Performance Appraisal Evidence Guide

Requirements to Maintain RN IV (Renewal) Clinical Expert

4 Years or More Experience in Specialty

All Qualifiers Require 2 Pieces of Evidence

Name:	Workday ID:	Clinical Expert Track	Clinical Area:
CSM:	Email Address:		Submission Date:

The RN IV Clinical Expert role is focused on enhancing nursing practice and patient care, with specialized skill, knowledge, and expertise of specific patient populations through quality improvement, evidence-based practice, and research. This role provides experiences and training to prepare nurses to move into the Clinical Specialist, Clinical Educator, or Nursing Quality role. While each unit/area may actualize the role differently, the qualifiers for each category are based clinical practice principles.

I acknowledge the information provided in this portfolio is true and accurate. I further acknowledge I have not received a written disciplinary warning in the past 12 months. I understand if I receive a written disciplinary warning, I will return to RN III status and will receive a decrease in my salary equal to the compensation received before my promotion to an RN IV.

_____ _____

RN IV Applicant **Date**

_____ _____

Clinical Service Manager (CSM) **Date**

_____ _____

Clinical Specialist (CS) **Date**

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✔	**Minimum Professional Requirements** **NOTE: All qualifiers in this section are required.**
	To maintain RN IV status, you must meet all requirements AND must score a "Satisfactory" or above on the RN III Performance Appraisal Evidence Guide. **Provide** first page of the most current performance evaluation that lists the overall score of Satisfactory or above.
	Provide copy of BSN diploma or transcript
	Provide proof of completion of the following training within the evaluation period. Please "√" to show completed. ☐ "Learning to Lead" (Live class – 8 hours) **Must complete within 12 months after promotion date** **NOTE: This course was previously known as "Leadership Essentials." If you have previously completed "Leadership Essentials," you do NOT need to take "Learning to Lead."** ☐ "Participating in Quality Improvement" (Live class – 3 hours) **Must complete within 12 months after promotion date** ☐ CITI Course Human Subject Protection (Online module) - ***NOTE: Only required If completing a research project***
	Provide proof of current professional certification that shows expiration date Certification: _____Expiration Date _____
	Provide copy of current Training Tracker report and/or other CE with a minimum of 48 CE hours within the evaluation period, demonstrating no deficiencies. May use academic hours (1 hour = 5 credit hours for a max of 20 hrs.)
	Provide current Advanced Clinical Certifications required for each unit/area as listed below. Submit copies of competency document and/or certification card for each required certification**.**

Unit/Area	BLS	ACLS	PALS	NRP	STABLE	Chemo	TNCC	Fetal Monitoring
Ambulatory	X							
Ambulatory – TOSH PACU/Pre-OP	X	X						
ED	X	X	X				X	
ENDO / IR / Cath Lab	X	X						
Critical Care – E4	X	X						
Critical Care - H4, F4	X	X					X	
Oncology - H7, Stem Cell - F7, E7	X					X		
NICU - F5, H5	X			X	X			
Lactation	X			X				
L&D - E5, Perinatal - E6	X			X				X
Antepartum – A5	X							X
Med. Surg. Units - F9, H9, F8, H8, F6, H6	X							
Pre-OP/Anesthesia	X	X	X					
PACU	X	X	X				X	
OR	X							
Infusion	X					X		
PRI Adult/Women	X							
PRI Child	X							
ECT	X	X						
Float Pool	X	X(ICU)	X(ICU)	X(M/I)	X(M/I)			X(M/I)

NOTE – BLS, ACLS, PALS, NRP, and Fetal Monitoring are renewed at 2 year intervals; TNCC is renewed at 4 year intervals; Chemo is renewed every year. STABLE is only required once and must be attained within 6 months of employment.

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✔	**Category #1 - Professional/Clinical Development** **Applicant must select at least 1 qualifier from this category**
	Current membership in a National or State Chapter Professional Organization. Professional Organization: _____ **Provide** copy of card and/or certificate and indicate involvement (member, officer/chair, committee member, etc.)
	Advanced Clinical Certifications (ACLS, PALS) not required for your unit/area specialty. Advanced Certification: _____ **Provide** copy of card and/or certificate.
	Continuing Education hours beyond required. (Must be at least 20 hours over required 48 CEU's) Examples: • UAMS specific and/or formal continuing education • School hours; 1 hour=5 credit hours not to exceed 20 • Read a journal/article and submit for CEs • Attend a seminar/conference • Participate in Mentoring Others or Public Speaking programs offered at UAMS **Provide** copies of all CE hours obtained
	Clinical Competence in two (2) or more units (cross-training) • This is beyond the expected floating and cross training expected within the work unit • Maintenance of all competencies within two units and shows flexibility in scheduling to help facilitate our mission of better patient care by assisting another unit when they are short staffed. • Worked 6 or more shifts on cross trained unit within the evaluation period Unit(s) Cross-Trained: _____ **Provide** proof of completion of training/competencies required for additional unit(s) taken within the evaluation period and proof of scheduled shifts worked on cross trained unit or cancellation of shift.
	Work toward graduate degree beyond BSN - Master/Advanced Practice (MSN, MS, APRN) or Doctoral programs – such as Nurse Education, Clinical Nurse Specialist, Leadership, Quality, etc. University & Program: _____ **Provide** copy of college transcript with applicable classes highlighted in yellow.

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✔	**Category #2 - Contribution to the Development of Others** **Applicant must select at least 2 qualifiers from this category**
	Participation in the mentoring of an individual in their professional development above and beyond daily nursing duties. Examples include: educational or career planning, mentoring novice nurses in their professional growth beyond orientation or preceptorship, encourage/assist in obtaining certification. Name of Mentee: _____ **Provide** one or more of the following: • Letters or exemplars from applicant and mentees regarding mentorship activity or a letter regarding involvement in a mentorship society. • Applicant exemplars written about the mentoring experience • Evaluation from Mentoring Others Program at UAMS (evaluations)
	Participation in precepting of a designated employee, student, or summer extern as part of a formal staff development program. (**NOTE**: Must have completed preceptor competency training) Minimum of 9 precepting shifts per year (may be for more than one preceptee) Name of Orientee/Student/Extern: _____ **Provide** documented scheduled time with the designated employee and a copy of preceptee evaluation.

	Provide Instruction/Training/Educational Offerings within UAMS system/community such as unit/divisional In-services, Hot Topics, Clinical Education, educational poster development, continuing nurse education, patient education materials. BLS, ACLS, NRP, etc. In-service topics must be approved by and coordinated with CSM or CS and must be developed and presented in either poster or live presentation format with a minimum of 15 minutes' presentation time. *NOTE: Reporting minutes from a meeting or taskforce to your peers is part of the anticipated function for being on a committee and is not considered in-services.*
	
	Provide the following:
	• Competency Instruction (for ACLS/BLS/PALS, etc., provide instructor card and schedule of classes)
	• In-service - Include class name, length of class, date and time of class, objectives and outline, rosters, attendance sheets, and evaluations.
	  ○ Training Tracker attendance
	  ○ Copy of presentation
	• CE submission - include copy of application

	Participation as a proctor for skills validation. Present, demonstrate, or evaluate skills and assist in annual skills verification of unit/department staff. May also assist on hospital-wide skills verification. **Provide** one or more of the following: *Unit Skills* - Skill competency check-off completed & signed, list skill and dates of verification. *Skills Fair* - List skills verified, staff members, unit, and date, Skills Day Roster and schedule. Also, submit verification from class coordinator or educator for participation in hospital wide teaching/check off of skill competencies in classroom or simulation settings.

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	Category #2 - Contribution to the Development of Others (Continued)
	Super-user for specific unit practice/equipment/supplies/process training and act as the 1st line of support for assistance with system and helping facilitate problem solving. **Provide** proof of training, teaching presentations, rosters, email exchanges of role as Super-user
	Project negotiated and approved by CSM/CS that has a direct benefit to the unit, or hospital, but does not fit into other categories. Name of Project: _____ **Provide** the special project/activity verification with summary of negotiated activity, signed by CSM/CS.

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✔	Category #3 - Leadership Applicant must select at least 2 qualifiers from this category
	Create, lead, or attend a Task Force/Committee that meets for a specific purpose which is self-limiting and recognized by the organization which includes rosters and minutes. Name of Taskforce: _____ **Provide** evidence of 80% attendance for a full year of scheduled meetings – attach roster. Include: Name of Committee, UAMS or Clinical area based committee, scheduled meeting dates, dates attended.
	Serve on the RN IV/RN V Review Board that meets quarterly. **Provide** evidence of attendance. Must attend 3 of the 4 meetings.
	Assist your units' Nursing Practice Review Council Member with creating new polices, reviewing and suggesting changes or deletion of current policies. Also assist in communication of policy changes to unit. **Provide** copies of policies RN reviewed or drafted and meeting minutes of all staff/unit meetings where RN presented changes.
	Provide support and leadership for Joint Commission readiness environmental rounding or knowledge chart tracers. Assist in the corrective actions for areas noted for improvement during formal Joint Commission Survey. **Provide** copies of completed environmental or knowledge chart tracers, rounds, tracer rounding schedules, and/or description of noncompliance issue(s) and action plan including communication and education of staff. Participation and leadership in tracer process must be verified by CSM or CS.
	Recipient or **nominee** of a DAISY of the Month, Annual Nursing Recognition Award Winner, or other Professional Award (40U40, G8100, Good Catch etc.) **OR** Unit Recognition Award **recipient** during previous performance review period. Award : _____ **Provide** award(s) certificate or notification of nomination (s). **Note:** nomination for a <u>unit award</u> does not count for this qualifier
	Performs regular audits related to regulatory readiness or quality improvement projects. Could include (but not limited to): • Crash Cart • Hand Hygiene • Time Out • Chart Reviews • K-Card • Specimen Counts • Environmental readiness (work orders)
	Other project or specific role that demonstrates leadership. Must be approved by CSM/CS. Examples include PICC RN, ECMO RN, RRT/Code Blue RN, etc. Name of Project or Role: _____ **Provide** the special project/activity verification with summary of negotiated activity, signed by CSM/CS. If leadership role, provide evidence of training, continued competence and activities related to the role.

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✔	**Category # 4 - Performance Improvement, Evidence Based Practice, or Research** ******All outcomes based projects (PI/EBP/Research) must be pre-approved by the Center for Nursing Excellence ****** **Applicant must select at least 1 qualifier from this category**
	Publication in newsletter or journal (content must be relevant to EBP, performance improvement, or research). May be completed at the unit, organizational, local, state, or national level. **Provide** copy of the publication that includes date and newsletter/journal title.
	Provide in-service for unit, division, or organization that results in internally recognized staff development hours for participants. Should be different from qualifier used to meet Contribution to the Development of Others qualifier. In-service Topic:_____ **Provide** copies of sign in sheets of participants along with any handouts or pictures of the presentation. May also include: • Pictures of you presenting • PowerPoint presentation • Pictures or copies of poster board/flyer
	Research utilization or formal literature review. **Provide** the following forms: PICO, Individual Evidence Summary, Conclusions/Recommendations
	Poster presentation at UAMS Research Day or other CE education offering/conference. **Provide** copy of Research Day poster and/or podium presented.
	Involvement in EBP, Research, or Quality Improvement project (outcome based projects preferred). Can include participation in Resource Nurse projects. **Provide** proof of involvement that includes the development or implementation of actions necessary to complete the project. **EBP** • EBP outline with time line • Supporting Documents – PICO, Evidence Summary, Presentation, Meeting Minutes, and Poster. **Quality Improvement** • Project Charter • Stakeholder Map • Stakeholder Action Plan • Data/PDSA Optional **Research** • IRB protocol • Research Participation (certificate) • Clinical Liaison – Emails, Meeting Attendance, etc.

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✔	**Category # 5 - Community Activities** **Applicant must select at least 1 qualifier from this category** **NOTE: Activities must be outside the expected responsibilities of your role. Compensation for the activity does not prevent the opportunity to use the activity in this category.**

	Individual involvement in a community service that maintains the mission of UAMS to improve the health status of the community. Categories include non-health related, health-related, organization committee related. May act as the Chairperson/Coordinator of Event or participant. Activities may be through schools, churches, or community organization events.
	
	Name of Event/Service: _____
	Examples:
	• Non-Health related Community Service: walks, bike rides, food drive, etc.
	• Health-related Community service as follows (not all inclusive):
	  ○ Participation in a local blood drive (not donating blood)
	  ○ RN chaperone/Camp nurse for scout camping trip
	  ○ Teaching Scouts First Aid
	  ○ Teaching community CPR
	  ○ Smoking Cessation activities
	
	Provide dates and number of hours volunteered with the signature of the Event Chairperson or certificate of participation.

	Serve as a Nurse Ambassador for UAMS Nurse Recruitment. Must be coordinated with the Nurse Recruiter. Primary responsibilities are in the areas of educating the public about the nursing profession and promoting nursing as a career choice. Examples: • Volunteer for Annual Nursing Expo • Participant in Nurse Recruiting events at local colleges/venues • Preceptor for high school students interested in health care professions **Provide** certificates of completion with verification through Nurse Recruitment office.
	Serve as a Guest Lecturer or Adjunct Faculty/Clinical Nursing Instructor for Nursing Program to help students obtain knowledge & experience in a particular area of practice, or develop professional knowledge in a specialty area. **Provide** one or more of the following: • Program objectives, roster and evaluations • Verification letter from school • Copy of presentation or outline • Schedule of clinical rotations

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	Category # 5 - Community Activities (Continued)
	Serve on a board not affiliated with nursing to showcase the work and image of nurses on a broader scale. Must be a recognized community organization that holds regular meetings. Name of Board/Organization: _____ Examples: • Arkansas Workforce Board • Boys & Girls Club • Community Improvement Board • Master Gardener Beautification Projects • Heifer International • Habitat for Humanity **Provide** photos of your participation or verification letter from organization including number of hours of participation.
	Unit or population-based project. Demonstrate coordination or participation. Name of Community Project: _____ **Provide** photos, certificate of participation, emails indicating involvement, or other evidence.

Reference: NR.CP.1.41 RN IV/RN V Review Policy