LVN Portfolio Checklist

Name: ___________________________________   Level Requested: __________

*Each Item Can Only Be Used Once*

Criteria:

___1. Active participation in external community health affiliated project – a total of 20 hours must be documented - BE SPECIFIC – individual hours must be listed per date on Participation Guide - (Medical Relief, Children’s Health, Cancer, Heart Health, Safety, Diabetes, Nutrition, etc… (2 hours maximum for walking)). Food Sale/Fundraising (maximum 2 hours/day (cooking, sales only))

___2. Active participation in a UMC project – a total of 20 hours must be documented - BE SPECIFIC – individual hours must be listed per date on Participation Guide - (Children’s Miracle Network, Spirit Team, Thirty Minute Club, Administrator Employee TB tests ((maximum of 2 hours within the department and/or additional hours documented by Employee Health for house-wide event and Director signature required)), TB Fit Mask Team ((maximum of 2 hours and Director signature required)), employee flu shot administration ((maximum of 2 hours within the department and/or additional hours documented by Employee Health for house-wide event and Director signature required)), UMC approved translator ((must attach approved translator form – document hours on Participation Guide with Charge Nurse signature and maximum of 2 hours per day)), NODA ((NODA Committee member signature per event)), Peer Interviews ((maximum of 30 minutes per interview and director signature required)), Super Users ((signature required from Nursing Education per event), etc.), free wellness patient screenings (must be signed off by Directors and maximum of 2 hours), Unit-based reward and recognition activities (document specific hours and Director signature required), Grievance hearings outside your department (signature required by HR Director). Speaker or moderator for Nurse Partnership Classes (hours must be signed off by Service Development on Participation Guide). Future employee observation (must be signed off by Nurse Recruitment and a maximum of 4 hours per day), Food Sale/Fundraising (maximum 2 hours/day (cooking, sales only)). *Monetary donations excluded. *No committee meetings.

___3. Professional national certification (NFLPN) (must provide copy of current card).

___4. Membership in a recognized professional nursing organization for minimum of 6 months (must provide current card) with previous 6 months membership proof.

___5. **Assist in educational activity that enhances nursing practice that is recognized and signed-off on participation guide by the Nursing Education Department or Clinical Instructor. Minimum of 4 hours. BE SPECIFIC (teach internship classes, teach charge nurse class, teach mentor class, teach portion of annual competency or at competency fair, Super User who teaches classes, etc.)

___6. Instructor of a specialty training program (BLS, etc.). (Required to teach 2 classes per 12-month period, documentation required and copy of Instructor Card required).

___7. Serves as unit preceptor (for employees only) – 96 hours documented in past 12 months. Proof from Lawson or KRONOS with date report is printed and documentation of Role of the Preceptor in Transition to Practice Class required. Department Educator signature required on Participation Guide to verify Galen documentation is complete and current.

___8. Serves as an active mentor (must submit month 1 and month 6 for regular mentees or month 1 and month 3 for transition mentees). Completion date of mentoring must be during the previous
12 months. No more than two monthly agendas may be submitted to Nursing Recruitment within the same month. All mentoring assignments (unless approved by Nursing Recruitment) must be completed by the mentees’ 7th month of employment (driven by nursing orientation dates) or the 4th month of employment for the transition mentee. The Transition Mentee is a UMC employee who has worked at UMC as Nurse Tech prior to becoming a Graduate Nurse or Graduate Vocational Nurse. Credit will not be given for this component in the event the Mentor does not complete the mentoring period within a 7-month timeframe or a 4-month timeframe in the transition program. Completion dates must be validated by the Nursing Recruitment Department as evidenced by a signature on the participation guide.

___9. Serves as an active member of Alcohol Intervention Team. Must show attendance at 2 quarterly meetings per year (minutes required with name present or documented on Education Record) and show documentation of 4 interventions in past 12 months.

___10. Serves on an active unit-based or hospital-based committee related to professional growth, patient care or performance improvement. PCQC Day and UBC Meetings are excluded here, refer to # 11. (Examples of committees/activities that are excluded: Decorating committees, departmental party planning, unit-based employee recognition, Skin Care Champions). If there are questions about a committee, please contact a committee member. (Must provide documentation on individual education record or minutes with documentation of attendance at 4 meetings per year, regardless of meeting schedule. Credit given for only 1 committee).

___11. PCQC Day and UBC Members must provide documentation on individual education records of attendance at 10 meetings per year. (Must not be the same committee as # 10)

___12. Conducts return on investment in nursing practice and identify savings in clinical practice. Supporting evidence must include but not limited to a.) Documentation of individual work; b.) Completed Project Guideline form; c.) Documentation of return on investment.

___13. Identify and initiates process changes that minimizes human error factor and promotes patient safety (approved by Director or VP), documentation required to include all of the following: a.) Dated copy of current process or policy, b.) New process or policy with date, and c.) Proof of staff meeting minutes reflecting education of the practice change. Proof of individual work required. OR Identification and implementation of a national nursing practice or nursing practice environment change as evidence by all of the following: a.) Dated copy of the guideline change, practice alert, or scope of practice change related to nursing practice or nursing practice environment, b.) A nursing policy change (unit based or organizational) related to nursing practice or nursing practice environment, and c.) Proof of staff meeting minutes reflecting education of the change. Proof of individual work required.

___14. Demonstrates primary initiative with design and implementation of technology (software, hardware, equipment, apps, etc…) to enhance the patient experience and/or nursing practice. Supporting evidence must include a.) documentation of communication (meeting minutes, email, etc.) to Nursing Director, VP of Nursing, or Nursing IT, b.) Completed Project Guideline form, c.) Completed data documentation.

___15. Present individual professional healthcare related speaking presentation, minimum of 30 minutes, as evidenced by written summary, with objectives and at least 2 references, or Power Point with objectives and at least 2 references. Completed roster with 50% of departmental employees’ signatures required or 100% in departments with 15 employees or less. Any exception to the attendance criteria will require preapproval by Career Ladder Committee prior to presentation.
__16. Presents individual professional / health related poster – as evidenced by written original work, with objectives and at least 2 references. No group posters. Poster presentation to department to enhance nursing knowledge – as evidenced by completed “Poster Guidelines Form” and picture of poster and completed roster with 50% of departmental employees’ signatures or 100% in departments with 15 employees or less. Tri-fold or laminated poster required. Event roster or badge scanner report required for house-wide presentations (minimum of 15 employees required).

__17. Participates in formal healthcare related speaking presentation with at least 2 references of 30 minutes or more outside your department as evidenced by written summary of project with objectives, or PowerPoint with objectives. Individual work must be identified. Individual department presentation requires 50% of departmental employees’ signatures or 100% in departments with 15 employees or less. Event roster or badge scanner report required for house-wide presentations (minimum of 15 employees required). Presentations external to UMC require program agenda and signature roster.

__18. Poster accepted at annual Prosperity Bank Nursing Poster competition. Must meet requirements of Nursing Research Committee. Copy of poster template and copy of abstract required. Complete poster guideline form.

__19. Poster presented at regional/national conference for healthcare professionals. Poster must be professionally printed and laminated. Abstract and copy of poster template required. Individual work must be identified. Complete poster guidelines form. Proof of conference acceptance/participation required (conference agenda, acceptance letter, thank you letter, email correspondence, etc.)

__20. Speak or poster presentation at regional or national conference for healthcare. Abstract and Power Point is required. Individual work must be identified. Proof of conference speaker acceptance/participation is required (conference agenda, acceptance letter, thank you correspondence).

__21. Demonstrates and provides an example with supporting evidence of an improvement that resulted from an innovation (cost, efficiency, or care) in nursing practice or the nurse practice environment. Supporting evidence must include but not limited to a.) documentation of communication (meeting minutes, email, etc.) to Nursing Director, VP of Nursing, or Nursing IT, b.) Completed Project Guideline form, and c.) Completed data documentation.

__22. Member of specialty procedure team of a patient, proof on ICPF with documentation of 2 verifications on back of ICPF.

____ Application
____ Completed Nurse Director Checklist
____ Evidence of criteria accomplishments (with criteria component number)
____ Participation Guide
____ Portfolio Checklist

Signature: ___________________________ Date: ___________________