

Nursing Support Professional Development Program

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Table of Contents

<i>AMBASSADORS AND COMMITTEE MEMBERS</i>	3
NSPDP Committee Chairperson.....	3
Ambassadors.....	3
1. <i>INTRODUCTION</i>	4
2. <i>PARTICIPATION</i>	5
TRANSFER	5
LEAVE OF ABSENCE	5
3. <i>PROCESS</i>	6
PORTFOLIO SUBMISSION	6
AMBASSADOR.....	6
NSPDP COMMITTEE	7
4. <i>NSPDP APPEAL PROCEDURE</i>	8
NSPDP COMMITTEE	8
CHIEF NURSE EXECUTIVE (CNE)	8
5. <i>NSPDP AMBASSADOR</i>	9
PURPOSE	9
PRIMARY RESPONSIBILTY	9
TERM.....	9
QUALIFICATIONS.....	9
SELECTION.....	9
SPECIFIC DUTIES/RESPONSIBILITIES.....	9
6. <i>NSPDP DEFINITIONS FOR CORE ELEMENTS AND ELECTIVES</i>	<i>Error! Bookmark not defined.</i>
CORE ELEMENTS	10
ELECTIVES.....	11
7. <i>NSPDP COMMITTEE</i>	19
PURPOSE AND PRIMARY RESPONSIBILITY	19
TERM/SELECTION.....	19
QUALIFICATIONS.....	19
SPECIFIC DUTIES/RESPONSIBILITIES.....	20
CONFIDENTIALITY	20
8. <i>NSPDP COMMITTEE CHAIRPERSON</i>	21
PURPOSE	21

PRIMARY RESPONSIBILITY21

SELECTION.....21

QUALIFICATIONS.....21

SPECIFIC DUTIES/RESPONSIBILITIES.....21

9. MAINTENANCE OF THE NSPDP22

10. MONETARY RECOGNITION FOR NURSING EXCELLENCE23

 Monetary Reward:.....23

11. REFERENCES OF ORIGINAL DOCUMENT24

12. EXHIBIT TABLE OF CONTENTS25

 Exhibit N – NSPDP Applicant Checklist25

 Exhibit O – NSPDP Definitions for Core Elements and Electives25

 Exhibit P – NSPDP Ambassador Committee Member Application25

 Exhibit Q – NSPDP Approval and Verification Special Projects In-services25

 Exhibit E – Approval and Verification Policies and Procedures25

 Exhibit R – NSPDP Continuing Education Verification25

 Exhibit G – Community Service - Professional Organization Verification.....25

 Exhibit S – NSPDP Special Verification.....25

 Exhibit I – Super Trainer Verification25

 Exhibit J – Confidentiality Statement.....25

 Exhibit T-1 – NSPDP Approval Decision Letter.....25

 Exhibit T-2 – NSPDP Denial Decision Letter25

AMBASSADORS AND COMMITTEE MEMBERS

TO BEGIN THE PROCESS OF CREATING A NURSING SUPPORT PROFESSIONAL DEVELOPMENT PORTFOLIO,
CONTACT AN AMBASSADOR BELOW.

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1. INTRODUCTION

The Nursing Support Professional Development Program (NSPDP) is a voluntary assistant nursing program that recognizes and rewards the development of expertise of patient care. The NSPDP has a theoretical basis stemming from Patricia Benner's work on identifying the concept of development of nursing practice from novice to the expert as applied to support personnel.

The NSPDP was developed by and for Nursing Support Personnel at Deaconess Hospital, Inc. and has the following objectives:

- Provide Nursing Support Personnel who deliver patient care services with the recognition and rewards associated with their levels of clinical expertise.
- Provide Nursing Support Personnel with incentives to increase and broaden their current clinical experience.
- Provide a program to attract and retain highly competent Nursing Support Personnel and thus provide a high level of quality patient care.
- Promote excellence in nursing in an environment which relies on evidence-based practice to enhance the quality of patient care.

Benner used the model originally proposed by Dreyfus and described nursing support personnel as passing through five levels of development: novice, advanced beginner, competent, proficient, and expert. Each step builds on the previous one as abstract principles are refined and expanded by experience and the learner gains clinical expertise. The NSPDP has identified two levels to recognize nursing support personnel—Level 1 and Level 2. The requirements to achieve these two levels are as follows:

- Level 1: 3 Cores and 30 Elective Points
- Level 2: 4 Cores and 40 Elective Points

2. PARTICIPATION

Any Nursing Support Personnel who provides patient care may elect to apply and begin participating following their annual performance evaluation. Participation in the NSPDP is voluntary.

In order to be eligible for participation in the NSPDP, all of the following requirements must be met:

- 6 months experience with 500 or greater patient care hours worked in the previous 6 months (1000 or greater patient care hours worked in the previous 12 months) in eligible areas participating in the NSPDP
- Annual performance evaluation must meet job standard with no unsatisfactory ratings
- No corrective warnings in the previous 12 months

TRANSFER

A. Transfer from Non-eligible Area/Position to Eligible Area/Position

Any nursing support personnel who meets the above criteria is eligible to participate in the NSPDP after their six month job transfer performance evaluation.

B. Transfer from Eligible Area/Position to Eligible Area/Position

Transfers to another eligible nursing unit will not affect the application.

C. Transfer from Eligible Area/Position to Non-eligible Area/Position

Transfers to non-eligible areas will make the nursing support personnel ineligible to apply for the NSPDP. If active status in NSPDP at time of transfer, payout will occur for time period in eligible area.

LEAVE OF ABSENCE

If a nursing support personnel is on leave of absence and the review date is involved within that period of time of the leave, the personnel can submit their portfolio up to 30 days after their return date. All core and elective points must still be earned within the 12 month evaluation period. The performance evaluation will be given as soon as possible upon return to work. Documentation is needed on the NSPDP Applicant Checklist (Exhibit N) by the Manager with the date the applicant returned to work after leave.

Individual circumstances may be reviewed by the PDP Chair/Chair Elect in collaboration with the CNE regarding time frames for submission. The final decision regarding exceptions to the program requirements will be made by the CNE.

3. PROCESS

The NSPDP portfolio is a showcase of the ongoing development of the nursing support personnel who meets the qualifications and wishes to extend his or her skills, talents, and abilities to enhance the outcomes of patient care. The applicant will discuss their interest to apply to the program with their manager, who in turn will sign the verification of readiness portion of the NSPDP Applicant Checklist (Exhibit N) after reviewing the eligibility requirements with them. To determine eligibility for the Level 1 and Level 2 levels, the applicant will complete the NSPDP Core and Elective Grid (Exhibit O). The applicant will complete and submit a portfolio that will contain copies and not originals of all necessary documents to verify accomplishment of professional activities as defined by the NSPDP program. All written submission documents must not be included in previously submitted binders. Required documents for each Core and Elective are outlined in the NSPDP Definitions for Core Elements and Electives (Section V) of the NSPDP program. Portfolio content collection period is November 1 through October 31, annually.

PORTFOLIO SUBMISSION

The applicant will complete and submit his or her portfolio to the Ambassador for initial review no later than November 30th after their annual performance evaluation. Any Manager signature required throughout the NSPDP document must be a hand written signature indicating a review and agreement of the submitted documents.

The portfolio is required to be professional in appearance:

- 3 ring binder appropriately sized for content
- Page protectors
- Labeled tabs in appropriate sequence based on the NSPDP grid

AMBASSADOR

The Ambassador will complete the initial review of the portfolio for completeness, measureable outcomes, and/or value-added activities, in addition to meeting the core requirements. The reviewed portfolio will be returned to the applicant for revision by the Ambassador within seven days of receipt.

If the portfolio is complete, the applicant will submit it to the PDP Committee Chairperson or ambassador. If the portfolio is found to be incomplete, the applicant has the option to resubmit with the recommended additions within seven days of portfolio receipt. The applicant is allowed one resubmission to the Ambassador, who will review the resubmitted portfolio within seven days. The Ambassador will forward the resubmitted portfolio to the applicant who then will be responsible to submit the revised portfolio to the PDP Committee Chairperson within seven days. If the portfolio is incomplete the process is finished and the applicant may reapply the next year.

PDP COMMITTEE

The portfolio will be reviewed by the PDP Committee members. If there are any questions at the time of the review, the PDP Committee Chairperson will call the applicant at a number provided. At this time, if the applicant meets eligibility for a different level than applied, the PDP Committee Chair will discuss options or additional opportunities.

The decision letter (Exhibit T) is sent to the applicant and Human Resources (HR) within seven days of the PDP Committee Review meeting.

If the PDP Committee declines the applicant's portfolio, the Decision Letter (Exhibit T) will identify options for the applicant to consider. The PDP chair will meet with the applicant to discuss these comments to ensure clarity. The Applicant has 14 days to make a decision to file an appeal. (See section IV. NSPDP Appeal Procedure)

4. NSPDP APPEAL PROCEDURE

PDP COMMITTEE

If the nursing support personnel chooses to file an appeal regarding the PDP Committee's decision, the applicant must respond with written notification within 14 days of receipt of the NSPDP Denial Decision Letter (Exhibit T-2). The applicant will respond by completing the lower portion of the Denial Decision Letter to explain the basis of his or her appeal and return to the PDP Chair. The PDP Chair then responds with a date and time of a formal hearing with the nursing support personnel. The applicant has the opportunity to explore and explain the reason he or she believes their portfolio should be accepted. The PDP Committee takes the applicant's reason under advisement and the committee will respond within seven days. If the committee accepts the portfolio, the NSPDP Approval Decision Letter (Exhibit T-1) will be sent. If the committee continues to deny the portfolio, it will be sent to the CNE for final review/decision.

CHIEF NURSING OFFICER (CNO)/VICE PRESIDENT (VP)

If the portfolio is not accepted by the PDP Committee, the CNO or VP will receive the portfolio and all information concerning the appeal. If the CNO/VP accepts the portfolio, the RN and committee will be notified of the CNO/VP's decision. If the portfolio is not accepted, the appeal process is completed.

5. PDP AMBASSADOR

PURPOSE

The purpose of the Professional Development Program (PDP) Ambassador is to review a portfolio prior to submission to the PDP Committee Chairperson.

PRIMARY RESPONSIBILITY

The function of the PDP Ambassador is to check for appropriate and required portfolio content, and guide the applicant through the application process. The Ambassador can review any portfolio from any specialty. The PDP Ambassador will be a voting member of the PDP Committee; however will not be allowed to vote on the portfolio they reviewed as the Ambassador.

TERM

Refer to VI. PDP Committee for TERM requirements

QUALIFICATIONS

Refer to VI. PDP Committee for QUALIFICATION requirements

SELECTION

Refer to VI. PDP Committee for SELECTION requirements

SPECIFIC DUTIES/RESPONSIBILITIES

The specific duties and responsibilities of the PDP Ambassador include:

- Reviewing a nursing support personnel portfolio prior to submission to the PDP Chair
- Checking completeness of portfolio
- Checking for appropriate supporting documentation including dates of all materials (previous 12 months to current annual evaluation due date)
- Checking the PDP Core and Elective Grid
- Completing the Ambassador Section of the NSPDP Applicant Checklist (Exhibit N)
- Returning the portfolio back to the applicant within seven days of receipt of portfolio
- Cannot accept/deny PDP Applicant portfolio during final committee review that he/she reviewed. However, this ambassador/committee member may be asked to clarify content of the Applicant's portfolio.

CONFIDENTIALITY

The PDP Ambassador must demonstrate the ability to interact professionally and in a confidential manner with peers and administration. A Confidentiality Statement will be signed at the beginning of their term (Exhibit J).

6. NSPDP DEFINITIONS FOR CORE ELEMENTS AND ELECTIVES

CORE ELEMENTS

Elements necessary to meet the requirements for the appropriate level chosen. Any combination of CORE elements may be selected.

<u>Core 1</u>	Quality Data Collection	<p>Applicant actively participates in quality data collection at the unit or hospital level. If completing audits, individual must complete a minimum of four (4) audits.</p> <p>Documentation Required:</p> <ul style="list-style-type: none"> ▪ NSPDP Special Verification form (Exhibit S) ▪ Copy of Audits, data collection, minutes
<u>Core 2</u>	Example of Excellence	<p>Applicant serves as a role model who demonstrates and exhibits service excellence behaviors to impact patient satisfaction.</p> <p>Documentation Required: Two (2) documents to support the Applicant who serves as a role model and exhibits service excellence.</p> <p><i>Note: At least one document must be a letter of compliment from a peer, supporting the Applicant as a role model who exhibits service excellence.</i></p> <p>Items to consider include:</p> <ul style="list-style-type: none"> ▪ Letters of compliment from patient/families, co-workers, physicians and/or manager ▪ Peer review responses ▪ Catch us at our best cards ▪ Patient/family survey responses ▪ Tech of the Year nomination
<u>Core 3</u>	Continuing Education	<p>Applicant must complete ten (10) continuing education hours from an accredited nursing-related program or source. Must be evidence-based and publication date no greater than five years old. May not use hospital-wide mandatory Net Learning or Skills Day.</p> <p>Documentation Required:</p> <ul style="list-style-type: none"> ▪ Certificate of Completion to verify number of continuing education hours awarded and attendance. ▪ Provide a copy of the continuing education certificate/transcript. ▪ NSPDP Continuing Education Verification Form (Exhibit R)
<u>Core 4</u>	Professional Certification	<p>Applicant holds a specialty healthcare related certification/licensure by a State or National leveled healthcare organization (offering credentials). Certification must be valid at the time of the annual evaluation due date.</p> <p>Documentation Required: Copy of certification card or certificate.</p>
<u>Core 5</u>	Membership in Professional Healthcare Organization	<p>Membership in professional, National, healthcare organization. <i>Note: Membership must be held for at least four months prior to annual evaluation due date.</i></p> <p>Documentation Required: Copy of current membership card/evidence of date of membership to show 4 months of membership.</p>

ELECTIVES

Items from which the Applicant may choose in order to meet the necessary number of electives required to achieve the appropriate level. These items must be met in addition to the required core elements.

<u>Elect.1</u>	Submit a written exemplar	<p>Exemplars are a narrative description of Applicant's involvement in actual clinical situations that clearly made a difference, within the past year. An exemplar describes how/what the Applicant learned from the situation or patient interaction, or how the situation opened up new ideas. An exemplar is an expression of the caring and critical thinking aspects of patient care.</p> <p>Items which may be included:</p> <ul style="list-style-type: none"> • Description of how the applicants care made a difference in the patient's outcome. • What was learned from the experience? • Explanation of changes in patient care as a result of the situation • Challenge(s) faced during the situation • Focus on your interactions and/or interventions with the patient and how it helped to make a difference. • Avoid details about the patient's history, test data, or plan of care unless they are necessary to understanding your actions. <i>Note: Remember to maintain patient confidentiality with your submission.</i> <p>Documentation Required: Exemplar should not be more than 2 pages. Any document must be typed.</p> <p>Points:</p> <ul style="list-style-type: none"> • Written Exemplar - 1 point <p>**Max of 1 point**</p>
<u>Elect.2</u>	Super Trainer	<p>Applicant assumes leadership role in competency validation process on the unit or designated area. Super Trainer must be a unit-based consultant that has received specific training and completed educational requirements and testing as determined by Deaconess. If applicant is certified, certificate recommended.</p> <p>Documentation Required:</p> <ul style="list-style-type: none"> • Super Trainer Verification form (Exhibit I) • List of <u>employees</u> validated in past 12 months. Manager must validate employees trained in the last 12 month with signature on Exhibit I. <p>Points:</p> <ul style="list-style-type: none"> • 2 points for each item <p>**Max of 6 points**</p>
<u>Elect.3</u>	Leadership Development	<p>Applicant has completed the Preceptor Course or completed at least 2 preceptor updates within the past 12 months. Applicant participates in the interview of potential hires or services as a preceptor for a new hire.</p> <p>Preceptor Documentation Required:</p> <ul style="list-style-type: none"> • Proof of Preceptor course or update (2 annually) • Dates of completed precepting (Ex. Orientee/student orientation schedule) • NSPDP Special Verification form (Exhibit S) <p>Leadership Documentation Required:</p> <ul style="list-style-type: none"> • Proof of leadership class completion <p>Peer Interview Documentation Required:</p> <ul style="list-style-type: none"> • NSPDP Special Verification form (Exhibit S)

		<p>Points:</p> <ul style="list-style-type: none"> • 1 point for completing Preceptor course or Preceptor updates • 1 point for being an Associate Preceptor (up to 25% or less time spent with orientee) • 2 for being a Co-Preceptor (50% time spent with orientee) • 3 points for being an Active Preceptor (75% time spent with orientee) • 1 point for completion of leadership course • 1 point for Peer Interview (max 2) <p>**Max of 10 points**</p>
<p><u>Elect.4</u></p>	<p>Course Instructor / Classroom Teacher</p>	<p>Applicant actively provides teaching as an instructor or teacher in a hospital-approved course. Course Instructor must teach at least the number of courses required to hold the instructor certification. Classroom Teacher must be active with planning, coordinating and teaching the approved content of the course.</p> <p><u>Examples Instructor:</u></p> <ul style="list-style-type: none"> ▪ PALS ▪ CPR/BLS ▪ ACLS <p><u>Example Classroom Teacher:</u></p> <ul style="list-style-type: none"> - Skills Day - Competency Day - PCT Class - AEGIS <p>Instructor Documentation Required:</p> <ul style="list-style-type: none"> • Copy of Valid Course Instructor Card • Copy of attendance roster(s)with each course and date(s) <p>Classroom Teacher Documentation Required:</p> <ul style="list-style-type: none"> • Exhibit Q for sign off through EE&D • Copy of attendance roster(s); course outline/agenda; and presentation with each course and date(s) <p>Points:</p> <ul style="list-style-type: none"> • 1 point for current Instructor card • 2 points for Instructor – each course station or lecture taught • 2 points for Classroom Teacher – each station or lecture taught <p>**Max of 10 points**</p>
<p><u>Elect.5</u></p>	<p>PDP Unit Ambassador/Committee Member</p>	<p>Applicant serves as a unit ambassador/committee member for the Nursing Support Professional Development Program (NSPDP). The function of the Ambassador/committee member is to review the NSPDP portfolio, check for appropriate and required portfolio content, guide applicants through their application process and provide a formal review and acceptance/denial of the NSPDP portfolio in collaboration with other committee members. The Ambassador/committee member position is ongoing as long as the Applicant continues to meet the qualification criteria.</p> <p>Documentation Required:</p> <ul style="list-style-type: none"> • NSPDP Ambassador/Committee Member Application (Exhibit P) • Attendance requirement of 75% scheduled meetings <p>Points:</p> <ul style="list-style-type: none"> • 4 points for PDP Ambassador/Committee member role <p>**Max of 4 points**</p>

<p><u>Elect.6</u></p>	<p>Promotion of Safety</p>	<p>Written description of risk identification, action taken, and outcome. Applicant must show process improvement to promote safety within the work environment for the patients and/or staff. Examples: Develop flyer, identifying safety risk and implementing plan of action for correction. Submit a CHIP suggestion that results in recommended action.</p> <p>Documentation Required: NSPDP Approval/Verification: Special Project/In-service form (Exhibit Q) , addition to an action plan, which includes:</p> <ul style="list-style-type: none"> • Identify safety risk. • Identify action taken to ensure safety. • Identify outcome from initiative. <p>Points:</p> <ul style="list-style-type: none"> • 2 points per initiative <p>**Max of 8 points**</p>
<p><u>Elect.7</u></p>	<p>Quality Improvement Project involvement related to positive patient outcomes</p>	<p>PARTICIPANT applicant - team effort</p> <ul style="list-style-type: none"> • Attended 75% of meeting attendance required in order to receive credit. • What was the recommendations for improvements • How did participant assist with implementation of improvements <p>LEAD applicant uses quality improvement process to:</p> <ul style="list-style-type: none"> • Identification of a problem or opportunity for improvement through use of tools and techniques, i.e. medical records review, data collection, brainstorming, root cause analysis, and clinical inquiries. • Data collection, analyze, and evaluate the data • What was the recommendations for improvement • What was the process of Implementation • Document how patient was positively impacted • Monitor and evaluate the new process • Changes must have been implemented within the past 12 months <p>Documentation Required:</p> <ul style="list-style-type: none"> • Meeting attendee roster – individual project; (See Exhibit Q for sign off) • NSPDP Approval and Verification: Special Project/In-service form (Exhibit Q) – <i>SEE DOCUMENTATION REQUIREMENTS ABOVE TO INCLUDE ON EXHIBIT Q FOR PARTICIPANT VS. LEAD</i> <p>Points:</p> <ul style="list-style-type: none"> • 3 points for being PARTICIPANT • 5 points for taking project LEAD <p>**Max of 15 points**</p>
<p><u>Elect.8</u></p>	<p>Policies and Procedures Review/Update</p>	<p>Participate in the formal review of at least 2 policies and procedures or standards of care (hospital, nursing or unit-based) using evidence-based practice.</p> <p>An Applicant may review, revise, or write a policy and procedure or standard of care (hospital, nursing or unit-based) using evidence-based practice. For the reviewing portion of the elective, an Applicant must review at least 2 policies and procedures that have been appointed by designee/Policy Owner during the formal designated review timeframe within a 12-month period.</p>

		<p>A review of a policy includes:</p> <ul style="list-style-type: none"> No change in policy or verbiage change only <p>A revision of a policy includes:</p> <ul style="list-style-type: none"> Policy resolution change of practice <p>Documentation Required:</p> <ul style="list-style-type: none"> Approval and Verification: Policies and Procedures form (Exhibit E) Name/policy/number of policy reviewed/revised Description of policy or standard change and/or improvement Evidence of Implementation of change (if change P&P process) <p><i>Examples: Hospital wide e-mail of update, council minutes, etc.</i></p> <p>Points:</p> <ul style="list-style-type: none"> 1 point for every 2 policies/procedures reviewed 3 points for every revision of a policy/procedure process 4 points for writing new policy/procedure <p>**Max of 10 points**</p>
<u>Elect.9</u>	Grand Rounds	<p>Grand Rounds are forums to discuss learning opportunities around patient care and education. <i>May not use contact hour under continuing education elective if used here.</i></p> <p>Documentation Required:</p> <ul style="list-style-type: none"> For live video stream, you must complete the program evaluation to obtain the Grand Rounds attendance certificate. For recording of live video stream, complete Continuing Education or contact hours Verification (Exhibit R). <i>These must be recorded within the PDP submission year.</i> <p>Points:</p> <ul style="list-style-type: none"> 1 point for 2 Grand Round attendance <p>**Max of 6 points**</p>
<u>Elect.10</u>	Enrolled in an Advanced Healthcare Related Degree Program	<p>Applicant has completed classes toward a healthcare/medical related program with an acceptable GPA at an accredited university. The Applicant is awarded elective credit once the grade has been obtained.</p> <p>Documentation Required:</p> <ul style="list-style-type: none"> Copy of grade report/transcript or a letter of completion from the institution(must include the grade obtained). Acceptable grade: C, Pass for Pass/Fail class <p>Note: The Applicant may only use this elective one time per submission. The class must have been attended within the past 12 months.</p> <p>Points:</p> <ul style="list-style-type: none"> 1 point per credit hour <p>**Max of 15 points**</p>
<u>Elect.11</u>	Informational Article	<p>Applicant developed at least one health-related, informational article. Information obtained for the article should be evidence-based research within the past five years. A summary of information is gathered and developed into an article and submitted for publication to a professional journal. Additional points are awarded if the article is published in a professional journal.</p>

		<p>Documentation Required:</p> <ul style="list-style-type: none"> • Copy of article approved for Deaconess or community Publication; i.e. Nursing Newsletter or health related article submission to a local publication (church, parish, or school newsletter). <p>Points:</p> <ul style="list-style-type: none"> • 4 points per section for National Organization application process – <i>Max of 8 Points</i> • 2 points for submitting an article in the Deaconess Nursing Newsletter or other community newsletter <p>**Max of 10 points**</p>
<u>Elect.12</u>	Journal Club	<p>Journal Club is a hospital or unit-based forum to discuss a pre-assigned healthcare-related, evidence-based article from a peer-reviewed journal. The article must be less than five years old. Consult with the Librarian for guidance in selection of appropriate articles, if necessary. Document the names of those attending on a roster to be entered into electronic in-service. All attendees must participate in the discussion.</p> <p>Documentation Required:</p> <ul style="list-style-type: none"> • Attend a Journal Club: Copy of electronic in-service activity completion printout or letter from the coordinator, and a copy of the roster (if unit-based) • Present a Journal Club: NSPDP Approval and Verification: Special Project/In-services form (Exhibit Q) • Include a copy of the EBP article (required) • Write a one-page summary of the Journal Club discussion/article addressing: <ul style="list-style-type: none"> ○ What was the research question? ○ What type of research study and the number of participants? ○ Results of the study ○ Level of evidence, using the hierarchy diagram ○ Limitations of the study ○ Need for further research ○ How you can apply this evidence to your practice setting <p>Points: <i>(Attendance point cannot be counted for the time presenting at Journal Club)</i></p> <ul style="list-style-type: none"> • 1 point for 2 Journal Club Attendances • 4 points for Journal Club Presentation <p>**Max of 8 points**</p>
<u>Elect.13</u>	Additional Continuing Education Hours	<p>Continuing Education hours (CEs) from accredited professional organization or contact hours. These continuing education hours only count if they are in addition to the hours counted as a Core element. Must be an evidence-based article and the article should be no greater than five years old. May not use hospital-wide mandatory Net Learning or Skills Day. These CEs must be completed within the past 12 months.</p> <p>Documentation Required:</p> <ul style="list-style-type: none"> • Certificate of Completion to verify number of continuing education hours awarded. Provide a copy of the continuing education certificate or transcript. OR • Complete NSPDP Continuing Education or contact hours Verification (Exhibit R) <p>Points:</p> <ul style="list-style-type: none"> • 1 point for every 5 continuing education hours (CEs) <p>**Max of 5 points = 25 CEs</p>

<u>Elect.14</u>	Certifications / Specialty Training	<p>Applicant holds a specialty certification by a national professional healthcare organization, a non-national certification or receives a certificate of completion in which credentials are obtained. Certifications must be valid at time of submission. National certifications only count if they were not counted as a Core element.</p> <p>Non-national/certification (healthcare related) of completion of course or training can only be counted if not counted within other electives throughout NSPDP. (As long as certification is active, an Applicant may count each time they apply for the Nursing Support Professional Development Program. If no expiration date for non- national/certification of course or training, this can only be counted for one time towards NSPDP).</p> <p>Documentation Required:</p> <ul style="list-style-type: none"> • Copy of certification card or certificate <p>Points:</p> <ul style="list-style-type: none"> • 3 points for every additional national certification above core (ex: WTA-C, ROT • 1 point for every non-national certification and specialty training of completion of course or training (ex: ACLS, PALS, TB, Small Pox, Wound Vac, SANE, AEGIS, Crisis Prevention, CRRT, ISTAT, Chemo, etc.) <p>**Max of 6 points**</p>
<u>Elect.15</u>	In-Services	<p>Note: <i>All in-services must receive prior approval by manager. NSPDP Approval and Verification: Special Project(s)/In-service(s) form (Exhibit Q)</i></p> <p>In-service A Presents a brief in-service (such as equipment demonstration)</p> <p>Documentation Required: NSPDP Approval and Verification: Special Project/In-services form (Exhibit Q); Copy of Attendance Roster(s)</p> <p>In-service B Develops a poster, PowerPoint, or web in-service based on evidence-based practice. Gives a report on previously attended workshop.</p> <p>Documentation Required: NSPDP Approval and Verification: Special Project/In-services form (Exhibit Q); Copy of Attendance Roster(s); copy of poster, PowerPoint, or Web in-service.</p> <p>Points:</p> <ul style="list-style-type: none"> • 1 point for in-service A • 2 points for in-service B <p>**Max of 8 points**</p>
<u>Elect.16</u>	Committee/Council Membership	<p>Applicant is and has been a member of a hospital-approved, unit-based committee/council, or chairperson of unit-based/hospital based committee for at least 6 months. Member must attend at least 75% of scheduled meetings with at least 50% (minimum requirement of 4) of the 75% to be in-person attendance.</p> <p>Documentation Required:</p> <ul style="list-style-type: none"> • Copy of attendance roster or grid for UBC or Hospital council, subcommittee, taskforce • Supporting evidence of participation, documented by Liaison/Council chair (Exhibit Q)

		<p>Points:</p> <ul style="list-style-type: none"> • 1 point for member of hospital committee/subcommittee/task force • 4 points for chair of hospital committee/subcommittee/task force • 1 point for member of unit-based council/committee • 4 points for chair of unit-based council/committee • 3 points for member of Nursing Shared Governance (NSG) Council • 4 points for chair-elect/liaison of Nursing Shared Governance (NSG) Council • 5 points for chair of Nursing Shared Governance (NSG) Council <p><i>(Chairs may only count the chair level points, not chair and membership points)</i> **Max of 12 points**</p>
<p><u>Elect.17</u></p>	<p>Community Service</p>	<p>Applicant performs a health-related volunteer service in community or on Deaconess campus or representing Deaconess Hospital during paid or unpaid off duty time. Volunteer activity must have occurred during the past 12 months.</p> <p>Examples: Parish Nursing, United Way, Howard Rosa Mentors requested by Deaconess Team Captain/ Registration/First Aid/Event Aid at Deaconess-sponsored events/Quality and Safety Fairs/Disaster Drills, Blood/Plasma Donations.</p> <p>Documentation Required: Community Service/ Professional Organization Verification form (Exhibit G). List each activity. The following information must also be included:</p> <ul style="list-style-type: none"> • Volunteer activity name • Role in activity (What did you do?) • Time (number of hours), place, date • What was learned from the experience <p>Points:</p> <ul style="list-style-type: none"> • 2 point for 4-7 hours • 3 points for 8-11 hours • 4 points for 12-15 hours • 5 points for 16-19 hours • 6 points for 20-23 hours • 7 points for 24+ hours <p>**Max of 7 points**</p>
<p><u>Elect.18</u></p>	<p>Hospital Service</p>	<p>Applicant is awarded credit for years of current continuous experience at Deaconess Hospital. The Applicant must have worked at the hospital for the specified number of current consecutive years as outlined below.</p> <p>Documentation Required:</p> <ul style="list-style-type: none"> • Signature from Unit Manager verifying that the Applicant has been employed at the hospital for current consecutive years. • NSPDP Applicant Checklist (Exhibit N) <p>Points:</p> <ul style="list-style-type: none"> • 2 points for 1-4 years • 4 point for 5-9 years • 6 points for 10-14 years • 8 points for 15-19 years

		<ul style="list-style-type: none"> • 10 points for 20-24 years • 12 points for 25-29 years • 14 points for 30-34 years • 16 points for 35-39 years • 20 points for 40+ years <p>**Max of 20 points**</p>
<u>Elect.19</u>	Health Related Speaker/Presenter	<p>Applicant develops and presents an educational offering to community audience and/or other health professionals, providing health information to the community.</p> <p>Documentation Required:</p> <ul style="list-style-type: none"> • NSPDP Approval and Verification: Special Project/In-service form (Exhibit Q) <ul style="list-style-type: none"> ○ Volunteer activity name ○ Role in activity (What did you do?) ○ Time (number of hours), place, date • What was learned from the experience • Program brochure; objectives of education; presentation / handouts <p>Points:</p> <ul style="list-style-type: none"> • Local: 2 points for poster presentation; 5 points for speaker • State: 4 points for poster presentation; 8 points for speaker • National: 4 points for poster presentation; 10 points speaker <p>**Max of 16 points**</p>
<u>Elect.20</u>	Mentor	<p>Applicant is required to attend the Mentor Class held by Deaconess Hospital.</p> <p>Documentation Required:</p> <ul style="list-style-type: none"> • Proof of mentor course or update • Proof of mentoring activity (names, dates, etc. of interactions) • Copy of completed Quarterly Evaluations • Copy of Mentor/Mentee Agreement • NSPDP Special Verification form (Exhibit S) <p>Points:</p> <ul style="list-style-type: none"> • 1 point for attending Mentor Class or Mentor Update (2 annually) • 4 points for being an Active Mentor <p>** Max of 5 points**</p>
<u>Elect.21</u>	Nursing Leadership/Membership in Professional Organizations	<p>Hold a membership in the professional organization and/or be a member of a task force/ committee of the organization. Membership must be held for at least four months prior to annual evaluation due date.</p> <p>Documentation Required:</p> <ul style="list-style-type: none"> • Community Service/Professional Organization Verification form (Exhibit G) which includes written documentation from professional organization; task force; committees. • Copy of current membership card/evidence of date of membership <p>Points:</p> <ul style="list-style-type: none"> • 1 point per Professional Organization Membership (Max 3 points) <p>**Max of 3 points**</p>

7. PDP COMMITTEE

PURPOSE AND PRIMARY RESPONSIBILITY

The purpose of the PDP Committee Member is to provide a formal review and acceptance/denial of the applicant's NSPDP portfolio.

TERM/SELECTION

The PDP Committee members serve a two-year commitment/term with option to continue as a member as long as the individual continues to meet the qualification criteria. Individuals interested in serving as a PDP Committee Member should submit the NSPDP Ambassador/Committee Member Application (Exhibit P) to their manager for approval. Applications are submitted to the PDP Committee Chair after manager's approval (Exhibit P) throughout the calendar year. PDP Committee Chair will evaluate current membership availability in collaboration with the PDP committee members and elect to appoint additional committee members as appropriate.

The PDP Committee will consist of voting representatives from all levels of nursing (including but not limited to):

- Critical Care
- Medical/Surgical
- Ambulatory (Emergency Services, Surgical Services, Same Day, PACU)
- Nurse Educator/Nurse Clinician/Advanced Practice Nurse
- Behavioral Health

The PDP Committee will also consist of non-voting representatives as: Nurse Leader (Director &/or Manager) as Committee Chair/Co-chair. Manager &/or Director must be present for PDP Committee to vote. A quorum is defined as five voting members of any specialty present at the meeting where a vote is required.

QUALIFICATIONS

To qualify to be a PDP Committee Member, an individual must meet the following qualifications:

- Demonstrate leadership capabilities
- Have at least 3 years of experience at Deaconess
- Annual performance evaluation must meet job standard with no unsatisfactory ratings
- No warning notices in the previous 12 months
- Members must have at or greater than 1000 patient care hours worked in the previous 12 months on areas participating in the NSPDP (equal to 40 hours worked per pay period)
- Preferably, members will submit a portfolio at the Level 1 or above by the end of first year term of eligibility based on annual evaluation

To validate this information, the potential member must have the NSPDP Ambassador/Committee Member Application (Exhibit P) completed. After successful selection, the NSPDP Committee Member appointee must then participate in NSPDP committee meetings and review several portfolios with an experienced ambassador prior to independently reviewing other peer portfolios.

SPECIFIC DUTIES/RESPONSIBILITIES

- Reviewing and monitoring the core elements, electives and criteria for advancement within the NSPDP
- Reviewing the NSPDP standards and recommend any changes to the NSPDP committee chair. A list of these recommendations will be compiled by the chair each year and discussed with the committee for final approval prior to any changes.
- Actively participates in Nursing Shared Governance.
- Committee meets for NSPDP review with a quorum of (5) five voting members
- Each committee member must attend at least 75% of the scheduled NSPDP Committee meetings in order to continue as a member. This attendance must be in person. Committee membership and/or receive credit on their individual NSPDP. If at any time the committee member does not meet this requirement, the committee member will be in communication with the committee chair stating their intentions to continue as a committee member. The committee will then vote on final status of membership for this committee member. If membership is denied at that time, the individual may reapply for the next year.
- Not participating in the review of their own portfolio

CONFIDENTIALITY

The PDP Committee Member must demonstrate the ability to interact professionally and confidential manner with peers and administration.

8. PDP COMMITTEE CHAIRPERSON

PURPOSE

The purpose of the Professional Development Program (PDP) Chairperson is to provide leadership for the PDP Committee, to review the portfolio process, to maintain high standards of the quality of the program and to make revisions to the program as indicated by committee.

PRIMARY RESPONSIBILITY

The primary responsibility of the PDP Chairperson is to lead the committee, to preside over the formal review and acceptance/denial of the NSPDP portfolio, and to ensure appropriate documentation of the Committee decision and supporting comments are sent to the applicant.

SELECTION

The PDP Committee Chairperson is represented by a leader expert knowledgeable in Nursing Shared Governance and the Magnet Program. This role must actively participate in Nursing Shared Governance at Unit and Hospital levels. If the Chairperson is unable to fulfill the role, the Co-chair will assume the Committee Chairperson position.

QUALIFICATIONS

To qualify to be a PDP Chairperson, an individual must meet the following qualifications:

- Demonstrate Leadership capabilities with an understanding of Nursing Shared Governance and the Nursing Excellence Magnet Recognition Program
- Chairperson must be at the Manager/Director level for appropriate needs of the committee.
- Have 3 years of nursing experience as an RN at Deaconess
- Performance evaluation demonstrates Deaconess Hospital's mission, vision, and philosophy of Nursing

SPECIFIC DUTIES/RESPONSIBILITIES

The specific duties and responsibilities of the PDP Chairperson include:

- Prepare for monthly meetings of portfolio reviews
- Review meeting documents
- Chair all PDP meetings or arrange for Co-chair to chair a committee in his/her absence
- Maintain and complete the PDP Activity Log
- Maintain PDP Committee records/all monthly activities in secure location. (Ex: activity log of awarded/denied portfolios, decision letters, FAQ's, revision documents, etc.)
- Delegate committee assignments
- Assist with orientation of new committee members/ambassadors
- The chairperson shall appoint task forces and convene and manage activities of the committee
- Complete and keep on file the decision letter (Exhibit T) and NSPDP Core and Elective Grid (Exhibit O) on each NSPDP submission. Send the completed copy of the decision letter to the applicant and the Human Resource representative. Human Resource representative will finalize the process via signature and forward to Finance department for payout.

9. MAINTENANCE OF THE NSPDP

The NSPDP for nursing support personnel must be reviewed every two years to ensure it is current with trends in professional nursing. Changes will take effect in April of the odd year.

The PDP Committee will monitor and review the NSPDP and forward recommended changes as appropriate to the appropriate Nursing Shared Governance council for further nursing feedback/review. Suggestions for improvement to the NSPDP from the staff/managers are welcome and may be directed to any member of the PDP Committee.

NSPDP changes are to be completed and uploaded to the Nursing Excellence site every two years. These changes will be communicated to nursing at all Nursing Shared Governance Councils.

10. MONETARY RECOGNITION FOR NURSING EXCELLENCE

MONETARY RECOGNITION

When a portfolio is approved, Human Resource representative will initiate final monetary award payment. Monies will be received following the acceptance of a NSPDP level. This amount will be dependent upon the level achieved. Payout for the applicant who achieve a level of the NSPDP, will be added to their next paycheck following the approval of their NSPDP.

Monetary Reward:

Level 1:	3 Cores	30 Elective Points	\$500.00
Level 2:	4 Cores	40 Elective Points	\$750.00

ADDITIONAL NURSING RECOGNITION

Each successful participant will be recognized by receiving:

- Excellence recognition of the level achieved
- Name in the Nursing Newsletter
- Name in the Annual Nursing report

11. REFERENCES OF ORIGINAL DOCUMENT

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BENNER, P. (2001). NOVICE TO EXPERT: EXCELLENCE AND POWER IN CLINICAL NURSING PRACTICE. NEW JERSEY: UPPER SADDLE RIVER.

BILLINGS, D. & KOWALSKI, K. (2008). DEVELOPING YOUR CAREER AS A NURSE EDUCATOR: THE PROFESSIONAL PORTFOLIO. JOURNAL OF CONTINUING EDUCATION IN NURSING. VOLUME 39, PP. 532- 533.

KRAMER, M., MAGUIRE, P., SCHMABENBERG, C., ANDREWS, B., BURKE, R., & CHMILLEUISHI, L. (2007). EXCELLENCE THROUGH EVIDENCE STRUCTURES: ENABLING CLINICAL AUTONOMY. JOURNAL OF NURSING ADMINISTRATION. VOL 37; NUMBER 1, PP.41-52.

WILLIAMS, M. JORDAN, K. (2007) THE NURSING PROFESSIONAL PORTFOLIO – A PATHWAY TO CAREER DEVELOPMENT. JOURNAL FOR NURSES IN STAFF DEVELOPMENT. VOLUME 23, #3, PP 125-131.

WOLF, G., BRADLE, J., GREENHOUSE, P. (2006). INVESTMENT IN THE FUTURE – A THREE LEVEL APPROACH FOR DEVELOPING THE HEALTHCARE LEADERS FOR TOMORROW. JONA. VOLUME 36, #6, PP 331-336.

ADDITIONAL REFERENCES

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THE DAISY FOUNDATION. (2019). THE DAISY AWARD FOR EXTRAORDINARY NURSES: WHAT IS THE DAISY AWARD? RETRIEVED FROM [HTTPS://DAISYFOUNDATION.ORG/DAISY-AWARD](https://DAISYFOUNDATION.ORG/DAISY-AWARD)

12. EXHIBIT TABLE OF CONTENTS

Exhibit N – NSPDP Applicant Checklist

Exhibit O – NSPDP Definitions for Core Elements and Electives

Exhibit P – NSPDP Ambassador Committee Member Application

Exhibit Q – NSPDP Approval and Verification Special Projects In-services

Exhibit E – Approval and Verification Policies and Procedures

Exhibit R – NSPDP Continuing Education Verification

Exhibit G – Community Service - Professional Organization Verification

Exhibit S – NSPDP Special Verification

Exhibit I – Super Trainer Verification

Exhibit J – Confidentiality Statement

Exhibit T-1 – NSPDP Approval Decision Letter

Exhibit T-2 – NSPDP Denial Decision Letter

EXHIBIT E: Approval and Verification:

POLICIES AND PROCEDURES

Policy Title/ Number(s):

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

Add description of policies or standard (practice) change and/or improvement

Reviewed Date(s) Reviewed _____

New Policy Date(s) Approved _____

Revised (see attached policy with changes) Date Revised _____

Evidence Based Practice change (see attached evidence) Date Revised _____

- ◆ *A separate form needs to be completed for each policy that has changes.*
- ◆ *One form can be used for multiple policy reviews with no changes.*

Signature: _____ Date: _____
(Authorized Policy Personnel)

EXHIBIT G:

COMMUNITY SERVICE/PROFESSIONAL ORGANIZATION VERIFICATION

To whom it may concern:

My signature below confirms that

(Applicant Name)

has participated in the following:

(Title of event, office held, task force, program, committee, other)

on _____ from _____ to _____ Total Hours _____
(date) (time)

at _____
(Location)

I can be reached at _____
(Phone #)

Signature / Title Date

This form can be used for documentation of volunteer activity, attendance at a professional organization business meeting, or other type of involvement within a professional organization.

Describe the above activity and objectives as related to your Nursing practice.

EXHIBIT I:

SUPER TRAINER VERIFICATION

Place a check in the box for each function that has been completed and complete all applicable blanks. Add any additional functions as applicable.

APPLICANT'S NAME: _____

ACTIVITY: _____

OBJECTIVES:

TRAINING CONTENT:

Manager signature below validates list of employees trained past 12 months.

(Nursing Manager / Team Leader)

(Date signed)

EXHIBIT J:

CONFIDENTIALITY STATEMENT

Confidentiality

Employees must safeguard the confidentiality of Deaconess records and other confidential information such as patient information including safeguards and procedures contained in the Health Information Protection Standards manual (HIPS), Information System passwords, employee lists, blueprints, strategic or other plans, and any other confidential information. It is the employee’s responsibility to ask management whether Deaconess considers certain information confidential. Such information may never be disclosed to non-employees without prior authorization of management.

Refer to: Policy and Procedure 45-19S: Standards of Employee Conduct

I understand that confidential or proprietary information will be furnished to me from time to time. I agree to hold all such information in strict confidence, and to not use, duplicate in any form, or disclose verbally or in writing, any such information.

PDP Ambassador/Committee Member Signature _____

Specialty Service Representing _____

Date submitted to PDP Committee Chair _____

EXHIBIT N: NSPDP Applicant Checklist

APPLICANT INFORMATION

Employee ID: _____ Applicant Hire Date: _____

Job Title: _____

Full Name: _____
Last First M.I.

Credentials: _____
Highest earned degree, Licensure, State designations or requirements, National certifications, etc.

Department: _____
Department/ Unit Name Dept. # Campus Location

Phone: _____ Email _____

Level Applied for: Level 1 Level 2

Six (6) months experience with 500 or greater patient care hours worked in the previous 6 months (1000 or greater patient care hours worked in the previous 12 months) in eligible areas (April 30) YES NO

Annual performance evaluation must meet job standard with no unsatisfactory ratings? YES NO

No corrective warnings in the previous 12 months YES NO

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge and will submit my portfolio to the Ambassador for initial review no later than December 1st after my annual performance evaluation.

Applicant Signature: _____ Date: _____

I have reviewed with the Applicant his or her readiness to apply for the NSPDP Core and Elective Grid (Exhibit O), and have verified the above evaluation information:

Applicant is NOT READY to apply at this time Applicant is READY to apply

FMLA Return Date (if applicable): _____

Department Manager Signature: _____ Date: _____

PDP AMBASSADOR REVIEW

(Each portfolio review must be completed within 7 days of receipt)

PDP Ambassador Signature: _____ Date /Time Submitted: _____

PDP Chairperson Signature: _____

EXHIBIT O: NSPDP Definitions for Core Elements and Electives

APPLICANT INFORMATION

Name: _____ Employee ID: _____
 Credentials: _____ Department Name & #: _____
 Job Title: _____ Applicant Hire Date: _____
 Currently enrolled in higher education? YES NO Degree: _____ Graduation Date: _____
 Future career goals: _____
 First Year Completing NSPDP? YES NO

CORE ELEMENTS

- Core 1: Quality Data Collection
- Core 2: Example of Excellence
- Core 3: Continuing Education
- Core 4: Professional Certification
- Core 5: Membership in Professional Healthcare Organization

ELECTIVE 1: WRITTEN EXEMPLAR

- Submit written Exemplar (1 point)

Elective # 1: Total Points Earned = _____ (MAXIMUM OF 1 POINT)

ELECTIVE 2: SUPER TRAINER

- Initiative _____ (2 points) Initiative _____ (2 points)
- Initiative _____ (2 points)

Elective # 2: Total Points Earned = _____ (MAXIMUM OF 6 POINTS)

ELECTIVE 3: LEADERSHIP DEVELOPMENT

- Proof of Preceptor Course/Updates (1 point) Active Preceptor (3 points)
- Associate Preceptor (1 point) Completion of Leadership Course (1 point)
- Co-Preceptor (2 points) Peer Interview (1 point – Max 2)

Elective # 3: Total Points Earned = _____ (MAXIMUM OF 10 POINTS)

ELECTIVE 4: COURSE INSTRUCTOR / CLASSROOM TEACHER

- Original Training/ Instructor Course (1 point)
- Number of Additional Courses Taught = _____ | (2 points for each course taught)

Elective # 4: Total Points Earned = _____ (MAXIMUM OF 10 POINTS)

ELECTIVE 5: PDP UNIT AMBASSADOR / COMMITTEE MEMBER

- PDP Unit Ambassador Committee Member (4 points)

Elective # 5: Total Points Earned = _____ (MAXIMUM OF 4 POINTS)

ELECTIVE 6: PROMOTION OF SAFETY

- Initiative _____ (2 points) Initiative _____ (2 points)
- Initiative _____ (2 points) Initiative _____ (2 points)

Elective # 6: Total Points Earned = _____ (MAXIMUM OF 8 POINTS)

ELECTIVE 7: QUALITY IMPROVEMENT PROJECT INVOLVEMENT RELATED TO POSITIVE PATIENT OUTCOMES

- QI Participant | 3 points x _____ = _____ QI Lead | 5 points x _____ = _____
- Initiative _____ Initiative _____
- Initiative _____ Initiative _____
- Initiative _____ Initiative _____

Elective # 7: Total Points Earned = _____ (MAXIMUM OF 15 POINTS)

ELECTIVE 8: POLICY & PROCEDURE REVIEW / UPDATE

- 1 point for every two policies reviewed | 0.5 points x _____ = _____
- 3 points for every revision of an existing policy & procedure | 3 points x _____ = _____
- 4 points for writing a new policy & procedure | 4 points x _____ = _____

Total must be a whole number/no rounding

Elective # 8: Total Points Earned = _____ (MAXIMUM OF 6 POINTS)

ELECTIVE 9: GRAND ROUNDS

- 1 point for two Grand Rounds attendance | 0.5 points x _____ = _____

Total must be a whole number/no rounding

Elective # 9: Total Points Earned = _____ (MAXIMUM OF 6 POINTS)

ELECTIVE 10: ENROLLED IN ADVANCED HEALTHCARE RELATED DEGREE PROGRAM

- Credit Hours | 1 point per credit hours x _____ = _____
- Name of University _____

Elective # 10: Total Points Earned = _____ (MAXIMUM OF 15 POINTS)

ELECTIVE 11: INFORMATION ARTICLE

- Section submission for National Organization application process | 4 points x _____ = _____
- Article submission to the Deaconess Nursing Newsletter or Community Publication | 2 points x _____ = _____

Elective # 11: Total Points Earned = _____ (MAXIMUM OF 10 POINTS)

ELECTIVE 12: JOURNAL CLUB

- Two Journal Club attendances | 1 points x _____ = _____
- Journal Club presentation | 4 points x _____ = _____

Total must be a whole number/ no rounding

Elective # 12: Total Points Earned = _____ (MAXIMUM OF 8 POINTS)

ELECTIVE 13: ADDITIONAL CONTINUING EDUCATION (CE) HOURS

- 1 point for every Five Continuing Education Hours | Number of CE's = _____ divided by 5 = _____

Total must be a whole number/no rounding

Elective # 13: Total Points Earned = _____ (MAXIMUM OF 5 POINTS = 25 CEs)

ELECTIVE 14: CERTIFICATIONS / SPECIALTY TRAINING

- National certification (if not used in CORE) | 3 points x _____ = _____
- Non-national certification / Specialty Training | 1 point x _____ = _____

Elective # 14: Total Points Earned = _____ (MAXIMUM OF 6 POINTS)

ELECTIVE 15: IN-SERVICES

- In-service A | 1 point x _____ = _____
- In-service B | 2 points x _____ = _____

Elective # 15: Total Points Earned = _____ (MAXIMUM OF 8 POINTS)

ELECTIVE 16: COMMITTEE / COUNCIL MEMBERSHIP

Please list committee/council name

- Member of hospital committee, subcommittee, or task force | 1 point each _____
- Chair of hospital committee, subcommittee, or task force | 4 points _____
- Member of unit-based council/ committee | 1 point each _____
- Chair of unit-based council/committee | 4 points _____
- Member of Nursing Shared Governance Council | 3 points _____
- Chair-elect/Liaison of Nursing Shared Governance Council | 4 points _____
- Chair of Nursing Shared Governance Council | 5 points _____

(Chairs may only count the chair level points, not chair and membership points)

Elective # 16: Total Points Earned = _____ (MAXIMUM OF 12 POINTS)

ELECTIVE 17: COMMUNITY SERVICE

- 4 to 7 hours (2 points)
- 8 to 11 hours (3 points)
- 12 to 15 hours (4 points)
- 16 to 19 hours (5 points)
- 20 to 23 hours (6 points)
- 24 hours and above (7 points)

Elective # 17: Total Points Earned = _____ (MAXIMUM OF 7 POINTS)

ELECTIVE 18: HOSPITAL SERVICE

- 1 to 4 years (2 points)
- 5 to 9 years (4 points)
- 10 to 14 years (6 points)
- 15 to 19 years (8 points)
- 20 to 24 years (10 points)
- 25 to 29 years (12 points)
- 30 to 34 years (14 points)
- 35 to 39 years (16 points)
- 40 years and above (20 points)

Elective # 18: Total Points Earned = _____ (MAXIMUM OF 20 POINTS)

ELECTIVE 19: HEALTH RELATED SPEAKER / PRESENTER

- Local Poster Presentation | 2 points x _____ = _____
- Local Speaker | 5 points x _____ = _____
- State Poster Presentation (4 points)
- State Speaker (8 points)
- National Poster Presentation (4 points)
- National Speaker (10 points)

Elective # 19: Total Points Earned = _____ (MAXIMUM OF 16 POINTS)

ELECTIVE 20: MENTOR

- Attended Mentor Class/Updates (1 point)
- Active Mentor (4 points)

Elective # 20: Total Points Earned = _____ (MAXIMUM OF 5 POINTS)

ELECTIVE 21: NURSING MEMBERSHIP PROFESSIONAL ORGANIZATION

- Member of Professional Organization | 1 point x _____ = _____ (max of 3)

Elective # 21: Total Points Earned = _____ (MAXIMUM OF 3 POINTS)

NSPDP PORTFOLIO SUMMARY TOTALS

- Level 1: 3 Cores = 30 Electives
- Level 2: 4 Cores = 40 Electives

TOTAL CORE POINTS EARNED: _____

TOTAL ELECTIVE POINTS EARNED: _____

As verified by PDP Committee members:

DATE: _____

EXHIBIT P: NSPDP Ambassador Committee Member Application

COMMITTEE MEMBER APPLICATION

Full Name: _____ ID #: _____
Last First M.I.

Credentials: _____
Highest earned degree, Licensure, State designations or requirements, National certifications, etc.

Department: _____
Department/Unit Name Dept. # Campus Location

Job Title: _____

Phone: _____ Email _____

Hire Date: _____ Date of Application: _____

THIS SECTION TO BE COMPLETED BY THE DEPARTMENT MANAGER

- Demonstrates leadership capabilities
- At least 3 years of experience at Deaconess
- Annual performance evaluation meets job standard with no unsatisfactory ratings
- No corrective warnings within the previous 12 months
- Members must have ≥1000 patient care worked hours within the previous 12 months on areas participating in the NSPDP
- Portfolio submission at the Level 1 or above, by the end of the first year.

Department Manager Signature: _____ Date: _____

Denied by Manager

Comments (required for denial): _____

PDP Chairperson Signature: _____

- Approved by PDP Chair and Committee Members
- Denied by PDP Chair and Committee Members

EXHIBIT Q: NSPDP Approval and Verification:

SPECIAL PROJECTS/ IN-SERVICES/ COURSES INSTRUCTOR/ CLASSROOM TEACHER

Name of Applicant: _____

Core/Elective #/Council: _____

Title/Objective: _____

In-service: A B

Number of peers in-serviced: _____

Special Project Instructor Course Journal Club Classroom Teacher Course

Manager/TL/EE&D signature: _____ Date: _____

Council Liaison/Chair signature: _____ Date: _____

Elective(s) Written Description: _____

For Elective 6: provide in comments section above an action plan which includes: a written description of the identified safety risk, action taken to ensure safety, and outcomes from the initiative.

EXHIBIT S:

NSPDP SPECIAL VERIFICATION

(Applicant Name)

Active Preceptor: Name / Date _____

Associate Preceptor: Name / Date _____

Co-Preceptor: Name / Date _____

Quality Data Collection (Core): Activity / Date _____

Active Mentor: Activity / Date _____

Peer Interview: Activity / Date _____
Activity / Date _____

Manager's Signature / Team Leader

Date

EXHIBIT T-1:

NSPDP APPROVAL DECISION LETTER

PDP Portfolio Review Date: _____

EMPLOYEE INFORMATION

Name: _____ Employee ID: _____

Credentials: _____ Department: _____

	LEVEL	CORES	ELECTIVE POINTS	MONETARY AWARD
<input type="checkbox"/>	1	_____	_____	\$500.00
<input type="checkbox"/>	2	_____	_____	\$750.00

I hereby acknowledge that the above employee has met the criteria set forth by the Nursing Support Professional Development Program and verified by the PDP Committee.

Signature PDP Chair/Co-chair

Contact Number

Date

EXHIBIT T-2:

DENIAL DECISION LETTER

PDP Committee Review Date: _____

Name / Credentials: _____

This letter is to inform you that your application for the following level has been denied for the reasons stated below.

Level: Level 1 Level 2

Reason(s) for denial:

Please provide notification of your intentions to appeal within 14 days of review.

Sincerely,

Signature PDP Chair / Co-chair

Date

I wish to appeal. I understand I must initiate the appropriate appeal process discussed in the NSPDP program and that a copy of this completed letter with rationale for appeal must be returned to PDP Chair/Co-Chair within 14 days of receipt.

Signature of Applicant

Date

Rationale for appeal:

