



Proficiency Writing Core Curriculum

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Introduction



The proficiency for the registered nurse is the employee's living legacy; it describes how the nurse has met or exceeded the expectations of the current grade and notates the supervisor's rating. The proficiency illustrates the nurse's overall practice for the year, highlights significant contributions, and describes areas of continued professional development.

The supervisor has a critical role in assuring the employee's practice is accurately reflected in the proficiency. Specific actions and outcomes must be documented addressing all dimensions of practice (practice, professional development, collaboration, and scientific inquiry) throughout the year. The proficiency narrative should be written in a succinct, professional manner that uses clear language to convey relevant information. Words should be chosen carefully and examples provided to illustrate the impact of the nurse's practice on the patient, work unit, or program/organization. The supervisor should consider that the proficiency may be reviewed by others not familiar with the employee in consideration of promotion, award, and/or career mobility. The Nurse Professional Standards Board (NPSB) VISN Consultant Group has developed this guide in an effort to simplify the process and documentation for professional nurse evaluation.

How to use: The guide is designed to identify all of the steps in the evaluation process and will be best utilized by first reading the tool in its entirety and then revisiting sections as needed. This tool is intended to be a resource for supervisors and should be supplemented by additional training, mentoring, and available resources such as VHA Handbooks and the Office of Nursing Service website (<http://vaww.va.gov/NURSING/index.asp>). The guide begins with a general overview followed by information on preparing to write the proficiency, procedures for writing the proficiency, processes involved, and the NPSB role in the proficiency process. The user may use the hyperlinks to access specific portions of the guide or can use Ctrl + F to find specific words in the document.

CHAPTER I: “Getting Started”

The proficiency is a legal document and becomes a part of the employee Official Personnel Folder (OPF), therefore the document should be written in a clear, concise, and professional style. As the author, the proficiency is a direct reflection on you, the supervisor.

Know your employee groups

New employee

- New hire – nurses new to the VA system.
- Probationary – has not completed two full years of successful VA practice.
- Transfer from another department/another VA.

Existing employee – nurse who is established in the system.

Detailed – nurse who is working temporarily in an area.

Intermittent – nurses who work less than full time, and do not have a designated FTEE.

Temporary – a nurse hired for a NTE (not to exceed) period of time, and/or for a non-permanent position.

Light Duty – a nurse who has a medical certificate limiting the duties at work.

Extended Leave

- FMLA – Family Medical Leave Absence.
- Military Leave – a nurse with military orders.
- OWCP – Workman’s Compensation status.

Timelines *

120 days prior to end of rating cycle

- ✚ Notify employee either via email or in person.
- ✚ Set date for input: suggest no later than 30 days.
- ✚ Set meeting time with employee within 30 days.
- ✚ Review administrative notes.
- ✚ Request input from others (data collection section).
- ✚ Decision making time
 - Is the employee on track?
 - Do I need an extension to the rating period?
 - Probationary employee retention decision.

AFGE
150 Days Prior to Due Date
Employee Notified
120 Days Prior to Due Date
Employee Input Due

NNU
150 Days Prior to Due Date
Employee Notified
105 Days Prior to Due Date
Employee Input Due

90 days prior to end of rating cycle

- ✚ Meet with employee about their perception of performance.
- ✚ Discuss RN performance including last year proficiency and goals for progression/sustainability.
- ✚ Discuss format (verbal/written) to provide input.
- ✚ Review dimensions of practice and career paths.
- ✚ Plan for subsequent meeting(s).
- ✚ Review goals from past year.
- ✚ Talk about future goals (RN Goal attachment).
- ✚ Review input provided by employee.

- ✚ Review Functional Statement comparing with input.
- ✚ Send reminder requests to any pending sources for input; set a short time line (ex: 2 weeks).
- ✚ Set a time to write proficiency.

Note: The due date is 60 days prior to the end of the rating period. Before the due date, the proficiency needs to be completed, signed by the rater, signed by the second level supervisor, signed by the employee, reviewed by the NPSB and submitted to Human Resources. Proficiencies written by non-nursing supervisors, may need to be reviewed by the Nurse Executive as the approving official or designee as joint reviewer.

75 days prior to end of rating cycle

- ✚ Write proficiency.
- ✚ Send for concurrent signature.
- ✚ Review with RN and obtain signature.
- ✚ Submit proficiency.

Following NPSB review

- ✚ Review NPSB results with RN in person.
- ✚ If the RN is not promoted:
 - Issue NPSB non-promote letter to employee, employee signs and dates receipt of letter.
 - **Signed letter starts** 30 day clock for reconsideration.
 - Keep signed copy in administrative file.

Note: Promotion adjusts the rating period for the employee. The date the Board action is signed by the Director, becomes the start of the new rating period. Reset your tracking log to reflect new due date.

Supervisor Resources *

Proficiency Tool Flow Chart **

- ✚ **NPSB meetings** - it is suggested that supervisors request approval from NPSB chair to attend a series of NPSB meetings to gain understanding of the process
- ✚ **NPSB Chair or Board members**
- ✚ **Human Resource** staff member assigned as the NPSB liaison

*For additional resources, please refer to Chapter IX.

**This Flow Chart and other resources are also available in chapter IX.

Labor Partner Involvement

- ✚ Know what your labor agreement(s) state about the period of self-evaluation time for a bargaining unit RN.
Example AFGE Master Agreement states 60 days for RNs to provide information.
- ✚ Title 38 proficiency ratings are not grievable.
- ✚ For Registered Nurses that are 100% Union time for the entire rating period, the rating official writes the following statement on the Proficiency Form 10-2633 in the narrative section:



“Employee has performed only Union representational duties throughout this performance period and is therefore not subject to performance evaluation.”

No rating is documented on the back of the Proficiency Evaluation Form 10-2633.

Relationship between the Functional Statement and the Proficiency-Understanding Role Expectations

- ✚ The Functional Statements explains the requirements/criteria for the job.
- ✚ The Proficiency states what the nurse has done on the job to meet the requirements.
- ✚ The Proficiency documents how the employee meets the criteria in the Nurse Qualification Standards for their grade.
- ✚ An RN must fully meet the Qualification Standard for the current grade every year as documented in the Proficiency Report.

Adjusting Rating Periods

- ✚ A Proficiency Rating system is completed annually on all non-Supervisory RNs appointed under 38 USC (title 38), this includes:
 - Full-time RNs.
 - Part-time RNS.
 - Intermittent RNs.
 - Temporary RNs (not to exceed 3 years).
- ✚ Proficiency Reports are not completed on Without Compensation (WOC) RNs; Fee Basis RNs, or other contract RNs.
- ✚ Every non-supervisory RN will receive an annual Proficiency Report.
- ✚ Rating period is usually 12 months.

- ✚ The due date of the Proficiency Report is 60 days prior to the end date of the RN's rating period. This means the Proficiency has been completed and issued to the nurse.
- ✚ The Proficiency due date is established upon hiring. The first year Proficiency due date is the anniversary date even if the RN began their employment as a temporary RN pending Appointment by the NPSB.
- ✚ The Proficiency date does not change with the Appointment from temporary status, unless the NPSB recommends a different grade upon appointment.

Request for Delay of Annual Proficiency Rating

- ✚ In some situations, a delay can be requested for completion of the annual proficiency.
- ✚ Acceptable reasons a Supervisor can request Annual Proficiency be delayed:
 - Registered Nurse has been placed on a Performance Improvement Plan.
 - Change of Supervisors- current supervisor in position less than 90 days.
 - The employee is out on extended illness.
- ✚ The Supervisor can request a delay for up to 90 days.
- ✚ A request to a delay of the Proficiency evaluation can only be approved by the Medical Center Director through the Nurse Executive. If approved, the employee will be notified via a memo issued from Human Resources.

Probationary Time Period

- ✚ Every Registered Nurse must serve a one time two-year probationary period. Once the Registered Nurse satisfactorily completes the two-year probationary period, they never complete another Probationary period, even if they leave the VA and return years later.
- ✚ If the Registered Nurse's performance and or conduct are not satisfactory during this two-year Probationary period, refer to the Summary Review Board chapter.
- ✚ The Probationary period begins at appointment to permanent employment status.
- ✚ The Nurse Professional Standards Board does a one time review during this Probationary Period and documents progress toward completion of the two year Probationary Period.
- ✚ Consult local Medical Center policy for specific instructions for completion of probationary review. In some facilities this requires a supervisory memo to the NPSB indicating satisfactory performance. In other facilities, the review is conducted by the NPSB without a supervisory memo.

Understanding the VA Nurse Qualification Standard

- ✦ The VA Nurse Qualification Standard is a set of regulations in VA Handbook 5005, Part II, Appendix G6.
- ✦ The Qualification Standard illustrates the expected totality of professional performance at each grade/level with progression in nursing practice.
- ✦ The VA Nurse Qualification Standard exists to support VA RNs to:
 - Provide high quality care to veterans in range of roles and settings.
 - Evolve professionally as the VA transforms.
 - Provide a basis for peer review process (NPSB) to be appointed, retained, promoted, and rewarded.
- ✦ The Qualification Standard includes four components, all of which must be met for promotion.

1. Educational Requirements

2. Total years of experience as a Registered Nurse &/or Advanced Practice Registered Nurse

3. The Four (4) Dimensions of Nursing Practice:

- Practice
- Professional Development
- Collaboration
- Scientific Inquiry



4. Criteria for Consideration of Advancements:

- Has improved the effectiveness of patient care through the use of more complex skills and application of scholarly knowledge to practice.
- Has assumed greater responsibilities for the improvement of patient care.
- Has made steady progress toward professional goals for the improvement of patient care.
- Has demonstrated the ability to perform at the level of professional nursing practice as required in the qualification standard for appointment to the grade to which the RN is being considered for promotion to a higher-grade level or advancement within the grade.

Dimensions of Nursing Practice*

| DIMENSION | CRITERIA |
|-------------------------------------------|-------------------------------------------|
| Practice | Practice, Ethics, Resource Utilization |
| Professional Development/Education | Performance, Education/Career Development |
| Collaboration | Collegiality and Collaboration |
| Scientific Inquiry | Quality of Care and Research |

*All Dimensions of Nursing Practice must be addressed in the Proficiency narrative.

The Four Career Paths



- ✦ The Qualification Standards remain the same for all four Career Paths.
- ✦ Outcome examples used to demonstrate meeting the four Dimensions will be specific to the Registered Nurse's Career Path and position.



Registered Nurse Position/Role Examples

| CAREER PATH | ROLE EXAMPLES |
|--------------------------------|----------------------------------------------------------------|
| Clinical | Direct Care Nurse; Clinical Nurse Leader (CNL) |
| Supervisory | Nurse Manager; Assistant Nurse Manager; Nurse Supervisor |
| Advanced Practice Nurse | Clinical Nurse Specialist (CNS); Nurse Practitioner (NP) |
| Consultant | Education; Recruiter; Quality Management; Infection Control |

CHAPTER II: Data Collection

Functional Statements

- ✚ Obtain copies of functional statements for the nurses you are supervising from the appropriate site in your facility.
- ✚ Remember that upon hiring a new nurse, the functional statement should be reviewed with that nurse, receipt signed and dated by the nurse. File a copy in the competency folder.
- ✚ You will need these functional statements as well as appropriate career paths (available on ONS website http://vaww.va.gov/nursing/npsb_rsrc.asp) for coaching/advising nurses regarding the performance expectations as well as for writing the actual proficiency.
- ✚ For clarification of the dimensions of practice, please review on the ONS website http://vaww.va.gov/nursing/npsb_rsrc.asp

Inputs: Tips & Tools

- ✚ Gather employee input.
- ✚ Schedule regular conversations throughout the year, including other staff that can provide input regarding performance of your employees.
- ✚ Patient comments about staff under your supervision can also be used in preparing proficiencies.
- ✚ For APRNs, if your state requires a collaborative relationship between the APRN and physician, please consult with that MD; peer review per your facility.

Other Staff with Knowledge of Nurse's Performance:

- Off tour supervisors – collaboration with other staff
- Preceptor – orientation checklist, education folder
- Providers, including MDs, NPs, PAs, CRNAs

Tips & Tools*

[Tips for Employee Input](#)

[Interview Tool for Soliciting Input from Staff](#)

[Annual Goal Setting and Statements for Proficiencies](#)

[Tips for Supervisors to Receive Input](#)

*These documents are provided in Chapter IX

Past Proficiencies and Goal Statements

- ✚ Based upon your facility policy, locate past proficiencies, 1-2 years, on employee. Use this documentation for progress on projects.
- ✚ Find out what dimensions of next grade were met and not met from previous NPSB review.
- ✚ Review goal statements from most recent proficiency to note progress towards the goal statements. When you meet with employee, review goal statements, obtain outcomes and status reports.

Supervisor Notes

- ✚ Supervisors routinely maintain files within their offices of activities in their areas.
- ✚ Notes regarding one to one meetings with employees should be maintained in this file.
- ✚ Any progress reports on areas of improvement for employees should be maintained in this file.
- ✚ All interactions with employees of any significance should be kept within this file.
- ✚ Access these files when completing the annual evaluation of the nurse.

Conduct that Affects Performance

- ✚ Keep in mind that conduct is not reflected on the proficiency except where it impacts performance.
- ✚ Conduct impacts performance, for example; the nurse must demonstrate respect for all members of the team i.e., respect for cultural difference, job status, presence of disability, lack of such respect hampers efforts in meeting team performance goals. Nurses who are frequently absent from their assigned areas, while they may contribute while on the unit, are unable to make that contribution when they are absent.
- ✚ Thinking point – how are collaboration and collegiality influenced by the nurse with poor interpersonal skills, for example, the nurse who receives positive comments from the patient, while comments from peers indicate the nurse is a poor communicator?
- ✚ Thinking point – the nurse who is not engaged as a team member and team player.
- ✚ Thinking point – APRNs also work within teams, they do not function totally independent of others.

Review and Rating

- ✦ After writing a draft of the evaluation, review with employee for input to find out if there is any missing information.
- ✦ It is the supervisor's responsibility to rate the overall contribution of the nurse.
- ✦ If the current year rating is different than the previous years' rating, explain to nurse, that after a promotion to the next grade, their overall performance rating could be lower than prior to promotion. When being promoted from one grade to the next, the scope and complexity of the nurse's performance increases, they need to understand that a greater expectation accompanies this promotion.

Please refer to the "Writing Proficiencies" section for Ratings Definitions

Ongoing communication

- ✦ Supervisors must communicate with employees regarding their performance throughout the year, not just at the time of the evaluation. Discussions should include both positive and negative feedback regarding performance.
- ✦ Communication can take different forms – verbal after direct observation of performance; emails; written; phone conferences, V-tel if employee works at a remote site.
- ✦ Nurse Managers with 24 hour responsibility should rotate to different shifts to facilitate communication with all employees.
- ✦ Supervisors with staff located at offsite locations, i.e., outlying CBOCs, should also meet regularly with staff.
- ✦ Communication needs to be timely.



CHAPTER III: Proficiency Writing

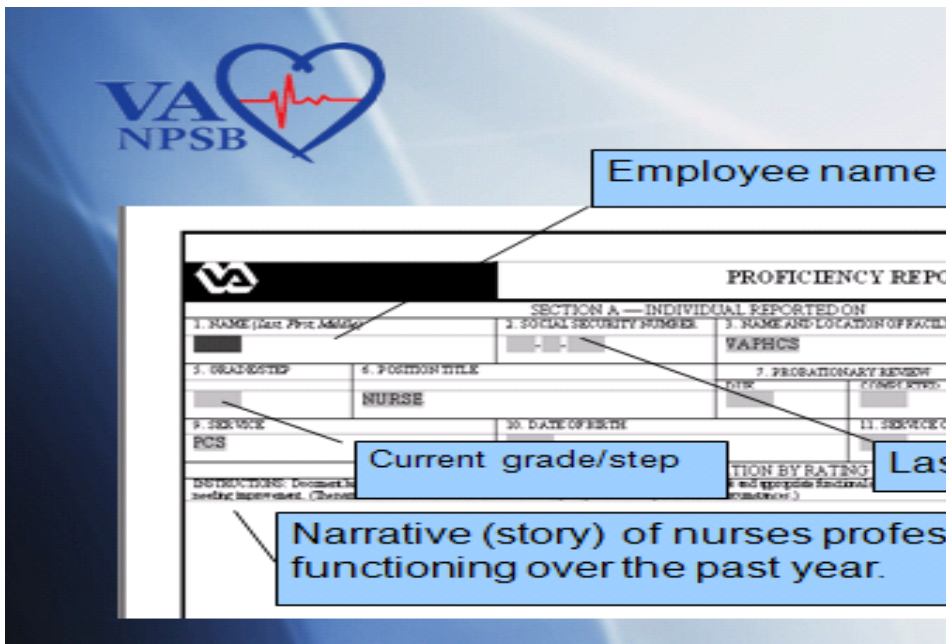
VA Form 10-2623 is used to document the proficiency and can be found in an electronic fillable form at this link:

<http://vaww.va.gov/vaforms/medical/pdf/vha-10-2623-fill.pdf>

Sections of the Proficiency

SECTION A

INDIVIDUAL REPORTED ON: Demographic data and rating period as shown below (this may be done for you by your HR staff or other clerical staff):



The image shows a portion of a VA NPSB Proficiency Report form. A callout box labeled 'Employee name' points to the top right of the form. Another callout box labeled 'Current grade/step' points to the 'POSITION TITLE' field, which contains the word 'NURSE'. A third callout box labeled 'Narrative (story) of nurses profes: functioning over the past year.' points to the 'NARRATIVE' section of the form. The form includes fields for name, social security number, name and location of facility, grade/step, probationary review, date of birth, and service code.

SECTION B

NARRATIVE EVALUATION BY RATING OFFICIAL

Begin with an introductory statement such as:

Staff Nurse Example

- Name, years of experience, years with VA as an RN (especially if probationary)
- Area worked such as surgical unit with 30 beds
- Type of work such as all types of complex surgical conditions such as:
- Team Leader, Charge Nurse Roles
- She/he has or has not provided input into proficiency

Advanced Practice Registered Nurse Example

- Setting/population
- Panel size
- Complex conditions
- Key responsibilities

[Career Path Workbooks *](#)

[Clinical Path](#)

[APRN Path](#)

[Consultant Path](#)

[Supervisory Path](#)

- He/She has or has not provided input into proficiency
- ✚ **Goals for the close out rating period:** address if the goals were met, not met, and any progress toward goals even if not fully met
- ✚ **Description of performance:** Summarize the RN's achievements and how the RN meets the performance standards outlined in the functional statement. An RN must fully meet the Qualification Standards for his/her current grade every year as documented in his/her Proficiency Report.
 - Address all four Dimensions of Nursing Practice (including all nine criteria) as it relates to their functional statement, with outcome examples included.
 - Narrative must be grade-based.
 - Be certain to document all performance both above and below satisfactory level. Always look forward to the next grade level to document what the RN may have done beyond their current grade.
 - Refer to the correct Career Path Workbook (i.e.: Clinical, Consultant, Advanced Practice, etc.) for criteria and examples including outcomes.
 - Referring to the Career Path Workbooks at both the grade/level the RN is currently and the next grade/level is very helpful.

*Embedded **Career Path Workbooks** are also available on the ONS website at: <http://vaww.va.gov/NURSING/qualificationstandards.asp>

Writing to the Dimensions: In the narrative, provide specific examples for the following categories:

| Category | Questions to consider |
|----------------------------------|-------------------------------------|
| ACTION | <i>What was done?</i> |
| POPULATION | <i>For whom?</i> |
| OUTCOME | <i>What difference did it make?</i> |
| WITHIN THE CURRENT RATING PERIOD | <i>When?</i> |



At the Heart of Your Career

Note: Outcomes can be expressed in numbers, percentages, or words, whatever is appropriate to the example. When writing examples, just tell the story! One robust example can cover many different criteria.

- ✦ **Goals for the next rating period:** Always include goals for the next rating period. This should be a collaborative effort of both the RN and the supervisor.

SECTION C RATING BY RATING OFFICIAL

The first line supervisor is the writer of the proficiency and the rating official for the RN

LEGEND

UNSATISFACTORY – Has NOT met all criteria.

LOW SATISFACTORY - Has met all criteria, but at times performance is marginal.

SATISFACTORY - Has met all criteria, at times exceeds expectations.

HIGH SATISFACTORY - Has met all criteria, usually exceeds expectations by a substantial margin.

OUTSTANDING - Has met all criteria, consistently exceeds expectations to an exceptional degree.

For further explanation of ratings, please refer to the embedded RN Proficiency Rating document.

CATEGORY I - NURSING PRACTICE

(Demonstrates a level of professional nursing practice appropriate to grade and functional statement.)

- RN rated on the appropriate grade or level of nursing practice
- Rating is based on career path
- Rating is a summary of how the RN meets the criteria in the functional statement and the dimensions of nursing

CATEGORY II – INTERPERSONAL RELATIONSHIPS

(Works effectively with individuals and groups at the level appropriate to grade and functional statement.)

- How well the RN works effectively with individuals and groups at the level which meets the criteria for the RN's grade and level

[RN Proficiency Rating](#)

[RN Proficiency Ratings](#)

- This is generally documented by performance in the Collaboration Dimension of Nursing

SECTION D OVERALL EVALUATION

An objective appraisal of overall competency based on rating in Section C. (Use the same legend as in Section C)

- Complete frequency of contact with the RN.
- Number of months the RN has been under the rater's supervision for this rating period (generally a maximum of 12 months).
- Complete Joint Review section as appropriate.
- If the RN was rated Low Satisfactory or Unsatisfactory, complete item 16.
- Sign and date the form as directed for item 17.

SECTION E COMMENTS OF APPROVING OFFICIAL

- Approving Official may make additional comments at this point, usually to concur the rating by the rating official.
- Approving Official signs and dates the proficiency

NOTE: If neither the Rating Official nor the Approving Official are an RN, there must be some review and signature by an RN that the dimensions of practice were addressed; usually the Nurse Executive or designee.

SECTION F RATED EMPLOYEE

- RN signature verifies that the Rating and Proficiency content have been reviewed with him/her. It does not signify agreement.
- If the RN refuses to sign the Proficiency, the Rater documents "refused to sign" in the employee signature box and the Rater will then sign and date.
- If the RN has a major disagreement, the employee can write a memorandum (addendum) to the Approving Official through the Rater, noting the major disagreement with the content of the Proficiency.
- The rater writes "concur" or "do not concur" and the addendum is given to HR to file with the Proficiency in the e-OPF.

A minimum of 3 copies of the Proficiency should be made:

- One copy for HR for the e-OPF
- One copy for RN's competency folder
- One copy for the RN

Other Title 38 Rating Processes

Executive Career Field (ECF):

✚ Applies to:

- Nurse IV's and Nurse V's
- Nurse Managers
- Assistant Nurse Managers

- Other Supervisory Nurses

- ✚ Rating period is always on a Fiscal Year cycle: October 1 through September 30.
- ✚ Due date is set by local facility.
- ✚ ECF Plan is distributed down from VA Central Office (VACO) through the VISN to the Directors of the medical centers.
- ✚ If an RN moves under ECF, a Special Proficiency Report is completed that covers the RN's performance prior to moving into the ECF.
- ✚ An RN who has not yet attained a Nurse III and who moves under the ECF performance system will be reviewed for promotion by the NPSB at the time of the RN's anniversary date. A memo should be prepared to document the RN's performance regarding the Dimensions of Nursing Practice, focusing on performance not covered by the ECF. This memo is attached to the ECF for review by the NPSB. The RN never receives both an ECF and a Proficiency Report.

Example: Nurse Nancy is a Nurse II RN who has an anniversary date of Feb. 12. She moved into the ECF on June 1, thus a special report in the form of proficiency is done at this time covering her performance from Feb. 12- May 30. On June 1, she officially is on the ECF rating system. In October, she receives her ECF report. In February, the NPSB will review both her ECF as well as the memo submitted by her supervisor, which documents her performance since the ECF closing date (Oct. 1-Feb.12).

- ✚ The narrative encompasses the High Performance Development Model (HPDM) cross-walked with the Dimensions of Practice.
- ✚ The ECF with narrative goes to the NPSB for any scheduled reviews on the anniversary date until the nurse is promoted to Nurse III.

High Performance Development Model (HPDM) Cross-Walked with Dimensions of Practice and Criteria

| Dimension | HPDM Competencies | Criteria |
|-------------------------------------|--------------------------------|------------------------------|
| PRACTICE | Technical | Practice |
| | Organizational Stewardship | Ethics |
| | Flexibility/Adaptability | Resource Utilization |
| PROFESSIONAL DEVELOPMENT | Systems Thinking | Performance |
| | Personal Mastery | Education/Career Development |
| COLLABORATION | Interpersonal Effectiveness | Collegiality |
| | Customer Service | Collaboration |
| SCIENTIFIC INQUIRY | Creative Thinking | Quality of Care and Research |



Special Reports

Any Proficiency Report other than the regular annual report is considered a special report. A special report will be prepared as follows:

1. RN assumes a supervisory position and moves to ECF:

- When a RN moves into ECF, an interim proficiency is completed. The closing date of the last proficiency becomes the last day as a non-supervisory RN. The ECF rating begins the next day; the effective date of the new position.

2. Detail into Acting Supervisory position:

- When an RN is detailed into an acting supervisory position anticipated to last greater than 120 days, he/she moves under ECF and an interim proficiency is report is completed. The closing date of the proficiency rating period is the last day prior to the start of the detail; the ECF rating period will begin the next day the effective date of the detail.

3. RN Transfers to another VA:

- A special proficiency report is completed prior to transfer; the closing date of the rating period is the last day on the sending station's rolls. Any NPSB actions due within 90 days of the transfer should be completed by the sending station. The special report should be completed and issued to the RN prior to transfer.

4. RN separates from the VA for any reason:

- A special proficiency report is completed and should contain documentation of conduct and performance. The closing date of the rating period is the last day on the station's rolls.
- This proficiency should be completed and issued to the RN prior to separation.

5. Summary Review Board:

- If a Summary Review is planned, to review whether to separate a probationary RN, a Special Proficiency Report is completed if the RN has not received an annual Proficiency within 90 days, or it did not cover the entire realm of issues. The closing date of the Proficiency rating period is the current date.
- Special proficiency reporting in preparation for Summary Review must contain documentation of the issues, whether conduct, performance, or both. A Special Proficiency report generated for Summary Review becomes part of the evidence file that goes to the NPSB for a Summary Review Board to determine if the RN will be separated from VA employment, after the Rater issues it to the RN.

6. Rating Official (Supervisor) leaves their position:

- When a Rating Official (supervisor) is leaving their position for whatever reason, he/she completes a Special Proficiency Report on all his/her direct report RNs. The closing date of the rating periods is the last day the Rater is in their Rater position or on the station's rolls (transfer to another VA or separation). These Proficiencies should be issued to the RNs prior to the Rater's departure.

The Do's and Don'ts of Proficiency Writing

DO Include:

- Describe practice setting and responsibilities in introductory paragraph.
- Provide examples that demonstrates Nurse Qualifications Standards/4 Dimensions/9 criteria at current and next level/grade if indicated.
- Impact on Care / Health Care Delivery Systems / Patient Outcomes.
- Sustained level of performance.
- Narrative supports the overall rating.
- Check grammar and spelling.
- Proofread before sending to approving official.
- Spell out acronyms.
- RN review and concurrence/signature on all T38 evaluations (regardless of organizational structure) as a RN must be involved in the evaluation process.

Don't:

- Copy the same narrative from year to year, or from someone else's narrative.
- Exaggerate, be redundant, or verbose. It is quality, not quantity of the narrative.
- Use other people's names (staff or patients) in the proficiency.
- Restate the qualification standard.
- Address conduct issues in annual proficiency (time and attendance).
- Include administrative notes, RN's written input or supporting information with the proficiency.
- Determine whether or not a degree should be waived & advise the Board of such.
- Recommend promotion in a cover memo or in the Proficiency narrative remarks.
- Make recommendations for awards in the narrative.

Urban Myths

- ✚ *If an RN does not provide input into their Proficiency, they cannot be rated higher than a "Satisfactory."*

INCORRECT

Self-evaluation is only one part of one Dimension, Professional Development.

- ✚ *If there is a difference in ratings between Nursing Practice and Interpersonal Relationships, the Overall Rating cannot be higher than the lower of the other two.*

INCORRECT

The Overall Rating is an independent rating.



- ✦ A numerical rating scale (1 to 5) is used to rate an RN's performance as measured against each performance standard in an RN's Functional Statement in order to tally how Nursing Practice and Interpersonal Relationships are rated.

INCORRECT

Any use of numerical rating systems is outdated and should not be used.

Proficiency and ECF Resources/Examples
http://vawww.va.gov/nursing/npsb_rsrc.asp

[Proficiency Writing Addendum to ECF](#)

[Sample ECF](#)



CHAPTER IV: Employee Review

Final Discussions and Critical Conversations

Prepare: Remember that the proficiency summarizes an RN's achievements and how the RN meets the performance standards outlined in the functional statement. Prior to discussing the final proficiency with the employee, the supervisor should assure the following:

- ✦ Were all dimensions and *criteria* addressed?
 - Practice: *Practice, Ethics, Resource Utilization*
 - Professional Development: *Performance, Education/Career Development*
 - Collaboration: *Collegiality, Collaboration*

- Scientific Inquiry: *Quality of Care, Research*

- ✚ Were examples fully developed based on the RN's functional statement and career path?
 - Action: What was done?
 - Population: For whom?
 - Outcome: What difference did it make?
 - Sustainability: When?
- ✚ Were all Sections of Proficiency Form 10-2623e completed appropriately?
 - Section A: Individual Reported On
 - Section B: Narrative Evaluation by Rating Official
 - Section C: Rating by Rating Official
 - Section D: Overall Evaluation
 - Section E: Comments of Approving Official

Schedule the Meeting: The final discussion should be planned at a time when the employee and manager can have an open and honest dialogue.

- ✚ The manager should be aware that the employee may invite a labor partner to observe the process:
 - The manager directs the meeting.
 - The discussion is between the manager and employee.
 - The employee has the right to have a private discussion with their representative.
 - The content/rating of the proficiency cannot be grieved.
- ✚ The manager should have the original proficiency and a copy for the employee.
- ✚ Useful tools for effectively communicating the proficiency include the RN functional statement and Career Path Workbook.
- ✚ It is important to begin the meeting by stating the meeting's purpose and establishing ground rules as appropriate.

Assure Mutual Understanding: Discuss the final proficiency with the employee. Because performance review is an ongoing process that has taken place throughout the rating period, this discussion should be a review of previous conversations. There should not be any surprises in the proficiency.

- ✚ Use the functional statement to establish expectations if questions arise.
- ✚ Draw on the examples and outcomes provided in the Career Path Workbook as needed to discuss differences in criteria based on grade.
- ✚ Talk about the rating and help the employee understand the meaning.
- ✚ Partner with the employee by discussing goals for the upcoming rating period.

Conclude the Meeting: Explain the meaning associated with the employee signing the proficiency and discuss the RN's option to write a memorandum (addendum) to the Approving Official through the Rater when a major disagreement persists after the discussion.

- ✚ Establish the frequency of ongoing performance updates for the upcoming year.
- ✚ Thank the employee for their time and acknowledge the positive outcomes they have had in their practice throughout the year.

Signatures

Section D: Overall Evaluation

- ✚ The rating official's signature documents the rater of record and signifies the belief that the content in the proficiency is a true representation of the employee's performance throughout the rating period.

Section E: Comments of Approving Official

- ✚ The approving official's signature represents their agreement with the rater's narrative and ratings unless otherwise stated.
 - If the Approving Official disagrees with the rater's narrative or ratings, they should discuss it first while the proficiency is in draft form. If there is still a disagreement, the Approving Official's rating and/or comments stands as the rating of record.
- ✚ For RNs who work outside nursing service and do not have an RN first or second-level supervisor, the Nurse Executive or designee must review the Proficiency and sign as a reviewer. *Sample statement:* "This Proficiency Report has been reviewed and the Dimensions of VA Nursing Practice have been addressed." Add signature and date.
- ✚ If an RN reviewer disagrees with the rater's narrative or ratings regarding an RN in another service, he/she should discuss with the Approving Official. The RN reviewer cannot alter the rating. The Approving Official's rating and/or comments stands as the rating of record.

Section F: Rated Employee

- ✚ The RN's signature verifies that the rating and Proficiency content has been reviewed with them. It does not signify agreement.
- ✚ If the RN refuses to sign the Proficiency: the rater documents "*refused to sign*" in the employee signature box, rater signs their own name, dates it.
- ✚ If the RN has a major disagreement, s/he can write a memorandum (addendum) to the Approving Official through the Rater, noting the major disagreement s/he has with the content of the Proficiency. (Please see notation below for specifics).

- ✚ The Rater writes “concur” or “do not concur” and the addendum is given to HR to file with the Proficiency in the e-OPF.

Addendum Writing

The employee may further discuss the rating with the approving official. If, after discussions with the rating official and the approving official, the employee disagrees with a proficiency rating, the employee may submit concise comments concerning the Proficiency Report through the rating and approving officials for filing in the personnel folder and/or Board Action folder. The employee should address those areas in which (s)he is not in agreement with the rater and approving official, giving specific examples for the disagreement. The Rater writes “concur” or “do not concur” and the addendum is given to HR to file with the Proficiency in the e-OPF.

Supervisor Resources

Blanchard, K. (2007). *Leading at a higher level*. Upper Saddle River, NJ: Pearson Prentice Hall.

Liff, S. (2007). *Managing government employees: How to motivate your people, deal with difficult issues, and achieve tangible results*. New York: American Management System.

Patterson, K., Grenny, J., McMillan, R., & Switzler, A. (2002). *Crucial conversations: Tools for talking when the stakes are high*. New York: McGraw-Hill.

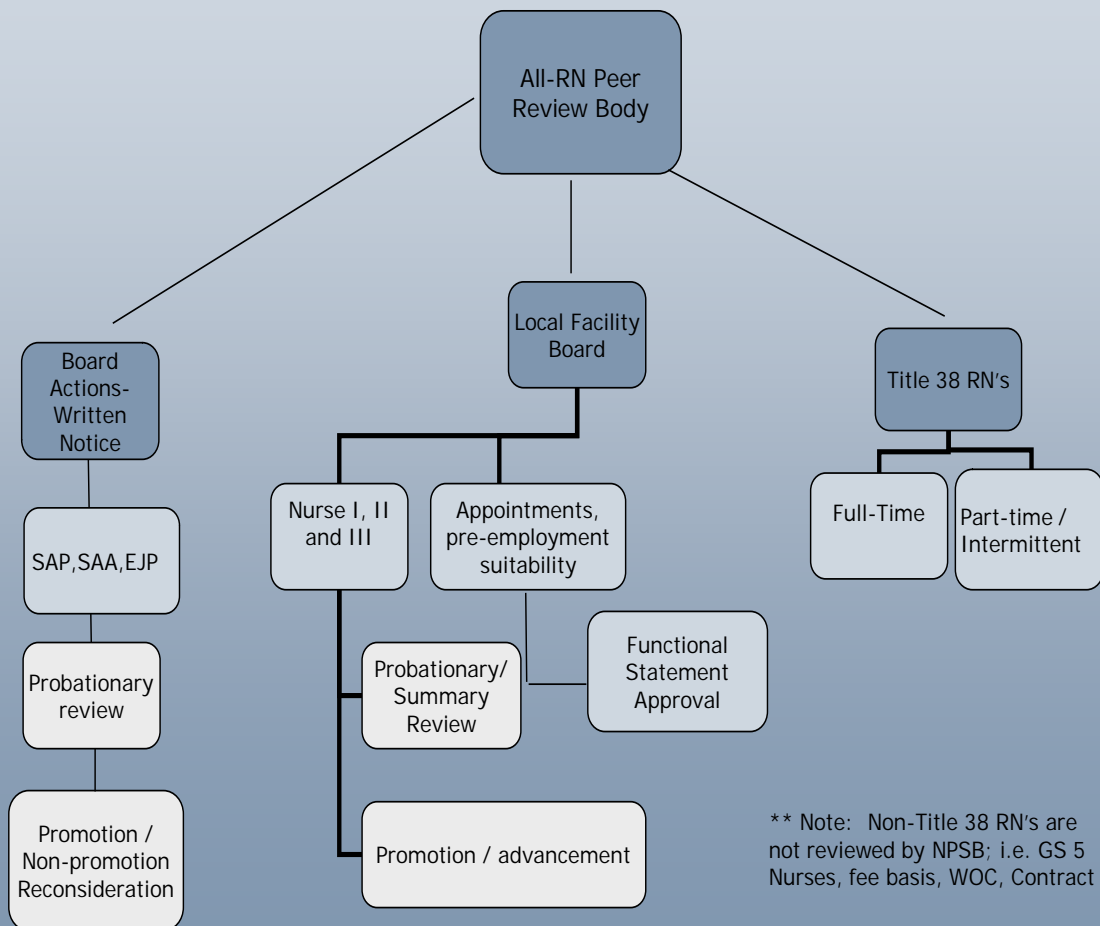
VHA Handbook 5013 Performance Management Systems. Retrieved from http://vaww.va.gov/ohrm/Directives-Handbooks/Direct_Hand.htm



CHAPTER V: The NPSB

Process Description

NPSB Process Description



- ✚ An all-RN peer review body, granted the authority to review Title 38 RNs that are full time, part-time, and intermittent and recommend specific personnel actions.
- ✚ RNs not reviewed by the NPSB: Title 38 series 605 Nurse Anesthetists, RNs in Title 5 positions (RN's in T5 assignments are not functioning as RN's nor do they sign "RN" with their signature) and RNs who are fee-basis, contract, or RNs who work without compensation (WOC).
- ✚ Local facility Boards
 - Processes all local facility for **Nurse I, Nurse II, and Nurse III actions and:**
 - Appointments/Pre-employment suitability, Appointment conversions from temporary appointments;
 - Probationary Review and Summary Review;



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- Promotion and Advancement Reviews;
- Initial promotional reconsideration requests when an RN is given a non-promote notice;
- Special Advancements, Cash Award (EJP);
- Functional Statement Approval (not required at Nurse I, Nurse II, or Nurse III grades).

Feedback

✚ The following board actions should generate written notice to the RN through the supervisor:

- Conversion from Temporary to Excepted Appointment
- Probationary Review
- Promotion
- Non-promotion
- Special Advancement (SAP, SAA, EJP) granted, no letter if the award is denied by the NPSB
- Special Advancement (SAP, SAA, EJP) granted, no letter if the award is denied by the NPSB

Additional Resources

[NPSB Process](#)

[NPSB Process Chart](#)

[Sample Letter Non-promotion Nurse II](#)

[Sample Promotion Letter](#)

[Sample SAP Letter](#)

[Sample First Year Probation](#)

[Sample Appointment to Full Time](#)



CHAPTER VI: Reconsideration

Reconsideration Process

Reconsideration is the process that is followed when an RN does not agree with a non-promote decision from the NPSB. When an RN is not promoted to the next level or grade, he/she has a right per the VA Handbook to request reconsideration by the NPSB. The first level reconsideration occurs with the local NPSB. If that reconsideration results in a non-promotion decision, the RN can request reconsideration from the Central Office NPSB. Please note that there are no reconsiderations for: initial appointment; promotion consideration for Nurse IV and Nurse V; and special advancements for achievement and performance.

Supervisor's role:

- ✚ Reviews VA Handbook 5005, part III, Chapter 4 and power point titled Reconsideration Process on ONS website - <http://www.va.gov/nursing/>
- ✚ Issues letter to employee regarding board decision of non-promotion (see attachment) as soon as the letter is received from the Nurse Executive (NE) or NPSB (Nurse Professional Standards Board) Board Chair. Letter must be given to employee face to face to facilitate discussion.
- ✚ Reviews the specific standards employee did not meet and discuss ways to meet them in the future.
- ✚ Informs employee of opportunity to seek further clarification from Board chairs when needed.
- ✚ Informs employee of his/her right to request for local NPSB reconsideration and importance of submitting reconsideration request within 30 calendar days of signing the letter.
- ✚ Files signed letter per local process.
- ✚ Annotates concurrence on the documentation the **employee** submits for reconsideration.
- ✚ Discussion needs to occur regarding areas of non-concurrence as this would most likely affect NPSB's recommendation.
- ✚ Submits employee's reconsideration document to NPSB.
- ✚ Meets face to face with employee to issue letter of non-promotion from the NPSB reconsideration review. Employee signs and dates letter per local process.



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- ✚ Informs employee's right to request VACO reconsideration after local NPSB non-promotion decision, within 30 calendar days of signing the letter.
- ✚ Submits employee's letter requesting VACO reconsideration to the Nurse Executive.
- ✚ Meets with employee after receiving letter from NE regarding VACO's reconsideration decision. If decision is non-promotion, employee signs and dates letter and filed per local process. VACO's decision is final.
- ✚ Discusses with employee goals to meet performance standards for the next proficiency.

NPSB Role

- ✚ Reviews information submitted by employee through supervisor.
- ✚ Ensures employee's document has concurrence from the supervisor.
- ✚ Recommends promotion or non-promotion.

Nurse Executive's Role

- ✚ Requests additional information if needed from different resources in case of non-promotion.
- ✚ Generates letter outlining local NPSB recommendation of non-promotion and sends letter to the supervisor to be issued to the employee. Please attach sample letter for non-promotion embedded in original draft.
- ✚ Approves employee's request for extension of 30 calendar day time frame (if ADPCS/NE is the Approving Official) either for local or VACO reconsideration.
- ✚ Outlines basis for VACO reconsideration review prior to sending employee's document.
- ✚ Generates letter outlining VACO's decision to be issued to employee through the supervisor.

Additional Resources

[Non-Promotion Memo Nurse](#)

[II](#)

HR Technical Advisor's Role

1. Completes NPSB VACO checklist which outlines required documents (available on ONS website: <http://vaww.va.gov/NURSING/psb.asp>)
2. Sends all documents reviewed by the local NPSB.

VA Central Office's Role

- ✚ Reviews all documents.
- ✚ Requests any missing documents.
- ✚ Sends decision memo to requesting facility outlining standards employee met or has not met.



Chapter VII: Summary Review

- ✚ Summary Review is the proper procedure to separate a probationary RN during his/her two-year probationary period, due to conduct issues or performance issues or both, regardless of the reason.
- ✚ A Summary Review Board (SRB) must be convened to separate a probationary RN, regardless of the reason. This includes falsification of application, theft, poor time and attendance, dirty urine drug test result, recommendation of separation from VA employment by an Administrative Investigative Board (AIB), patient abuse/neglect/mistreatment, failure to assess, failure to properly scan with BCMA scanner, lack of proper documentation, failure to notify physician, etc.

Additional Resources

[Summary Proficiency Sample 1](#)

[Summary Proficiency Sample 2](#)

A request for a Summary Review can be initiated anytime during the two (2) year probationary period:

- regardless of a past Proficiency or ECF that was Satisfactory or above.
 - regardless of a past probationary review by the Board that recommended the RN be retained.
 - regardless of a previous SRB that recommended the RN be retained.
- ✚ Corrective actions for probationary RNs should be limited to warnings, verbal counseling, and written counseling. There should be a sincere, documented effort to correct an employee's conduct and performance deficits.
 - ✚ If the RN continues to be deficient, the immediate supervisor can submit a written request for a Summary Review to their service chief. The written request (memo) should state this is a request for the NPSB to review the RN's probationary period.

The issues should be outlined and the memo is accompanied by the evidence file. Do not request termination in the request, this is the Board's determination.

- ✚ A current Proficiency Report is required in all cases of Summary Review and becomes part of the evidence file.
- ✚ A Special Proficiency Report must be written if:
 - the employee has not had a Proficiency Report within three (3) months prior to the Summary Review, and/or
 - the prior Proficiency narrative does not address all the conduct and/or performance issues.
- ✚ When a Special Proficiency Report is written in preparation for a Summary Review Board, the RN does receive a copy and signs and dates receipt. If the RN refuses to sign it, the immediate supervisor (Rating Official) writes "refused to sign" signs their own name and dates it.



Chapter VIII: Performance Awards

Not all high performing nurses will meet the criteria for promotion to the next grade. You can recognize and reward these nurses with an award. Nurses are eligible for the VA awards available to all employees but there are three additional RN-specific awards that are reviewed by the NPSB:

- Exemplary Job Performance
- Special Advancement for Performance
- Special Advancement for Achievement

Recommendations for awards are NOT included in the proficiency but are requested in a separate memorandum addressed to the NPSB per local policy. The memorandum should address the criteria specific to the award being requested. These awards are not entitlements, meaning they need to be approved by the NPSB and approved by the Director. The manager should not tell the RN that he/she has recommended them for an award until it is approved.

Exemplary Job Performance (EJP)

Facility Directors may grant a cash award of up to \$2,000 to RNs who demonstrate exemplary job performance. The latest proficiency rating must be at least High Satisfactory (or at least Excellent for ECF rating) or above and meet 1 of following 5 criteria:

- Significant and distinguished contributions in some phase of health care as evidenced by original research, writings, and publication in professional media of stature (e.g., reference journals); or



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- Special recognition in the fields of teaching or professional practice; or
- Special competence in the occupation as evidenced by service with professionally recognized committees or groups, responsible office in professional societies above the local level, or consultative services within the profession. The competence must be supported by achievement of renown on a regional or wider basis; or
- Expertise in specialized treatment modalities, outstanding competence as a clinical practitioner, or significant contributions concerning some aspect of the profession; or
- Other appropriate evidence of professional stature equivalent to the above.

Sample memo for EJP:

The purpose of this memo is to recommend Nancy Nurse, APRN-BC, for an Exemplary Job Performance award based on her expertise in a specialized treatment modality. Ms. Nurse, APRN-BC has worked beyond her duties in the cardiology clinic to collaborate with inpatient nursing areas to create staff and patient education on heart failure that has resulted in a 30% decrease in readmissions within 30 days for patients with a diagnosis of heart failure. She has also been actively involved in the workgroup charged with assuring we meet all heart failure performance measures.

Special Advancement for Performance (SAP)

An advancement of 1 step may be granted to full-time, part-time, and intermittent RNs who have demonstrated a sustained high level of performance and professional competence over and above that normally expected of employees in the particular grade and profession and meets 1 of the following 3 criteria:

- Have improved the effectiveness of patient care through the use of more complex skills and application of scholarly knowledge to practice; or
- Have assumed greater responsibility for the improvement of patient care; or
- Have made steady progress toward professional goals for the improvement of patient care.
- Have demonstrated the ability to perform at the level of professional nursing practice as required in the qualification standard for appointment to the grade to which the registered nurse is being considered for promotion [to a higher grade level] or advancement to a higher level within the grade.

✚ An SAP cannot be granted at an interval less than 52 weeks from effective date of the last SAP. An SAP does not affect routine within-grade increases (WIGI). When an RN is at the top step of the grade, he/she is ineligible for an SAP and the RN cannot receive a cash award in lieu of an SAP since Title 38 employees are now approved to receive Superior Performance Awards which are discussed later in this section.

✚ The SAP can be granted anytime during the rating period for non-supervisory RNs. RNs on the ECF rating system are eligible for SAPs but should be considered only at the end of the rating cycle. The dollar amount equivalent of one step is subtracted from the ECF bonus award amount.

Example: One step = \$1,200. ECF bonus = \$3,000. ECF RN with SAP may receive one step and \$1,800 ECF bonus.

Sample memo for SAP:

1. The purpose of this memo is to recommend _____, RN Staff Nurse, for a Special Advancement for Performance based on the Criteria Ms. _____ RN (Use one of the criteria)
 - Has improved the effectiveness of patient care through the use of more complex skills and application of scholarly knowledge to practice,
 - Has assumed greater responsibility for the improvement of patient care
 - Has made steady progress toward professional goals for the improvement of patient care
 - Has demonstrated the same level of professional nursing practice as required in the qualification standard for appointment to the grade to which the nurse is being considered for promotion.
2. This award is based on the following: {Please provide examples}
"Ms. ___ served as a resource regarding DNR and Advance Directive issues to staff. She also teaches interns and residents on the proper ordering of DNRs and activation of Advance Directives."

Special Advancement for Achievement (SAA)

Full-time, part-time, and intermittent RNs may be advanced within the grade from 1 to 5 steps on the basis of professional achievement provided they have demonstrated excellence in performance ***above*** that expected for their current grade level or assignment and potential for assumption of greater responsibility and meet 1 of the following 3 criteria:

Examples of professional achievement are:

- Recognition of professional groups such as certification by the appropriate national certifying body (except where certification is required as a condition of employment) or election to an office in a national professional society; or
- Professional attainment in research or contributions to the advancement of health sciences and patient care worthy of national or international recognition; or
- Receipt of professional awards at the state or national level in recognition of significant and distinguished contributions to nursing or health care delivery.

There is no time interval requirement between SAAs, an SAA can be granted at any time after the previous SAA provided the justification is different. RNs on the ECF rating system are eligible for SAAs. When an RN is at the top step of the grade, the RN may receive a cash award in lieu of an SAA.

Sample memo for SAA:

I would like to nominate Nancy Nurse for a special advancement for achievement. Ms. Nurse recently obtained certification as a Certified Health Care Recruiter through the National Association for Health Care Recruitment, which is a VA approved certification.

Ms. Nurse has demonstrated the potential for assumption of greater responsibility, as evidenced by her participation in the Human Resources VA Collaborative. She was an active member of this collaborative, and as such, she revised the nursing recruitment flow sheet to accurately reflect the recruitment process. Based on best practice concepts, two changes that have improved efficiency include holding virtual NPSB to obtain salary determination in a more timely fashion (rather than wait till Monday morning) and initiate VETPRO process at time of tentative selection rather than waiting till salary determined. Both interventions have decreased hiring time frame which is a Central Office performance measure for Title 38 RN's.

Ms. Nurse's performance, as reflected in the Criteria Based Functional Statement, is at an outstanding level.

Thank you for your consideration for a special advancement for achievement for this outstanding nurse.

Special Performance Awards

RNs are now eligible for SPAs which are based on the rating and are therefore related to the proficiency. **Each facility will have its own policy to follow.**

Note: Certification- awards are not tied to the rating period and should be submitted when achieved. Follow your facility's policy for review which may or may not include review by the NPSB. Awards must be on the VA approved certification list found at <http://vaww.va.gov/nursing/certcampaign.asp>. Certifications required for a position such as APRNs are not eligible for an award. Re-certifications are not eligible for an award though you should include the fact that the nurse re-certified in their next proficiency.

- ✚ An award dollar ceiling exists in the VA where awards are capped at the year 2010 level for each facility.
- ✚ No facility can exceed granting the numbers of SAAs and SAPs that were granted in 2010.
- ✚ The only award that cannot be denied and should be paid in a reasonable time period is cash for specialty certification.
- ✚ The SAA portion [step(s)] of awards for specialty certification is included in the awards ceiling.

Urban myths



- ✚ *I can give an award for a nurse who completes their Masters degree.*

INCORRECT

There is no provision for giving an award for completing any college degree at any level including doctoral degrees.

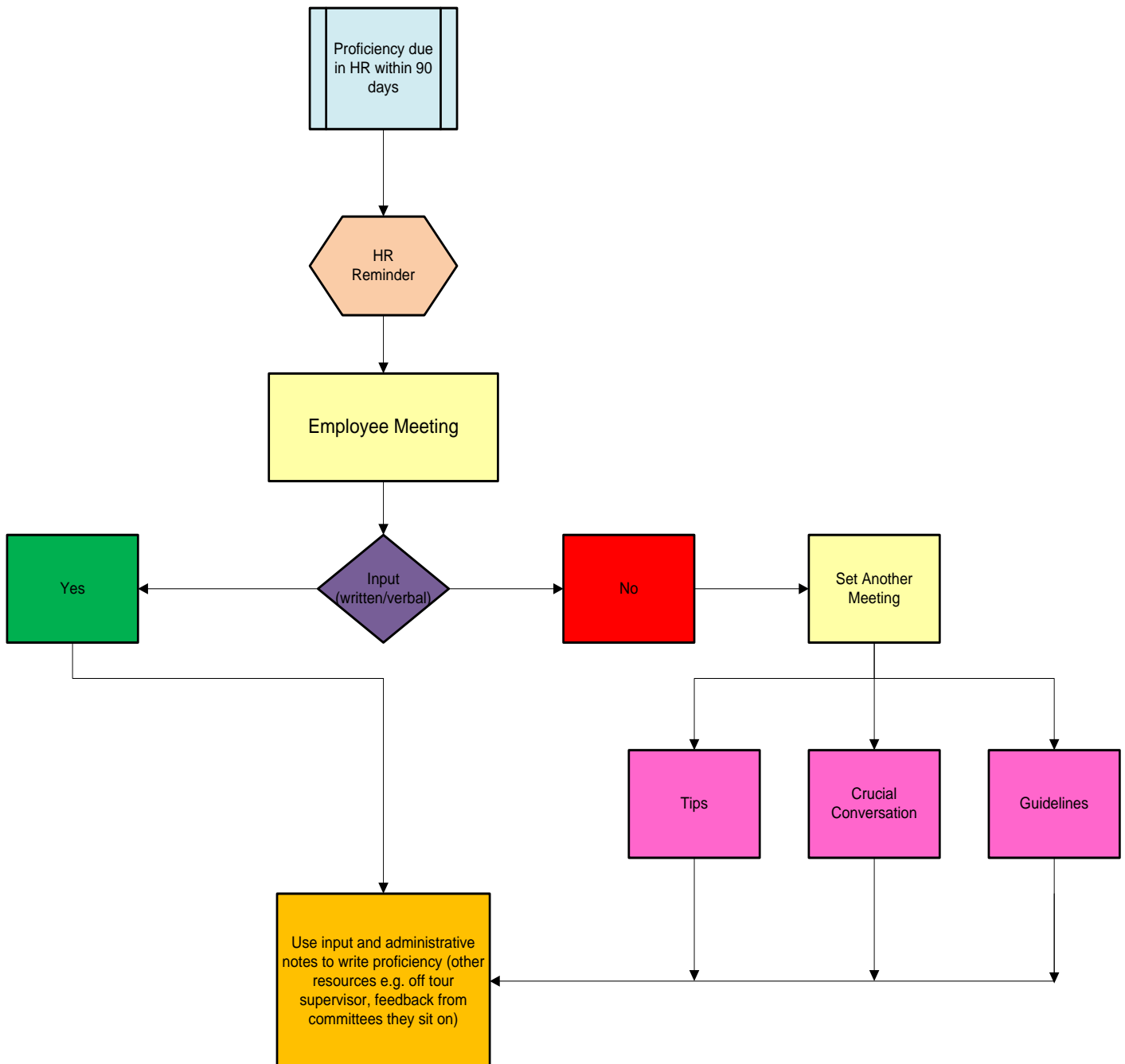
- ✚ *I can give a certification award to a nurse who completes their CNS program and certification because she is not currently in a CNS position.*

INCORRECT

Even though the nurse is not currently in a CNS position, they are not eligible for a certification award.

CHAPTER IX: Tools and Resources

Proficiency Tool Flow Chart



Tips for Employee Input

Create a folder to collect your information when you first begin working at the VA.



Use this folder for records of trainings you attend; details of your involvement in any committees or workgroups; information about any education and/or in-services you provide to staff either inside or outside of your facility; information about professional organizations in which you are involved.



When you were first hired or selected for your position, you should have been given a copy of your functional statement. Keep this in your folder and make notes throughout the year addressing how you are meeting the various dimensions.



Meet regularly with your supervisor and ask for feedback about your performance.



It is important to formulate goals for yourself each year. These goals should be made in conjunction with your supervisor.

Interview Tool for Soliciting Information from Staff

Purpose: The purpose of this tool is to obtain staff input for their proficiency.

1. What have you accomplished during this rating period? Give an example of each the dimensions.

| Dimension | Example |
|----------------------------------------------------------------------------------------------|----------------|
| Nursing Practice Practice Ethics Resource Utilization | |
| Professional Development Education/Career Development Performance | |
| Collaboration Collegiality Collaboration | |
| Scientific Inquiry Quality of Care Research | |

2. Did you accomplish what you desired? If not, what were your barriers? How did you overcome them?
3. What are your strengths and weaknesses?
4. Where do you want to be?
5. Where are you now?
6. How would you get started?
7. What are your goals for the present? 5 years? 10 years?
9. How would you know if your goals have been met?
10. What resources do you need?
11. How would you measure success?
12. Can you think of any barriers to your success?
13. What actions will you need to complete to succeed?
14. Do you have a progress time frame?
15. How can we partner to help you accomplish your goals?

Annual Goal Setting and Statements for Proficiencies

As professionals, nurses should review their practice and set goals for the coming year(s). Their goals might be focused at correcting poor or inadequate performance or enhancing a natural skill. Goal statements describe how the nurse plans to improve practice, gain new skills, gain new knowledge, or increase the scope of their practice or responsibilities. The following examples are presented to demonstrate possible goals for nurses in all Career Pathways and at all grades.

- ✚ The first example under each grade demonstrates a goal to improve poor performance.
- ✚ The second example **printed in bold** demonstrates a goal to enhance performance at their current grade.
- ✚ The third example *printed in italics* demonstrates a goal focused on career development and / or promotion.

CLINICAL PATH

NI L1:

1. Nurse X will improve her IV start skills by practicing with an instructor in the simulation lab and then working with the IV team for 1 week.
2. **Nurse X will attend a basic EKG reading class.**
3. *Nurse X is competent in all basic critical care skills and will begin to orient to CRRT and IABP (2nd level advanced skills) care skills.*

NI L2:

1. Nurse X will be instructed on safe patient handling and review operation of available lift equipment with the clinical nurse leader (CNL).
2. **Nurse X enjoys teaching others about EKGs and will attend a 12 lead EKG interpretation class to further her knowledge.**
3. *Nurse X will begin to precept student nurses during their clinical rotations.*

NI L3:

1. Nurse X will work with the CNL to improve her time management skills with focus on completing her charting by the end of her shift.
2. **Nurse X will receive preceptor training and precept the next newly hired staff RN.**
3. *Nurse X will orient to the charge nurse role and take charge with a CNL or other experienced preceptor as support*

NII:

1. Nurse X will attend CREW training (Civility, Respect, and Engagement in the Workplace) to improve her communication skills with other disciplines.
- 2. Nurse X will become the unit's safe lift champion.**
3. *Nurse X has applied for NNEI funds and will begin a Masters in Nursing program this fall.*

NIII:

1. Nurse X will take a business grammar course to improve the clarity of her committee minutes.
- 2. Nurse X will attend the VA National Systems Redesign Conference to gain ideas for implementation on her program.**
3. *Nurse X would like to serve on a VISN workgroup to expand her network of contacts and learn more about the VA.*

Consultant Path

NII:

1. Nurse C will submit her educational session agendas for review before publication.
- 2. Nurse C will attend the National Wound Care Conference.**
3. *Nurse C will prepare to roll out IV team services to 2 other Care Lines.*

NIII:

1. Nurse C will improve the timeliness of committee minutes submission to meet all due dates.
- 2. Nurse C present a poster at the National Wound Care Conference.**
3. *Nurse C will prepare and present her proposal for the combining of Utilization Review, Case Management, and Inpatient Bed Control to executive leadership.*

Advanced Practice Path

NII:

1. Nurse A will attend a pharmacologic review class.
- 2. Nurse A will attend the facility's Grand Rounds offerings.**
3. *Nurse A will present the guidelines for care of COPD at Grand Rounds.*

NIII:

1. Nurse A will complete assigned peer reviews within required timeframes.
- 2. Nurse A will precept a NP student during the fall semester.**



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3. Nurse A has accepted a collateral duty as the VISN Women's Health Champion.

Supervisory Path

NI:

1. Nurse S will meet with the unit's timekeeper to review the requirements and deadlines for supervisory timekeeping approvals.
2. **Nurse S plans to take the dialysis certification exam within 6 months.**
3. *Nurse S has applied for NNEI funds and will begin a Masters in Nursing program this fall.*

NIII:

1. Nurse S will take a business grammar course to improve the clarity of her committee minutes.
2. **Nurse S has accepted an invitation to become one of the facility's mock Joint Commission surveyors.**
3. *Nurse S is preparing to take the advanced nursing administration certification exam*

Tips for Supervisors to receive input from RN

Verbal:

1. Conversations about their performance
2. Conversations involving goal setting
3. Conversation individual has with manager about issues/problems/concerns on unit
4. Talk about 4 dimensions of practice (FAQs)
5. How to talk about past negative behaviors, "I know that in the past you had med errors so now how is your practice?"

Written:

1. Self assessment tool, journal/notes
2. One on one meetings manager has with individual throughout the current rating year (e.g. progress reports; manager should make notes)

Other sources of input:

1. Record review of documentation (e.g. timely completion of Nursing assessments, nursing care plans, compliance with documentation requirements for restraint templates, etc)
2. Feedback from peers, patients, families and off tour supervisors
3. Knowledge the manager has about the individual's competencies, self development (e.g. enrolled in formal education, certifications non-mandatory ceu's, resource for others in the organization)
4. Negative/positive (e.g. numbers of med errors during year and actions taken to improve them or the absence of med errors or untoward events (patient safety))

How to write a Performance Improvement Plan (PIP)

Before developing a PIP a meeting with the employee and possibly their Union Representative should have occurred to discuss the performance problem.

Objectives:

- ✚ Advise an employee that performance is inadequate
- ✚ Ascertain the reasons why the performance is inadequate
- ✚ Specify precisely what is unacceptable in the employee's performance.
- ✚ Specify precisely what the employee is expected to do in the future.
- ✚ Provide clear warning that a failure to correct performance deficiencies will result in adverse consequences.

Writing the PIP

The performance improvement plan is a formal mechanism by which employee performance issues are addressed. The plan states the employee's performance will be evaluated for a specific period of time. If the employee fails to perform during that time, with the expectations and resources provided, he or she may receive disciplinary action.

The plan should include:

1. **Statement of Unacceptable Performance:** Identify the critical elements from the functional statement under which the employee's performance is unsatisfactory and specific examples of the deficiencies.
2. **Performance Improvement Plan Timeframe:** Identify the specific period of time the employee is being given an opportunity to demonstrate acceptable performance. Usually the time frame is 60-90 days.
3. **Description of Acceptable Level of Performance:** State the improvements that are expected.
4. **Statement of Assistance:** State what you as the supervisor will do and what special training (if appropriate) will be given to assist the employee to improve. Other examples of assistance are paired with another employee, a checklist or closer supervision by the supervisor.
5. **Consequences of failing to improve to an Acceptable Level:** State that if the employee's performance does not improve to a minimally successful level, disciplinary action may be taken.

VA BOSTON HEALTHCARE SYSTEM

BOSTON, MA
NURSING SERVICE

Performance Improvement Plan

The following performance standards are not being met. It is expected that these will be met and maintained by _____(usually 60 days).

| FUNCTION/COMPETENCY | PERFORMANCE STANDARD | PLAN |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Provides individualized biopsychosocial care based on established patient/family goals | Completes assignments within a reasonable time frame and prioritizes patient needs in an organized efficient manner. | <ul style="list-style-type: none"> • Meet with Clinical Resource Nurse to discuss theories of organization and prioritization. • With the assistance of the Clinical Resource Nurse develop a framework for time management |
| Manages the delivery of nursing care | <ul style="list-style-type: none"> • Fulfills team leader/primary nurse responsibilities according to established policy. • Provides effective nursing care for a group of patients in a self-directed manner • Communicates relevant information at change of shift report in a clear and concise manner | <ul style="list-style-type: none"> • The schedule for your assignment will be as follows: <ul style="list-style-type: none"> ○ Week 1&2: Team member ○ Week 3&4: Team Leader ○ Week 5&6: Charge Nurse • With the assistance of the Clinical Resource Nurse develop guidelines for change of shift report |
| Works effectively with patients families/significant others and visitors | Interacts in a professional manner utilizing therapeutic communication skills | Nurse Manager to provide articles related to therapeutic communication skills. |

In addition to the individual plan outlines, you will be assigned a preceptor _____. We will meet weekly to discuss your progress as well as providing a forum for feedback.

Receipt Acknowledged (employee) Date

Nurse Manager

RN Proficiency Ratings

- ✚ The Nurse Qualification Standards and appropriate functional statement delineates the criteria upon which the nurse will be evaluated by the rating and approving officials.
- ✚ The use of the criteria-based functional statement and the qualification standards in conjunction with the Proficiency Report are designed to require supervisors to evaluate performance in an employee's assignment. The Proficiency Report will be used to document how the nurse meets the behaviors outlined in the functional statement and the grade level criteria in the qualification standard.
- ✚ RN proficiency ratings will be assigned to an employee based on an objective appraisal of overall competency in the performance of duties and responsibilities which includes the criteria in the Nurse Qualification Standards and the appropriate functional statement.

For example, Sally, RN at a Nurse I Level 3, is a good nurse but does not perform as well as Mary, RN who is a Nurse II. The tendency is to rate Mary, Nurse II as High Satisfactory or Outstanding and Sally, Nurse I Level 3, as satisfactory. However, when rated against the appropriate functional statement and qualification standard, Sally RN is performing at a High Satisfactory level for a Nurse 1 Level 3; whereas Mary, RN is performing at a Satisfactory level for a Nurse II.

- ✚ The overall evaluation, Section C, shall reflect total work performance and is generally an average of the rated categories of Nursing Practice and Interpersonal Relationships along with the narrative summary. (NOTE: *Per the Nursing Commission recommendations, nurses who are not supervised by another RN must have their evaluations reviewed by the ADPCS/Nurse Executive or his/her designee.*)
- ✚ The five adjective ratings defined below will be used to rate RN performance according to the functional statement, the Nursing Qualification Standards, and supported by the proficiency narrative at the appropriate level and career path.
 - **Unsatisfactory.** The employee has not met reasonable expectations of performance, or the overall appraisal indicates weaknesses which would impair quality patient care, or there is inadequate proficiency or weak performance in one or more elements critical to adequate performance of the assignment.
 - **Low Satisfactory.** The employee usually met reasonable expectations, but performance was sometimes marginal.
 - **Satisfactory.** The employee fully met and sometimes exceeded expectations. This is an employee who has done a good job and everything expected for their grade (& level) as outlined in the functional statement and in the Dimensions of Nursing.

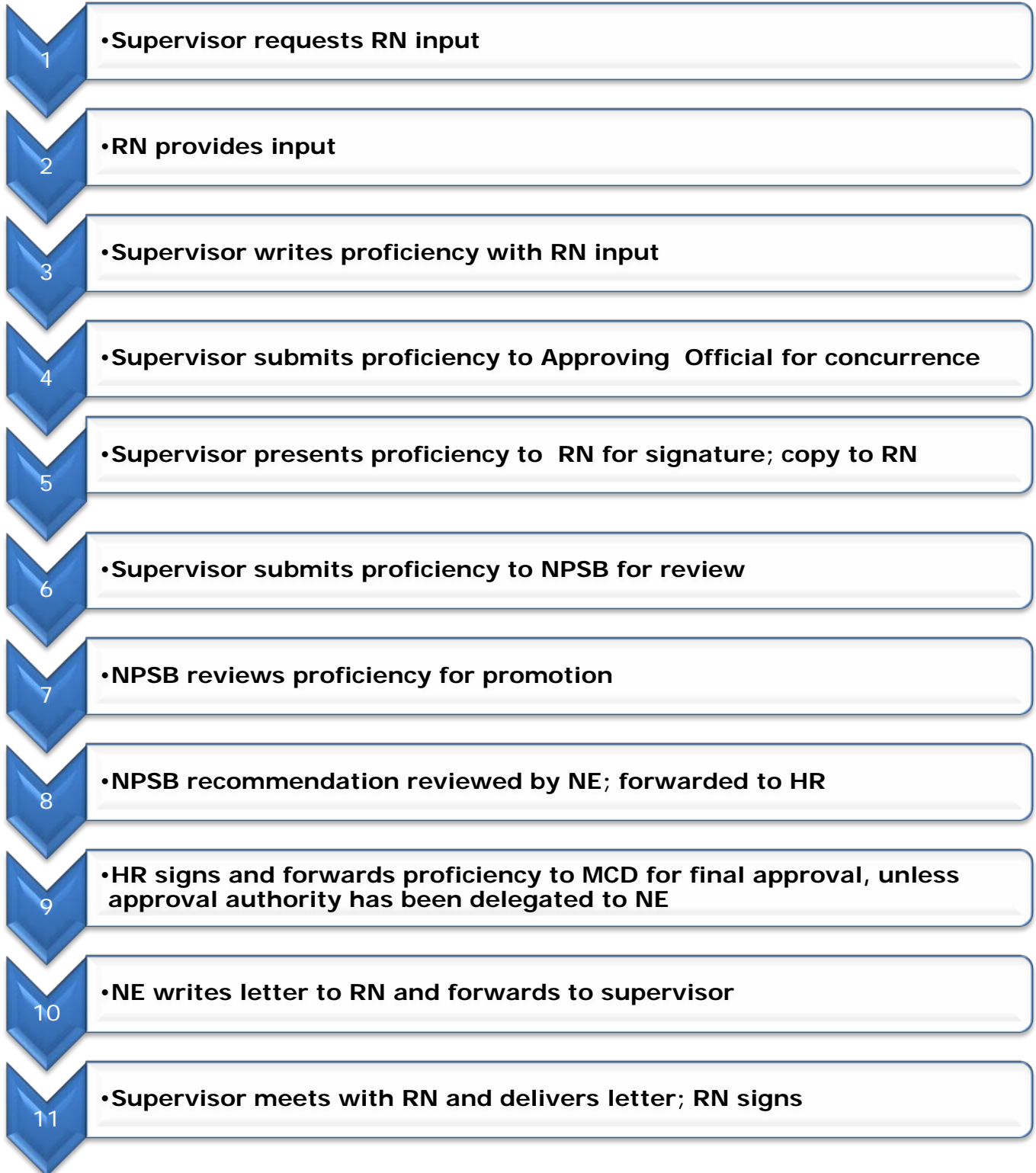
- **High Satisfactory.** The employee usually exceeded reasonable expectations by a substantial margin. A high performing employee who consistently performed above and beyond what was expected in more than one of the four Dimensions of Nursing.
- **Outstanding.** The employee consistently exceeded reasonable expectations to an exceptional degree. This person truly stands out in a group of employees who are at the same grade; is a role model, an unusually high performer, achievement is extraordinary (for the level/grade of RN) in all four dimensions and has possibly made major contributions to the unit or organization. This is a person who may be performing at the next level or grade of nursing.

✚ ECF evaluations have five rating choices.

- **Outstanding.** Achievement levels for all elements are designated as exceptional.
- **Excellent.** Achievement levels for all critical elements are designated as exceptional. Achievement levels for non-critical elements are designated as at least fully successful. Some, but not all, non-critical elements may be designated as exceptional.
- **Fully Successful.** The achievement level for at least one critical element is designated as fully successful. Achievement levels for other critical and non-critical elements are designated as fully successful or better.
- **Minimally Satisfactory.** Achievement levels for all critical elements are designated as at least fully successful. However, the achievement level(s) for one (or more) noncritical element(s) is (are) designated less than fully successful.
- **Unsatisfactory.** The achievement level(s) for one (or more) critical element(s) is (are) designated as less than fully successful.

NOTE: *The employee is not rated in comparison to other employees, but in comparison to the functional statement and the correct career path qualification standards at the appropriate level.*

NPSB Process





CHAPTER X: Glossary

- AFGE** – American Federation of Government Employees
- AIB** – Administrative Investigation Board
- APRN** – Advanced Practice Registered Nurse
- Approving Official** – Second level supervisory reviewer of the proficiency
- BCMA** – Bar Code Medication Administration
- Career Path** – Defines the area of nursing practice for the VHA nurse. There are four career paths, clinical, supervisory, advanced practice, and consultative
- CBOC** – Community Based Outpatient Clinic
- CNL** – Clinical Nurse Leader
- CNS** - Clinical Nurse Specialist
- CPRS** – Computerized Patient Record System
- Criteria** – Components of nursing practice. There are 9 criteria embedded under the 4 dimensions
- CRNA** – Certified Registered Nurse Anesthetist
- Detail** – Temporary assignment to another position
- Dimensions of Practice** – Areas in which the nurse carries out their duties
- e-OPF** – Electronic Official Personnel Folder
- ECF** – Executive Career Field
- Exemplary Job Performance (EJP)** – Facility directors may grant a cash award of up to \$2,000 to RNs or APNs who demonstrate both exemplary job performance and exemplary job achievement
- FMLA** – Family Medical Leave Act
- FTEE** – Full-time Employment Equivalent
- Functional Statement** – An official statement of the major duties and responsibilities assigned by management to a position
- HR** – Human Resources
- MD** – Medical Doctor
- NAGE** – National Association of Government Employees

NE – Nurse Executive

NFFE – National Federation of Federal Employees

NM – Nurse Manager

NNU – National Nurses United

NPSB – Nurse Professional Standards Board

Nurse Qualification Standard – A set of regulations in VA Handbook 5005, Part II, Appendix G6 outlining the expected performance of the nurse at each grade/level

NTE – Not to Exceed

ONS – Office of Nursing Services

OPF – Official Personnel Folder

OWCP – Office of Workers Compensation Programs

PA – Physician Assistant

PIP (Performance Improvement Plan) – A plan developed by a supervisor for a permanent employee who is not meeting expectations of their position

Probationary – All new RNs must complete a probationary period of two years. During that two year period, a minimum of one review of the nurse's performance must be conducted by the NPSB. Once a nurse has successfully completed the two year probation, he or she will never serve another probationary period, even if he or she leaves the VA and returns later for employment

Proficiency – Tool used to document the performance of the registered nurse/advanced practice nurse

PSI – Periodic Step Increase, also referred to as Within Grade Increase

QM – Quality Management

Rater – The supervisor completing the proficiency

Rating Period – The period of time over which the nurse's performance is rated. Usually this is a period of 12 months

Reconsideration – RNs not promoted may request a reconsideration, or second review for promotion of their proficiency packet. A first level reconsideration is conducted locally, if not promoted; the nurse may request a second level review at the Central Office NPSB level

RN – Registered Nurse

SAA (Special Advancement for Achievement) – An RN or APN may be advanced within the grade from 1 to 5 steps on the basis of professional achievement

provided they have demonstrated excellence in performance above that expected for the grade level or assignment. This is not an entitlement, it is granted at the discretion of the facility director

SAP (Special Advancement for Performance) – An RN or APN may be advanced 1 step within the grade if they have demonstrated a sustained high level of performance and professional competence over and above that normally expected of employees in the particular grade and profession. This is not an entitlement, it is granted at the discretion of the facility director

SPA - Special Performance Award

SEIU – Service Employees International Union

SRB (Summary Review Board) – The process to separate a Title 38 RN within his/her probationary period from Federal service due to conduct and/or performance issues

Superior Performance Award – A one-time cash award that may be granted to an employee at the conclusion of the performance rating cycle based on his/her rating of record

TMS – Talent Management System

Title 5 – Appointment authority for government employees under the competitive service

Title 38 – Appointment authority for excepted service VA employees; includes Registered Nurses

VACO – Veterans Administration Central Office

VHA – Veteran's Health Administration

VISN – Veterans Integrated Service Network



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