Exemplary Professional Practice

Accountability, Competence and Autonomy

EP20: Describe and demonstrate that nurses at all levels routinely use self-appraisal performance review and peer review, including annual goal setting, for the assurance of competence and professional development.

The merit review system is a collaborative process between the employee and his/her supervisor. The philosophical underpinnings supporting the performance appraisal system is “pay for performance,” rewarding both individual and team performance in order to develop and retain the highest quality health care providers. This performance management system has the very first step in the process as being the Self Evaluation. To achieve the highest levels of individual and team performance, each staff member and his/her supervisor meet to discuss and mutually agree on performance expectations, goals, and objectives for the upcoming period. This is also an opportunity to provide regular feedback. This process has been created to allow the supervisor and staff member the flexibility and creativity needed to incorporate personalized objectives and goal setting tailored to the individual’s professional development needs.

Clinical staff has their performance evaluation completed by their nurse manager and assistant nurse manager where this is applicable. Clinical directors complete the evaluation of their nurse managers as well as advanced practice nurses in addition to any ancillary support assigned to them. The VPPCS/CNO completes the evaluation of clinical directors, but also obtains feedback from the service line administration and leadership, as they work collaboratively to achieve goals and metrics across the division. The VPACNP completes the evaluation for Paula Coe Director CNEI and Barbara Buchko Director EBP/NR but as you will read below solicited feedback from YH VPPCS/CNO Astrid Davis for Paula’s evaluation since her role is critical to YH Magnet Redesignation and she is a member of the YH NET.

To achieve the highest levels of individual and team performance, each staff member and his/her supervisor meet to discuss and mutually agree on performance expectations, goals, and objectives for the upcoming period. This is also an opportunity to provide regular feedback. This process has been created to allow the supervisor and staff member the flexibility and creativity needed to incorporate personalized objectives and goal setting tailored to the individual's professional development needs.

Assurance of Staff Nurse Competence and Professional Development

Annual Performance Appraisal Process

The annual RN appraisal process at YH includes formal performance reviews, self-appraisal, and peer review. Upon notification of the annual performance due date for the YH Registered Nurse, the Nurse Manager forwards the self-evaluation (self-appraisal) to the nurse being evaluated. This begins the appraisal process. Each nurse is given several weeks to reflect on their year and document their achievements and areas for growth. We utilize these performance appraisal level definitions in all of our appraisal tools to provide feedback and review performance throughout the year. The employee documents his self-appraisal either as: Exceeds Expectations (EE); Meets Expectations (ME); Partially Meets Expectations (PE); or Does Not Meet Expectations (DE). The employee is also instructed to cite specific examples of how he/she met the performance expectations established for his/her level of performance. After the employee fills out his/her self-appraisal tool, it is submitted to his/her nurse manager.
The next phase of the nurse performance appraisal process is the identification of and request for staff to staff review and feedback which was acculturated into our everyday practice since 2000. A subgroup of Leadership Council in 2011 worked on an RN Peer Review tool that would give consistency throughout the units. Each section of the performance evaluation is included into this peer review tool. Each unit, along with leadership, gave their input to the questions. One of the concerns of the specialized units was that they would lose their unit specific expectations which gave them information and insight in the RN’s practice in their particular unit. In order to address this issue, the tool was developed in such a way to be able to customize and add questions for each unit.

Some of the specific expectations reflect the specialized care provided on their unit, providing for cultural and specialty uniqueness. The result was a consistent tool but with the individuality that was desired and required by the various units. The tool allows for a rollup of scoring (3-Exceeds; 2-Meets; 1-Does Not Meet) that is shared at the time of the annual review with the RN’s Manager. Open ended questions at the end of the peer tool ask for input on individual behaviors that are positive and as well as opportunities for improvement.

After development and implementation of the peer review tool, each unit reviewed it at staff meetings in order to educate nursing staff on its use. When a non-nurse is asked to participate in a staff-to-staff feedback process, and the unit chooses to utilize the current CN1, CN2, or CN3 tool, the non-nurse only completes the sections that relate to the communication, leadership, customer service and teamwork dimensions of practice. Upon completion, the peer to peer review is returned to the nurse manager for incorporation into the formal employee evaluation.

All of our units participate in an RN to RN feedback review process. To initiate the peer to peer activity, the supervisor sends a registered nurse peer review tool to at least 3 fellow RN’s. The nurse manager and the employee may jointly determine which colleagues would be asked to complete and distribute the review tool to those individuals. In other cases, peers are randomly selected by the manager. Criteria for selection of peers and others might include an RN who works with the nurse or one who follows the nurse. Eligible registered nurses, who practice at the bedside, utilize the Clinical Practice Advancement Program (CPAP) performance evaluation tool, at their annual evaluation. This evaluation tool consists of the following: Part A – Evaluation of Clinical Practice; Part B – System-Wide Core Competencies/Service Excellence; and Part C – Goals for the Coming Year and is easily accessible on the YH intranet. (EP20.1)

**CPAP Performance Evaluation Part A:**

The performance tool covers the nurse’s ability to utilize the nursing process and other domains of nursing practice. These include assessment, diagnosis, planning, documentation, implementation, evaluation, keeping practice current, leadership, professional development, teamwork and organizational commitment & fiscal responsibility.

These categories for evaluation remain the constant; however the criteria under the domains are based upon the
conceptual framework, “From Novice to Expert”, by Patricia Benner. Each Performance appraisal tool is based on whether the nurse is a CN I, II, or III. Each subsequent step on the ladder builds on the previous level’s skills, knowledge, and competence. For example, the CN I is expected to possess basic skills and knowledge to provide competent care to the patient. The CN II is expected to function independently and is able to identify subtle clues and handle more complex patient problems. The CN III is able to do all of the above and assists and supervises the CN I’s and II’s as needed. The CN III is able to predict and manage the evolving clinical picture of the more complex patient or populations of patients. Each nurse is evaluated on the specific criteria for their level on the clinical ladder. PRN nurses are evaluated by the same process utilizing the PRN performance appraisal tool, based on the CN I.

**CPAP Performance Evaluation Part B:**

Core competencies incorporated into Part B relate to our customer services standards and are core competencies for all staff who work at WellSpan Health (WSH). These competencies include: Making a Great Impression; Respect Customer Privacy; Offer a Helping Hand to People in Need; Respond to Customer Needs and Concerns; and Take Pride in Our Facilities. In the CPAP performance management tool, these competencies specifically integrate with our YH Professional Nursing Practice Model integrated with Relationship Based Care Delivery Model (RBC) and also support the WSH patient satisfaction initiatives. The WSH service excellence model is based on the National Research Corporation’s (NRC) Picker model “The Patient Experience Model” as adapted by the NRC Picker dimensions of patient-centered care utilizing the publication “Through the Patient’s Eyes” (Gerteis, et al. 1993).

**CPAP Performance Evaluation Part C:**

**Goal setting** is an integral part of the performance appraisal process. This section of the performance appraisal tool is developed in collaboration by the nurse manager (NM) and staff members for identifying objectives for the coming year, career goals, compiling an individualized employee development plan, and discussing opportunities concerning career path development, management, and succession planning. At this time, discussion occurs around the mentoring needed for goal achievement over the course of the next performance appraisal year in order to achieve the individual’s professional development plan.

Included in this section is the Age Specific Competency Evaluation which documents the staff’s knowledge and skills necessary to provide care based on the physical, psychosocial, educational, safety, and related criteria appropriate to the age of the patients served. The manager reviews the self-appraisal, past history of performance, peer to peer reviews, and cited evidence of achieving the prior year’s goals, and consequently completes his/her own review of the employee. Likewise, the manager lists comments on how the individual employee has performed on all the performance criteria with cited specific examples.

The next phase of the employee performance appraisal process is the face-to-face review of performance with the employee and his/her immediate supervisor. At this time, the establishment of mutually agreed upon goals and objectives as well as career planning and mapping for the upcoming annual review period are discussed and agreed upon. In addition, a developmental action plan is formed that briefly restates the three to five areas mutually identified for professional development. Any competencies that may need to be improved or initiated can be identified at this time.
This final review portion of the process also highlights the professional development of the RN that occurred over the past year. The RN shares their portfolio containing evidence of participation in professional activities, continuing education credits; patient compliment letters, awards, professional certification and a clinical exemplar, to name just a few examples of what can be included. The clinical exemplar reflects the experience level and critical thinking skills of the RN. This written narrative demonstrates practice consistent with their level of achievement on the clinical ladder. Resources are available on-line for staff reference:

- CN I, II, III Performance Evaluation
- RN Competency Based Orientation Example
- Performance Manager Update
- Performance Manager Leader Quick Reference
- Performance Manager Employee Quick Reference
- Performance Manager Route Map

The performance appraisal process is an excellent venue for the RN to use self-appraisal performance review, peer review and goal setting to ascertain their competence and professional development.

**Clinical Practice Advancement Program (CPAP)**

Consistent bedside nursing excellence is an expectation of all nurses practicing at YH. The CPAP, developed in 2000, was designed to recognize and compensate professional nurses who contribute more than the routine nursing excellence; demonstrate a greater depth of clinical leadership practice; and assume additional responsibilities that benefit their areas of practice and impact positively on the profession of nursing and patient care at YH. RN’s utilize *self-appraisal, peer review, and goal setting* during the advancement for the clinical ladder (CPAP).

During the advancement process, the applicant submits a self-evaluation demonstrating achievement of the CPAP domains. This self evaluation should reflect a minimum of “Meets Expectations” for all areas for the level to which they are advancing. Peer review is incorporated in two distinct and important areas in the YH CPAP process. The first is through the five peer evaluations that are requested and submitted by the applicant. The second is that advancement decisions are made via the service line advancement panel. The panel is composed of nursing leadership (a director or manager), the panel chair-person, and five direct care CN II and III nurses from either the home unit or other units in the service line.

Another part of the process is that the applicant is expected to develop a portfolio that is presented to the panel. This portfolio represents the work of the nurse in the past year that helps to prove that she is at the level for which she is applying and validates clinical competence. His/her peers on the panel and the panel leadership representatives can see the applicant’s resume, exemplars, educational programs attended, developed, and/or presented. Included in the Professional Development Options Document is the evidence of the many ways that the nurse contributes to the nursing unit, the service line, the hospital, and/or the community. The panel conducts an interview with the candidate to prove the nurse truly deserves to advance to the new level. This is a pure peer review process.

*Preceptor/Preceptee Feedback System*

Another form of peer review process is the preceptor/preceptee feedback system. The preceptor is responsible for coordinating the orientation program and providing written feedback
and evaluation on a regularly scheduled basis to his/her preceptee. Likewise, preceptees are asked for feedback regarding their preceptor at scheduled times and intervals of the employee orientation process. This process has been redesigned to better support our recruitment and retention efforts. It was also designed to reward and recognize those preceptors who give outstanding performance to our newly hired staff.

**Examples using Self-Appraisal, Peer Review, and Goal Setting**

The following examples illustrate the use of self-appraisal, peer review, and goal setting by the staff nurses at YH to assist their continued professional growth.

**Goal setting**

The following describes the goal setting process within the performance appraisal tool to achieve additional education preparation to assist with advanced skill development. “I started as an LPN for 6 Main in January of 2005. After working on 6 main for a little over one year, I was not only offered the opportunity to return to school in order to achieve an associates degree as a registered nurse, but WellSpan also offered to provide me a forgivable loan. I graduated from Excelsior College in May 2008 with my degree. I am still employed on 6 main, now as a RN, and I advanced to a Clin II on the clinical ladder a little over two years ago. Currently taking classes for my Bachelors in nursing, which should be completed by December 2013. I was able to achieve these accomplishments because of the support WellSpan provided with my schedule and the forgivable loan. ~Shyrl Tompkins RN

**Self appraisal and Peer review**

The following story reflects the positive influence peer review has on the professional development of a clinical nurse. “I began my nursing career at YH in 2006 on the Oncology Nursing unit as a Clinical Nurse I. Over the following six years, I increased my skills and competence through a variety of trainings including the charge nurse course and chemo certification. I thought about advancing to the next level on the Clinical Ladder, but as I gained skills, I also began my family. Being a mother to 3 children under the age of 6 years, was my main priority at this time of my life. Clinical advancement was placed on the back burner.

During my performance appraisal review in 2011 with my nurse manager, advancing on the clinical ladder was discussed. Karen Fanus, my nurse manager, shared some of the comments that she received from my peer reviews. The peer reviewers asked why I was being evaluated as a clinical nurse I rather than the clinical nurse II since that was the level where I functioned. I had already considered applying for advancement and included this on my annual goals, but these comments encouraged me to take the next step. It was reassuring that I had the support of my co-workers.

I submitted my letter of intent to advance on the clinical ladder in January 2012, sat for my advancement in May 2012, and successfully became a Clinical Nurse II at that time. How satisfying that I could develop professionally through a process that allowed me to choose the “best” time considering my other family responsibilities.” ~Rebecca Bosley RN

**Peer review**

The following describes the peer review process within the Clinical Ladder Advancement Program. “I can speak to receiving peer reviews for advancement. I advanced to a Clin II in May of 2011. I think that WellSpan’s Clinical Advancement program is very strong, and it is also important to note that it is run by nursing. I'm not familiar with programs in place at other hospitals, but it stood out...
to me that nurses are able to advance their peers and hold them to a high standard of clinical practice. Initially the nurse manager suggested that I would meet qualifications to advance, and as I spoke with my peers and requested that several of them fill out evaluations, I was rewarded with praise for my performance as well as opportunities for growth. The positive peer reviews then led to the panel of nurses that asked me questions to determine if I truly met the criteria. Again, though, it was nursing doing the evaluation. I felt at ease because I was surrounded by my own profession; by people who had been where I was and who I could turn to for answers and assistance“ ~ Robin Thomas BSN, RN

**Self appraisal, peer review, and goal setting**

The following exemplar demonstrates the positive effect of self appraisal, peer review, and goal setting to accomplish a significant change in professional practice. “Over the years one thing that has stuck out on my evaluations is the comment that I “don’t work well with students.” It is an accurate statement. I find myself impatient and short with them. I am a classic example of “a nurse that eats her young.” I really did not want to be this way. So, over the years, I have taken a number of classes to help me understand the younger generation. It was enlightening to learn how different the generations are. These educational experiences did help me a great deal. My last several evaluations no longer had a comment about my inability to work with nursing students. I felt I was progressing in the right direction. I still wasn’t satisfied so when I was asked to be an adjunct professor for York College I jumped at it. I knew this would be the final test as to whether I could effectively and positively work with nursing students. I was to do the pediatric clinical rotation for the junior nursing students.

I have completed one semester. As one of the other professors said, it has been life changing for me. And indeed it has. Not only did I love my new job, it became my passion. I adored challenging the students and teaching them new things. I feel I stimulated them in ways that brought the best out in them. They seemed to love my teaching style. Many of them said it was their best clinical experience so far. In an email to me, my nurse manager said “You really did develop a nice approach... you were professional, genuine, and passionate. The students were not threatened but enthralled. You were able to achieve your level of care, which comes with high expectations, through modeling, mentoring and instructing.” I feel a tremendous sense of professional and personal accomplishment to have gone from “eating my young” to making students feel like strong, confident, intelligent young nurses. I can hardly wait for the next semester to begin. ~ Leslie Johnston BSN, RN, CPN

**Goal setting**

Following is an example where goal setting within the annual performance appraisal process led to the realization of a professional goal for one of our staff nurses. “My goal, which I can say I have now accomplished, was to start an EBP Committee in the Labor and Delivery at YH. This was one of my goals which I had set for myself for the year June 2011-2012 at my evaluation. I had always loved reading research articles from the time I was in nursing school at Holy Family College. I graduated with my BSN in 1980. I began working at YH in 1998 when Shared-decision making was in its beginning stages. I was on the Hospital Practice Council and by attending meetings I learned that many other units in the hospital were starting Journal clubs and EBP committees. Being enthusiastic about the research process, I asked my Nurse Manager, Toni Slonaker, if I would be able to start a Labor Hall Journal Club. She agreed and thought it was a great idea - even attended meetings herself to show support. That was about 5 + years ago. I became the Principal Investigator for a Hospital Research study on “Utilizing Education to Increase the Use of Kangaroo Care (Skin to Skin) with Term Infants in the Birthing Room.” The abstract was accepted by AWHONN for a poster presentation in Las Vegas
9/2010. The poster also won first place in April 2010 at the Collaborative EBP/Research Day held at the Country Club of York. It was very exciting!

In 2010, I became the representative for the Hospital EBP/Research Council from our Women and Children's Service Line. By attending the educational sessions offered each month which were held before the actual meeting, I was able to gain a better understanding of the Research process. I knew the next step was to attempt to start an EBP Committee in Labor Hall. I spoke to my Nurse Manager, Toni, for her thoughts. She knew that research was a passion of mine and it was a go. I had her support for time and funds. I approached my Nurse Educator Karen Smith and asked for help overseeing this new committee. She was excited about this, and from there we began the planning. We formed the committee, met monthly and have formed our PICO question involving open vs. closed glottis pushing. We are in the process of reading the articles and reviewing the recommendations.

As my Nurse Manager, Toni Slonaker always says," Take baby steps." You can accomplish anything when you take your time and think it all through. I feel proud of my accomplishments and look forward to more Research in my future.” ~Sonia Zambito BSN, RNC-OB

Peer review

The following describes how the nurse manager utilizes peer review feedback to assist the staff nurse to improve their clinical practice. “One of our staff RNs consistently rated herself as a “3--exceeds” in every area of her self evaluation. However, her peers consistently rated her at a “1-partially meets” or a “2--meets” in most areas. From my own observations, I also feel that she deserves a “1” or “2” in most areas, especially leadership and teamwork. Her clinical skills were adequate, but she did not get along well with her coworkers. There had also been complaints from ancillary departments and nursing students about her attitude and behaviors. This routinely led to hurt and angry feelings during her yearly performance appraisal. She felt targeted and unappreciated. She expressed that her perception of her performance was accurate and she did not see how others could perceive her in a negative manner. She set goals to improve her performance, but there were no changes on her peer reviews the second year. It was obvious that she lacked the resources to make sustained changes in her behavior. With the assistance of another nurse manager, we met with this RN to develop an action plan. Our first step was to discuss the differences in her own perceptions of her behaviors compared to her coworkers. It was decided to seek more current peer evaluations from her team mates to begin the process. These peer evaluations were compiled into one document by the other nurse manager, and we then met with the RN again. Unfortunately, there was no change in her peers’ perceptions of her performance. We collaboratively developed a ninety day action plan, with specific expectations and goals. Strategies were discussed with the RN outlining specific actions she could take to help meet these goals. After the ninety day time period, the plan is to meet again and discuss her progress. We are now thirty days into the specified time period, and there have been some observed changes in her behavior. As a result, I was able to present her with a patient safety award last week. She also received an email from the manager of another department thanking her for an act of patient advocacy, and complimenting the professional manner in which she dealt with the issue. I am optimistic that this action plan will help her to become more engaged in the team, and improve her relationships with her coworkers. This exemplifies the influence of peer review and how it impacts the development of professional practice and professionalism of the staff nurse. ~Patty Mondick BSN, RN-BC

Assurance of Nurse Leader competence and professional development

Annual Performance Appraisal Process
Nursing leadership, consisting of assistant nurse managers, clinical nurse educators, clinical nurse specialists, nurse managers, Clinical Directors (CDs), and the vice president of Patient Care Services (VP-PCS) are evaluated on an annual basis, in the fall of each fiscal year. The assistant nurse managers, nurse managers, Clinical directors (CDs), and the Vice president of Patient Care Services are evaluated on a tool called Leadership Team Performance Plan. There are seven core leadership performance expectations which make up the first part of the evaluation process. These **Leadership Expectations** consist of the following:

- Manage Vision and Purpose
- Service Orientation and Customer Focus
- Recruit, Develop and Retain Talent
- Build and Strengthen Relationships
- Focus on Safety and Quality
- Understand and Manage Financial Resources
- Compliance

The clinical nurse specialist and clinical nurse educators have **role specific evaluation tools** to address their leadership performance expectations. Their tool is categorized as the Leadership Team Performance tool, but has more emphasis on their education and population management accountabilities. The next section of the Leadership Team Performance Plan consists of Goals and Objectives that are specific to the individual’s developmental plan from the previous year’s evaluation and goals and objectives to be attained the following year. These goals are specific to individual leadership roles and accountabilities.

The evaluation process is similar to that of clinical staff nurses. Each member of the nursing leadership team is asked to complete a self-appraisal, update his/her professional portfolio, and evaluate his/her goals and objectives from last year’s evaluation. Likewise, the leader’s immediate supervisor conducts his/her own assessment of the employee’s accomplishments and assesses his/her expectations and competencies based upon a Likert scale of Exceeds Expectations (EE), Meets Expectations (ME), Partially Meets Expectations (PE), and Does Not Meet Expectations (DE). Priority weight is given to each performance expectation based upon individual roles and responsibilities. For example, the director of Professional Nursing Practice does not have major operating expenses to manage whereas; the Nurse Manager of a clinical unit would have this accountability. Like the staff nurse, the nurse leader meets with their immediate supervisor to review the attainment of competencies and goals for the past year. Identified areas for improvement and a subsequent plan for the upcoming year are established at this time. Goals can be for personal or unit growth and improvement.

**Peer Review (360 Leadership Feedback)**

Periodically nursing leaders at all levels participate in a 360 Evaluation process. This evaluation is done electronically through the INET. This **360 tool** is based upon behavioral based competencies that all leaders should possess, regardless of work unit and job function. The process provides feedback to the nurse leader on his/her performance for personal development. The information gathered will also be used for goal formation and professional growth. The 360 survey will provide the nurse leader with constructive feedback on his/her leadership abilities from direct reports, peers, immediate supervisors, and physicians or other department personnel.

This **360 feedback** encompasses a more in-depth constructive work and interpersonal relationship evaluation than the traditional performance review. Because input is solicited from CDs
and VP-PCS’s from their peer group, their direct reports, other departments and physicians, the perceptions of the individual’s coworkers is more readily captured. The most recent 360 survey was administered Fall 2012. This real time feedback on the nurse leader provides validation of sometimes self-identified areas for improvement. It can lead to identification of new areas for improvement as well as changing the perception of him/her.

**Self-Appraisal, Peer Review, and Goal setting for nursing leadership**

*Nurse Manager*

In the following, an YH nurse manager describes her use of constructive feedback received from a direct report during the leadership 360 survey process. “In one of my 360 evaluations, it was brought to my attention that an area for improvement was confrontation. One staff member stated, ‘Leah has a difficult time taking corrective action when necessary. She finds it very difficult to tell staff directly any concerns there may be. She addresses problems during evaluations but often they are so sugarcoated that staff do not get the message that she is trying to give. She does not like confrontation nor does she like to hurt peoples’ feelings. Because of this, issues don’t get addressed when they could.’ As a result of this feedback, I was more aware of my need to improve my comfort and competence when addressing staff who did NOT Meet Performance Expectations. I attended 3 of the Human Resources classes offered for leadership. These included: Managing Staff Performance, Giving and Receiving Feedback, and Corrective Action. I know that I am more competent and have an increased awareness of my need for directness to give honest and accurate, but sometimes difficult feedback.” ~ Leah Birch MSN, RN, CPN, NE-BC, Nurse Manager Pediatrics

*Clinical Nurse Specialist*

The following narrative highlights the use of goal setting by an YH CNS during her annual performance appraisal process to enhance her professional development. “During my evaluation in August of every year, I come with a list of goals that I have developed (thinking of system, hospital, and personal goals). My clinical director, Bonita Trapnell, reviews them and we discuss. Last year, Bonita added working toward a leadership role within a nursing organization to my goal list. Assuming a leadership role was not something that I would have considered. Throughout the year, Bonita and I meet monthly to discuss current project goals and evaluate my progress on completing yearly goals. Bonita provides support, suggestions, and advice on goal completion. This support led me to explore a leadership role with Nightingale Awards of Pennsylvania. Since January 2012, I am now the Chair of the Program Committee for the Nightingale Awards of Pennsylvania and sit on the board too. This is a new role for me and I'm enjoying networking with other professionals.” ~Suzan Brown MS, RN, CCNS, CCRN

*Clinical Nurse Educator*

The following describes the use of self-appraisal and peer review for an YH clinical nurse educator as she attempts to strengthen her professional practice. “Through out my 360 evaluations I have noticed a running theme that I over extend myself. I am aware that nurses have a tendency to nurture to excess. I have always prided myself on being proactive and having the ability to multitask. My peers have often voiced that although I am a good educator I could help the staff member to be more accountable if I would allow them the opportunity to be responsible for their own professional practice. This is a challenge for me because I am comfortable doing things myself but realize the sign of a great educator is the ability to help them be independently successful.
This is an ongoing process and I am comfortable taking constructive feedback from my peers. I am more aware of my nature but realize I need to be more authoritative and less hands-on. I focused my professional growth on becoming better at delegation and have sought out mentors who have a knack for delegation. I have incorporated some of the tips and techniques I have learned into my daily practice. I also am more cost/time effective in utilizing experts when appropriate to help with education. This has also been a win-win since it builds stronger relationships across the organization. I have slowly seen a shift in accountability from me to the staff I support and view this as a positive transition and evidence of professional growth in everyone.” ~Melanie Kane BSN, RN-BC

Advanced Clinical Nurse

“Each year, I write a self-appraisal reviewing my accomplishments during the past year. I have engaged in this activity for the last 16 years. I find the reflection of the last year looking at the networking, monitoring, and accomplishments rewarding. I also find the 360’s useful to identify areas of needed improvement. At times, this activity reveals areas that I have not received. To keep on task, I use a grid during the year to follow the progress of my projects. Most of my projects have been large on-going system/organization projects with many changing phases as I progress through the assignment. This ongoing self appraisal also includes reflection regarding areas for improvement. These areas are expressed as goals, as well as other interests for the upcoming year.

My goals for 2011 were:
- Focus on staying on topic, especially in meeting sessions
- Continue peer case review project
- Continue facilitating Delirium CET
- Continue as co-chair Diabetes CET

Self appraisal is a valuable tool I use to develop professionally and insure accountability for assigned tasks. In addition, I meet with the clinical director quarterly to review current responsibilities and goals for the next 3 months. This open communication with my clinical director helps to assure that my performance is in line with the organization strategic initiatives.” ~Susan Dayhoff MS, RN, CPH

Clinical Director

“As the Clinical Director for Behavioral Health the use of self-evaluation in the performance review process is an integral component of my year’s goal development, to enhance both my leadership abilities as well as areas for opportunity.

The goals for FY 11 included:
- Lead planning and implementation of nursing role with the CPOE implementation, Cerner depart and meaningful use.
- Focus on successful achievement of hand hygiene, VTE, safety, and care transitions.
- Create a patient and family advisory council (PFAC) for BH
- Strengthen wave 1, 2, 3 and 4 RBC
- Lean Challenge
- Magnet re-designation active participation
- Financial rigor: demonstrate financial rigor with operating and staffing expenses ensuring budgets are met
- Quality focus: demonstrate quality focus on core measures, NSI’s and WSH BB objectives
- CD advisor to Quality Council: 80% attendance, mentoring chair and chair-elect, problem resolution
Through this process I was educated on the LEAN methodology. The focus of the project was medication renewal in the outpatient clinic. Our time frame from request to completion had been trending upward, beyond our current policy and guidelines. This was a multidisciplinary project from start to finish. Quality improvement personnel, nursing personnel, pharmacy, outpatient front office staff, information technology database expert, and an executive sponsor were actively engaged in this process for patient care and satisfaction. The LEAN challenge afforded me the knowledge and ability to resource a 0.5 FTE to our pharmacy to improve patient care, medication turnaround time and possibly avert readmissions due to medication non compliance. Even though we were able to meet our initial goal, the process continues as we work toward decreasing our time even more for patients’ best care and outcomes.” ~Susanlee Wisotzkey PhD, BSN, BA, RN, NE-BC, PLNC, HNB-BC

*Director for Center of Nursing Excellence and Innovation*

“I am relatively new to my leadership role at YH and found the performance appraisal process not only fair, but very comprehensive. The structure of the performance process with self appraisal, peer review, face-face feedback, and goal setting is quite different from my previous appraisals. Previous appraisals may have included a SWAT analysis of my performance that may or may not have been used for a meaningful evaluation. The performance manager program at YH provides the opportunity for the individual to rate their performance and validate this rating with specific performance examples. During the face-face feedback session with my supervisors, I was able to discuss my performance and receive their rating of my performance. Sometimes we agreed on the performance rating and sometimes, I rated myself more harshly than my supervisor. I am in a unique role at YH with global accountabilities and therefore, I report directly to both the VPPCS/CNO and the VPACNP. I received feedback from both of these individuals which I used to establish goals for the next year. I found the appraisal process instrumental to my ongoing professional development.” ~Paula Coe MSN, RN, NEA-BC

*Outpatient setting*

The following example demonstrates how goal setting for the team in the performance review process is used for professional growth for nurses in Diabetes Management. “For the past nine years, Diabetes Self Management professional staff has engaged in a performance evaluation process that aligned team goals with outcomes. The team consists of 5 RNs and 3 Nutritionists who are all certified diabetes educators. The annual performance evaluation process begins with this group meeting with the clinical director and discussing the goals and associated outcomes.

Each person receives the same score for the team performance which constitutes 75% of their performance evaluation. Then each person has an individual meeting with the clinical director and lead RN in Diabetes Self Management Program to discuss their individual contribution to the team goals/outcomes. The individual portion of the performance evaluation is 25% of their performance evaluation score. So in essence, the total score breakdown is 75% team and 25% individual for a designated merit increase. This team is a highly functioning self directed team who has high job satisfaction. In the past few years, the office staff was having teamwork issues so the decision was made to implement the same performance evaluation process for this staff. Since being implemented, this team experiences rare communication issues.” ~Bonita Trapnell MSN, RN, NEA-BC

In summary, peer review, goal setting, and self evaluation are integral components of the annual performance appraisal process at YH. As a result of this robust process, the competence and
Professional development of the nurse is an ongoing developmental process aimed at achieving both personal and professional goals which ultimately assist YH in meeting its strategic goals. The on-line performance manager structure has been enculturated at all levels of nursing across YH. The for the registered nurse performance, CPAP as well as practice councils, have a voice in determining the individual examples which are used to have nurses evaluated synonymously across units and departments. For nursing leadership, the nursing leadership joint venture sub-team is responsible for aligning performance metrics across all three WellSpan entities for nursing leadership.

Nurses at YH use formal and informal methods for Peer Review, beginning with the formal Peer Review process for both direct care clinical staff as well as all levels of nursing leadership. While the tools themselves are a bit different the process of providing constructive feedback is synonymous across all. Informal mentoring also occurs, and has been an active strategy as seen in some of the processes illustrated in the source of evidence above. The peer case review process remains in pilot form within the medical division, but plans to disseminate this useful tool will be a focus within the later half of 2013.

Summary

Peer review, goal setting, and self evaluation are integral components of the annual performance appraisal process at YH. Additional opportunities for professional growth are found within the Clinical Ladder Advancement program, the Preceptor program, and the 360 Leadership Feedback. As a result of this robust process, the competence and professional development of the nurse is an ongoing developmental process aimed at achieving both personal and professional goals which ultimately assist YH in meeting its strategic goals.