

## RN Portfolio Checklist

Name: \_\_\_\_\_

Level Requested: \_\_\_\_\_

### **\*Each Item Can Only Be Used Once\***

#### **Criteria:**

- \_\_\_ 1. Active participation in external (volunteer/non-paid) 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)). City COVID Vaccine Fairs (document hours in participation guide and have signature)
- \_\_\_ 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, Administer Employee TB tests (*maximum of 2 within the department and/or additional hours documented by Employee Health for house-wide event on participation guide, 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 on participation guide, and Director signature required*), UMC approved translator (*must attach translator form – document hours on Participation Guide with Charge Nurse signature and maximum of 2 hours per day*), NODA (*NODA committee signature per event*), Peer interview (*maximum 30 minutes per interview – list separately - and Director signature required*), UMC COVID Vaccine Fairs (*document hours on participation guide and signature from Nursing Education*), Super Users (*signature required from Nursing Education per event*), etc...), free wellness patient screenings (*must be signed off by Director and maximum of 2 hours*), Proctor for Level 5 Leadership, Unit-based reward and recognition activities (*document specific hours and Director signature required*), Round with Lean Daily Management (LDM) Admin. Team, Grievance hearing outside your department (*Signature required by HR Director*), Educators assisting with audits outside their department (*Signature required by Nursing Education*), 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)) \*No committee meetings. \*Monetary donations excluded. **(document hours in participation guide and have signature)**
- \_\_\_ 3. Professional national certification (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 sign-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 (ALS, BLS, PALS, TNCC, NRP, L5L, etc...). Required to teach 2 classes or hold 2 mock codes per 12-month period, documentation required and copy of Instructor Card or Certificate required.

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- \_\_\_ 7. Serves as unit preceptor (employees only) – 96 hours documented in past 12 months. Proof from **Workday** or KRONOS Timecard with date report is printed and documentation of Role of the Preceptor in Transition to Practice Class required (certificate or education record). Department Educator signature required to verify Galen documentation is complete and current on Participation Guide.
- \_\_\_ 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 mentor 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 7<sup>th</sup> month of employment (driven by nursing orientation dates) or the 4<sup>th</sup> 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. 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 evidence by a signature on the participation guide.
- \_\_\_ 9. **\*\*Serves as Charge Nurse, 144 hours documented in past 12 months. Provide **Workday** or KRONOS with date and proof of 3 shifts per quarter required **or 145 or greater hours total per year.****
- \_\_\_ 10. Member of specialty procedure team in care of a patient, proof on ICPF with documentation of 2 verifications on back of ICPF (PICC, neonatal transport, CRRT, ECMO, SANE, etc....). Orientation shifts do not qualify for verifications.
- \_\_\_ 11. Serves as an active rapid response team member and must show attendance at 4 monthly RRT M&M per year (proof on education record) and show documentation of 6 rapid response shifts (not applicable to RRT Cost Center employees). Must show proof in Kronos.
- \_\_\_ 12. 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 6 interventions in past 12 months with proof of 1 per quarter.
- \_\_\_ 13. Serves as an active member of Cancer Connect or Crisis Intervention Stress Management (CISM). Must show attendance at 2 quarterly meetings per year (minutes required with name present or documented on education record) and show documentation of 4 intervention in past 12 months.
- \_\_\_ 14. **\*\*Serves on an active unit-based or hospital-based committee related to professional growth, patient care or performance improvement. PCQC Meetings and UBC meeting are excluded here, refer to # 17. (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))**
- \_\_\_ 15. Chair / co-chair of hospital-based (not unit based) committee. (Must not be same committee as #14 or #16. Must provide documentation on individual education record or minutes of

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attendance at 4 meetings per year, regardless of meeting schedule. Credit given for only 1 committee)

- \_\_\_ 16. Chair, Co-Chair, Secretary of Unit-based Council (UBC attendance cannot also be used to #17) or Skin Care or Falls Champion Representative must provide documentation on individual education records of attendance at 10 meetings per year (approved Magnet minute template only).
- \_\_\_ 17. PCQC Meeting and UBC Members must provide documentation on individual education records of attendance at 10 meetings per year. (Must not be the same committee as # 14 & # 15)
- \_\_\_ 18. Develop CNE program as Nurse Planner. Activity must be offered at least once and provide a copy of the completed roster indicating the Nurse Planner. Include the Participation Guide with signature from Nursing Education.
- \_\_\_ 19. \*\*Serves as an individual project leader (approved by Director or VP in advance) to develop a NEW program, process, system, database used to measure patient outcomes or simulation scenario (approved by Nursing Education) with simulation scenario application included as proof.
- \_\_\_ 20. Identify and prepare grant funding proposal for committee review (proof of individual participation). Thirty Minute Club not counted.
- \_\_\_ 21. \*\*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 of investment.
- \_\_\_ 22. 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 evidenced 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.
- \_\_\_ 23. Develop and implementation of Evidence Based Practice/Quality Improvement project (includes annual department Change Projects) as approved with signature from Magnet Program Director on Participation Guide. Project Guideline form must be completed and submitted. Proof of individual work must be provided.
- \_\_\_ 24. Holds a BSN, MSN, MBA, DNP, PhD, or MHA (these are the only degrees accepted and you must provide diploma or transcript)
- \_\_\_ 25. 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, Sr. VP of Nursing, or Nursing IT, b.) completed Project Guideline form, and c.) completed data documentation.
- \_\_\_ 26. 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

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exception to the attendance criteria will require preapproval by Career Ladder Committee prior to presentation.

- \_\_\_ 27. \*\*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 evidence by completed “Poster Guideline Form” and picture of poster and completed roster with 50% of departmental employees’ signatures or 100% in department with 15 employees or less. Tri-fold or laminate poster required. Event roster or badge scanner report required for house-wide presentations (minimum of 15 employees required).
- \_\_\_ 28. Participates in formal healthcare related speaking presentation with at least 2 references of 30 minutes or more outside your department as evidence 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.
- \_\_\_ 29. 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.
- \_\_\_ 30. Poster presented at regional or 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 guideline form. Proof of conference acceptance/participation required (conference agenda, acceptance letter, thank you letter, email correspondence, etc.)
- \_\_\_ 31. Speaker at regional or national conference for healthcare professionals. 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).
- \_\_\_ 32. Published article/abstract in peer reviewed journal.
- \_\_\_ 33. 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 a.) documentation of communication (meeting minutes, email, etc.) Nursing Director, VP of Nursing, or Nursing IT, b.) Completed Project Guideline form, and c.) Completed data documentation.
- \_\_\_ 34. Presents individual professional healthcare related virtual presentation, with defined objectives and at least 2 references. Presentation will be a minimum of 30 minutes and may be presented live virtually or pre-recorded. A minimum of 25 slides and 5 post questions required, post questions and results will go to the Department Clinical Educator. Presenter will print a completed roster with proof of 50% of departmental employees’ completion required or 100% in departments with 15 employees or less. Department Clinical Educator or Nursing Education will sign the Participation Guide.

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- \_\_\_\_\_ Application
- \_\_\_\_\_ Curriculum Vitae or Resume (Level III, Level IV or Level V)
- \_\_\_\_\_ Completed Nurse Director Checklist
- \_\_\_\_\_ Evidence of criteria accomplishments (with criteria component number)
- \_\_\_\_\_ Participation Guide
- \_\_\_\_\_ Portfolio Checklist
- \_\_\_\_\_ Job Description if functioning in a different role other than staff RN

Signature: \_\_\_\_\_ Date: \_\_\_\_\_