

EXCELLENCE IN CLINICAL NURSING



NURSING PATHWAYS



KAISER PERMANENTE®



NP III RENEWAL PACKET
A step on the Nursing Career Ladder

Revised November, 2018

Table of Contents

<u>GENERAL INFORMATION</u>	<u>Page</u>
• NP Clinical Classifications	4
• Compensation	4
• Maintenance of NP III Designation	5
• The Role of Mentors	6
• Transfers	6
• NP III Clinical Ladder Renewal Schedule	6
• Appeals Process	7-8
 <u>RENEWAL INFORMATION</u>	
• NP III Renewal Form	10-11
• Signature Page for Mentor	12
• Receipt of Renewal Form	13
• Verification of Hours Paid	14
• Performance Evaluation Guidelines	15-16
• Continuing Education Guidelines	17
• Professional Contributions Guidelines	18-21
• Committee Participation Documentation	22
• NP Precepting Documentation	23
 <u>APPENDIX</u>	
• Applicant Checklist/FSC Scoresheet	25-26
• Sample Nurse Practitioner Performance Evaluation	27-29

GENERAL INFORMATION

Nurse Practitioner Clinical Classifications

Nurse Practitioners will be recognized in a three step clinical ladder:

- NP I: A new graduate nurse practitioner or newly employed nurse practitioner with less than twelve (12) months experience as a nurse practitioner. NP I shall participate in a nurse practitioner mentoring program within the first six (6) months of KP employment.
- NP II: A nurse practitioner who:
1. Has completed six (6) months of service as an NP I.
- OR*
2. Has been newly hired into a Nurse Practitioner position and has at least twelve (12) months experience as a nurse practitioner with another employer. NP IIs shall be mentored in the Nurse Practitioner Mentoring Program. The Nurse Practitioner's manager, The Nurse Practitioner and the Nurse Practitioner's mentor shall agree on the length of the Nurse Practitioner's mentoring which shall be based upon the Nurse Practitioner's competence in the clinical and technical job requirements.
- NP III: Nurse practitioner clinical expert who has met the criteria as defined in the Nurse Practitioner Clinical Ladder guidelines.

The development of a NP Clinical Ladder recognizes the Nurse Practitioner III as a health care clinical expert who demonstrates increasing levels of excellence through clinical practice, teaching ability and leadership.

The purpose of the NP III role is to encourage nurse practitioners to utilize and model clinical expertise, leadership abilities and health care practices by participation in research, education, publication and/or community involvement.

Compensation

The compensation level for the NP III classification shall be five percent (5%) greater than the compensation rates for the NP II.

Maintenance of NP III Designation

Renewal packets for NP III are available from the Nursing Pathways website (<https://nursescholars.kaiserpermanente.org/programs/represented-nurse/nursing-career-ladder/>) and contain written guidelines for the completion of the application. Renewals must be signed by the Mentor. Applications must be submitted to the DONP Co-chair, the Facility Selection Committee, or designee.

Each appointment as NP III shall be made for three (3) years.

Reappointment requires continued evidence that the NP Clinical Expert, also known as NP III, functions in the clinical setting as an exemplary clinical practitioner, teacher, and leader among peers.

To maintain the NP III designation, a NP III will be expected to submit for review by the Facility Selection Committee a renewal packet that will demonstrate the following:

- Current RN licensure and nurse practitioner certification to practice in California.
- Continued work in the clinical area for the Employer since the last appointment as NP III.
- Work in the clinical area for an average of twenty-four (24) hours/week over the last year. A NP who is in a NP QL role (20 hour/week position) shall meet this qualification. (see hours worked calculation in contract, paragraphs 1830-1833)
- Performance evaluation¹ received within the last 12 months which indicates performance standards at the midpoint or above overall for each of the three requirements -- clinical competence, interpersonal relationships, and professional characteristics.
- Documentation (copy of CEUs/CMEs) of completion of at least forty-five (45) CEUs/CMEs applicable to clinical area over the past three (3) years.
- Provide written evidence of three professional contributions within the last twelve (12) months, unless stated otherwise (suggested template in the packet). Also include in your packet documentation of the contributions, which may include copies of documents authored by you, your syllabus or slide presentation, date of presentation, target audience, etc. Additional contributions may be submitted (with the original application) in case one or more submitted do not meet the requirements. Additional activities may be considered with the unanimous consent of the local NP III selection committee.

¹ The "Nurse Practitioner Performance Evaluation" currently located as an addendum on the e appraise form is the preferred form to be attached to the application packet and used by the NP 3 Facility Selection Committee to determine eligibility for NP 3 status. However any evaluation form which clearly indicates evaluation of midpoint or above for Clinical competence, interpersonal relationships, and professional characteristics will be accepted to determine eligibility for NP III status.

The Role of Mentors

As an applicant for NP III, NP III Application Process requires that you choose a NP III mentor to assist you in the application process and renewal process. The role of the mentor is to review your portfolio for completeness before it is submitted to the committee on or before March 1, July 1 or November 1. Ideally, this review would start at least one month before the application deadline.

Names of the FSC members will be posted on the Association's bulletin board in each facility. Ask your DONP, NP PPC members or FSC members for a list of NP III mentors in your location.

The role of the mentor is to guide and review your portfolio, however it is ultimately the applicant's responsibility to ensure accuracy and completeness of the portfolio. The Mentor must sign the application to validate that all elements are complete

Transfers

NP IIIs who transfer to another facility in the same clinical area will retain their status.

Transfers to another clinical area within the same facility or another facility will require application for NP III in the new clinical area.

NP III Clinical Ladder Renewal Schedule

This applies to all levels: SNIII, SNIV, HH/HIII, NP III

The next renewal date is exactly **three** years from when initial application was received or last renewed. For example, if application was submitted on March 1, 2013, the next renewal date is March 1, 2016.

Applications are to be received the first of March, July, or November.

Appeals Process

Any applicant denied the Clinical Expert designation may appeal the decision of the Facility Selection Committee (FSC) as follows:

1. A written appeal, clearly stating the basis for the appeal, must be submitted to the Facility Selection Committee that made the original decision no later than thirty (30) days after written notification of denial. The appeal shall not contain any application information that was not submitted with the original application as a justification for the appeal.
2. The Facility Selection Committee shall review the appeal within sixty (60) calendar days of each application deadline and either accept the application or deny the appeal, providing a written explanation of the reasons for the written denial. If the appeal is denied, the Nurse Practitioner may appeal that decision to the Regional Appeals Committee no later than thirty (30) days after denial of the appeal by the Facility Selection Committee.

Applicants may request a regional appeal in writing (e-mail is ok) within 30 days of the FSC appeal decision to Matt Boyer, C.N.A., 155 Grand Ave., Oakland, CA 94612, mboyer@calnurses.org AND Jyotsna Battle, Kaiser Permanente Patient Care Services 1950 Franklin St, 17th Floor, Oakland, CA 94612, Regional-Appeals-Committee-NCAL@kp.org The applicant should include their facility, their mailing address, and the reason for their appeal (clear and convincing evidence of procedural error or bias).

3. The Regional Appeals Committee shall be composed of six (6) members and two (2) alternates. Three (3) members, plus one (1) alternate, shall be selected by the California Nurses Association from among NP IIs and NP IIIs of different Facility Selection Committees (FSCs). Three (3) members and one (1) alternate shall be selected by the Employer from management representatives from different existing FSCs.
4. The Regional Appeals Committee's review shall be limited to a consideration of the same appeal presented to the Facility Selection Committee. In addition, the Regional Appeals Committee may review the Nurse Practitioner's original application materials and the Facility Selection Committee's decision, including its reasons for the denial. This decision shall be provided to the applicant within thirty (30) days after the Regional Appeals Committee's meeting.
5. The Regional Appeals Committee may overturn the decision of the Facility Selection Committee only when there is clear and convincing evidence of procedural error or bias that affected the decision to deny movement up the clinical ladder.
6. If the decision of the Facility Selection Committee is reversed by the Regional Appeals Committee, the five percent (5%) increase in pay will be retroactive to

the application deadline (March 1, July 1, November 1).

7. The decision of the Regional Appeals Committee is final and binding and shall not be subject to the provisions of Article XL of the Collective Bargaining Agreement.

A regional appeal may not be completed before the next application deadline. The applicant is free to apply as an initial candidate at the next deadline regardless of the status of the regional appeal. The new results of the new application and the regional appeal will be coordinated appropriately. A nurse practitioner who is applying while an appeal is pending must use the initial application and meet initial criteria.

RENEWAL INFORMATION

Nurse Practitioner III Renewal Form

Name _____
Date _____
Unit/Shift _____
Facility _____

Mailing Address _____

Manager _____
Cost Center _____

Phone Work: _____
Home: _____
Other: _____

RN License # _____

NP Certification # _____

Copy of license and NP Certification is not required to be attached.

National Certification # (if applicable) _____

Clinical Area ☐ Primary Care
☐ Specialty Field
☐ Sub-specialty Field
☐ NP Quality Liaison

Classification ☐ Regular
☐ Short hour
☐ Per diem

Average Numbers of Hours worked per week _____
(From Verification of Hours and Clinical Area Form if applicable)

NP clinical nursing experience (includes NPQL role, See minimum qualifications).
Please list most recent first. Experience includes at least the last 4 years.

DATES: FROM - TO	AREA OF PRACTICE	EMPLOYER
1.		
2.		
3.		
4.		
5.		
6.		

Evidence of at least three (3) professional contributions within the last twelve (12) months. Also include in your packet documentation of the contributions, which may include copies of documents authored by you, your syllabus or slide presentation, date of presentation, target audience, etc. Additional contributions may be submitted (with the renewal application) in case one or more submitted do not meet the requirements.

<u>PROFESSIONAL CONTRIBUTION</u>	<u>DATE</u>
1.	
2.	
3.	

<p style="text-align: center;">Nurse Practitioner III Signature Page for Mentor</p>
--

Mentor's Name_____

Mentor Signature_____

Date _____

<p style="text-align: center;">Nurse Practitioner III Receipt of Renewal Form</p>
--

Application Submission:

Date application submitted: _____

Time application received: _____

Application received by: _____

Note: Please provide applicant with a signed copy of this page as verification of receipt of NP III application

Verification of Hours Form

An applicant hired into a 24 hour/week position or more does not need to complete this form.

This form is needed for the following applicants: (a) applicants hired into a <24 hour/week position, (b) per diem NPs, (c) applicants who have had disability leave within the last year, or (d) applicants with a leave of absence within the last year.

The staffing office or the manager completes the form. The manager signs the form.

Name _____
Date _____
Unit/Shift _____
Facility _____
Phone Work: _____
Home: _____
Other: _____
Clinical Area _____
Classification ☐ Regular
☐ Short-Hour
☐ Per Diem
Number of hours worked per week _____

Must be minimum 24 hours/week over the last year. A NP who is in the NPQL role (20 hours/week position) shall meet this qualification

12 month average hours worked per week = _____ beginning _____ ending

Paid time is calculated by determining total paid hours for the year minus the number of vacation hours taken in week blocks. This paid time is then divided by number of weeks, which is calculated by taking the fifty-two (52) weeks in a year minus weeks of vacation blocks minus California Nurses Association option week if taken, minus approved leave of absence up to three (3) months time. Paid time divided by number of applicable weeks equals paid hours per week. This number must equal twenty-four (24) hours or more in order for a nurse practitioner to meet the hours worked qualifications.

SIGNATURE OF MANAGER _____

DATE _____

Performance Evaluation Guidelines

Performance evaluation² by applicant's RN manager (or DONP or RN AMGA) must be within the last twelve (12) months and indicate performance standards at the midpoint or above overall for each of the following three areas: (a) clinical competence, (b) interpersonal relationships and (c) professional characteristics.

- Evaluations on other performance areas are not part of the clinical ladder process.
- Applicants may request the sample form in the appendix be used for their evaluation.
- The FSC will apply its judgment to determine "midpoint overall" if needed.

Note to applicants: All FSC members will review the evaluation submitted with this packet. FSC members will be expected to maintain the confidentiality of this document.

Examples of clinical competence include:

- History Taking: Always precise, logical, thorough, reliable, purposeful, and efficient. Establishes broad base of information about the patient including relevant psychosocial issues.
- Physical Examination: Complete, accurate, directed toward patient's problems. Properly sequenced. Elicits subtle findings.
- Procedural Skills: Always proficient and careful. Minimizes risk and discomfort to patient. Provides proper explanation of the purpose of the procedure. Technical skills superb. Able to perform independently or with minimal supervision.
- Medical Knowledge: Extensive and well applied. Excellent knowledge of disease pathophysiology, diagnosis and therapy. Consistently up-to-date.
- Clinical Judgment: Regularly integrates medical facts and clinical data: weighs alternatives; understands limitations and incorporates consideration of costs, risks and benefits. Wise use of diagnostic and therapeutic procedures. Reasons well in ambiguous situations.
- Ability to apply knowledge: Identifies all the patient's problems. Interrelates abnormal findings with altered physiology. Establishes sensible differential diagnoses. Provides orderly succession of testing and therapeutic recommendations. Educates the patients and their families. Provides high quality, appropriate, cost effective and comprehensive acute and chronic care.

² The "Nurse Practitioner Performance Evaluation" currently located as an addendum on the e appraise form is the preferred form to be attached to the application packet and used by the NP 3 Facility Selection Committee to determine eligibility for NP 3 status. However any evaluation form which clearly indicates evaluation of midpoint or above for Clinical competence, interpersonal relationships, and professional characteristics will be accepted to determine eligibility for NP III status.

Examples of interpersonal relationships include:

- Enthusiastic, responsive, reliable, committed, cooperative and respectful. Shows regard for opinions and skills of professional colleagues. Displays initiative and provides leadership. Written documentation is legible, relevant, concise, and complete. Clearly articulates a logical and knowledgeable presentation of patient to professional colleagues.
- Patients/Families: Always demonstrates integrity, respect, compassion, and empathy for patients. Establishes trust. Primary concern is for the patient's welfare. Maintains credibility, shows excellent rapport with patients and families, and respects patient's need for information and personal preferences. Shows empathy, understanding of cross-cultural/gender issues.

Examples of professional characteristics include:

- Initiative/learning style: Enthusiastic; eager to learn. Functions independently. Aware of strengths and weaknesses. Shows improvement over the orientation process. Self-motivated to acquire knowledge.
- Dependability: Always does what is expected and more. Available when needed. Always follows through on responsibilities. Reacts well to stress. Excellent team player.

Continuing Education Guidelines

Forty-five (45) CEUs/CMEs which are applicable to clinical area over the past three (3) years or that meet national certification requirements. Masters/Post-Masters/Doctoral Degree (copy of transcript or degree) shall apply if applicable to clinical area and are recognized by the BRN.

If the applicant has a current national certification and a current license at the time of application, they meet the CEU requirement regardless of timeframe for CEUs.

Documentation (copy of CEUs, CMEs, transcripts, degrees) to verify the applicant's completion of CEUs, CMEs, and college credit certification within the last three (3) years is required to be included in the portfolio.

Tips for Applicants:

- A list of CEUs/CMEs that includes date, course title, and total number of CEUs earned would be helpful.
- Write a brief narrative describing the applicability for any CEU that may be questioned.
- Extra CEUs may substitute for those that are not accepted by the FSC.

Professional Contributions Guidelines

Provide written evidence/documentation of three professional contributions within the last twelve (12) months unless stated otherwise (suggested template in the packet). Also include in your packet documentation of the contributions, which may include copies of documents authored by you, your syllabus or slide presentation, date of presentation, target audience, etc. Additional contributions may be submitted (with the renewal application) in case one or more submitted do not meet the requirements.

Professional contributions may come from one or more of the following options:

1. On-going teaching activity, such as teaching at an accredited RN or NP program or assistant/clinical faculty position or lecturer. This must be an ongoing activity during at least one semester or two quarters per year for two out of the past three years.
2. Within the past three (3) years, obtain national certification as a Nurse Practitioner from a national certifying body recognized by Kaiser Permanente and the Board of Registered Nursing.
3. Active participation in quality activities which must be of an ongoing nature with participation occurring over at least six (6) months per year for two out of the past three years. Examples include:
 - Develop and implement “peer review” educational processes.
 - Involvement in quality committees/forums including but not limited to PPC, local safety committee, patient safety/error reporting, performance improvement projects, AACC workgroup, P and T, Collaborative Practice Committees, infection control committees, and code blue committees. If you are the sole committee chair, this form can be signed by the DoNP, the MD who sponsors the committee, your manager, or another committee member.
 -
 - Hold a NP Quality Liaison position.
4. Active participation in two (2) different educational activities during the past three years. Examples include:
 - Develop and present in-service education for staff, students or the community. Examples include but are not limited to:

Staff:
 - Develop and present an educational inservice for Facility NP's or other staff on menopause transition care.
 - Develop and present educational in-service to facility MAs on proper data collection for URI patients including peak flow measurement, O₂ saturation and temperature.

Students:

- Develop and present a class on Smoking Cessation to local high-school or college class.
- Develop and deliver a nutrition presentation to elementary school audience.

Community --

- Develop and present an inservice for contract SNF nurses on physical assessment of the geriatric resident (or any other topic a SNF requests, unlimited possibilities).
 - Develop and present information on diabetes care to seniors at a local senior center.
- Develop and present a patient education program. Examples include but are not limited to:
 - Develop and present a patient education program on diabetic foot care.
 - Develop and present a program on infant/toddler safety to Kaiser members.
 - Publish a continuing education article for NPs/RNs or health education article for the general public.
 - Develop protocols for a procedure or update a protocol and providing education to update other NPs and staff regarding practice under the protocol.
5. Leadership position as a committee chair or NP representative on local or regional committees including but not limited to P&T, Interdisciplinary Practice Committee, Collaborative Practice Committee, PPC, NPRC, spanning at least six (6) months per year for two of the past three years. Hold a Chief Nurse Rep, Nurse Rep or other CNA leadership position. For the purposes of professional contributions, "chair" of a committee refers to chair or co-chair. If you are the sole committee chair, this form can be signed by the DoNP, the MD who sponsors the committee, your manager, or another committee member.
6. Active participation over at least six (6) months per year for two of the past three years (alternate time frame may be considered with unanimous consent of the local NP III facility selection committee) in health related community activities, that utilize the RN/NP level expertise in activities such as, but not limited to the categories listed below:
- Legislative/governmental participation. Example include but are not limited to:
 - Working with lobbyists or legislators to pass state or federal legislation related to or impacting upon healthcare locally, nationally, or internationally as it is in support of KP policies and principles.

- Working with a professional organization on a project that directly impacts the provision of health care in the community, such as the NP Primary Care Provider Project.
 - Working with a legislative liaison on legislation to provide quality healthcare to the community.
- Volunteer work in clinic, schools, or work within cultural community or general community organizations. Examples include but are not limited to:
 - Clinics: providing medical or mental health care in the community, rape crisis care (counseling or medical), homeless or domestic violence shelters, vaccination programs, or international healthcare programs such as Interplast.
 - Schools: health monitoring or health-related teaching activities.
 - Community Organizations: Facilitating or leading disease specific support groups such as an HIV or MS support group, membership in a task force for disaster preparedness and response, active membership/participation in a group that monitors and reports on environmental factors that may impact the health of the community.
 - (Note: The FSC will carefully consider the degree of RN/NP level of clinical expertise and the overall time commitment to determine the appropriateness of the contribution.)
7. Develop or be an active member of an implementation team for at least two written standards of NP care, including but not limited to: core competencies, new protocols or procedures within the past three (3) years. Examples include but are not limited to:
- Development of a new clinical role in a department or at a facility. This may include development of new policies, revision of existing policies from other departments/facilities, development of specific core competencies for the new role, etc.
 - Development of policies, procedures and proctoring standards for expanded or new services, such as colposcopy, cervical biopsies, and NPs in a first assist role.

Documents that are developed by the NP would need to be reviewed and approved by the department manager or chief and/or the Director of Nursing Practice.

8. Make contributions to staff development by being a NP mentor or make contributions to development of the NP profession by being a NP preceptor.
- Documentation to verify the applicant's role as a NP preceptor is required (form included).
- A suggested minimum number of hours for NP III renewal is 32 hours over the past three (3) years.

9. Practice as a NP in a clinical specialty field, sub-specialty, or NP QL.
10. Demonstrate participation in health-related research within the last three (3) years. Examples include:
 - Participation in research in the areas of nursing practice, nurse practitioner practice, nursing education, nursing or health care management, or any areas concerning health promotion or health care practices, health policy or cultural competence in provision of health care. Active participation may include but is not limited to principal investigator, data collector or member of a research team.
 - Publication of research in peer reviewed journals with NP's name listed as author or co-author or publication in nursing, nurse practitioner, health care, health care management/practices/policy textbook as a contributor, consultant, chapter writer or editor.
11. Completion of a health-related masters/post-masters certification/doctoral degree/post-doctoral fellowship within the past three (3) years.

If you have any questions or need further clarification on whether a specific activity can be accepted as a professional contribution, please contact your local DONP.



Committee Participation Documentation

Clinical Ladder

Nurse Practitioner III



Committee participation should be ongoing in nature with participation occurring over at least 6 months per year for 2 of the past 3 years.

Committee Charter/Purpose:

Time period for participation: From: _____ to: _____

Committee meeting schedule:

- ☐ Monthly
- ☐ Every other month
- ☐ Quarterly
- ☐ Other (please specify):

Individual's contribution to the committee: (Please list how/what you contribute to the committee or how you share the information with your staff.)

As the chairperson of the above committee I am verifying that
_____(Name)

- attends the committee on a regular basis
- makes an individual contribution

Chairpersons signature

If you are the sole committee chair, this form can be signed by the DoNP, the MD who sponsors the committee, your manager, or another committee member.



NURSING PATHWAYS

NP Precepting Documentation
Clinical Ladder
Nurse Practitioner III



School:

Student:

Approximate dates of preceptorship

Total number of Hours::

I am verifying that the above is accurate:

_____(Signature of School Representative)

_____(Signature of Precepting NP)

Appendix

Nurse Practitioner III Renewal Application
Applicant Checklist / Facility Selection Committee (FSC) Score Sheet

Note: To ensure consistency for the review process, the Application Checklist and FSC Score sheet have been combined into a single document.

**** The Applicant must meet ALL Minimum Qualifications & Application Requirements in order for the Facility Selection Committee to approve application. ****

Applicant Name: _____	Date: _____
Unit/Dept/Shift: _____	Facility: _____
KFH/TPMG: _____	

Mentor's signature: Yes No (Circle one) date: _____

Completed Renewal Form: ☐ Yes ☐ No

Works an average of 24 hrs/week: ☐ Yes ☐ No

(include verification of hrs worked form if needed)

Performance Evaluation (The "Nurse Practitioner Performance Evaluation" currently located as an addendum on the e appraise form is the preferred form to be attached to the application packet and used by the NP 3 Facility Selection Committee to determine eligibility for NP 3 status). However any evaluation form which clearly indicates evaluation of midpoint or above for Clinical competence, interpersonal relationships, and professional characteristics will be accepted to determine eligibility for NP III status.

☐ Midpoint or above on average; received within the last 12 month period

Continuing Education Documentation

- ☐ Documentation (copy of CEUs/CMEs) of completion of at least forty-five (45) CEUs/CMEs applicable to clinical area over the past three (3) years.

Professional Participation: *Documentation of at least 3 professional contributions within the last 12 months (unless otherwise stated):*

- ☐ Ongoing teaching activity at least one semester or two quarters per year for 2 out of past 3 years
- ☐ National Certification as a Nurse Practitioner if obtained for the first time within the last 3 years.
- ☐ Active participation in quality activities occurring over last 6 months per year for 2 out of past 3 years
- ☐ Active participation in at least two different educational activities over the past 3 years
- ☐ Leadership position as a committee chair or NP representative on local or regional committees spanning at least 6 months per year for 2 of past 3 years. Hold a Chief Nurse Rep, Nurse Rep, or other C.N.A. leadership position.
- ☐ Active participation in health-related community activities occurring over at least 6 months per year for 2 of the past 3 years
- ☐ Develop or be an active member of an implementation team for at least two written standards of NP care or protocols or procedures within the past 3 years
- ☐ Make contributions to staff development by being a NP mentor or preceptor
- ☐ Practice as NP in clinical specialty field, sub-specialty field, or NP QL
- ☐ Participation in health-related research within the last three years
- ☐ Completion of a health-related masters/post masters certification/doctoral degree/post-doctoral fellowship within the past three (3) years.

Facility Selection Committee Recommendation

Granted—applicant's renewal date: _____ Date: _____

Applicant notified by: _____ Manager notified by: _____

Payroll notified by: _____ HR notified by: _____

Areas of deficiency (if denied): _____

Signature of FSC voting members:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Updated: 03-25-2011

Nurse Practitioner Performance Evaluation

Employee's Name	Empl ID #	Date of Evaluation:
Supervising Physician:		Department:

Place a check in the appropriate box below for each category.

1. CLINICAL SKILLS	Needs Improvement	Accept.	Proficient	Comments
A. HISTORY TAKING. Always precise, logical, thorough, reliable, purposeful, and efficient. Establishes broad base of information about the patient including relevant psychosocial issues.				
B. PHYSICAL EXAMINATION Complete, accurate, directed toward patient's problems. Properly sequenced. Elicits subtle findings.				
C. PROCEDURAL SKILLS Always proficient and careful. Minimizes risk and discomfort to patient. Provides proper explanation of the purpose of the procedure. Technical skills superb. Able to perform independently or with minimal supervision.				
D. MEDICAL KNOWLEDGE Extensive and well applied. Excellent knowledge of disease pathophysiology, diagnosis and therapy. Consistently up-to-date.				
E. CLINICAL JUDGMENT Regularly integrates medical facts and clinical data: weighs alternatives; understands limitations and incorporates consideration of costs, risks and benefits. Wise use of diagnostic and therapeutic procedures. Reasons well in ambiguous situations.				
F. ABILITY TO APPLY KNOWLEDGE Identifies all the patient's problems. Interrelates abnormal findings with altered physiology. Establishes sensible differential diagnoses. Provides orderly succession of testing and therapeutic recommendations. Educates the patients and their families. Provides high quality, appropriate, cost effective and comprehensive acute and chronic				

care.				
2. INTERPERSONAL RELATIONSHIPS A. Enthusiastic, responsive, reliable, committed, cooperative and respectful. Shows regard for opinions and skills of professional colleagues. Displays initiative and provides leadership. Written documentation is legible, relevant, concise, and complete. Clearly articulates a logical and knowledgeable presentation of patient to professional colleagues.	Needs Improvement	Accept.	Proficient	Comments
B. PATIENTS/FAMILIES Always demonstrates integrity, Respect, compassion, and empathy for patients. Establishes trust. Primary concern is for the patient's welfare. Maintains credibility, shows excellent rapport with patients and families, and respects patient's need for information and personal preferences. Shows empathy, understanding of cross-cultural/gender issues.	Needs Improvement	Accept.	Proficient	
3. PERSONAL/PROFESSIONAL CHARACTERISTICS: A. INITIATIVE/LEARNING STYLE Enthusiastic; eager to learn. Functions independently. Aware of strengths and weaknesses. Shows improvement over the orientation process. Self-motivated to acquire knowledge.	Needs Improvement	Accept.	Proficient	
B. DEPENDABILITY Always does what is expected and more. Available when needed. Always follows through on responsibilities. Reacts well to stress. Excellent team player.	Needs Improvement	Accept.	Proficient	
4. ORGANIZATIONAL SKILLS A. PRIORITIZATION Consistently synthesizes relevant Information and prioritizes appropriately. Always prioritizes efficiently even in complex clinical situations.	Needs Improvement	Accept.	Proficient	NOT APPLICABLE TO THE NP CLINICAL LADDER PROCESS.
B. TIME UTILIZATION Always completes schedule within Time parameters. Utilizes time efficiently and effectively. Easily adapts to changes in scheduling demands or complexity of clinical situation. Spends time appropriate to the complexity of the problem.	Needs Improvement	Accept.	Proficient	NOT APPLICABLE TO THE NP CLINICAL LADDER PROCESS.

