

ELECTIVE 15: ENROLLED IN ADVANCED NURSING DEGREE PROGRAM

☐ Credit Hours | 1 point per credit hours x_____=_____
Name of University _____

Elective # 15: Total Points Earned = _____ (MAXIMUM OF 24 POINTS)

ELECTIVE 16: INFORMATION ARTICLE

☐ Section Submission for National Organization Application Process |4 points x_____=_____ (max of 16 points)
☐ Article submission to the Deaconess Nursing Newsletter or Community Publication|2 points x_____=_____ (max of 10 points)
☐ Submitting an article for publication in a professional journal (10 points)
☐ Article submitted and published in a professional journal (15 points)

Elective # 16: Total Points Earned = _____ (MAXIMUM OF 25 POINTS)

ELECTIVE 17: JOURNAL CLUB

☐ <u>Two</u> Journal Club attendances | 0.5 points x_____=_____
☐ Journal Club presentation | 4 points x_____=_____

*****Total must be a whole number/ no rounding*****

Elective # 17: Total Points Earned = _____ (MAXIMUM OF 8 POINTS)

ELECTIVE 18: ADDITIONAL CONTINUING EDUCATION (CE) HOURS

☐ 1 point for every <u>Five</u> Continuing Education Hours | Number of CE's = _____ divided by 5 =_____

*****Total must be a whole number/no rounding*****

Elective # 18: Total Points Earned = _____ (MAXIMUM OF 10 POINTS = 50 CE's)

ELECTIVE 19: CERTIFICATIONS / SPECIALTY TRAINING

☐ National certification (if not used in CORE) | 3 points x_____ = _____
☐ TNS Certification (due to complexity) | (2 points)
☐ Non-national certification / Specialty Training | 1 point x_____=_____ (<u>max of 6 points</u>)

Elective # 19: Total Points Earned = _____ (MAXIMUM OF 11 POINTS)

ELECTIVE 20: IN-SERVICES

☐ In-service A | 1 point x_____=_____
☐ In-service B | 2 points x_____=_____
☐ In-service C | 4 points x_____=_____
☐ In-service D | 5 points x_____=_____

Elective # 20: Total Points Earned = _____ (MAXIMUM OF 16 POINTS)

ELECTIVE 21: COMMITTEE/ COUNCIL MEMBERSHIP

Please list committee/council name
☐ Member of hospital committee, subcommittee, or task force (1 point each) _____
☐ Chair of hospital committee, subcommittee, or task force (4 points) _____
☐ Member of unit-based council/ committee (1 point each) _____
☐ Chair of unit-based council/committee (4 points) _____
☐ Member of Nursing Shared Governance Council (3 points) _____
☐ Chair-elect of Nursing Shared Governance Council (4 points) _____
☐ Chair of Nursing Shared Governance Council (5 points) _____
(Chairs may only count the chair level points, not chair and membership points)

Elective # 21: Total Points Earned = _____ (MAXIMUM OF 12 POINTS)

Page Total = _____

ELECTIVE 22: COMMUNITY SERVICE

☐ 4 to 7 hours (2 point)   ☐ 20 to 23 hours (6 points)
☐ 8 to 11 hours (3 points)   ☐ 24 hours and above (7 points)
☐ 12 to 15 hours (4 points)
☐ 16 to 19 hours (5 points)   Elective # 22: Total Points Earned = _____ (MAXIMUM OF 7 POINTS)

ELECTIVE 23: CONTINUOUS RN HOSPITAL SERVICE AT DEACONESS

☐ 5 to 9 years (4 points)   ☐ 25 to 29 years (12 points)
☐ 10 to 14 years (6 points)   ☐ 30 to 34 years (14 points)
☐ 15 to 19 years (8 points)   ☐ 35 to 39 years (16 points)
☐ 20 to 24 years (10 points)   ☐ 40 years and above (20 points)

Elective # 23: Total Points Earned = _____ (MAXIMUM OF 20 POINTS)

ELECTIVE 24: HEALTH RELATED SPEAKER/ PRESENTER

☐ Local Poster Presentation | 2 points x_____=_____
☐ Local Speaker | 5 points x_____=_____
☐ State Poster Presentation (4 points)
☐ State Speaker (8 points)
☐ National Poster Presentation (4 points)
☐ National Speaker (10 points)

Elective # 24: Total Points Earned = _____ (MAXIMUM OF 16 POINTS)

ELECTIVE 25: MENTOR

☐ Proof of Mentor Class (1 point)
☐ Proof of Mentor update (1 point)
☐ Active Mentor (4 points)

Elective # 25: Total Points Earned = _____ (MAXIMUM OF 5 POINTS)

PDP PORTFOLIO SUMMARY TOTALS

☐ Bronze: 4 Cores = 40 Electives

☐ Silver: 5 Cores = 55 Electives

☐ Gold: 6 Cores = 65 Electives

☐ Diamond: 7 Cores = 75 Electives

TOTAL CORE POINTS EARNED: _____   TOTAL ELECTIVE POINTS EARNED: _____

As verified by PDP Committee members: _____ | Date: _____

_____

_____

_____

_____

_____

_____

_____

Page Total = _____

EXHIBIT C: Ambassador Committee Member Application

COMMITTEE MEMBER APPLICATON

Full Name: _____ ID #: _____

Last   *First*   *M.I.*

Credentials: _____

Highest earned degree, Licensure, State designations or requirements, National certifications, etc.

Department: _____

Department/Unit Name   *Dept. #*   *Campus Location*

Job Title: _____

Phone: _____ Email _____

RN Hire Date: _____ Date of Application: _____

THIS SECTION TO BE COMPLETED BY THE DEPARTMENT MANAGER

☐ Demonstrates leadership capabilities

☐ At least 3 years of experience at Deaconess as an RN

☐ RN annual performance evaluation meets job standard with no unsatisfactory ratings

☐ No warnings within the previous 12 months

☐ Advanced Practice Nurse, Educator, Nurse Manager or Nurse Clinician must have ≥1000 worked hours within the previous 12 months

☐ Patient care RN must have ≥1000 patient care worked hours within the previous 12 months on areas participating in the PDP

☐ Portfolio submission at the Bronze Level or above, by the end of the first year, is preferred for direct patient care RNs.

Department Manager Signature: _____ Date: _____

☐ Denied by Manager

Comments (required for denial): _____

_____

_____

PDP Chairperson Signature: _____

☐ Approved by PDP Chair and Committee Members

☐ Denied by PDP Chair and Committee Members

EXHIBIT D: Approval and Verification:

SPECIAL PROJECTS/ IN-SERVICES/ COURSES INSTRUCTOR/ CLASSROOM TEACHER

Name of Applicant: _____

Core/Elective #/Council: _____

Title/Objective: _____

In-service: A ☐   B ☐   C ☐   D ☐

Number of peers in-serviced: _____

Special Project ☐   Instructor Course ☐   Journal Club ☐   Classroom Teacher Course ☐

Manager/TL/EE&D signature:_____ Date: _____

Council Liaison/Chair signature:_____Date: _____

Elective(s) Written Description: _____

_____

_____

_____

_____

_____

For Elective 8: provide in comments section above an action plan which includes: a written description of the identified safety risk, action taken to ensure safety, and outcomes from the initiative.

For Elective 10: provide in comments section above for: PARTICIPANT applicant - team effort
- *Attended 75% of meeting attendance required in order to receive credit.*
- *What was the recommendations for improvements*
- *How did participant assist with implementation of improvements*

For Elective 10: QI project – LEAD applicant - Exhibit D plus a separate typed written document detailing the requirements below:
- *Identification of a problem or opportunity for improvement through use of tools and techniques, i.e. medical records review, data collection, brainstorming, root cause analysis, and clinical inquiries.*
- *Data collection, analyze, and evaluate the data*
- *What was the recommendations for improvement*
- *What was the process of Implementation*
- *Document how patient was positively impacted*
- *Monitor and evaluate the new process*

EXHIBIT E: Approval and Verification:

POLICIES AND PROCEDURES

Policy Title/ Number(s):

_____
_____
_____
_____

Add description of policies or standard (practice) change and/or improvement

_____
_____
_____
_____
_____
_____
_____
_____

Reviewed ☐   Date(s) Reviewed _____

New Policy ☐   Date(s) Approved _____

Revised _(see attached policy with changes)_ ☐   Date Revised _____

Evidence Based Practice change _(see attached evidence)_ ☐   Date Revised _____

♦   _A separate form needs to be completed for each policy that has changes._
♦   _One form can be used for multiple policy reviews with no changes._

Signature:_____Date: _____
                                    (Authorized Policy Personnel)

EXHIBIT F:

CONTINUING EDUCATION (CE) HOURS FOR CORE CE; CONTACT HOURS/CE FOR ELECTIVE #18; GRAND ROUNDS FOR ELECTIVE #13 VERIFICATION

Name: _____
(NAME OF APPLICANT)

Title of Program/Subject Matter (Check CE vs Contact Hour column as appropriate)	Date	# Hrs.	CE	Contact

TOTAL: _____

If using for CE/CH: Attach copies of transcript/certificate/verification of completion- no signature needed.
If using for Grand Rounds: List presentation titles and dates, and have manager verification with signature below.

Signature: _____

Manager/Team Leader

EXHIBIT G:

To whom it may concern:

My signature below confirms that

_____
(Applicant Name)

has participated in the following:

_____
(Title of event, office held, task force, program, committee, other)

on_____from_____to _____Total Hours _____
　　　(date)　　　　　　　　　　(time)

at_____.
　　　　　　　　　　　　　(Location)

I can be reached at_____.
　　　　　　　　　(Phone #)

_____　　_____
　　　　Signature / Title　　　　　　　　　　Date

This form can be used for documentation of volunteer activity, attendance at a professional organization business meeting, or other type of involvement within a professional organization.

Describe the above activity and objectives as related to your Nursing practice.

_____
_____
_____
_____
_____
_____
_____

EXHIBIT H:

SPECIAL VERIFICATION

_____
(Applicant Name)

☐Charge Nurse – Manager's signature below validates that this Nurse meets criteria and is active in the charge nurse role consistently.

☐Active Preceptor: Name / Date _____

☐Associate Preceptor: Name / Date _____

☐Co-Preceptor: Name / Date _____

☐ED Flow/Float: Name / Date _____

☐CTA/CTP/Adjunct Nursing Faculty: Name / Date _____

☐EBP Project: Activity / Date _____

☐Research Project: Activity / Date _____

☐Quality Data Collection (Core):   Activity / Date _____

☐Active Mentor: Activity / Date _____

☐Peer Interview: Activity / Date _____
                        Activity / Date _____

_____   _____
            Manager's Signature / Team Leader   Date

EXHIBIT I:

SUPER TRAINER VERIFICATION

Place a check in the box for each function that has been completed and complete all applicable blanks. Add any additional functions as applicable.

APPLICANT'S NAME: _____

ACTIVITY: _____

☐ OBJECTIVES:

_____
_____
_____
_____
_____
_____

☐ TRAINING CONTENT:

_____
_____
_____
_____
_____
_____

Manager signature below validates list of employees trained past 12 months.

_____   _____
(Nursing Manager / Team Leader)   (Date signed)

EXHIBIT J:

<u>Confidentiality</u>

Employees must safeguard the confidentiality of Deaconess records and other confidential information such as patient information including safeguards and procedures contained in the Health Information Protection Standards manual (HIPS), Information System passwords, employee lists, blueprints, strategic or other plans, and any other confidential information. It is the employee's responsibility to ask management whether Deaconess considers certain information confidential. Such information may never be disclosed to non-employees without prior authorization of management.

Refer to: Policy and Procedure 45-19S: Standards of Employee Conduct

I understand that confidential or proprietary information will be furnished to me from time to time. I agree to hold all such information in strict confidence, and to not use, duplicate in any form, or disclose verbally or in writing, any such information.

PDP Ambassador/Committee Member Signature _____

Specialty Service Representing _____

Date submitted to PDP Committee Chair _____

EXHIBIT K-1:

APPROVAL DECISION LETTER

PDP Portfolio Review Date: _____

EMPLOYEE INFORMATION

Name: _____   Employee ID: _____

Credentials: _____   Department Name: _____

	LEVEL	CORES	ELECTIVE POINTS	MONETARY AWARD
☐	Bronze	_____	_____	$1,500.00
☐	Silver	_____	_____	$2,500.00
☐	Gold	_____	_____	$3,000.00
☐	Diamond	_____	_____	$3,500.00

I hereby acknowledge that the above employee has met the criteria set forth by the Professional Development Program and verified by the PDP Committee.

_____
Signature PDP Chair/Co-chair

_____
Contact Number

_____
Date

EXHIBIT K-2:

| DENIAL DECISION LETTER |

PDP Committee Review Date: _____

Name / Credentials: _____

This letter is to inform you that your application for the following level has been denied for the reasons stated below.

Level: ☐Bronze   ☐Silver   ☐Gold   ☐Diamond

Reason(s) for denial:

_____
_____
_____
_____

Please provide notification of your intentions to appeal within 14 days of review.

Sincerely,

_____   _____
Signature PDP Chair / Co-chair   Date

☐   I wish to appeal. I understand I must initiate the appropriate appeal process discussed in the PDP program and that a copy of this completed letter with rationale for appeal must be returned to PDP Chair/Co-Chair within 14 days of receipt.

_____   _____
Signature of Applicant   Date

Rationale for appeal:

_____
_____
_____
_____