|  |  |
| --- | --- |
| Department of Veterans Affairs | PROFICIENCY REPORT |
| SECTION A—INDIVIDUAL REPORTED ON |
| 1. NAME (*Last, First, Middle*)

 **Mary Holston** | 1. SOCIAL SECURITY NUMBER

  | -NAME AND LOCATION OF FACILITY **CAVHCS** | 1. FACILITY NUMBER

**619** |
| 1. GRADE/STEP
 | 1. POSITION TITLE

**Registered Nurse** | 7. PROBATIONARY REVIEW | 8. PERIOD COVERED BY REPORT |
|  |  | DUE | COMPLETED | FROM | TO |
| 9. SERVICE**Acute Care & Specialties** | 1. DATE OF BIRTH
 | 1. SERVICE COMPUTATION DATE

**04/06/2003** |
| SECTION B—NARRATIVE EVALUATION BY RATING OFFICIAL |
| NURSE II CAREER TRACK: CLINICAL X SUPERVISORY [ ]  ADVANCE PRACTICE [ ]  CONSULTANT [ ]  |
| Nurse provided input: | X Yes [ ]  No |
| The nurse had an opportunity to provide input but refused: | [ ]  Yes [ ]  No |
| Dimensions of Qualification Standards and Functional Statement: | COMMENTS |
| **I. *Practice Dimension*****(Practice, Ethics, Resource Utilization)*****a. APPLIES THE NURSING PROCESS TO SYSTEMS OR PROCESSES AT THE UNIT/TEAM/WORK GROUP LEVEL TO IMPROVE CARE. DEMONSTRATES LEADERSHIP BY INVOLVING OTHERS IN IMPROVING CARE.******b. SUPPORTS AND ENHANCES PATIENT SELF-DETERMINATION. SERVES AS A RESOURCE FOR PATIENTS AND STAFF ADDRESSING ETHICAL ISSUES.******c. IDENTIFIES AND ASSESSES RESOURCE UTILIZATION AND SAFETY ISSUES, TAKING APPROPRIATE ACTION.*** |
| \_[ ] \_\_\_UNSATISFACTORY \_\_[ ] \_\_LOW SATISFACTORY \_[ ] \_\_SATISFACTORY \_\_[ ] \_HIGH SATISFACTORY \_[ ] \_\_\_OUTSTANDING |
|  As an ICU nurse I practice the nursing process which I utilize in my every day work and maintain optimum standards of care for our veterans. As a member of the nursing team I encourage staff to organize and use good time management in the event an emergency arises so staff can be readily available such as Code Blue.As charge nurse I make assignments fairly according to patient acuity levels and assist staff as needed. I do charge nurse duties in a timely manner. Which includes prn effectiveness, manhours, checking the beeper to ensure it works and narcotic count. I communicate well with my peers and help as needed. When floating to other units I assist the LPN’s RN’s with starting IV’s and answering any questions concerning patients or medications. For example is the blood pressure to low to give this blood pressure medication or can certain medications be piggyback into another one. I also alert pharmacy if medications are not available or don’t coordinate with physician order such as tab for 150mg and available in pyxis are 100mg tablets.. I encourage our veterans to use the resources available to them such as transportation, ministry services and social services for assistance. I also provide diabetic teaching to our veterans explaining diet and taking medications properly. For example, when I’m at the bedside I talk with the patient and tell them their blood glucose levels and what insulin or medications they will be receiving. As a nurse I maintain a professional attitude toward veterans and staff members. I provide privacy during care and maintain patient confidentiality when speaking about paientt concerns and conditions. I am mindful to always be respectful to veterans and peers. |
| **II. *Professional Development Dimension*****(Education/Career Development, Performance)***a. Acquires* **knowledge and skill to maintain expertise in area of practice. Participates in educational activities to improve clinical knowledge and enhance role performance.***b. Evaluates* **practice of self and others using professional standards, relevant statutes and regulations. Takes action to improve performance.** |
| \_[ ] \_\_\_UNSATISFACTORY [ ] \_\_LOW SATISFACTORY \_[ ] \_\_SATISFACTORY \_\_[ ] \_\_HIGH SATISFACTORY \_\_[ ] \_\_OUTSTANDING |
|  As an ICU nurse I maintain and ensure my ACLS and BLS are current. I complete my assignments in LMS in a timely manner. I attend hospital in-services such as hoyer lift training to make sure I use equipment properly. And Iencourage my peers to use equipment to prevent back injury.I adhere to ICU protocol for admissions and discharges and encourage staff to do the same. During admissions and discharges we go over the admission process to make sure all parts are completed. I also encourage new staff members to use our resources such as the computers to pull up policies and procedures. I also help new staff members as they get familiar with the unit and help with protocols they aren’t familiar with such as our ICU insulin drip protocol and make sure they understand how to use it. I do proficiency for swallowing assessments for M3A and turn in reports on time. Along with another c-worker ensure and follow-up with MRSA swabs that are done in the ICU.  |
| **III. *Collaboration Dimension*****(Collaboration, Collegiality)***a. Uses* **group process to identify, analyze and resolve care problems.***b. Educates* **colleagues and/or students and serves as a preceptor and or mentor.** |
| \_[ ] \_\_\_UNSATISFACTORY \_[ ] \_\_\_LOW SATISFACTORY \_[ ] \_\_SATISFACTORY \_[ ] \_\_\_HIGH SATISFACTORY \_[ ] \_\_\_OUTSTANDING |
| A team approach is the best way to care for patients. As a team brainstorming can help resolve problems and approach those problems with new ideas. For example encouraging staff/family members to use correct equipment when entering isolation rooms and using disposal equipment. Listening to patient complaints and coming up with simple resolutions. For example when patients receive dietary trays with foods they dislike. Call dietary for a substitution tray with the same dietary requirements but different food. Always let the patient be aware he/she has a say in their care. |
| **IV. *Scientific Inquiry Dimension*****(Quality of Care, Research)***a. Initiates* **and participates in quality improvement activities that result in approved outcomes.***b. Uses* **a body of research to validate and/or change work group practice.** |
|  ( ) unsatisfactory ( ) LOW SATISFACTORY ( ) SATISFACTORY ( ) HIGH SATISFACTORY ( ) OUTSTANDING I utilize journal, magazines and the internet to stay current with changes within my scope of practice.I also follow protocol for central line dressing changes to prevent infection and obtain MRSA swabs per protocol. If swabs or any cultures come back positive proper treatment will be practiced such as notifying physician and placing on isolation if needed. I also encourage and practice good handwashing to prevent spread of disease with staff and patients. |
| **Goals and Objectives:**My goal is to ensure proper care of veterans and use optimum standards of care. To continue taking classes toward my BSN and be awarded a BSN degree in 2014. |

|  |
| --- |
| SECTION C – RATING BY RATING OFFICIAL |
| INSTRUCTIONSAn adjective rating will be assigned for each category. The adjective ratings will reflect and summarize how the nurse meets the criteria stated in the Nurse VA Qualification Standard and appropriate functional statement. | **LEGEND:**UNSATISFACTORY: Has not met all criteria.LOW SATISFACTORY: Has met all criteria, but at times performance marginal.SATISFACTORY: Has met criteria, at times exceeds expectations.HIGH SATISFACTORY: Has met all criteria, usually exceeds expectations by a substantial margin.OUTSTANDING: Has met all criteria, consistently exceeds expectations to an exceptional degree. |
| 1. CATEGORY I – NURSING PRACTICE *(Demonstrates a level of professional nursing practice appropriate to grade and functional statement).*

[ ]  UNSATISFACTORY [ ]  LOW SATISFACTORY [ ]  SATISFACTORY [x]  HIGH SATISFACTORY [ ]  OUTSTANDING |
| 1. CATEGORY II – INTERPERSONAL RELATIONSHIPS *(Works effectively with individuals/groups at the level appropriate to grade and functional statement.)*

[ ] UNSATISFACTORY [ ] LOW SATISFACTORY [ ]  SATISFACTORY [x]  HIGH SATISFACTORY [ ] OUTSTANDING |
| SECTION D – OVERALL EVALUATION |
| 1. OVERALL EVALUATION *(An objective appraisal of overall competency based on rating in Section C. See DM&S Supplement, MP-5, Part II, chapter 6, Appendix 6A.)*

[ ] UNSATISFACTORY [ ] LOW SATISFACTORY [ ]  SATISFACTORY [ ] HIGH SATISFACTORY [ ]  OUTSTANDING |
| 1. ENTRIES ON THIS FORM ARE BASED ON:

[x]  Frequent or Daily Contact [x] Frequent Observations of Work Results[ ]  Infrequent Observations of Work Results [ ] Joint Review With:      [ ]  Infrequent Contact With:        | 1. Number of Months Under My Supervision:

  6 |
| 16. For full-time, permanent nurses receiving a Low Satisfactory or Unsatisfactory rating, has the requirement been met for advance counseling documented in writing*? (See DM&S Supplement, MP5, Part II, Chapter 6)* [ ]  YES [ ]  NO [ ]  NOT APPLICABLE |
| 17a. SIGNATURE OF RATING OFFICIAL  | 17b. POSITION | 17c. DATE      |
| SECTION E – COMMENTS OF APPROVING OFFICIAL |
| IF IN DISAGREEMENT WITH RATING, REFER TO DM&S SUPPLEMENT, MP-5, PART II, CHAPTER 6, APPENDIX 6A.      |
| 18a. SIGNATURE OF APPROVING OFFICIALRozelia Bean, RN, MSN | 18b. POSITIONChief Nurse, Acute Care & Specialties | 18c. DATE      |
| SECTION F – RATED EMPLOYEE |
| 19a. SIGNATURE OF EMPLOYEE *(I have seen the approved rating and have had the opportunity to discuss it.)* | 19b. DATE |
| **NOTE:** Concise comments concerning your rating may be submitted in writing to your supervisor and will be filed in your Official Personnel Folder and/or Board Action Folder. |
| PROFESSIONAL CAREER DEVELOPMENT PROGRAM – Nurses in centralized positions and nurses with a masters or higher degree will complete VA Forms 10-5349 and 10-5349a. Recipients of VA Health Professional Scholarship will complete VA Form 10-5349a until obligated service is completed.I have been provided with the following VA Form(s): 10-5349 10-5349a |

Automated VA Form 10-2623 This is a copy of my proficiency report handed in to my nurse manager for evaluation performance in December 2013. I received a high satisfaction for job performance and was promoted to the next grade.