

#### **4.18 Provide examples of how the performance appraisal process improves the practice of nurses at the direct care and the nurse administrative levels.**

One of the key Patient Care Services' Guiding Principles is *that learning is a lifelong process essential to the growth and development of clinicians striving to deliver quality patient care*. Evaluating practice is a fundamental component of learning that occurs on an ongoing basis throughout the year and it is formally integrated into the performance appraisal process. The MGH Department of Nursing employs two important appraisal processes to advance the practice of nurses at all levels of the organization - the annual performance review and the Staff Perceptions of the Professional Practice Environment Survey (SPPPE).

#### **Staff Perceptions of the Professional Practice Environment Survey**

The Staff Perception of the Professional Practice Environment Survey (SPPPE) is an important tool used to evaluate and improve the practice environment. As described in **Force 1.8 and RD 4**, the survey measures eight organizational characteristics documented in the literature as being influential in determining clinician satisfaction. Staff Nurses are provided with the opportunity to respond to multiple questions designed to provide feedback and direction to the Chief Nurse and nursing leadership about the strategic goals set for the Department of Nursing, what is working and what needs improvement.

A survey of *Common Patient Problems* is included in the SPPPE to understand the frequency of patient problems identified by clinicians and to better understand how well staff feel they are prepared to manage the problems. Based on these data, interventions are designed throughout the year to improve the knowledge and skills of nurses as well as improve their access to resources in order to provide better care to patients and families. In 2006, the top three patient problems are anxiety, risk for infection, and management of infection.

Nursing leaders use results from the SPPPE to guide change, develop new strategies and programs, and generate questions that can improve nursing practice. In addition, the trend data from the SPPPE is used in developing the annual Patient Care Services Strategic and Operating Plan. This annual plan reflects the performance improvement and program priorities for the upcoming year.

## **Annual Performance Review**

The annual performance review is based on the MGH Performance Evaluation System and the Performance Evaluation policy ([attachment 4.18.a](#)). The evaluation is based on work performance relative to expectations and standards and the establishment and commitment to achievement of mutually defined goals. There are three components of the evaluation review for nurses: the performance appraisal tool, required training and the assessment of competencies.

The performance appraisal tool is designed specifically to evaluate the practice of nurses in each nursing role group in a way that supports the growth and development of the individual nurse's practice. Using the tool as a guide, the nurse has the opportunity to self reflect on practice and is evaluated by a supervisor and peers to identify performance goals that focus on improving practice.

The second component of the performance review is required training. Each nurse must complete specific annual required training on topics related to their role. These may be mandated by accrediting agencies or identified as required by the hospital because of their importance towards providing or improving quality patient care. Required training topics include fire and safety training, electricity safety, hazard communication and general safety, emergency preparedness, and HIPAA training.

The third component of the performance review is an assessment of competency. On an annual basis, the Competency Assessment Taskforce convenes to identify and recommend competencies for each nursing role group for the coming year. Taskforce members include members for all nursing role groups; the Associate Chief Nurses, Nursing Directors, Clinical Nurse Specialists, Operations Coordinators, Staff Nurse Chairs of the Nursing Practice Committee and Quality Committee, Staff Specialists, representatives from the PCS Office of Quality and Safety, and Management Systems Advisory Committee. Competencies chosen address hospital and departmental strategic initiatives, quality and safety or workforce issues, regulatory requirements and/or practice issues.

During the performance review process, each nurse completes a self-directed learning packet, pre- and post-test related to the required training and competency materials. This is reviewed with the nurse's supervisor during the performance review. [Attachment 4.18.b](#) is a copy of the Annual Competency Assessment for Direct Care Providers. Competency Assessments and Annual Training Guides for all role groups are available for review on-site.

In addition to the core components of the annual performance review, there are unique elements of the performance appraisal process for each role group that support the ongoing improvement of nursing practice.

- **Performance Appraisal: Staff Nurse**

The Staff Nurse performance appraisal process provides the nurse with an opportunity for self-reflection as a way to improve practice. Using the appraisal tool described in **Force 4.1** as a guide, the components of practice assessed are: clinical knowledge and decision-making, clinician/patient relationships, collaboration/team work and professionalism.

The key feature of this process is the written clinical narrative. Nurses are asked to reflect and write about an event that they feel best exemplifies their current clinical practice. This may include:

- ◆ An experience that illustrates how an intervention made a difference in patient outcome,
- ◆ A clinical experience that was particularly demanding,
- ◆ An event or situation that captures the essence of the nurse's practice, or,
- ◆ A situation that the nurse confronts in practice and that gives new insight into their role as a professional clinician.

Once selected, the narrative is shared and used as a springboard for a discussion about the individual's practice. In an environment of trust, mistakes can be shared without fear of reprisal. Issues and themes of practice, as experienced by the nurse, are uncovered in a way that allows the nurse to translate events into a deeper knowledge and awareness about practice. During the review, the Staff Nurse with the Nursing Director and, at times, the Clinical Nurse Specialist, discuss the self-assessment and reflect on the nurse's practice to mutually establish professional goals for the upcoming year. The following are excerpts from Staff Nurse descriptions of how their performance appraisals have helped improve their practice:

From the Post-Acute Care Unit (PACU):

*“For the past year I have been reflecting on my nursing practice and feeling that it may be time to formally move forward in the process to apply for the clinical scholar level of recognition. My clinical knowledge has been fine tuned to an expert level in the area of post anesthesia care while I still possess the wide range of knowledge I have obtained throughout my 19 years at MGH.*

*It was during my discussion with my Nursing Director for my performance appraisal that I validated my thoughts on my level of practice and began to formulate a structured approach to my clinical scholar portfolio. It was he who helped me realize that the work I have been doing in the resource role has highly impacted the flow of patients through the PACU. We then discussed how to broaden that role to make an even greater impact. I have accepted the role as head of the resource committee with much encouragement from my Nursing Director. This role has already allowed me the opportunity to broaden my relationship with my colleagues in the PACU. Through his positive reinforcement I have taken this role further and stepped outside of my comfort zone. I have set a number of personal goals one of which is to develop communication with leaders of other units and in doing so creating optimal flow and care of patients and their families through these units.*

*This discussion was helpful for me in that I began a partnership with my Nursing Director to support my ability to achieve my goals for the upcoming year. We both discussed and agreed on what steps needed to be taken. My Nursing Director was clear with me on what he would do to support my work.”*

From the Same Day Surgical Unit (SDSU):

*“I have worked at MGH since 1978 and have been a perioperative nurse in the Same Day Surgical Unit since 1998. During performance appraisals with my Nursing Director, we review my performance over the last year, discuss personal goals I've reached and identify areas for improvement. I am encouraged to express goals for the next year and formulate a plan to achieve them. This process gives me a chance to think about my practice. It also gives my Nursing Director a chance to recognize my need to continue to learn, to have the autonomy to plan a pathway for professional growth and to offer suggestions and ideas that can assist me.*

*It was during one of my performance appraisals a few years ago that my Nursing Director suggested that I apply for advancement in the Clinical Recognition Program. I was awarded clinical recognition as an Advanced Clinician two years ago. Having gone through the process, I now try to mentor and encourage others to apply as well.*

*I have had many performance appraisals since that first one back in 1979. With each evaluation, I continue to have goals and plans for the future and also the knowledge of where improvements can be beneficial for patient care and my own personal growth. I have also been very fortunate to have Nursing Directors that recognize my need to learn and teach and who are willing to assist me. I am grateful to have this opportunity each year to review what I have learned over the past year and identify what I want to learn more about in the future.*

- **Performance Appraisal: Nursing Director**

The MGH Executive/Administrative/Managerial/Supervisory Evaluation Form is used for the evaluation all nurses serving in line leadership positions. Using a similar format as the evaluation tool used for Staff Nurses, the key performance measures for the Nursing Directors are: leadership, financial responsibility, interpersonal and communication skills, teamwork and cooperation, and human resources management.

Leadership qualities assessed during the review process are based on the core competencies established through the Nursing Director Leadership Development Program. They are:

- Inspires a Shared Vision and Purpose: engages others in the dynamic process of integrating mission and values in the drive towards inventing the future,
- Thinks Strategically: critically evaluates, synthesizes, and interrelates information from internal and external sources when solving problems and making decisions,
- Transforms Vision to Reality: gets results by managing strategy to action in the context of continuous change; assumes responsibility for achieving outcomes; willingly offers to take on new responsibility,
- Communicates Effectively: leads others in two-way communication both verbally and in writing; uses effective listening skills by demonstrating attention to and conveying an understanding of the ideas and opinions of others,
- Enables and Empowers Others to Act: creates and sustains an environment that integrates the values of shared decision-making into clinical and administrative practices; celebrates achievements of others,
- Establishes Collaborative Relationships and Promotes Teamwork Within and Across Departments: creates strategic internal and external alliances to drive towards organizational goals,
- Seizes Opportunities: takes decisive action on emerging opportunities in a rapidly changing environment; removes barriers to achieve outcomes and facilitate the work of others,

- Recognizes, Develops, Implements and Shares Best Practices: demonstrates enthusiasm and openness to change based on new knowledge and utilization of internal and external expertise,
- Acts with Integrity and Demonstrates Ethical Behaviors: demonstrates principled leadership; walks the talk and
- Develops Oneself: demonstrates commitment to self-awareness, balance and life-long learning.

As with the direct care nurses, Nursing Directors use the narrative as a component of their performance appraisal to reflect on and improve their practice. Modeled on the work of Patricia Benner RN, PhD, FAAN, clinical narratives are used to as a resource to help nurses understand their own practice. Using narratives allows nurses in leadership and management positions to reflect on their practice in the same way that the Staff Nurses use the tool to view their clinical experiences.

Through the narrative experience, a Nursing Director is able to reflect on management experiences to describe their concerns and “see” their practice in a different light.

In this excerpt, the Nursing Director of the Neonatal Intensive Care Unit (NICU) describes a challenge she faced setting up an interim-staffing plan for the unit’s Continuous Venous-Veno Hemofiltration (CVVH) Pump procedure when the unit-based Clinical Nurse Specialist resigned three months after the introduction of new equipment for this therapy. Her ability to reflect on the situation and critically look at her actions helped her to identify ways to improve the practice on her unit as well as helped her to identify barriers that may have impeded her ability to support her staff in this situation.

*“In October, the institution changed the CVVH Pump. While this therapy is used frequently in medical and surgical intensive care units, it is infrequently used in my area of accountability. Our Clinical Nurse Specialist participated in the selection of the pump, development of her expertise and the plan for the institutional roll out, including providing on call support to the adult units. Since our unit had not had a patient on the CVVH in over 2 years, we decided to delay a unit wide in-service.*

*When the Clinical Nurse Specialist resigned her position, a comprehensive interim plan was developed and we identified a nurse who would be responsible for CVVH. Four days after the Clinical Nurse Specialist departed; a patient in the NICU required the CVVH therapy. Although I had a nurse*

*“in charge” of the CVVH, in retrospect she did not have adequate opportunity to orient to the machine or have her connect with the CVVH team. This left the NICU nurses in the position of having to provide a therapy for which they were not prepared for. This proved to be both of a strategic error and extremely illuminating experience. Fortunately resources from the hospital CVVH team were available to assist the nurse on the unit care for the patient.*

*As a Nursing Director, I am responsible for understanding and articulating the institutions mission and strategic plan to staff. I also need to listen their concerns and negotiate the human and material resources needed to provide service to the staff and patients on my unit. I must do this even in the face of conflict from direct reports, supervisors, colleagues and peers.*

*While the process for securing the clinical support for the NICU staff transpired over the next six months it provided me with insight and the opportunity to understand how I dealt with conflict and how fear of conflict may have impacted my ability to meet the needs of my unit in regards to obtaining adequate training and resources for the CVVH therapy. Once I was able to look at the relationships with the CVVH team and identify the difficulties that were creating this conflict, I was better able to deal with members of the CVVH team, I was able to create a plan with my staff to ensure the team of nurses maintains competence with this therapy.*

*It was easy to focus on how colleagues’ behavior impacted this experience. Reflecting on the underlying motivation for my behavior proved to be the most beneficial for the staff, the CVVH team and myself and was the deciding factor in helping to improve practice on my unit.”*

- **Performance Appraisal: Associate Chief Nurse**

The Associate Chief Nurse performance appraisal process is directly linked to the improvement of nursing practice through the strategic planning process. Every year, the goals of the department and the strategic goals for the Hospital are shared with the Chief Nurse’s executive team. All members of the team are required to develop their annual performance goals to support the strategic goals for the department. During the Annual Strategic Planning retreat described in **Force 2.3**, everyone shares their goals with the group to create synergy among the team members. The 2007 categories for annual goals for the executive team are:

- ◆ Clinical Recognition & Collaborative Governance participation
- ◆ Cost management
- ◆ Diversity

- ◆ Quality & Safety, and
- ◆ Teamwork

The following are samples the performance goals set by each Associate Chief Nurse demonstrating a commitment to improving nursing practice in relation to the Patient Care Services 2007 Strategic Planning goals.

<u>Associate Chief Nurse</u>	<u>Strategic Initiative</u>	<u>2007 Goals</u>
Preadmission and Perioperative Nursing	<i>Clinical Recognition &amp; Collaborative Governance Participation</i>	Improve Clinical Recognition Participation in Perioperative Services from 9% to 12% for FY'07 thereby achieving stretch goals.
Women and Children, Mental Health and Community Health Nursing	<i>Cost</i>	Investigate the cost differences in OB care at MGH and Brigham and Women's Hospital to provide the highest quality/cost effective care to patients.
	<i>Diversity</i>	Work with the Nursing Director in Obstetrics on a strategy to provide excellence in patient care/teaching to our Spanish speaking obstetrical patients.
Oncology, Surgery, Orthopaedics and Neurosciences	<i>Quality &amp; Safety</i>	Continue to advance sound practice organizationally as co-chair of the STOP (Stop Transmission of Pathogens) Clinical Performance Management Team and locally with division Nursing Directors.
Medical, Cardiac and Emergency Nursing	<i>Quality &amp; Safety/ Cost Management</i>	Reduce observer utilization/costs through more effective approaches to maintain patient safety.
	<i>Team</i>	Successfully recruit/mentor those in Nursing Director positions resulting from promotions and/or newly-acquired positions.

- **Performance Appraisal: Chief Nurse**

In concert with her executive management team, the Chief Nurse set her performance goals based on the strategic planning goals of the department and the hospital. Additionally, the President of the Massachusetts General Hospital asks each member of his Senior Leadership Team to identify organizational goals each year that they will personally champion in their respective areas of accountability and that are aligned with the hospitals strategic planning initiatives. During their performance reviews with the President, they

articulate (written and verbal) how they attained the goal. Annual performance goals for the Chief Nurse for 2007 include:

- 1) Open the new PCS Office for Quality and Safety.
  - a) Connect and support new hospital Senior Vice President for the Center for Quality and Safety.
  - b) Enhance key areas of focus including system to analyze critical events, assure compliance with licensing and regulatory requirements of professional, state and accrediting organizations.
- 2) Be the “employer of choice” for nurses, health professionals and support staff.
- 3) Improve capacity.
  - a) Complete implementation of bed-tracking system.
  - b) Increase rapid-response team to include USA, OA roles.
  - c) Define new systems to enhance effectiveness.
  - d) Lead Build 2 subcommittees.
- 4) Launch The Center for Innovations in Care Delivery.
- 5) Complete search for Executive Director for The Institute for Patient Care.
- 6) Lead Redesignation process.
  - a) Magnet
- 7) Lead the Partner’s Chief Nurse Council.
  - a) Complete one cost management activity.
  - b) Create structure for Patient’s First integration into High Performance Medicine.
  - c) Develop system-wide productivity reporting structure.
  - d) Define partnerships for workforce ideas.

When asked about performance appraisal process and nursing practice, the Chief Nurse states, “it is all about the dialogue -- an opportunity to step back, to review what we set out to accomplish during the year to see how much progress was made, and to dialogue about the future. We are evaluated based on a quality goal, personal goal and hospital financial performance. By articulating and setting mutual goals in these areas, it ensures that the work across the hospital is aligned with the strategic direction and priorities of the hospital ensuring that our patients and families receive the best possible care.”



## **Policies & Procedures**

**Library:** MGH1

**Folder:** Human Resources Policy and Procedures

**Document:** Performance Evaluation

**Print Date:** 07/13/2007 12:47

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### **Performance Evaluation**

**APPLIES TO:** All active employees except those appointed to the professional staff

#### **1. POLICY**

- 1.1. 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. If an employee holds more than one position, the employee shall receive a written evaluation for each position and a transaction must be made for each job to process an increase. Such evaluation shall consist of three parts:
  - 1.1.1. A written evaluation using a Hospital approved form,
  - 1.1.2. A personal discussion of the evaluation between the evaluator and the employee, and
  - 1.1.3. Follow-up in the form of employee counseling and ongoing review of established goals and action plans, as appropriate.

#### **2. DEFINITIONS AND REGULATIONS**

- 2.1. Key objectives of Performance Evaluation are as follows:
  - 2.1.1. To facilitate communication between employees and their immediate supervisors concerning work performance;
  - 2.1.2. To help employees better understand what is expected of them in terms of job performance;
  - 2.1.3. To identify strengths along with areas needing improvement, to highlight successes, and to provide a basis for counseling and training;
  - 2.1.4. To improve employee productivity, quality of service and customer relations;
  - 2.1.5. To provide valid and objective data to support various personnel management decisions such as retention, advancement and compensation; to provide documentation of communication between the employee and immediate supervisor concerning the employee's overall work performance, and to comply with regulatory agency reporting requirements;
  - 2.1.6. To improve use of human, financial and material resources;
  - 2.1.7. To receive feedback from the employee concerning his/her perception of the evaluation and how he/she is being managed.
- 2.2. The Performance Evaluation process is a responsibility for which MGH supervisory and managerial personnel are directly accountable. Providing ongoing verbal feedback and completing the written Performance Evaluation are considered primary management responsibilities. How effectively these responsibilities are carried out will be taken into consideration when the supervisor or manager him/herself is evaluated.
- 2.3. Each employee shall have the right to examine the written Performance Evaluation, dispute inaccuracies and make written comments concerning all aspects of the evaluation. Any written comments the employee makes regarding the evaluation shall be made a part of his/her employment record. Each employee is entitled to receive a copy of his/her Performance Evaluation.
- 2.4. Written Performance Evaluations shall be made part of each employee's permanent employment record and should be treated as confidential information.
- 2.5. Frequency of Formal Performance Evaluation:
  - 2.5.1. Formal, documented evaluation of employee work performance must be accomplished at a minimum of once each year. However, the manager/supervisor may conduct such evaluation more frequently if s/he determines it appropriate, or at the specific request of the employee.
  - 2.5.2. An employee leaving a department, either by termination (i.e. voluntary resignation vs. discharge or resignation requested), or due to transfer, should receive a formal written Performance Evaluation

prior to the effective date of such change. A copy of the evaluation shall be placed in the employee's employment record to serve as a final evaluation of the employee's performance in the last held position. The employee is entitled to receive a copy of the evaluation.

- 2.6. Concerns with Performance Evaluations are not grievable via the MGH grievance process. Human Resources should be utilized, as appropriate, to assist in resolving issues with Performance Evaluations.
- 2.7. The next review date will be automatically calculated from the previous next review date.
- 2.8. Employee will not have the ability to change the next review date unless HR is consulted.
- 2.9. If employee receives more than one merit increase/performance review per year, HR needs to be consulted.

**3. PROCEDURES**

Responsibility	Action
Human Resources	<ul style="list-style-type: none"> <li>1. Provides training and on-going support to managers and supervisors pertinent to Performance Evaluation.</li> <li>2. Provides standard forms for use in Performance Evaluation and employee development planning.</li> <li>3. Establishes and maintains performance evaluation tracking system.</li> <li>4. Prepares and submits an annual performance evaluation summary pertinent to all non-physician, patient care-givers as required by JCAHO; other reports and analyses required for organizational use.</li> </ul>
Department Heads and Supervisors	<ul style="list-style-type: none"> <li>5. Completes written evaluation by date indicated, using Hospital-approved format.</li> <li>6. Discusses Performance Evaluation with employee; prepares development plan as appropriate.</li> <li>7. Enters merit increase into PeopleSoft and forwards copy of completed documentation of Performance Evaluation to Human Resources in a timely manner.</li> <li>8. All paper Performance Evaluations need to be sent to Employee Records.</li> </ul>

Last Revision: 2003

**Massachusetts General Hospital Department of Nursing  
Annual Competency Assessment  
10/1/06-9/30/07**

**Direct Care Providers**

**Employee Name:** \_\_\_\_\_ **Number:** \_\_\_\_\_

<i>Evaluation Method</i>	
A. Direct Observation	E. Written Test
B. Customer Feedback	F. Verbalizes Knowledge
C. Documentation Review	G. Other (please describe)
D. Analysis of Data	

<b>Competency Levels</b>
1. Competency Met
2. Competency Not Met
3. Not Applicable

Competency	Suggested Evaluation Method	Competency Level	Competency Evaluator's Signature	Date Evaluated
Verifies patient identification using two identifiers prior to providing care.	A, B, F			
Uses on-line safety reports for all patient, employee and visitor incidents/events.	A, B, C, D, F			
Provides age-specific care (Nursing Practice Manual 1.42.01). Check all that apply: <input type="checkbox"/> Neonate <input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> School Age <input type="checkbox"/> Adolescent <input type="checkbox"/> Adult <input type="checkbox"/> Elder (Older Adult)	A, B, C, E			
RN's only: Performs read-back of critical lab values, verbal and telephone orders	A, B			
RN's only: Transcribes patient orders utilizing approved abbreviations	A, C			
RN's only: Performs safe handoffs of patients	A, B			
RN's only: Completes medication reconciliation process on assigned patients	A, C, D, F			
RN's only: Administers blood products in accordance with MGH policies/procedures* <small>see below</small>	A, B, C, D, E, F			

Note: For any unmet competencies, please include your comments and a developmental action plan for improvement in Section X of the employee's performance appraisal.

\* Blood Transfusion Competency:

- Blake 11 is excluded from this requirement – RNs will remain verifiers only
- General care units will have Blood Transfusion Post-test and Transfusion Competency Assessment with administration of a blood product
- Specialty care units will answer post-test questions in annual competency assessment materials packet

**Massachusetts General Hospital**  
*Department of Nursing*  
**Required Training, In-service and Continuing Education Record**

**To Be Completed By The Employee:**

All employee are accountable for completing required training annually by their Performance Appraisal due date. Please complete the following information and submit this record to your nurse manager or supervisor by your appraisal due date. Please write the date of completion or check the N/A box in the space provided if any aspect is not a requirement of your job or not a practice in your area.

The following are annual required training topics. Refer to the Nursing Practice Manual 1.42.02 to determine your requirements.

Topic/Item	Date	N/A	Topic/Item	Date	N/A
Emergency Preparedness			Infection Control, Standard Precautions, Bloodborne Pathogens		
Electrical Safety					
General Safety					
Life Safety/Fire Safety			Restraints		
Patient Safety			Defibrillation/AED		
Tuberculosis Education			Radiation Safety - Ell 6, 7, 11, 16; PhillipsHouse 20, 21		
PPD Testing					

For each of the following Point of Care Tests, please indicate completion date and attach a Training and Assessment Record as proof of annual competency (Nursing Procedure Manual 14-3-1, 14-4-1, 14-5-1).

Topic/Item	Date	N/A	Topic/Item	Date	N/A
Hemocult			Urine Dipstick		
Gastrocult					

For Blood Glucose Monitoring, you must complete a high/low/control test as demonstration of annual competency (Nursing Procedure Manual 14-6-1) and enter the date in the grid below. If you fail to complete the high/low/control test within the year timeframe, you must repeat the initial certification process in its entirety. If you repeat the initial certification process, enter the date in the grid below and attach a Training and Assessment record.

Topic/Item	Date	N/A
Annual Competency Demonstration: Performs Blood Glucose Monitoring High/Low/Control Test		
Repeat of Initial Certification Process		

The following are biannual (every other year) training. Please enter the date of your training in the grid below.

Topic/Item	Date	N/A	Topic/Item	Date	N/A
Basic Life Support/CPR			Procedural Sedation		

**Continuing Education and Training:** Include any internal/external presentations, programs, seminars and/or job training you have attended. Include the date you attended in the space provided. Attach additional sheets as required.

**In-service Education:** Include any equipment and policy/procedure in-services you have attended in the past year. Include the date you completed the training/education in the space provided. Attach additional sheets as required.

**Other Activities and Certifications:** Include items such as committee memberships, special projects, publishing, or advanced certifications such as ACLS or CCRN.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_