9.7 Describe how the peer review process is used for professional growth at all levels in the organization.

At the Massachusetts General Hospital (MGH), the engagement of all staff, clinical and support, is part of the organizational culture. Peer review has an essential role in strengthening professional practice and empowering the workforce. Articulated in the original Patient Care Services’ professional practice model 11 years ago, peer review was cited as a key component of practice.

**PCS Professional Practice Model (1996 version)**

Today, in the revised Professional Practice Model (OOD 14), peer review is even more prominent and has evolved into an integral element of the Clinical Recognition Program.

**Clinical Recognition Program**

It is expected that professional nursing at MGH is practiced in an environment in which nurses openly share feedback on a consistent and constructive basis. Peer review is a required component of portfolios for the Clinical Recognition Program advancement (described in Force 4.1), as well as annually in most practice areas with Performance Appraisals (also described in Force 4.1). Portfolio development classes, offered by The Norman Knight Nursing Center for Clinical & Professional Development (The Norman Knight Nursing Center), support skill-building to help clinicians gain confidence in providing and soliciting peer review.
Narratives are utilized as a tool for clinicians to reflect on their practice and for Nursing Directors to provide nurses with the feedback they need to plan and pursue their professional growth and to improve the care they provide. As such, it is an adjunct to self-assessment, professional-goal setting, portfolio enhancement, the Clinical Recognition Program panel review, competency assessment, and in determining the level at which each nurse practices.

The Clinical Recognition Program was developed in response to clinician’s request to create a mechanism to formally acknowledge and reward the professional practice of clinicians practicing in direct care roles. Through the program, clinicians from six disciplines in Patient Care Services analyze their own practice and can seek recognition for the level of practice that they believe they have achieved. The disciplines include: Nursing, Occupational Therapy, Physical Therapy, Respiratory Therapy, Social Work, and Speech-Language Pathology. The Clinical Recognition Program includes peer review through the constructive review and feedback from the interdisciplinary team about the clinician’s portfolio.

Clinicians seeking recognition as an Advanced Clinician or Clinical Scholar must assemble a professional portfolio. The portfolio includes the Director’s endorsement, a cover letter, a resume, letters of support, and a clinical narrative that describes his/her practice. For the Advanced Clinician and Clinical Scholar portfolio, applicants must have at least one letter of support external to their discipline.

A twelve-member interdisciplinary review board, that includes staff recognized as Advanced Clinicians and Clinical Scholars from the six disciplines in Patient Care Services, reviews the clinician’s portfolio. Review board discussions are confidential. Three of the twelve members lead a more in-depth portfolio review and interview the clinician. One of the three members must be from the applicant’s discipline. Members may also consult with an expert from the clinician’s specialty in order to assess clinical knowledge. The three members summarize the interview and bring recommendations to the full review board. The board determines by consensus whether the clinician should or should not be recognized at the level for which he/she has applied. If the clinician is not recognized, the clinician is notified in writing. The letter includes recommendations regarding the clinician’s practice and portfolio and provides the name of a contact person on the review board. The clinician is encouraged to follow-up with the contact person on the review board with any questions for clarification and/or coaching. With the staff member’s permission, the applicant’s Director is also notified of the decision so he/she can provide additional coaching and support.
360 Leadership Assessment

In 1997, the Senior Vice President for Patient Care and Chief Nurse was selected as an inaugural member of the Robert Wood Johnson (RWJ) Executive Nurse Fellows program. An important aspect of this program was the 360-degree evaluation. Her 360 evaluation included feedback from representatives of her direct reports, her direct supervisor (President of MGH), board members, and a random sampling of her peer group. From this, her personal development plan was created. Since leaving the RWJ Fellowship, the Senior Vice President for Patient Care/Chief Nurse has been an active member on the Board for the RWJ Nurse Executive Fellows Program as well as being appointed to the RWJ Fellows National Advisory Committee. Active participation in this nationally recognized program has provided her with continued access to the RWJ core resource team and opportunities for participation with her RWJ peers in numerous educational offerings.

Leadership development has been an ongoing key initiative in the Department of Nursing and throughout Patient Care Services at MGH. To meet this commitment, MGH began offering Leadership Development Programs in 1998 through The Norman Knight Nursing Center. Some of the programs offered by The Norman Knight Nursing Center include: Narrative Analysis, Team Building, Introduction to Meyers-Briggs Type Indicator, the Application of Meyer-Briggs in Problem-Solving and Decision-Making, Conflict Management for Nurse Leaders, Ethical Decision-Making for Leaders, and Caregiver Skills.

In February 2002, the Patient Care Services Executive Committee approved the Nursing Director Leadership Development Program which built on prior leadership development programming. At that time a definition for leadership, *challenging the process, inspiring a vision, enabling others to act, modeling the way and encouraging the heart*, and ten associated competencies were adopted. The program provided specific leadership development for Nursing Directors and for Patient Care Services Executive Committee members. The contract with the Advisory Board Company for the 360 Leadership Assessment demonstrated MGH’s commitment to support this process. This model incorporated confidential peer review from the feedback team that consists of twelve individuals; the Nursing Director, the Nursing Director’s Associate Chief, five interdisciplinary peers (i.e., Physicians, Department Managers, other Nursing Directors) and five direct reports (Staff Nurses).

In 2002, the first phase of the PCS Leadership Development Program focused on Nursing Directors and began with a confidential 360-leadership assessment that was administered by a
national organization, the Nursing Leadership Academy of the Advisory Board Company. Each Nursing Director received confidential results from the survey at a Management Intensive Workshop given by the Academy. The aggregate score was shared with Nursing Directors and comparative data were available from across the country. In addition, each Nursing Director submitted individual goals to their Associate Chief Nurse. All goals were shared with the leadership in The Norman Knight Nursing Center to be used for future curriculum planning.

In 2003, a Nursing Director Task Force was established, with the primary responsibility of leadership development review and design. The Task Force determines each year’s curriculum and is facilitated by the Norman Knight Center. Current evaluations indicate that this is a very successful program. Oversight for this program rests with the Associate Chief Nurse Group. The 2003 results of the most frequently identified goals among Nursing Directors indicated that building relationships and communication were the themes that should drive initial program development. The 360-degree assessment was then repeated in 2005 for new Nursing Directors with essentially the same results.

In 2005, program themes were updated based on goals identified from the 360 results along with input from Associate Chief Nurses and Nursing Directors. Themes identified for educational sessions included: strategies for building relationships; enhancing communication skills; creating a narrative culture; promoting a culture of quality and safety; and supporting work-life balance.

In 2006, a comprehensive evaluation of the Nursing Director Development Program was conducted. Nursing Directors were asked to share the impact the programming has on their leadership practice. Below is a sampling of what they shared:

“My leadership practice has improved in the area of giving timely feedback to colleagues and staff which leads to improved outcomes.”

“I’ve able to more clearly articulate my goals and develop step-by-step project timelines.”

“I felt the safety workshop reinforced my ability to leverage my position within MGH to improve patient safety.”

“When working with staff, I now not only listen to what they are saying, but I pay closer attention to what’s being said between the lines.”

“I feel that I have the skills to participate in difficult conversations.”

In addition, the Nursing Directors identified topics they would like to see covered in future Nursing Director Leadership Academy sessions. Topics included:

♦ Innovative patient care delivery models
More information on team development and maximizing the potential of your staff

Managing on a four-day workweek

Effective communication tips for leaders

Strategic planning processes; how to translate a vision into reality

Developing interdisciplinary, collaborative relationships and teams

Leading versus managing

Group dynamics

More on managing conflict situations

Quality and safety

Nursing Director attendance at the Nursing Director Leadership Academy sessions is listed in Force 14.2.

Also in 2006, the 360-degree evaluation process was rolled out to the Clinical Nurse Specialist (CNS) group. As outlined in Force 11.3, the results of the evaluation led to the creation of a plan and curriculum through a similar process to address CNS leadership development learning needs.

Performance Evaluation

The MGH policy on performance evaluation states the process is an ongoing dialogue that occurs informally, but also requires a written annual evaluation (Force 4.1). The criteria in position descriptions provide the basis for evaluation. All leadership position descriptions address the requirement for developing collaborative and interdisciplinary team partnerships to effectively plan, deliver, and evaluate patient care. There is ongoing dialogue and feedback among interdisciplinary peers, and input from other disciplines solicited by managers for the written evaluation.

The annual performance appraisal provides a process by which ongoing dialogue and feedback among interdisciplinary peers is reflected upon in a collaborative way. Those being evaluated self assess progress/achievement of goals established one year prior. The evaluator, with interdisciplinary collaboration, completes the same process and together conclusions are drawn as to the degree to which individual performance and/or other factors influenced outcomes. The performance appraisal tools provide the opportunity for constructive feedback from the interdisciplinary team. The performance criteria sections in this tool which provide an opportunity to provide constructive feedback among interdisciplinary peers are: interpersonal and
The following narrative from Bessie Manley, RN, MPH/HA, Nursing Director, Phillips House 22 General Surgery, describes the annual review process from her perspective:

“The Annual Review for Staff Nurses (and all staff) is a continuous professional development process. Even though the formal review takes place on the Staff Nurse’s anniversary date, I continually meet with staff throughout the year to touch base on practice, goals and expectations. During the evaluation, there should be no surprises for the nurse – any concerns with practice or behavior are addressed as they arise and then discussed at the evaluation regarding improvement or the need for continued attention by the nurse.

I believe the evaluation process creates an opportunity for the Nursing Director and Staff Nurse to meet and discuss practice, behavior, and expectations. It also allows us to provide feedback to each other so that we have a clear vision of what is expected from both of us, throughout the coming year.

Two months prior to the evaluation, the staff member receives a formal evaluation packet that contains the hospital information that must be completed by their anniversary date. The staff person is given two months to complete the required training, competencies and to complete a clinical exemplar. I set up a scheduled time to meet with the Staff Nurse to discuss the annual review. Parallel to this, in preparation for our meeting, I write up an evaluation based on feedback from the unit’s Clinical Nurse Specialist, my observations of the nurse’s practice, relationships with staff, patients and families, and my review of documentation. Finally, I create an evaluation summary based on the themes from the Clinical Recognition Program.

At our meeting, we review the hospital-required elements for the annual review. I have the Staff Nurse discuss the clinical exemplar and why she chose this particular example of practice. I read my evaluation to the Staff Nurse which is based on my observations, and finally we discuss the past year’s goals and set mutually-accepted goals for the upcoming year. It is a wonderful opportunity for both of us to discuss practice and expectations. I always end my conversation with the staff by asking them “What do you need from me as your Nursing Director?” This provides me insight into my practice regarding the following: Am I communicating effectively with staff? Am I able to clearly articulate the unit’s vision to staff? And, am I supporting staff in such a way that promotes successful achievement of patient outcomes and professional accomplishments?

One example comes to mind. I had been the Nursing Director on Phillips House 22 for a short period of time, and it didn’t take long to become aware of Staff Nurse, Heather Szymcak’s passion for helping out communities in Central America. Heather is actively involved in missionary work through her church, and I noted that during her vacation she would travel to communities with her church to provide much needed supplies and health care. At one of our informal meetings in the Fall of 2006, I discussed the Durant Fellowship with Heather and encouraged her to
apply, knowing that this would be a wonderful opportunity for Heather to bridge her passion for health care with her desire to provide care to underprivileged communities abroad. At this same meeting, we also discussed her goal of applying to a Collaborative Governance Committee. I encouraged Heather to apply to Staff Nurse Advisory to represent the voice of nurses on Phillips House 22. At Heather’s evaluation in February 2007, we were able to review what she had accomplished since our last meeting: Heather had successfully submitted her application to the Durant Fellowship and she was now a member of the Staff Nurse Advisory Committee. As Heather’s manager, it’s rewarding to have the opportunity to shape staff’s professional and personal goals.”

In this next vignette, Amanda Stefancyk, RN, MSN, MBA, Nursing Director, White 10 General Medicine, describes the value of the peer review tool she uses with her staff:

“The peer evaluation tool used on White 10 General Medicine helps nurses to gain better insight into how their work is perceived by the team. Every year during the evaluation process, nurses are offered the opportunity to voluntarily participate in the peer review process. If they wish to participate, they are handed five peer review tools by the Nursing Director. It is then suggested that they hand these tools out to those staff members from whom they wish to receive anonymous feedback. They are cautioned not to hand out the tools to all their friends as the feedback may all very positive, and offer no insights about areas for growth. It is suggested they pass the tools out to those nurses they work with closely and who know their work.

Nurses are asked to fill out the form honestly and if criticism is necessary, it is very constructive and balanced with some positive feedback. Hopefully all five sheets will be returned to the Nursing Director who will transcribe as to keep the feedback anonymous. Those who fill out the form are educated about the importance of the last two sections, “please comment on perceived strengths” and “please comment on suggestions for growth and development.”

Attached are two illustrations of the results of the tools (attachment 9.7.a and attachment 9.7.b). As you can see, some of the feedback touches on how the nurse is perceived from a teamwork aspect and demeanor. Some of the suggestions for growth include: precepting a new graduate; exploring the resource nurse role; work on your leadership on the unit; join a committee; be more aware of yourself in stressful situations, such as codes; precept a student; seek out more educational classes and ACLS; work on attendance; seek opportunities outside of White 10; work on confidence in clinical situations.

The feedback from the staff that have participated is very positive. Being a new leader, it was hard giving feedback during evaluations about their clinical work when I was fairly new. I think they liked having an idea as to how their peers perceived their work. I think they have taken the ideas suggested and have sought out more growth opportunities. Maybe they have thought they were too new to precept a student nurse. Having a staff member suggest
that and validate their clinical skills and progress makes the nurse think they are capable of taking on something like this. Others have sought out educational classes, committee membership and pursued specialty certification.”

**Advanced Practice Nurses**

MGH has a privileging and peer review process for advanced practice clinicians, which encompasses the disciplines within Patient Care Services. Advanced practice nurses are included in the policy Credentialing and Authorization of Nurses, Physician Assistants, Physical Therapists, Social Workers, Speech-Language Pathologists, Pharmacists, Dieticians, Chaplains, and Child Life Specialists who are MGH employees.

The General Executive Committee has delegated accountability for authorizing non-physician clinicians to the Senior Vice President for Patient Care and Chief Nurse. To facilitate the processes associated with credentialing, there is a Health Professions Staff Committee that is charged with:

- creating a framework for the process of credentialing and authorization of nurses and other health professionals
- enhancing the mechanisms for credentialing including the application/reapplication review process

This Committee reports to the Chief Nurse and the policy guiding the Committee’s work can be found in OOD 10.d. The policy begins with providing proof of licensure and certifications prior to hire and includes the process for initial authorization for Advanced Practice Nurses. In order to be authorized to practice in an expanded role, the Advanced Practice Nurse also submits guidelines developed in collaboration with their respective supervising physician. Following approval by the supervising physician, the Health Professions Staff Committee designates specific nurse members to provide content review and recommendations regarding approval for new or revised practice guidelines. If the reviewing members of the Health Professions Staff Committee do not have the clinical expertise to evaluate an application, they seek consultation from an Advanced Practice Nurse with a similar specialty and scope of practice from outside of the Committee. The Committee reviews and makes recommendations regarding approval to the Associate Chief Nurse of the practice area as well as the Chief Nurse.

Advanced Practice Nurses are required to resubmit guidelines to the Health Professions Staff Committee at least every two years, or more frequently if the scope of practice changes or if the supervising physician changes. Attestation that prescriptive practices have been monitored by
the supervising physicians in accordance with the Massachusetts Nurse Practice Act, is reviewed at
the time of reauthorization. The Health Professions Staff Committee reviews attestations and
guidelines and makes recommendations regarding reapproval to the Associate Chief Nurse of the
practice area and the Chief Nurse.

In early 2006, the staff in the Norman Knight Center conducted a learning needs assessment
of the Advanced Practice Nurses at MGH. Attachment 9.7.c is a poster presentation of the
assessment findings. Learning needs were identified and Advanced Practice Nurse Education
sessions were launched on the first Wednesday morning each month from 8:00am – 9:00am. Here’s
a recent copy of an email marketing the next session:

From: McAdams, Mary, R.N.
Sent: Tuesday, October 02, 2007 9:41 AM
To: PCS Clinical Nurse Specialists; MGH MGPO Nurse Practitioners; MGH MGPO Physician Assistants
Cc: PCS Assoc Chiefs & Directors; PCS Clinical Supervisors; PCS Nursing Directors; PCS Project Managers
Subject: APC session

Hi Everyone,
Please attend and invite your colleagues to attend the next advanced practice session.

**Postmenopausal Osteoporosis: Diagnosis, Management, and Clinical Controversies**
Joel Finkelstein, M.D.

October 3, 2007
8:00am to 9:00am - Presentation
7:30am to 8:00 am - Breakfast and Networking
Haber Conference Room - Blake 1
1 Contact Hour

Massachusetts General Hospital (OH-239/10-1-08) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation

Criteria for successful completion include attendance at the entire event and submission of a completed evaluation form

**Personalysis**

Lastly, Personalysis was introduced at MGH by the Hospital President in 2006 as a tool to
enhance communication and teamwork with the Senior Executive Team. Personalysis data enables
people to understand differences and work more effectively with others.

Personalysis is a scientific management tool that provides a unique assessment of an
individual’s personality. It provides insights into how people think, how they solve problems, how
they deal with others, and how they cope under stress. Each person participating in the program
completed a questionnaire about decision-making styles and how they relate to the team. After
answering the questions, individuals received a personalized 13-page, written interpretation of their personality. Each Report includes an easy-to-use snapshot of the respondent’s personality called a Colorgraph. An application guide in the form of an interactive CD accompanies each report. Once completed, the entire executive team attended a two-day program to discuss each individual’s personality and the respective impact on the overall team. This peer review program then led to the identification of professional development needs and to the development of the MGH Leadership Academy (described in Force 14.14).

Since the initial roll-out of Personalysis to the MGH Senior Executive Team, the process has been replicated for teams across the hospital including the Patient Care Services Executive Committee (PCSEC) (see attachment 9.7.d) and unit-based and department-based teams. For the PCSEC, the colorgrams are used to guide the selection of teams to work on various initiatives. It has also been an invaluable tool for helping to provide insights into conflict situations by providing a better understanding about how different individuals may think, and more importantly, how individuals may approach the same situation differently.
Massachusetts General Hospital
White 10
Peer Review Tool – Staff Nurse
Please respond to the following questions for Nurse X, Department of Medical Nursing. Your honest, constructive input is valued and is very useful in the development and evaluation of your peer. Please evaluate your peer based on consistent behavior 80% of the time. Please return to the Nurse Manager. Please do not write your name. Thank you.

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<td>2. Coordinates involvement of the patient, family, and health care team members to address the physical, psychological, social, and spiritual needs of the patient.</td>
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<td>3. Identifies, communicates, and follows through with appropriate interventions related to acute and subtle changes in patient condition or treatment.</td>
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<td>5. Maintains and updates clinical knowledge and skills based on current nursing education practices. Shares new knowledge and skills with others; actively promotes the development of self and others.</td>
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Comments:
- Nurse X is an amazing asset to our floor. I can always count on her to give the most astute care to her patients and pass on all the appropriate info.
- When I work with Nurse X, I can really tell she likes her job. She seems to go out of her way to increase her knowledge and skills, and she is always willing to help or answer questions.
- Nurse X is very knowledgeable nurse who is very serious about continuing her education and learning how to better help patients.

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<td>2. Helps define standards of excellence for patient care.</td>
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<td>5. Utilizes resources</td>
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### Comments:
- Nurse X rarely calls out and can be depended on to help cover scheduling needs or to make switches.
- Nurse X is very knowledgeable and good at utilizing hospital resources to better patient care, she is a good resource to us in this area.

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<td>2. Treats others with respect and courtesy; respects diversity.</td>
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<td>3. Provides feedback in a timely manner. Uses &quot;I&quot; statements, describes behaviors, limits discussion to the event at hand; maintains confidentiality.</td>
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<td>4. Remains constructive and positive, and focused when faced with challenges in the working environment.</td>
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<td>5. Works collaboratively with peers.</td>
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<td>6. Maintains calm and effective behavior during stressful situations.</td>
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Please comment on perceived strengths:
- I think it was fantastic that Nurse X went to the Med-Surg conference! What a great way to represent our floor and increase her knowledge.
- Nurse X has a way of always connecting with her patients.
- Nurse X has a strong personality with her nursing care and her leadership roles. She knows how to achieve results not only as a nurse, but also as a leader. She is always willing to assist her co-workers with whatever is needed. Her perseverance, directness, and ability of knowing what is needed is what makes her an excellent nurse.
- Nurse X is very approachable and is someone I really look up to as a new grad. She has a wonderful manner with patients.
- As stated above, she is very good with utilizing hospital resources and is a strong advocate for her patients. Nurse X has a strong knowledge base in Med/Surg nursing.

Please comment on suggestions for growth and development?
- Continue working as a Resource RN.
- Precept a new graduate nurse.
- Because Nurse X is a strong personality, she sometimes reacts prior to thinking the whole situation through. The same great quality that makes her a strong patient advocate can sometimes make her seem unapproachable — even though she is really not. Some coaching in this area may be helpful.
- Should explore opportunities to use leadership or teaching skills.
## Massachusetts General Hospital

**White 10**

**Peer Review Tool – Staff Nurse**

Please respond to the following questions for Nurse Y, Department of Medical Nursing. Your honest, constructive input is valued and is very useful in the development and evaluation of your peer. Please evaluate your peer based on consistent behavior 80% of the time. Please return to the Nurse Manager. Please do not write your name. Thank you.

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**Comments:**

- Nurse Y is very sympathetic with families and patients. Also can control patients with psych issues or are hard to deal with.

### OPERATIONAL PRACTICE

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Comments:
- Nurse Y could definitely be part of a committee. She has a strong personality with great communication skills... maybe a Magnet Champion!

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<td>1. Presents a positive image of White 10 and MGH through professional appearance and behavior.</td>
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<td>2. Treats others with respect and courtesy; respects diversity.</td>
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<td>3. Provides feedback in a timely manner. Uses &quot;I&quot; statements, describes behaviors, limits discussion to the event at hand, maintains confidentiality.</td>
<td>3</td>
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<td>4. Remains constructive and positive, and focused when faced with challenges in the working environment.</td>
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<td>5. Works collaboratively with peers.</td>
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<td>6. Maintains calm and effective behavior during stressful situations.</td>
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Comments:
- Nurse Y is great to work with! She has progressed rapidly over her first year and has been a great clinician.
- Nurse Y is a great nurse who works well with others and remains calm even in emergency situations.

Please comment on perceived strengths:
- Nurse Y always seems to be very together -- her calm, collected, quiet manner adds an element of sanity when things are a little busy on the floor. She is always willing to help when she can.
- Nurse Y has excellent time management skills. As a fellow RN following her, nothing is ever left undone or unresolved to the best of her ability. She willingly offers to help her co-workers when asked and not asked. She is starting to fully grasp the overall big picture of the floor and the hospital.
- Nurse Y has many skills that she should share with others. Often times she stays off to the side when in reality she could be precepting and even doing resource responsibilities. I know she does a great job every shift she works, but I’d like to boost up her confidence.

Please comment on suggestions for growth and development?
- I think Nurse Y might have some good ideas / suggestions / contributions but sometimes does not necessarily voice them. Would encourage her to voice ideas.
- I believe in another 6 months Nurse Y will be ready to precept. Her knowledge of the floor and patient population as well as her growing skills as an RN make her an excellent choice to precept someone. I think she can also start to think about the resource role in about another year’s time. Give her time to begin to understand the dynamics of the role. Also, Nurse Y often expresses valid points and a different point of view that would not only be beneficial on a floor committee, but any hospital committee.
- Keep on the path she’s on developing her skills and knowledge. She’s off to a great start!
- Nurse Y still has much to share with us and teach us in the future. She has a calm way about her that would be great in the resource role. I know she wouldn’t want me to say all this, but I know she has great potential to be very influential here at MGH.
DESIGNING AND IMPLEMENTING AN ADVANCED PRACTICE CLINICIAN LEARNING NEEDS ASSESSMENT

Mary McAdams RN, BSN, BC; Laura Sumner RN, M.Ed, MBA, MSN, ONC; Debra Burke RN, MSN, MBA; Mary Sullivan APRN, BC; Marion L. Grownney MSN, ACNP; Jerone Bitondo MHP, PA and Mary Ellen Heike RN, MMHS
Massachusetts General Hospital, Boston, MA

BACKGROUND

- Massachusetts General Hospital is a 902 bed academic medical center employing over 200 advanced practice clinicians (APCs)
  - APCs are nurse practitioners, clinical nurse specialists, nurse midwives, nurse anesthetists and physician assistants
- The Advanced Practice Clinician Education Committee was formed to design a process to meet the learning needs of APCs by the Knight Nursing Center for Clinical and Professional Development
  - The Knight Nursing Center promotes clinical excellence, professional practice and professional development
- Members of the APC Education Committee include: 4 NPs, 1 CNS, 1 PA, 1 associate chief nurse, 2 clinical educators, and 1 staff specialist
- The committee meets approximately six times a year to plan and evaluate ongoing education sessions for all APCs
- Based on historical program evaluation data the committee decided a formal evaluation of the learning needs of APCs was needed.

STRATEGY / METHOD

- Goal: To design and implement an APC learning needs assessment
- Objectives of the learning needs assessment:
  - Identify perceived learning needs of advanced practice clinicians
  - Identify best time and/or day of the week for continuing education programs to promote maximum attendance
  - Evaluate if past programs were helpful and valued by the clinician
- Obtain consensus by the APC committee for the content of the assessment and approval by administration
- Pilot the assessment and revise it prior to widespread distribution
- 21 clinical and professional topics rated on a five point Likert Scale
- Two open-ended questions
- Utilize APC email distribution lists to promote APC participation

RESULTS

- Response rate 30%
  - Of the respondents 56% were NPs, 31% CNSs, 9% PAs, 4% midwives, no nurse anesthetists responded
  - Despite specific directions, some APC had difficulty returning the assessment via email
- Pharmacology was ranked as a high learning need by 72% of the respondents
- The top learning needs identified:
  - Pharmacology
  - Diagnostics/Radiology
  - Cardiac
  - Dermatology
  - Legal Issues
  - Endocrine
- Thursday and Wednesday mornings are the best time for classes
- Several APC would like to teach a session
- Most APC are satisfied with the past sessions and would attend another session

TIMELINE

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<td>1/5/05</td>
<td>Recognizes the need for APC learning needs assessment</td>
<td>APC Committee</td>
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<tr>
<td>2/1/05</td>
<td>Draft assessment developed</td>
<td>APC Committee</td>
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<tr>
<td>3/1/06</td>
<td>APC Committee and administration approves assessment</td>
<td>APC Committee</td>
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<td>3/7/06</td>
<td>Learning needs assessment is piloted</td>
<td>Mary McAdams</td>
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<tr>
<td>3/13/06</td>
<td>Directions revised based on the pilot</td>
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<tr>
<td>3/14/06</td>
<td>Learning needs assessment is distributed to all APCs via email distribution lists</td>
<td>Mary McAdams</td>
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<tr>
<td>May 2006</td>
<td>Data is analyzed and reported</td>
<td>APC Committee</td>
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<tr>
<td>Fall 2005</td>
<td>Planning for 2006 programs begins based on new data</td>
<td>APC Committee</td>
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RECOMMENDATIONS

- Plan programs and explore faculty for top nine clinical topics
- Plan with faculty to include pharmacology treatment whenever possible for clinical topics
- Plan sessions for Thursday and Wednesday mornings in 2006
- Plan and support APC teaching programs annually
- Future learning needs assessment should allow the option of returning assessments by email mail or fax
- Future learning needs assessments should be sent out a second time to increase response rate
Attachment 9.7.d

Personal Analysis
Color Sheet
Ives-Erickson/Patient Care Services
Page 1 of 2

Debbie Burke
Leila Carbone
Deborah Colton
Ann Carleto
Marianne Ditomassi
Eileen Fahlert
Theresa Gallivan
Jeanette Ives Erickson
Bob Flaherty
Gail Miller
Georgia Peirce
Kim Pertson
George Reardon
Pat Rowell
Susan Sable
Jackie Somerville

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Personal Analysis
Color Sheet
Ives-Erickson/Patient Care Services

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<th>Dawn Tenney</th>
<th>Carmen Vega-Barrachowitz</th>
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Deb Washington

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| 0.5             | 2.0          |
| 3.3             | 1.5          |
| 5.3             | 2.5          |