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Program Information

Eligibility Requirements
1. Must be a Registered Nurse (RN) clinician operating under an RN Job Profile including RN Unit Supervisor, RNFA, WOCN Coordinator, RN ED Trauma Specialist, RN Staffing Solutions, OR Service Line Leader or a Forensic Nurse Examiner.
2. Must be in a budgeted and benefit eligible position (.5 FTE or higher)
3. Must have successfully completed the probationary period (first 90 days of employment).
4. Must not be in the progressive discipline process.
5. Overall Performance Check-In Rating Successful or above
6. Must be current in all required hospital and job specific competencies.
7. Must accrue the continuing education hours as described for each level. RN 3 (18 hours) and RN 4 (24 hours)
8. Must include the required evidence in the application portfolio.
9. Must hold a current Inova-approved nursing certification specific to the applicant's clinical specialty area.
10. RNs that meet the RN 4 requirements may directly apply for RN 4 without applying to RN 3 first

Application Process: all professional activities including contact hours and documentation of role activities must be within the 12 months of application
1. Review the job description and performance appraisal standards.
2. Review the application checklist to assure that minimum requirements are met.
3. Meet with the Nurse Manager/Clinical Director to clarify and discuss the application process, agree upon RN 3 or RN 4 designation and identify professional roles and goals.
4. Submit a letter of intent to the Nurse Manager/Clinical Director.
5. The Nurse Manager/Clinical Director will provide the applicant with a letter of support.
6. Compile the application portfolio containing all required documentation as described on the application checklist.
7. Prior to submission of the application portfolio, have an ADVANCE Council member review the portfolio for completion.
8. Submit the application to the hospital's Nursing Clinical Ladder Council by the established deadline.

Evaluation Process
1. The hospital's ADVANCE Committee will confirm that the applicant has received an overall rating of successful on the Performance Check-In.
2. The hospital's ADVANCE Committee will review the application packet and determine if the standards are met. For fewer than three questions regarding the application, the committee will attempt to contact the applicant for clarification on the day of the meeting, via text or call to the phone number(s) provided by the applicant on their resume or biographical paragraph.
3. If the hospital's ADVANCE Committee is unable to contact the applicant, or if there are three or more items for clarification, the application, identifying the areas that need revisions, will be returned to the applicant.
4. If the applicant is not subsequently endorsed for promotion, the ADVANCE Committee will provide written feedback to the applicant, within two weeks of its meeting, to include specific deficiencies that must be addressed in the revised application. The revised application must be re-submitted within three months of the initial application.
5. Resubmissions will be accepted a maximum of two times. After that, a complete reapplication is necessary.

Maintenance Process
1. In order to maintain the level of promotion, the candidate must submit a yearly maintenance packet to their nurse leader at performance check-in time and have an overall rating of successful on the Leader Performance check-in. This packet must include the following:
   a. A copy of their yearly performance self-assessment.   Each performance standard must be rated at successful or higher.
   b. The maintenance application accompanied by evidence forms and supporting documentation. The maintenance application must identify the upcoming year's approved activities that were agreed upon during a conversation between the team member and their nurse leader.
2. If a team member does not have an overall rating of successful, they do not meet the maintenance requirements and may re-apply for the ADVANCE program after the next scheduled annual performance check-in

ADVANCE Application Checklist

The written portion of the application should be typed and presented in a professional, easily accessible form.

☐ **APPLICATION**

☐ **LETTER OF ENDORSEMENT** from the Nurse Manager/Clinical Director (Expires after 3 months).

Letter to indicate RN 3 or RN 4 application.

☐ **RESUME OR BIOSKETCH OR CV**

☐ **CONTINUING EDUCATION RECORD:**
1. Annual Competencies
2. Formal Continuing Education Hours including copies of the certificates: please indicate required number of hours

☐ **RELEVANT AND CURRENT CERTIFICATION IN CLINICAL SPECIALTY AREA**
1. Include copy of Certificate indicating type of certification

☐ **COPY or PHOTO of ACADEMIC TRANSCRIPT**
1. Associate Degree, BSN or higher nursing degree for RN3
2. BSN or higher nursing degree for RN4

☐ **SELF ASSESSMENT** (utilizing the Job Profile documentation on InovaNet)
- Must rank each criterion at Competent or above. Include rationale for Commendable or Distinguished rating
- SIGNED and DATED by the applicant within three (3) months of application

☐ **EVALUATIONS**
Copies of the most recent Inova Peer Feedback Form (see page 6). The peer feedback form must be completed by:
- Two RN peers:
  - One selected by the Nurse Manager/Clinical Director
  - One selected by the applicant.

☐ **ROLE IDENTIFICATION**

Clearly identify roles utilized for Application on ADVANCE

Application/Maintenance Form

☐ **EVIDENCE FORMS AND DOCUMENTATION**

PLEASE NOTE: All examples including education/presentations/committees/staff meetings are applicable for twelve (12) months. (An application to the Clinical Ladder Council in August may include examples from the previous August through that July.) The Submission Date determines the end of the 12-month time frame. Applications need to clearly indicate roles that applicant is utilizing for application.

☐ **APPLICATION REVIEWED** for completion by a Council member prior to submission (This is only to verify that all the components of the portfolio are included, formal review for promotion endorsement done by the Council at the next scheduled meeting after submission).

Name of Council member: _____

Date: _____

Sample Letter of Endorsement for ADVANCE Application

To: The ADVANCE Committee
From: (Nurse Manager/Clinical Director)
Date:
Subject: Endorsement of ADVANCE application

This letter is to endorse_____'s application for progression in the ADVANCE program and professional practice. I support his/her decision to ADVANCE to_____. His/Her last Leadership Check In was rated successful or above in each performance standard.

I have included the following observations and or comments from the applicant's performance appraisal:

1. My Job

2. My Team

3. My Inova

_____   _____

Nurse Manager/Clinical Director Signature   **Date**

ADVANCE Application/Maintenance Form

- For individuals initial application to ADVANCE, this form should be completed and submitted with the other components of the application package

- For individuals who intend to maintain their current ADVANCE level, this form is to be completed at the applicant's **yearly performance check- in** in order to prepare for the next year.

Name _____

Unit _____

FTE Status: _____

Certification in Clinical Specialty area: _____

Maintenance Level: ☐ RN3 ☐ RN4

Highest nursing degree completed: _____ (RN4 must hold a BSN or higher unless grandfathered in with the 2011 ADVANCE update))

Number of contact hours completed: _____
Required number of education contact hours: RN3 = 18 hours, RN4 = 24 hours
Note: College credit for courses required to complete a degree in nursing can be converted to contact hours.
1 college credit = 15 contact hours.

Roles/Activities (select 3):
Attach all required evidence for each role as outlined on the roles and activities evidence checklist.

☐ Charge Nurse
☐ Committee/Council Participation
☐ Competency Validator
☐ Preceptor
☐ Presenter
☐ Professional Practice
☐ Research or Process Improvement
☐ Super User/Champion
☐ Volunteer

Signatures
Your signature indicates you have reviewed the attached evidence to support the selected roles/activities and you agree the requirements have been met.

Applicant Signature and Date _____

Director Signature and Date _____

Print Director Name: _____

ADVANCE

Inova ADVANCE RN Peer Feedback Form

Inova Health System- Nursing Peer Feedback (v. 2020)

Team Member Name (Receiving feedback)_____

Department:_____ Campus: _____

Instructions:

This form is to be utilized by nurses in **all roles and levels**. The behaviors identified in this form reflect the Inova values.

This is a professional development and feedback process, not part of the formal managerial evaluation process. The form is to be returned to your immediate supervisor for filing and professional development follow up.

NOTE: Professional development is a broad term, meaning much more than returning to school, obtaining certification or ADVANCE levels. It encompasses all forms of lifelong learning, both formal and informal.

Peer feedback should be documented via this form annually **(August1-October 31, 2020).**

The immediate supervisor chooses one peer to evaluate another and the team member chooses another.

Peer to peer feedback requires:

- **The person providing feedback is in an equivalent role to the recipient. For RNs who function in departments where they are the only RN, nurses who interface with them from other areas should be completing it.**
- **Best practices utilizing 5:1 feedback; administered with respect and caring.   Written feedback is shared verbally face to face.**

Evaluate on the scale of:

1 Novice……………………………………2………………………………………3…………………………………….4………………………………….5 Expert

Novice means there is much opportunity for professional development and expert means that the person exhibits behavior worthy of role modeling every day and little development need.

Criteria for feedback:

1. Demonstrates support for "Patient Always" working with empathy and compassion, every time, every touch. Problem solves in the moment. Demonstrates proactive problem solving. Acts with confidence and certainty to provide calm for all.

☐ 1 Novice ☐ 2 ☐ 3 ☐ 4 ☐ 5 Expert

2. Creates an environment of respect and growth, where contributions are recognized and rewarded. Assumes positive intent. Demonstrates self-awareness in communication.

☐ 1 Novice ☐ 2 ☐ 3 ☐ 4 ☐ 5 Expert

3. Challenges self to learn continuously, develop new skills and invest in self care

☐ 1 Novice ☐ 2 ☐ 3 ☐ 4 ☐ 5 Expert

4. Shares knowledge and information with fellow team members proactively, openly and directly. Communicates effectively to achieve results.

☐ 1 Novice ☐ 2 ☐ 3 ☐ 4 ☐ 5 Expert

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5. Is intentionally inclusive, seeking diverse views and ideas, to make timely and appropriate decisions. Acts to promote one team, stronger together as a unified healthcare system.

☐ **1 Novice Expert**   ☐ 2   ☐ 3   ☐ 4   ☐ 5

6. Builds trust by keeping confidences and commitments. Demonstrates fairness. Exhibits courage in respectful and candid discussion, even when it is controversial. Role models ethical standards.

☐ **1 Novice Expert**   ☐ 2   ☐ 3   ☐ 4   ☐ 5

7. Is open to change and the ambiguity and risk it brings. Drives results with high reliability; holds one's self accountable and encourages others to the same.

☐ **1 Novice**   ☐ 2   ☐ 3   ☐ 4   ☐ 5
Expert

Please utilize 5:1 feedback to offer any comments on examples of the behaviors in action (for every opportunity for improvement there are five strengths or positive exemplars of expert ability cited). Each time there is an observation of a strength or area of improvement for professional development, share that feedback promptly with your peer and use the form to document it, adding to it each time, retaining it until it is complete. This promotes real time feedback. The date signed is the date when the form is fully complete and ready to submit to the leader.

Strengths:

1.

2.

3.

4.

5.

Opportunity:

Feedback RN source: _____

Final Date Shared: _____

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