EP15: Nurses at all levels engage in periodic formal performance reviews that include a self-appraisal and peer feedback process for assurance of competence and continuous professional development.

EP15a: Provide an example, with supporting evidence, of clinical nurses using periodic formal performance review that includes a self-appraisal and peer feedback process to enhance competence or professional development.

Introduction

In their 2014 position statement on professional role competence, the American Nurses Association wrote that “the public has the right to expect registered nurses to demonstrate professional competence throughout their careers... the employer is responsible and accountable to provide an environment conducive to competent practice. Assurance of competence is the shared responsibility of the profession, individual nurses, professional organizations, credentialing and certification agencies, employers, and other key stakeholders.”

One way to ensure the competence of clinical nurses and to promote their professional development is through formal performance review. The importance of the annual performance review is codified in Massachusetts General Hospital (MGH) and MGH Department of Nursing policies:

- The 2016 MGH Human Resources “Performance Evaluation” policy (attachment EP 15a.a) states “it is expected that the process of Performance Evaluation be an ongoing dialogue that occurs informally on a day-to-day basis. The written Performance Evaluation is only one step in this process. It is required that every employee receives this written evaluation of his/her work performance on at least an annual basis. The evaluation shall be based on the employee’s work performance and on expectations/standards communicated to the employee by management.”

- The Department of Nursing policy titled, “Registered Nurse Annual Performance Evaluation” (attachment EP 15a.b), states that “nurses who are organizationally accountable for this process (i.e. “nurse manager”) evaluate Registered Nurses.” The required components of each performance appraisal are: self-evaluation, peer review and manager evaluation. In reviewing these three components the nurse manager and the employee develop and agree on professional development goals for the upcoming year.

Elements of the Performance Appraisal

The Performance Appraisal for the clinical nurse occurs in a face-to-face meeting between the clinical nurse and his/her Nursing Director (ND) and is comprised of:
• Self-evaluation including a review of the past years goals and their status
• Goals for the next year
• Standards of Behavior—MGH Mission, Credo and Boundaries/Confidentiality Agreement
• Nursing Director’s evaluation and comments
• Peer Review
• Clinical Narrative

Each element of the Performance Appraisal process is described below.

Self-evaluation and Review of the Past Year’s Goals

Self-evaluation allows clinical nurses to reflect on their performance over the past year focusing on times of growth and accomplishment as well as identification of challenges and opportunities. The format for the self-evaluation focuses on five areas of clinical practice:

• Clinician/Patient Relationship
• Collaboration/ Communication/Teamwork
• Clinical Knowledge and Decision-Making
• Professional Development
• Quality and Safety, Practice Improvement and Innovation, and Efficiency.

These themes reflect components of Nursing & Patient Care Services’ Professional Practice Model and Clinical Recognition Program and the accountability and responsibility of clinical nurses to continually pursue their professional development. Clinical nurses rate themselves on a scale from 1 (unacceptable) to 5 (exceeds expectations) for each element.

The ability to reflect on the past year allows clinical nurses to review their past year’s goals and the status of those goals. This level of review ensures accountability for goal attainment and if the goals were not attained, a chance to dialogue with the ND on why they were not achieved and what support is required to achieve them.

Employee Goals for the Coming Year

Given the unique role nurses play in healthcare and society, nurses constantly strive to develop and challenge themselves to learn as a way to grow in their practice. Through goal setting, the clinical nurse is able to identify opportunities for professional development, to ensure competence in the delivery of care, and to improve the care of patients on their units and across the hospital. The ND and clinical nurse mutually agree on the goals for the coming year.
Standards of Behavior—MGH Mission, Credo and Boundaries/Confidentiality Agreement

All MGH employees annually attest that they will adhere to the hospital's mission, credo, and boundaries and confidentiality agreements. In doing this, employees commit to the well-being of our patients by providing high-quality, compassionate and culturally-sensitive care and to adhere to all MGH policies and procedures. All MGH employees annually attest that they will uphold their ethical and legal responsibilities to maintain the confidentiality of patients and their health information.

Peer Review

Peer review is defined by the American Nurses Association as, “the process by which practicing registered nurses systematically assess, monitor, and make judgments about the quality of nursing care provided by peers as measured against professional standards of practice.” The MGH Nursing Peer Review tool requires the clinical nurse to ask a colleague to complete a peer review on one of three themes: clinical knowledge and decision-making, clinician/patient relationship, and teamwork and collaboration. These themes were adopted from the Nursing and Patient Care Services (N&PCS) Clinical Recognition Program. The peer evaluator is asked to select one theme they identify as strengths in the clinical nurse’s practice and one theme where there is a practice development opportunity. The form is signed by both the peer evaluator and the clinical nurse being reviewed.

Clinical Narrative

Clinical narratives are a component of the N&PCS Professional Practice Model and once a year, clinical nurses across N&PCS submit a narrative as part of their annual performance appraisal. Inclusion of the narrative is an opportunity for the clinical nurse to reflect on and discuss his/her practice with their ND through the story of a patient. The occasion for the ND to listen and engage with the clinical nurse on the care of their patient begins a conversation which allows the performance appraisal to come alive and opportunities to ensure competence and professional development may be identified during this discussion.

Nursing Director’s Evaluation and Comments

The ND carefully reviews the clinical nurse’s self-evaluation and their rating for each area of clinical practice as well as the previous year’s goals and the goals for the coming year. They then give their own rating for each area of clinical practice and comment on the clinical nurse’s performance over the past year. The clinical nurse is then able to write any comments they have based on the performance appraisal.
The following example of a formal performance review of a clinical nurse illustrates that self-appraisal and peer feedback can contribute to the ongoing process to enhance the nurse's competence and professional development.

Example

Karen Rosenblum, RN, BSN, is a Clinical Nurse and Attending Registered Nurse (ARN) on the Psychiatry Unit (Blake 11). The ARN is a unit-based clinical nurse who, through leadership and coordination, ensures continuity from admission to discharge, by facilitating the plan of care with the nurse caring for the patient, the patient and family, and the interprofessional team. Approximately one month prior to her evaluation date (November 20, 2016), Rosenblum was notified by her ND, Tina Stone, RN, MSN, PMHCNS-BC, that her performance appraisal was due and sent her the performance appraisal documents. Stone asked Rosenblum to return the completed forms to her at least one week prior to her scheduled appraisal (attachment 15a.c).

In her self-assessment of the five clinical practice areas, Rosenblum ranked herself in each area a 5. A 5 is defined as “exceeding expectations, the employee’s performance is outstanding and extends beyond expectations.” In reviewing her achievement of her 2016 goals:

- Maintain and hope to improve the ARN driven quality metrics (reduced length of stay; increased pre-noon discharges)
- Continue her education toward achieving certification.

Rosenblum noted that while her goal to improve the ARN-driven metrics had been met, she had not yet achieved her professional development goal of achieving professional certification. She hoped to achieve this goal in the coming year and added it to her 2017 goals.

Rosenblum completed her Healthstream modules on MGH Standards of Behavior (includes Mission, Credo and Boundaries) on October 25, 2016 and the Confidentiality Agreement on November 2, 2016.

Rosenblum asked her colleague, Clinical Nurse Denise Studley, RN, BSN, RN-BC, to be her peer reviewer. Studley described Rosenblum as someone “who has always been able to share her knowledge of the patients and their conditions with the residents, interns and nursing staff.” Studley also noted that Rosenblum “is always willing to help out whenever we need her. She will assist staff with ADLs, restraint issues, and discharges when they are complex and the staff nurse needs assistance.”

Studley reinforced the need for Rosenblum to attain her goal of enhancing her professional development by taking a professional certification exam. Studley wrote that “clinical knowledge and decision-making are truth strengths of Rosenblum. Staff go to Rosenblum because of her vast knowledge of psychiatric nursing and clinical issues. I
believe she should take the opportunity to sit for the certification exam in psychiatric nursing.”

Stone supported Rosenblum’s assessment that her practice “exceeded expectations.” She noted that Rosenblum has continued to help all of the teams focus on the goals of admission for each patient which continues to contribute to a decreased length of stay (around 9 days) and a marked increase in pre-noon discharges. Stone also commented on Rosenblum’s impact on quality improvement measures as well as taking on the role of co-chair of the ARN group.

Stone and Rosenblum discussed steps that she needed to do to achieve the goal of professional certification. Rosenblum noted that her participation on the RN substance abuse education pilot is the incentive she needed to achieve certification as a Certified Addictions Registered Nurse. Stone and Rosenblum agreed on the following goals for 2017 which would continue to support her professional development:

- Participate in the RN substance abuse education committee.
- Sit for the Certified Addictions Registered Nurse exam.
- Co-chair the ARN group
- Serve on the Peer Review Revision Process Team which will give feedback to nurse leaders on opportunities to improve Nursing’s peer review forms and process.

Rosenblum shared her narrative with Stone which focused on her care of RM, a 34-year-old woman who suffered from depression, alcohol and opiate use disorder, and a seizure disorder. RM was admitted to Blake 11 with suicidal ideation following significant alcohol use. When she meets RM, Rosenblum’s skill and empathy are evident when she recognizes that RM is embarrassed that she was been re-admitted. Rosenblum immediately puts her at ease by reassuring her “We are not here to judge, but rather to help during this difficult time.” Rosenblum’s role as the ARN allows her to provide consistency for RM as she works to adjust and engage in the therapeutic milieu. Rosenblum used her skill and humor to encourage RM’s participation, “I would use humor to point out her reluctance to participate. This was an effective way to connect with RM who struggled with the dichotomy of her high functioning successful self and her current situation of being a patient on an inpatient psychiatric unit.”

Her alliance with RM is tested as the team began to plan for RM’s discharge, a subject that she and her parents had struggled with. Rosenblum wrote “I challenged her resistance. I understood that she was not acknowledging her own anxieties rather externalizing them. I challenged her negative thinking. I challenged her fears and offered support.”

At the family meeting prior to discharge, Rosenblum recognized RM’s parents’ anxiety and fear that RM would repeat past behaviors. Again Rosenblum shows her skill by writing, “I was comfortable being direct in addressing their fears in the meeting and did
not avoid the difficult conversations...I had established a rapport with RM that was both compassionate and firm.”

RM was successfully discharged home and Rosenblum continued to speak with her as she transitioned. Rosenblum worked with RM on managing her AA meetings and finding a long term care substance abuse program in her town. Rosenblum offered support and advice to RM and, as she transitioned to a new normal, RM felt a new emotion, hope. “She thanked me for being available to answer all of her questions and being a support during and after her hospitalization.”

Stone and Rosenblum discussed her narrative and her skill in managing a complex, treatment adverse patient as well as her frightened parents. Together, they identified the importance of her role as an ARN in providing continuity for the patient and the team during the patient’s stay and her transition home.

The above example demonstrates how the annual performance appraisal enhances the clinical nurse’s reflection, achievement of goals and professional development.

References

American Nurse Association Statement on Competence (2014) Silver Springs, MD