

**Stanford Health Care**

*Professional Nurse*

*Development*

*Program (PNDP)*

---

2019-2022

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# STANFORD HEALTH CARE

## PROFESSIONAL NURSING DEVELOPMENT PROGRAM (PNDP)

### GENERAL INFORMATION FOR NURSING STAFF

#### I. Philosophy

The SHC Professional Nursing Development Programs (PNDP) promotes the life-long pursuit of expertise of the clinical nurse.

SHC recognizes and rewards nurses who strive for excellence in the delivery of the highest quality of patient care, while demonstrating commitment to the profession of nursing.

The SHC PNDP is based on the work of Dr. Patricia Benner. Dr. Patricia Benner identifies five (5) stages of academic knowledge applied in the nurse's clinical practice. In the SHC PNDP, the last two of Benner's levels of performance characteristics are utilized: proficient (CN III) and expert (CN IV) (see page 4 for definitions and grid on pages 12-13).

Evaluation of the nurse's performance is further measured by one or two exemplars, which are written illustrations of the nurse's performance. Exemplars represent the nurse's contribution to a patient's welfare, and they reflect the nurse's clinical knowledge.

As part of the evaluation of the nurse's professional development, Benner's seven (7) domains further indicate his or her competence (pages 14-15). 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. SHC Program Objectives

1. Provide an opportunity for nurses to develop a career path while recognizing nurses who demonstrate excellence in practice.
2. Attract and retain high quality nursing staff resulting in improved patient outcomes.
3. Create an environment where nurses are empowered as a valued member of the healthcare team.
4. Demonstrate academic advancement, obtaining specialty certifications and increase participation in professional activities.

### **III. Level Definitions**

Clinical Nurse III: Recognizes a situation in terms of the overall picture. Has an intuitive grasp of the situation based upon a deep background understanding.

Clinical Nurse IV: Has an intuitive grasp of each situation and zeros in on the accurate region of the problem without wasteful consideration of a large range of unfruitful, alternative diagnoses and solutions.

### **IV. Components/Criteria Identified for Each of the Two Levels**

The following components comprise the criteria for the PNDP:

- A. Qualifications
- B. Clinical Expertise
- C. Leadership/Professional Growth and Contribution
- D. Continuing Education
- E. Performance Appraisal

The criteria for the program are outlined in detail in the Summary Requirements.

### **V. Eligibility**

1. No nurse can be required to participate in the PNDP program offered through SHC.
2. All Regular Nurses and Relief Nurse C's and D's in the CRONA represented bargaining unit at SHC are eligible to participate in the hospital's Professional Nursing Development Program (PNDP). Relief A and B nurses are also eligible if in the 12 months prior to application for either promotion to or maintenance of a CN III or CN IV level have worked hours equivalent to a Relief Nurse C commitment.
3. All criteria must be met annually regardless of benefit status/hours worked. Annually shall be defined as within the 12 month period prior to the application due date, as provided in Sections VIII(3), IX(4), and X(4).
4. To be eligible for promotion to or maintenance of a CN III or CN IV level, the nurse must possess an approved certification that is either the most applicable certification in the nurse's area of specialty or a certification that supports the basic clinical practice in the nurse's area of work. The standards for determining whether the nurse possesses an appropriate certification shall be the same as those provided in the Certification Payment provision of the Agreement (Section 7.11). This eligibility requirement shall not be applied to new applicants for CN III or CN IV positions until after January 1, 2020. Incumbent CN IIIs and CN IVs as of May 8, 2019, and any nurse promoted to a CN III or CN IV position prior to January 1, 2020, shall not be required to obtain the qualifying certification until March 31, 2022.
5. A Clinical Nurse III or IV who has been on an approved Leave of Absence, other than a personal leave, will have an additional period of time equal to the length of the leave to renew her/his promotion, up to six months after return from leave, unless by law a greater period of time is mandated.

6. Except as provided in Section XVI below, nurses who have received a written warning or greater within the last 12 months are not eligible to apply or maintain status as a CN III or CN IV. At the next application period following twelve (12) months from the date of the written warning, the nurse who meets all of the other criteria may apply or reapply.

## **VI. Compensation/Recognition**

See Professional Nurse Development Program article in the Agreement.

## **VII. Composition of the PNDP Panel**

The Clinical Nurse Selection Panel (“Panel”) shall be composed of eight (8) members. Four (4) of the members shall be Clinical Nurses selected by CRONA, at least three (3) of whom shall be Clinical Nurse IVs and one of whom may be a Clinical Nurse III. The members appointed by CRONA shall be from at least three (3) of the four (4) regions designated in this manual (“Regions”). CRONA shall also select four (4) alternate Panel members. The alternate Panel members shall be from at least three (3) of the four (4) Regions. Of CRONA’s four (4) designated alternate Panel members, at least three (3) shall be Clinical Nurse IVs and one may be a Clinical Nurse III. If circumstances make an alternate from the same region unavailable for a particular panel interview, the alternate replacing a Clinical Nurse panel member may be from a different region as long as they are the same clinical nurse status or greater than the panel member they replace.

The remaining four (4) members of the Panel shall be Clinical Nurse Specialists, Nurse Scientists, or Nurse Managers, including Nursing Directors and Assistant Patient Care Managers, selected by the Hospital. The Hospital shall also designate four (4) alternate members of the Panel from the same categories.

There shall be Chair and a Vice Chair of the Panel. The Vice Chair shall assist the Chair, and shall serve in the role of Chair in the absence of the Chair. The Chair and Vice Chair positions shall each rotate annually between a member appointed by the Hospital and a Clinical Nurse member. For all years after the first year, the Clinical Nurse members of the Panel will select who among them shall serve as Chair or Vice Chair during their rotations, and the Hospital-appointed members of the Panel will select who among them shall serve as Chair or Vice Chair during their rotations. While it is not required, it is the view of the Hospital and CRONA that elevation of the Vice Chair to Chair is desirable to afford some experience to the individual serving in the role of Chair.

Appointments to the Panel shall be for a two-year period. Appointees to the Panel are not eligible for successive terms as a Panel member, but Panel members may be appointed to serve a successive term as an Alternate and an Alternate may be appointed to serve a successive term as a Panel member. In no event, however, may an appointee be appointed to serve more than two successive terms, whether as a Panel member or as an alternate. An appointee who has been appointed to serve two successive terms may be reappointed to a Panel or Alternate position after the lapse of an intervening full two-year term.

## **VIII. Promotion Process**

**It is the applicant's responsibility to notify her/his manager in advance of his/her intention to apply for promotion in a timely manner (preferably in writing at least 45 days prior to the deadline for submitting the application packet), so that the manager can provide the appropriate support before the due date. It is the applicant's responsibility to present a complete application package with all required documentation to her/his manager no later than 14 days prior to the deadline for submitting the application packet. The applicant's application shall include the applicant's preferred email address to be contacted about the application process. After receipt of the Nurse Manager's approval of the packet, the applicant shall submit the application packet to the Nursing Management no later than the specified deadline. Copies of documentation must be retained by applicant for possible future verification of achievement.**

1. Application for promotion is initiated by a nurse.
2. Applicant will complete required forms including documentation to validate achievement of criteria.
3. Application portfolios will be due to the Nurse Manager or to the Nursing Director, if the manager is not a nurse (herein after referred to jointly as "Nurse Manager") by **February 1, June 1, or October 1.**
4. PNDP application portfolio must be reviewed and approved or rejected by the Nurse Manager within two (2) weeks of its submission by the nurse.
5. The Panel (all eight (8) members, including alternates as appropriate) meets to discuss the application.
6. Applicant attends a panel interview and presents an exemplar to all eight (8) Panel members within forty 40 calendar days of the application due date.
7. The Panel (all eight (8) members, including alternates as appropriate) will determine if the applicant meets the criteria, and can award achievement by an affirmative vote of no less than a majority (5 of the 8) Panel members. Any panel member who is from the same unit as the applicant may recuse himself or herself from the discussion and consideration of that applicant. The Panel will notify the applicant of its decision by sending an e-mail to the applicant's preferred email address within seven (7) calendar days. If the nurse is denied, a written explanation will be provided at the same time as the notification.
8. No change will be made to the status of the nurse's level until written notification of acceptance, or in the case of denial, until the appeal process is complete.
9. A nurse can submit an application portfolio for promotion no more than two (2) times per calendar year. A Nurse may apply for promotion to Clinical Nurse IV within twelve months of his/her successful application to Clinical Nurse III, assuming that the points and activities supporting the application for Clinical Nurse IV remain current.
10. If a Nurse is denied promotion by the Nurse Manager or Panel, (s)he may exercise the appeal rights as set forth in Section XIV below.
11. If a Clinical Nurse II applies for Clinical Nurse IV and is denied, but the Panel determines that the Nurse meets the Clinical Nurse III requirements, the Panel shall offer a Clinical Nurse III position to the Nurse. The Applicant must notify the Nurse Manager of the applicant's response within 10 days of the written notice from the panel.

## **IX. Renewal Application Process – (Panel Year)**

**It is the applicant's responsibility to notify her/his manager in advance of his/her intention to apply for renewal in a timely manner (preferably in writing at least 45 days prior to the deadline for submitting the application packet), so that the manager can provide the appropriate support before the due date. It is the applicant's responsibility to present a complete application package with all required documentation to her/his manager no later than 14 days prior to the deadline for submitting the application packet. The applicant's application shall include the applicant's preferred email address to be contacted about the application process. After receipt of the Nurse Manager's approval of the packet, the applicant shall submit the application packet to the Nursing Management no later than the specified deadline. Copies of documentation must be retained by applicant for possible future verification of achievement.**

1. The Panel will send renewal letters to current participants two (2) months prior to the expiration of the three-year term of their current status.
2. In light of the extension of the PNNDP term from two (2) years to three (3) years, for incumbent CN IIIs and IVs, the next panel review shall be during the panel review period three years after the incumbent's last panel review. For example, if a nurse's last panel review was in 2017, her or his next panel review would be held in 2020, instead of in 2019.
3. Applicant will complete required forms including documentation to validate achievement of criteria.
4. Application portfolios will be due to the Nurse Manager by **February 1, June 1, or October 1**.
5. PNNDP application portfolio must be reviewed and approved or denied by the Nurse Manager within two (2) weeks of its submission by the nurse.
6. The Panel (all eight (8) members, including alternates as appropriate) meets to discuss the application.
7. Applicant attends a panel interview and presents an exemplar to all eight (8) Panel members within forty (40) calendar days of the application due date.
8. The Panel (all eight (8) members, including alternates as appropriate) will determine if the applicant meets the criteria, and can award achievement by an affirmative vote of no less than a majority (5 of the 8) Panel members. The Panel will notify the applicant of its decision by e-mail at the applicant's preferred email address within seven (7) calendar days of the interview. If the nurse is denied, a written explanation will be provided at the same time as the notification. Any panel member who is from the same unit as the applicant may recuse himself or herself.
9. No change will be made to the status of the nurse's level until written notification of acceptance, or in the case of denial, until the appeal process is complete.
10. A nurse can submit an application portfolio for promotion no more than two (2) times per calendar year. A Nurse may apply for promotion to Clinical Nurse IV within twelve months of his/her successful application to Clinical Nurse III, assuming that the points and activities supporting the application for Clinical Nurse IV remain current.
11. If a Nurse is denied renewal by the Nurse Manager or Panel (s)he may exercise the appeal rights as set forth in Section XIV below.
12. If a Clinical Nurse II applies for Clinical Nurse IV and is denied, but the Panel determines that the Nurse meets the Clinical Nurse III requirements, the Panel shall offer a Clinical Nurse III

position to the Nurse. The Applicant must notify the Nurse Manager of the applicant's response within 10 days of the written notice from the panel.

## **X. Interim Renewal Application Process (Non-Panel Years)**

**It is the applicant's responsibility to notify her/his manager in advance of his/her intention to apply for renewal in a timely manner (preferably in writing at least 45 days prior to the deadline for submitting the application packet), so that the manager can provide the appropriate support before the due date. It is the applicant's responsibility to present a complete application package with all required documentation to her/his manager no later than 14 days prior to the deadline for submitting the application packet. The applicant's application shall include the applicant's preferred email address to be contacted about the application process. Copies of documentation must be retained by applicant for possible future verification of achievement.**

1. A nurse who has achieved Clinical Nurse III or Clinical Nurse IV status will maintain that status for three (3) years provided that the nurse continues to meet the required criteria and points each year, and in the interim years the nurse's portfolio has been submitted, reviewed and approved by the Nurse Manager. The nurse will not be required to appear before the Panel in the interim years. If denied by the Nurse Manager, the nurse will have the appeal rights set forth in Section XIV, below.
2. Nurse Manager or his/her delegate will send renewal letters to current participants two (2) months prior to expiration of current status.
3. Applicant will complete required forms including documentation that all criteria are met for the designated level and submits the forms.
4. Re-application portfolios will be due to the Nurse Manager by **February 1, June 1, or October 1**, as applicable, based on the original achievement date.
5. The PNNDP re-application portfolio must be reviewed and approved or denied by the Nurse Manager by email to the applicant's preferred email address, within thirty (30) calendar days after the nurse's submission of the portfolio. If the Nurse is denied, a written explanation will be provided at the same time as the notification.
6. No change will be made to the status of the nurse's level until written notification of acceptance, or in the case of denial, until the appeal process is complete.
7. If a Nurse is denied continued status by the Nurse Manager, (s)he may exercise the appeal rights as set forth in Section XIV below.
8. If a Clinical Nurse IV is unable to maintain his/her Clinical Nurse IV status but the Nurse Manager determines that the Nurse meets the requirements for Clinical Nurse III, the Nurse Manager shall offer the Nurse a Clinical Nurse III position. The Applicant must notify the Nurse Manager of the applicant's response within ten (10) days of the written notice from the Nurse Manager.

## **XI. Role of the Panel**

1. The Panel will review and act upon all submitted portfolios based solely on the criteria provided in this PNNDP.
2. The Panel will provide consultation to Clinical Nurses, and Nurse Managers about the PNNDP.



3. Within seven (7) calendar days of the interview, the Panel will notify the applicant by email at the applicant's preferred email address of achievement or will give a written explanation for the denial at the same time as the notification.
4. The panel will maintain confidentiality of the proceedings, other than whether the applicant was promoted or denied promotion unless agreed otherwise by all the panel members.
5. The Panel will notify new members of ongoing rules and regulations.
6. The Panel, by majority vote (i.e. at least five (5) votes), will be the decider for all PNDP interpretation.
7. The Panel may make recommendations for changes to the PNDP by a majority vote (i.e. at least five (5) votes). Changes may be made if approved by the CNO.
8. The Panel, by majority vote (i.e., at least five (5) votes) may determine whether any additional criteria are needed to define "proficient" or "expert" on the Assessment of Clinical Expertise Matrix (see pages 14-15).
9. The Panel will be responsible for problem solving issues that arise within the PNDP.
10. The Panel will be responsible for follow-up on employee issues/concerns.
11. On the day of a Nurse's PNDP interview, the Panel may request additional existing documentation from the Nurse or her or his manager.

## **XII. Role of the Nurse Manager**

1. The Applicant's Nurse Manager will review and approve the applicant's portfolio prior to submission to the panel for those applications that require panel approval.
2. The Nurse Manager shall provide a copy to the Applicant of all references received by the Nurse Manager related to the PNDP, within two (2) business days of the Nurse Manager's receipt of the reference.
3. The Nurse Manager shall provide a copy to the applicant of the completed Assessment of Clinical Expertise within thirty (30) calendar days of notification of the applicant's intent to apply for promotion. The Applicant's Nurse Manager will verify applicant's compliance with eligibility criteria (e.g., no corrective action as defined in Section XVI; meets or exceeds overall rating on performance evaluation; and rating as expert or proficient based on the Assessment of Clinical Expertise).
4. The Nurse Manager will review and either accept or deny interim years renewal applications.

## **XIII. Role of the PNDP Liaison**

CRONA may appoint a Liaison to act as a resource on PNDP process and requirements questions. For that purpose, the liaison will be forwarded inquiries submitted by Nurses to the PNDP mailbox and may provide input prior to a response to such inquiries. The Liaison will not participate directly in the application portfolio review, applicant interviews, or promotion decisions. Time spent in the CRONA PNDP Liaison role will not be considered paid work time.

## **XIV. Appeals Process**

1. The applicant shall first discuss the situation with the Nurse Manager of his/her department. The applicant will then decide if he/she chooses to appeal.

2. The applicant shall submit the concern in writing to the Chief Nursing Officer within twenty-one (21) calendar days from the date of the denial being appealed.
3. The Chief Nursing Officer will investigate, consult with the Panel and the applicant's Nurse Manager and then provide a written response which will include their understanding of the problem and the action to be taken, if any. The response of the Chief Nursing Officer shall be in the mail within twenty-one (21) calendar days from the receipt of the appeal.
4. If the applicant requests a meeting during the appeal process, a meeting will be held and the denied applicant can choose to have a CRONA representative present at the meeting.

## **XV. Inter and Intra Department Transfers**

In the event of a transfer, the nurse will maintain his/her current Clinical Nurse status, if he/she meets the following requirement(s): (1) renews his/her Clinical Nurse status pursuant to Section IX or X (whichever is applicable), by the same date he/she would have been required to do so had no transfer occurred, except that his/her clinical expertise and performance appraisal shall be made by the Nurse Manager in the unit from which he/she transferred based on work performed by the nurse in that unit prior to the transfer, and (2) applies for and obtains Clinical Nurse III or IV status in the new unit, during a designated application period that occurs within nine (9) months from the date of transfer, using any points earned during the preceding twelve (12) months as of the relevant application due date, and demonstrating that he/she meets the required criteria based on the preceding twelve (12) months as of the relevant application due date.

## **XVI. Written Discipline**

A nurse who has received corrective action of a written warning or greater is not eligible to apply for Clinical Nurse III or IV status for twelve (12) months after the disciplinary action is issued.

A nurse who has received either (i) two corrective actions of a written warning, or (ii) a greater level of discipline, including a suspension or a Final Written Warning (as defined in the Hospitals' Corrective Action Policy), is not eligible to maintain a Clinical Nurse III or IV status during the rolling twelve (12) month period after the last such disciplinary action was issued.

"Corrective actions" do not include oral/documented verbal warnings.

Where a nurse who is removed from his/her Clinical Nurse III or IV status is challenging the discipline through the grievance and arbitration procedures, the nurse's Clinical Nurse status shall be subject to being reinstated with appropriate back pay should the process ultimately result in the discipline being voided; provided, the nurse otherwise continues to meet all other criteria for that status, including making reapplication as required if the status would have expired during the period while the grievance is pending.

Where a nurse who is applying or reapplying for Clinical Nurse III or IV status is challenging the discipline through the grievance and arbitration at the time he or she makes application to achieve or maintain Clinical Nurse III or IV status, the application will be considered for the status being sought without regard to the particular disciplinary action being challenged, and if the nurse is otherwise deemed qualified through the normal application/reapplication procedure, the Panel will award the appropriate Clinical Nurse status to the nurse, contingent upon the disciplinary action being voided. If the disciplinary action is voided, then the nurse will be placed in the Clinical

Nurse status and appropriate back payment made. If the Clinical Nurse Status from which the nurse was removed expires during the period when the grievance is pending and the nurse either does not reapply or reapplies but is not awarded Clinical Nurse status by the Panel, then any entitlement to Clinical Nurse status and related pay ceases as of the date of expiration, regardless of the outcome of the grievance and arbitration process.

## **XVII. Exemplars**

The Panel will evaluate the exemplar(s) on the basis of whether the applicant included all components of format and not to evaluate the applicant's oral or written presentation skills. Panel will use the content of the exemplar(s) only to evaluate the demonstrated expertise of the applicant (using the Benner Assessment of Clinical Expertise tool). The exemplar for a CN III shall cover at least two domains. Each exemplar for a CN IV shall cover at least three domains. The domains covered by a CN IV may be repeated among his or her exemplars. No exemplar(s) shall be required during Non-Panel Years.

**SHC**  
**Professional Nursing Development Programs**  
**SUMMARY REQUIREMENTS**

	<b>Clinical Nurse III</b>	<b>Clinical Nurse IV</b>
<p><b>QUALIFICATIONS</b></p> <p>Length of Service @ SHC  Years as a Professional Nurse  Years in specialty area for initial promotion from Staff Nurse status to Clinical Nurse status only.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> RN licensure</li> <li><input type="checkbox"/> BSN/MSN/Doctorate of Nursing or continued enrollment in a program for those degrees</li> <li><input type="checkbox"/> Approved Certification/Recertification, using the same standard as in the Certification Pay provision of the Agreement (Section 7.11)</li> <li><input type="checkbox"/> 1 year</li> <li><input type="checkbox"/> Greater/equal to 3 years</li> <li><input type="checkbox"/> Greater/equal to 1 year (years in specialty area may be cumulative as long as current, as determined by the manager)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> RN licensure</li> <li><input type="checkbox"/> BSN/MSN or Doctorate of Nursing</li> <li><input type="checkbox"/> Approved Certification/Recertification, using the same standard as in the Certification Pay provision of the Agreement (Section 7.11)</li> <li><input type="checkbox"/> 1 year</li> <li><input type="checkbox"/> Greater/equal to 4 years</li> <li><input type="checkbox"/> Greater/equal to 2 years (years in specialty area may be cumulative as long as current, as determined by the manager)</li> <li><input type="checkbox"/> Member of professional nursing organization</li> </ul>
<p><b>CLINICAL EXPERTISE</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Proficient or Expert.</li> <li><input type="checkbox"/> 1 Exemplar (Panel Years Only)</li> <li><input type="checkbox"/> Clinical Expertise Assessment by Manager (with feedback from Resource Nurses and peers; at least one of the peers may be selected by Nurse)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Expert</li> <li><input type="checkbox"/> 2 Exemplars (Panel Years Only)</li> <li><input type="checkbox"/> Clinical Expertise Assessment by Manager (with feedback from Resource Nurses and peers; at least one of the peers may be selected by Nurse)</li> </ul>
<p><b>LEADERSHIP/ PROFESSIONAL GROWTH &amp; CONTRIBUTION</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Obtains <u>30</u> PNDP points annually from 3 categories</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Obtains <u>45</u> PNDP points annually from 4 categories</li> </ul>
<p><b>CONTINUING EDUCATION</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Completes annual competencies</li> <li><input type="checkbox"/> 23 CE hours annually</li> <li><input type="checkbox"/> CE Hours must address subjects that have direct application to the needs of acute and critically ill patients or family</li> <li><input type="checkbox"/> Academic nursing courses for which CE hours are earned may be used to satisfy this requirement</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Completes annual competencies</li> <li><input type="checkbox"/> 27 CE hours annually</li> <li><input type="checkbox"/> CE Hours must address subjects that have direct application to the needs of acute and critically ill patients or family</li> <li><input type="checkbox"/> Academic nursing courses for which CE hours are earned may be used to satisfy this requirement</li> </ul>

	<b>Clinical Nurse III</b>	<b>Clinical Nurse IV</b>
<b>PERFORMANCE APPRAISAL</b>	<input type="checkbox"/> Overall Score : Acceptable/Fully Competent	<input type="checkbox"/> Overall Score : Acceptable/Fully Competent
<b>ATTENDANCE STANDARDS</b>	Applicant must meet attendance standards	Applicant must meet attendance standards
<b>REFERENCES (PANEL YEAR ONLY)</b>	<input type="checkbox"/> One Manager, Advanced Practice Nurse or Administrator <input type="checkbox"/> One Peer Selected by Applicant <input type="checkbox"/> One Peer Selected by Manager <input type="checkbox"/> One Physician/Resident, Nurse Practitioner or Non-Nursing Licensed Professional	<input type="checkbox"/> One Manager, Advanced Practice Nurse or Administrator <input type="checkbox"/> One Peer Selected by Applicant <input type="checkbox"/> One Peer Selected by Manager <input type="checkbox"/> One Physician/Resident, Nurse Practitioner or Non-Nursing Licensed Professional

An applicant may obtain references from Nurse Practitioners for both the Management/Advanced Practice Nurse/Administrator category and the Physician/Resident, Nurse Practitioner or Non-Nursing Licensed Professional category, but the same Nurse Practitioner may not provide a reference for more than one such category.

**SHC PROFESSIONAL NURSING  
ASSESSMENT OF CLINICAL EXPERTISE  
Professional Nursing Development Program**

\*Must meet or exceed all “Proficient” criteria for CN III. Must meet at least 9 of “Expert” criteria and be at least proficient in the remaining 2 for CN IV.

(9 of 11 boxes checked)

**Expert = 20 points; Proficient = 10 points; Competent = 0 points**

Domain	Expert (Intuitive responses)	Meets	Proficient (Ability to Read Situations)	Meets	Competent (Ability to anticipate the likely course of action)	Meets
1) Therapeutic Relationships	Able to establish on the spot relationships with patients/families in difficult or crisis situations.		Consistently able to adapt approach readily when patient/family displays unexpected response.		Demonstrates ability to build effective therapeutic relationships.	
	Advocates for the patient/family perspective and works toward resolution of conflict.		Monitors patient satisfaction and takes action to improve care.		Assumes responsibility and accountability for patients.	
2) Patient Teaching	Able to develop and implement complex teaching plans.		Uses creative strategies to ensure patient/family possess understanding of the plan.		Collaborates with peers to develop and implement individualized teaching plans.	
3) Staff Teaching	Recognized by other staff nurses and physicians for their expert knowledge.		Provides guidance to new staff.		Utilizes educational resources available in hospital for promoting self-learning needs.	
	Heightened responsibility in supporting less experienced RNs.		Serves as coach or preceptor to evaluate and validate a colleague’s clinical judgment.		Offers recommendations to enhance learning needs of unit staff.	
4) Diagnostic and Monitoring	Recognizes and reports subtle variations in patient responses.		Able to quickly evaluate when data may indicate a diagnosis not already identified.		Focuses on the whole clinical picture of the patient.	
	Sense the needs of other patients and the capabilities of the nurses assigned to them.		Sees changes that require actions other than those anticipated or planned.		Integrates input from other disciplines for decision making.	
5) Therapeutic Intervention	Develops innovative strategies to enhance patient care.		Utilizes critical thinking skills to interpret complex data.		Responds in a timely manner to changes in patient condition.	
6) Professional Accountability	Models high performance leadership behaviors i.e. thoughtful listening, effective questioning, and empowerment.		Fosters an environment of that promotes mutual respect and professional growth.		Models professional accountability for one’s own clinical practice.	
	Acts as a change agent and facilitates implementation and evaluation of change.		Supports and actively participates in the change process.		Takes initiative by offering help to other colleagues without being asked.	

Domain	Expert (Intuitive responses)	Meets	Proficient (Ability to Read Situations)	Meets	Competent (Ability to anticipate the likely course of action)	Meets
7) Organizational and Work role	Performs skillfully under pressure. Able to juggle and integrate needs and requests of multiple patients without losing important information or missing significant needs.		Able to balance competing demands. Able to plan and coordinate multiple patient needs and reshuffle their priorities in the midst of constant patient changes.		Knows when to escalate issues when demand exceeds capacity. Responds to patient requests and needs with some ability to reshuffle priorities.	

- References: Benner, P. From Novice to Expert. Menlo Park, California: Addison Wesley Publishing Company, 1984.
- Benner, P., Tanner, C.A., & Chesla; C.A. Expertise in Nursing Practice. New York, Springer Publishing Company, 1996.
- Curley, M.A. Patient-nurse synergy: optimizing patients' outcomes. American Journal of Critical Care Medicine, 1998.

\_\_\_\_\_  
Signature of Manager

\_\_\_\_\_  
Date

## Professional Nurse Development Program Points

The *Points Program* allows credit for time and expertise in precepting, giving in-services 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 / RENEWAL:

- From a Clinical Nurse II to a Clinical Nurse III: must accumulate 30 Points during the twelve (12) months preceding the application due date. Minimum of three (3) categories.
- To maintain a Clinical Nurse III: must maintain 30 Points per year. Minimum of three (3) categories. At the end of each of the first and second years of the three (3) year appointment, the portfolio must be submitted to the Nurse Manager for review and approval by the Nurse Manager. In the event of a denial, the nurse will have the appeal rights set forth in Section XIV. At the end of the three (3) year appointment, the nurse must follow the procedure for renewal by the Panel.
- From a Clinical Nurse II to Clinical Nurse IV, or from a Clinical Nurse III to a Clinical Nurse IV: must accumulate 45 Points during the twelve (12) months preceding the application due date. Minimum of four (4) categories.
- To maintain a Clinical Nurse IV: must maintain 45 Points per year. Minimum of four (4) categories. At the end of each of the first and second years of the three (3) year appointment, the portfolio must be submitted to the Nurse Manager for review and approval by the Nurse Manager. In the event of a denial, the nurse will have the appeal rights set forth in Section XIV. At the end of the three (3) year appointment, the nurse must follow the procedure for renewal by the Panel.

### Category A: Clinical Expertise

#### **Description of Activities**

This category is based on a bi-annual assessment of unit expertise conducted by the Manager with input from unit Resource Nurses and the applicant's peers (at least one of the peers may be selected by the Nurse). The tool "Assessment of Clinical Expertise" will be utilized to determine each nurse's current level.

#### **Points Awarded**

Proficient = 10 points

Expert = 20 points

Clarification: As long as the Nurse maintains his or her level of expertise, these points can be used every year, not just the year of assessment.

### Category B: Academic Credit Courses

#### **Description of Activities**

This category 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 of courses that **ARE NOT** acceptable include but are not limited to: history, math, art, music, and English.

Credits earned under this category for nursing academic courses may also be used for meeting the applicant's CE requirement.

**Points Awarded**

One three hour semester course = 3 points

One three hour quarter course = 2 points

Online courses accepted earn equivalent points based on semester or quarter

**Limit = 9 Points**

**Acceptable Proof for Points**

Copy of grade report from the school, grade "C" or greater or a grade of "Pass" for a course taken as "Pass/Fail".

**Category C: Educational Degrees**

**1. Nursing Degrees**

Completion of BSN 3 points

Completion of MSN 6 points cannot be combined with a BSN

Completion of a Doctorate in Nursing 7 points cannot be combined with BSN or MSN

**2. Non Nursing Degrees**

Four (4) year non-nursing related degree 1 point

Graduate level non-nursing job related degree 1 point

Non-nursing PhD 3 points

**Combined Limit for C. 1 & 2= 7 Points**

**Acceptable Proof for Points:** Copy of diploma, official transcript or another form of verification subject to the approval of the manager.

Clarification: These points can be used in subsequent years, not just the year of completion.

**Category D: National Certification/Recertification**

**Number of Points Awarded**

Five (5) points granted for approved certification in area of specialty in each year that the certification is in effect. To be eligible for points, the certification must meet the standard in the Certification Pay provision of the Agreement (Section 7.11), and must be current as of the due date of the application or renewal packet.

**Limit = 10 Points**

(i) Points awarded are for most applicable certification in the nurse's area of specialty; (ii) a qualifying certification must meet the standard in the Certification Pay provision of the Agreement (Section 7.11); (iii) a qualifying certification approved by a nurse's manager may not be disapproved by the Panel, unless the certification is not one that has been approved by the ANCC or the Chief Nursing Officer;

(iv) disputes between a nurse and her or his manager about whether a certification qualifies for points may be raised at any time by the nurse with the panel; (v) as the interpreter of the PNDP, the Panel's decision shall control; and (vi) the PNDP panel shall respond to the nurse's inquiry within thirty (30) calendar days of the date of the nurse's request.

**Acceptable Proof for Points:** Copy of letter from certifying body or certification card.

**Category E: Preceptorship/ Mentorship/Resource Nurse**

**Number of Points Awarded**

Precepting of students, externs and nurses	1 point per 36 hours (10 points max) (fractional points acceptable)
Mentorship	5 points per mentee (10 points max)
Resource Nurse	200 to 300 hours per year (2 points) More than 300 hours per year (3 points)
Coaching (examples: EBP, Caritas, PNDP)	2 points

**Limit = 10 points**

**Acceptable Proof of Points**

Preceptor: Initial Competency assessment as developed by the Department. Letter from Manager/Educator listing name of student/new hire and precepting dates.

Mentor: Must show proof of completion of employer-recommended mentor training. Must have a letter from manager validating mentor-mentee relationship and dates.

Resource: Record of resource hours from Administration/Staffing Office.

Coaching: Must provide letter from Hospital sponsor validating coaching and dates.

**Category F: Leadership**

**Description of Activities**

Encompasses activities that demonstrate a commitment to improve the care delivery environment through participation in departmental or house wide committees. This may include hospital committees formed to organize community service/volunteer activities.

**Number of Points Awarded**

Member, PNDP Panel	5
Alternate, PNDP Panel	From 1 – 4, based on pro rata percentage of total panel interview meetings, in the last 12 months, in which the Panel Member was replaced by the Alternate. 1 = 0-25%, 2 = 26-50%, 3 = 51-75%, 4 =76-100%
Approved Hospital-wide or Department Committee (including Nurse Practice Committee)	Member: 2; Chair or Co-Chair: 5
Member, professional organization*	Member: 2; Officer or Board Member: 5; Committee member: 3
*Points awarded for a maximum of two professional organizations.	
Hospital-wide Nursing Council/Shared Leadership	Member: 2; Chair or Co-Chair: 5

Nurse Liaison/Champions/Super User/Warrior, etc.**	One time activity: 2; Ongoing activity: 5***
**For the Nurse Liaison/Champions/Super User/Warrior activity, the Manager approves this designation on an annual basis.	
***One time activity is completed in 3 months or less; on-going activity requires more than 3 months and at least two hours of prep work a month.	
National/state professional committee member	3
Adjunct faculty	5/semester (online or class) 10 max
Performance Improvement Project Team Member	2
Performance Improvement Project Team Leader	5
Approved unit-based committee or activities positively impacting Hospital goals	2

**Limit = 15 points**

**Acceptable Proof of Points**

Completed committee or council participation evaluation. Committee must meet at least 4 times/year. Applicant must have attended at least 75% of meetings scheduled in the previous 12 months in order to be awarded any points. For applicants who served in multiple roles on a committee (e.g. chair, member) the applicant will be awarded points based on the role in which they spent the majority of their time over the last 12 months.

- For Committees/Task Forces: Chair to complete the “Hospital or Professional Committee Participation Evaluation” including % of attendance and comments regarding effectiveness/contributions (or, if applicant is the Chair, Sponsor to complete and sign in Chair’s place).
- For validation of approved Unit-based activities, performance improvement projects or status as Nurse Liaison/Champion/Super User/Warrior role: Manager must provide written documentation of rationale for points claimed.
- For adjunct faculty: Provide letter from academic institution validating faculty status and semesters/quarters classes taught.
- For professional organization: Provide copy of membership card.
- For approved activities positively impacting Hospital goals: Include description of activity and planned or actual impact on Hospital goals validated by manager.

**Category G: Advanced Clinical Skills**

The Nurse Manager, in consultation with the respective Unit Council if one exists, shall decide what qualifies as advanced clinical skills for that unit.

Advanced Clinical Skills for a specific unit cannot be a skill that is required in order to work on the unit but must be a skill relevant to work performed on the unit as validated by the Nurse Manager.

**Acceptable Proof of Points**

Documentation from Dept. Manager that the Advanced Clinical Skill is currently on the approved list and validation that training has been completed.

**Three (3) points awarded per qualifying advanced clinical skill.**

**Limit = 12 points**

## **Category H: Professional Presentations**

### **Description of Activities**

Encompasses the RN's participation as an instructor delivering content to nurses, other health care professionals, students or the public. The presentation must be delivered within a structured framework of teaching/learning. This includes presentations given to the public to improve the image of nursing (e.g., career fair at a middle school).

A presentation includes a seminar, in-service, clinical conference, patient/family educational program, consumer education program, Basic Cardiac Life Support, Advanced Life Support, Pediatric Advanced Life Support, Professional organization chapter educational activities, and/or presenting an original paper or poster presentations.

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

### **Number of Points Awarded**

PALS, ACLS, BLS, TNCC, LVAD, NRP, TNATC	5 pts.	must be certified instructor and teach a minimum of 2 times a yr.
Housewide orientation lectures	3 pts.	Max 3 a year, must be on different topics
Nursing Grand Rounds / Housewide In-Service	5 pts.	
Unit level In-service	2 pts.	
National/International Nursing Conference		
Podium Presentation	15 pts.	
Poster Presentation	10 pts.	
Local Chapter Meeting/Conference		
Podium Presentation	10 pts.	

**Limit = 15 points**

### **Acceptable Proof of Points**

Evidence of participation in the presentation (i.e., brochure, announcement, or verification from the sponsor recognizing the applicant's participation), including learning objective, sign-in list (if any) and outline of presentation.

## **Category I: Professional Publications**

### **Description of Activities**

Encompasses professional healthcare publications. The RNs 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, book review, etc. This item may be published in print or online in a book, journal, professional organization's national or local newsletter, or hospital newsletter or publication, etc. Professionally authored multimedia aids are acceptable.

### **Number of Points Awarded**

Editorial in a journal (healthcare related)	5
Article in a local newsletter	2
Article in unit newsletter (nursing practice related)	1
Editor for local newsletter	2 per issue, max 6 points
Writing a pamphlet (Pt or staff teaching tool)	5, unit = 3
Revising a pamphlet (Pt or staff teaching tool)	1 per tool, max 10 points

Original research article (Primary author-15; co-author-10)	15
Textbook Editor	15
Chapter in a book	15
Professionally authored multimedia aids, web	15
Journal article	10
Journal Reviewer (review of articles or book chapter)	3
Book Reviews, published	5
Evidence based policy writing	5 new/3 revised

**Limit = 15 points**

**Acceptable Proof for Points**

A copy of the publication should be submitted when possible. If not, a copy of the title page and table of contents is required. Publisher’s notice of acceptance for publication should be submitted if Points are to be granted before printing.

For evidence based policy writing, the Nurse must submit the policy showing supporting evidence and the Nurse’s role.

**Category J: Community Service**

**Description of Activities**

Encompasses RN’s participation as a volunteer in health or medical related only community service. The participant must be involved in the direct provision of medical care or in an organizational, leadership, facilitating, or presenter capacity. The activities must have occurred within the previous 12 months.

Number of points awarded:

Health Fair	1 (organizer=3 points)
Health fund raising events (MS Walk, Heart Walk)	1
Recruitment Fair	1
Career Fair	1
Health Literacy event	1 (organizer=3 points)
Medical Mission trip	1 point/day (organizer=5)
Support Group	1 point/day (chair=5)
Health care camp (Heart Camp, CF Camp, etc.)	1 point/day
Health Care Legislative Advocacy (Participation in Advocacy Days)	1
Other health related community service activities	1 point/day
Serving on a Board/taskforce for an agency (Cancer Society, Heart Association)	2 points/year

**Limit = 8 points**

**Acceptable Proof for Points**

Documentation which outlines a description of duties and dates of service.

A brochure from the event listing applicant as a participant, organizer, facilitator, or chair.

Verification from Sponsor/Organizer recognizing applicant’s leadership role.

# SHC

## 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**

- 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?

**SHC**  
**EXEMPLAR HINTS AND GUIDELINES**

1. Preferably no longer than 2-3 pages.
2. Typed, double-spaced.
3. Must be a clinical situation that actually occurred in your nursing practice career applicable to your current practice, and preferably in the last year
4. Think of situations in which your actions affected the outcome of a clinical situation.

**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
  - Benner Assessment of Clinical Expertise (See PNDP pp. 14-15)
  - RN practice autonomy
  - Family centered care
  - Leadership
  - Quality Improvement
  - Evidence Based Practice
  - Research
  - Technology and Informatics Narratives
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?

## Regions

Inpatient IICU/ICU	Inpatient M/S	Procedural Areas	Outpatient
B2	B1	Dialysis	C1
B3	C2	Stoma	ED
D1	C3	ATP/CAPR	
D2	Dgr	Cath/CAPR	Clinics (All)
Lifeflight			
D3		ECHO	ITA
E2	E1	OHS	Apheresis
G2S	E3	Main OR	Vaden
NICU	Fgr	ASC	
Crisis – ICU	F3	SAU	
Critical Care Float	G1	PACU	
	G2P	Endoscopy	
	H2	EKG Cardiology Lab	
	Crisis – Med Surg	OSC	
	Float Pool	Radiology	
		Eye Surgery Center	
		PICC	

Regions may be changed when necessitated by the change of a practice area.



**SHC  
PNPD APPLICATION PROCESS  
COVER SHEET**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

Length of employment in current department: \_\_\_\_\_ FTE: \_\_\_\_\_

**I AM APPLYING FOR:**

\_\_\_\_\_ CN III          \_\_\_\_\_ CN IV

Years employed as a registered professional nurse \_\_\_\_\_

**TO BE FILLED OUT BY Director/ Manager:**

Satisfactory attendance in 12 months preceding application. Yes / No

Most recent performance appraisal Overall rating is Acceptable or Fully Competent  
Yes / No

Corrective action (written warning or greater in the last twelve (12) months)  
Yes / No

Mandatory training for individual department  
Yes / No

Annual mandatory training/competency demonstration, e.g., Healthstream, Skills Day  
Yes / No

Has attended 75% of Staff Meetings conducted  
Yes / No

I support this applicant for promotion  
Yes / No

\_\_\_\_\_  
Signature of Director/ Manager

\_\_\_\_\_  
Print Name & Title of Director/Manager

**SHC  
PNDP  
CHECKLIST FOR PROMOTION TO/CONTINUED STATUS AS CN III OR CN IV  
PANEL YEAR**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Employment Date: \_\_\_\_\_

Length of Employment in Current Department: \_\_\_\_\_

Applying for:     CN III    CN IV

Required application components **due to Nursing Management by February 1, June 1, or October 1:** (  check if completed)

- A. Cover sheet
- B. Letter of intent
- C. Resume, including verification of degree (promotion only)
- D. Assessment of Clinical Expertise
- E. Written exemplars (Panel Years Only).
  - 1. CN III - One (1)
  - 2. CN IV - Two (2)
- F. Verification of Membership in Professional Nursing Association (CN IV only)
- G. Verification of Points & Contact hours (log & copy of CEU Certificate)
- H. References:
  - One (1) Management/Advanced Practice Nurse/Administration
  - One (1) Peer Selected by Applicant
  - One (1) Peer Selected by Manager
  - One (1) Physician/Resident, Nurse Practitioner or Non-Nursing Licensed Professional<sup>1</sup>

**This completed sheet should accompany materials due by February 1, June 1, or October 1.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

<sup>1</sup> An applicant may obtain references from Nurse Practitioners for both the Management/Advanced Practice Nurse/Administrator category and the Physician/Resident, Nurse Practitioner or Non-Nursing Licensed Professional category, but the same Nurse Practitioner may not provide a reference for more than one such category.

**SHC  
PNDP  
CHECKLIST FOR CONTINUED STATUS AS CN III OR CN IV  
INTERIM YEARS**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Employment Date: \_\_\_\_\_

Length of Employment in Current Department: \_\_\_\_\_

Continuing as:  CN III  CN IV

Send required application components to your Nurse Manager for the purpose of establishing continued compliance at the end of each of the first and second years after achievement or renewal, by **February 1, June 1 or October 1**, as applicable based upon your date of achievement or most recent renewal: ( check if completed)

Required application components **due to the Nurse Manager by February 1, June 1, or October 1**: ( check if completed)

- A. Cover sheet
- B. Letter of intent
- C. Assessment of Clinical Expertise
- D. Verification of Membership in Professional Nursing Association (CN IV only)
- E. Verification of Points & Contact hours (log & copy of CEU Certificate)

**This completed sheet should accompany materials due by February 1, June 1, or October 1, as applicable, based upon the original achievement date or most recent renewal date.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# Professional Development Program Points and Continuing Education Log

NAME \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

EMPLOYEE # \_\_\_\_\_

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 the specifically required documentation for each section. It is the applicant's responsibility to keep track of contact hours.

**CE Hours:** These programs must address subjects that have direct application to the needs of the acute and critically ill patient or family. You must have at least 23 CE hours annually for CN III, and 27 CE hours annually for CN IV. Credits earned under Category B that are for nursing academic courses may also be used for meeting the applicant's CE requirement.

Program Title	Dates	Sponsoring Organization	Contact Hours Obtained
		<b>TOTAL</b>	

## Professional Nurse Development Program

### Category A: Clinical Expertise

Proficient (10 pt)	<b>PNDP Points</b>
Expert (20 pt)	
<b>Limit:</b> Maximum of 20 <b>Proof of Points:</b> Manager	<b>Total</b>

### Category B: Academic Credit Courses/Proof of Continued Enrollment in BSN/MSN/DNS (as appropriate)

Course Title	Date	College / University	Quarter Credit	Semester Credit	PNDP Points
<b>Limit:</b> Maximum of 9 <b>Proof of Points:</b> Copy of grade report from the school. Grade "C" or better or a grade of "Pass" for a course taken as "Pass/Fail".					<b>Total</b>

### Category C: Educational Degree

Advanced Degree	<b>PNDP Points</b>
<b>Limit:</b> 7 <b>Proof of Points:</b> Copy of diploma or official transcript	<b>Total</b>

**Category D: National Certification / Recertification**

Type of Certification	Date	PNDP Points
<b>Limit:</b> Maximum of <b>10</b> points per year. <b>Proof of Points:</b> Copy of letter from certifying body or certification card		<b>Total</b>

**Category E: Preceptorship/Mentorship/Resource Nurse**

Employee or student name (for precepting shifts)	Dates	Hours	PNDP Points
<b>Limit:</b> Maximum of <b>10</b> points per year. <b>Proof of Points:</b> <u>Preceptor:</u> Letter from manager or educator listing name of student or new RN and precepting dates; Initial competency assessment as developed by the Department. <u>Mentor:</u> Must show proof of completion of employer-recommended mentor training. Must have a letter from manager validating mentor-mentee relationship and dates. <u>Resource:</u> Record of resource hours from Administration/Staffing Office. <u>Coaching:</u> Letter from Hospital sponsor validating coaching and dates.			<b>Total</b>

**Category F: Leadership**

Professional Organization or Committee or Activities	Membership # or Signature of Committee Chair	PNPD Points
<p><b>Limit:</b> Maximum of 15 points per year.</p> <p><b>Proof of Points:</b></p> <ul style="list-style-type: none"> <li>○ For Committees/Task Forces: Chair to complete the “Hospital or Professional Committee Participation Evaluation” including % of attendance and comments regarding effectiveness/contributions (or, if applicant is the Chair, Sponsor to complete and sign in Chair’s place).</li> <li>○ For validation of approved Unit-based activities, performance improvement projects or status as Nurse Liaison/Champion/Super User/Warrior role: Manager must provide written documentation of rationale for points claimed.</li> <li>○ For adjunct faculty: Provide letter from academic institution validating faculty status and semesters/quarters classes taught.</li> <li>○ For professional organization: Provide copy of membership card.</li> <li>○ For approved activities positively impacting Hospital goals: Include description of activity and planned or actual impact on Hospital goals validated by manager.</li> </ul>		<b>Total</b>

**Category G: Advanced Clinical Skills**

Skill	Date Certified and Signature of Manager	PNPD Points
<b>Limit:</b> 12 points per year <b>Proof of Points:</b> Signed documentation from the Department Manager that the Advanced Clinical Skill is currently on the approved list and validation that the training has been completed		<b>Total</b>

**Category H: Professional Presentations**

Program Title	Date	Number of Contact Hours Taught	PNPD Points
<b>Limit:</b> Maximum of 15 points per year. <b>Proof of Points:</b> Evidence of participation in presentation (i.e., brochure, announcement or verification from the sponsor recognizing applicant's participation), including learning objective, sign-in list (if any) and outline of the presentation			<b>Total</b>



**Category I: Professional Publications**

Title	Date	Type of Publication	No. of Authors	PNDP Points
<b>Limit:</b> Maximum of <b>15</b> points per year. <b>Proof of Points:</b> Copy of publication to be submitted when possible. If not, copy of title page and table of contents is required. Publisher’s notice of acceptance for publication should be submitted if points are to be granted before printing. For evidence based policy writing, the Nurse must submit the policy showing supporting evidence and the Nurse’s role.				<b>Total</b>

**Category J: Community Service**

Community Activity and Sponsoring Agency	Date of Service and Authorized Signature	PNDP Points
<b>Limit: 8</b> <b>Proof of Points:</b> Documentation which outlines a description of duties and dates of service. A brochure from the event listing applicant as a participant, organizer, facilitator, or chair. Verification from Sponsor/Organizer recognizing applicant’s leadership role.		<b>Total</b>

<b>Grand Total for all points categories</b>	
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## LETTER OF INTENT FORMAT

### **ADDRESS TO:**

Professional Nursing Development Program Panel

### **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/or maintained at this level
4. List any additional information that might be useful to the PNDP Panel.

### **CLOSING:**

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

## **ELEMENTS OF A PROFESSIONAL RESUME (for promotion only)**

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 career.

#### Publications

**SHC PROFESSIONAL NURSING DEVELOPMENT PROGRAM**  
**REFERENCE: NON-NURSING LICENSED PROFESSIONAL REFERENCE SELECTED BY**  
**APPLICANT (Pharmacist, RRT, PT, OT, Dietician)**

\_\_\_\_\_ has applied for a promotion to Clinical Nurse \_\_\_\_\_.

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:

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---

2. Comment as to this individual's ability to exhibit courteous and professional behavior when dealing with your department:

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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:

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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.

Name (printed) \_\_\_\_\_

Title \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Discipline of Person Completing this form: \_\_\_\_\_

**Return to** \_\_\_\_\_ **[Manager]\***      **Email:** \_\_\_\_\_      **Fax** \_\_\_\_\_ - \_\_\_\_\_

**\* Copy of reference to be provided by Nurse Manager to Nurse Applicant within 2 business days of receipt.**

**SHC PROFESSIONAL NURSING DEVELOPMENT PROGRAM**  
**REFERENCE: MANAGEMENT/ADVANCED PRACTICE NURSE/ADMINISTRATION**  
**SELECTED BY APPLICANT**

\_\_\_\_\_ has applied for a promotion to Clinical Nurse \_\_\_\_\_.

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.

Name (printed) \_\_\_\_\_ Title \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to \_\_\_\_\_ [Manager]\* Email: \_\_\_\_\_ Fax \_\_\_\_\_ - \_\_\_\_\_**

**\* Copy of reference to be provided by Nurse Manager to Nurse Applicant within 2 business days of receipt.**

**SHC PROFESSIONAL NURSING DEVELOPMENT PROGRAM**  
**REFERENCE: PEER REVIEW REFERENCE SELECTED BY APPLICANT**

\_\_\_\_\_ has applied for a promotion to Clinical Nurse \_\_\_\_\_.

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.

Name (printed) \_\_\_\_\_

Title \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Return to** \_\_\_\_\_ **[Manager]\* Email:** \_\_\_\_\_ **Fax** \_\_\_\_\_ - \_\_\_\_\_

**\* Copy of evaluation to be provided by Nurse Manager to Nurse Applicant within 2 business days of receipt.**

**SHC PROFESSIONAL NURSING DEVELOPMENT PROGRAM**  
**REFERENCE: PEER REVIEW REFERENCE SELECTED BY MANAGER**

\_\_\_\_\_ has applied for advancement to Clinical Nurse \_\_\_\_\_.

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:

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

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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:

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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.

Name (printed) \_\_\_\_\_ Title \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to** \_\_\_\_\_ **[Manager]\* Email:** \_\_\_\_\_ **Fax** \_\_\_\_\_ - \_\_\_\_\_

**\* Copy of reference to be provided by Nurse Manager to Nurse Applicant within 2 business days of receipt.**

**SHC PROFESSIONAL NURSING DEVELOPMENT PROGRAM**  
**REFERENCE: PHYSICIAN/RESIDENT/NURSE PRACTITIONER STATEMENT**

\_\_\_\_\_ has applied for advancement to Clinical Nurse \_\_\_\_\_

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.

Name (printed) \_\_\_\_\_ Title \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to \_\_\_\_\_ [Manager]\* Email: \_\_\_\_\_ Fax \_\_\_\_\_ - \_\_\_\_\_**

**\* Copy of reference to be provided by Nurse Manager to Nurse Applicant within 2 business days of receipt.**



## SHC Hospital or Professional Committee Participation Evaluation

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

The person named above is seeking advancement or re-credentialing in the SHC Professional Nursing Development Program. Your assistance would be appreciated in evaluating their effectiveness in committee or activity participation. Please furnish the information requested below.

Committee: \_\_\_\_\_ Attendance: # attended out of possible: \_\_\_\_\_

EVALUATION	Meets Expectations	Doesn't Meet Expectations
Attendance (at least 75%) of scheduled meetings		
Participation		
Effectiveness/ Contributions		

Remarks: (Required)

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\_\_\_\_\_  
Committee Chair Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

Please fax or mail back to: \_\_\_\_\_ [Manager]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Thank you for your prompt attention to this request.

The undersigned, as authorized representatives of CRONA and Stanford Health Care, attest the ratification and approval of this Professional Nurse Development Program.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

**Committee For Recognition Of Nursing  
Achievement**

**Stanford Health Care**

\_\_\_\_\_  
Colleen Borges

\_\_\_\_\_  
Mary Gaines