



# PROFICIENCY REPORT

## SECTION A — INDIVIDUAL REPORTED ON

1. NAME ( <i>Last, First, Middle</i> ) NURSE # 2		2. SOCIAL SECURITY NUMBER - -	3. NAME AND LOCATION OF FACILITY		4. FACILITY NO.
5. GRADE/STEP NI/L3/S12	6. POSITION TITLE STAFF NURSE		7. PROBATIONARY REVIEW		8. PERIOD COVERED BY REPORT
9. SERVICE MED AND PRIMARY CARE LINE		10. DATE OF BIRTH	DUE	COMPLETED	FROM TO
			11. SERVICE COMPUTATION DATE		

## SECTION B — NARRATIVE EVALUATION BY RATING OFFICIAL

INSTRUCTIONS: Document how the nurse meets the criteria stated in the VA Nurse Qualification Standards and appropriate functional statement, other significant professional contributions, and areas needing improvement. (The narrative evaluation should be limited to the space provided except in unusual circumstances.)

### [FOR TEACHING PURPOSES: CLINICAL TRACK]

Nurse #2, RN, BSN continued in her role as a staff nurse on Ward 3B, an active 34-bed medical-surgical ward. She works a permanent 3:30pm-12mn tour of duty at her request. Nurse #2's presence has positively impacted the cohesiveness and productivity of this nursing group.

**Practice:** Demonstrates the ability to provide a consistently high degree of patient interventions and care. Adeptly utilizes the nursing process to plan and deliver care to the adult patient population of this ward, effectively assessing and changing the nursing plan according to the age-specific needs of her patients. Demonstrates the ability to function effectively in the charge nurse and team leader roles. Utilizes effective problem-solving skills, seeking confirmation from co-workers/supervisors when confronted with difficult situations. Possess sound clinical knowledge and skills and utilizes these to provide quality care even in the most complex situations. Accurately documents in the medical record according to hospital policy. Readily identified a potentially critical situation, taking the appropriate actions to provide positive patient outcomes. Her professional practice is patient-focused; she consistently advocates for her patients. Is a conscientious nurse, consistently striving to maintain high standards and patients' rights. As charge nurse, makes assignments in a manner that reflects optimum use of available staff while prioritizing patient care needs. Changes assignments according to changes in the ward's activity levels and work load.

**Scientific Inquiry:** Participates in data collection and analysis of existing nursing and ward monitors, incorporating changes into her daily practice. Has recently accepted the overall responsibility of ensuring and maintaining ward compliance with hospital infection control standards, documentation of such, and attendance at the hospital Infection Control Committee. Maintains current with nursing practice issues through her literature and journal reviews. Shares new/innovative practice approaches with co-workers and changes own professional practice as appropriate.

**Professional Development:** Participates in literature reviews, continuing education activities, and inservices to maintain and improve her clinical knowledge/skills. Is an experienced nurse; she is encouraged to draw upon her knowledge and experience to provide a formal inservice to co-workers on a topic of her choice. Met the performance measure of continuing education hours. Was afforded the opportunity to provide input into this annual proficiency. Remains cognizant of her clinical performance and assumes responsibility for her professional practice. Keeps this writer apprised of co-workers, seeking guidance as needed.

**Collegiality:** As an important member of the nursing group, she consults with co-workers and other professional staff to formulate a care plan that lends itself to maintaining continuity. She communicates and documents her assessments. Is an integral member of the 3B nursing staff and maintains positive working relationships within the group. Provides feedback to this writer regarding practice issues of co-workers.

During this rating period, Nurse #2 has continued to make innumerable contributions to this facility and ward which are much valued.

**SECTION C — RATING BY RATING OFFICIAL**

**INSTRUCTIONS**

An adjective rating will be assigned for each category. The adjective ratings will reflect and summarize how the nurse meets the criteria stated in the Nurse VA Qualification Standard and appropriate functional statement.

LEGEND

- UNSATISFACTORY — Has not met all criteria.
- LOW SATISFACTORY — Has met all criteria, but at times performance marginal.
- SATISFACTORY — Has met all criteria, at times exceeds expectations.
- HIGH SATISFACTORY — Has met all criteria, usually exceeds expectations by a substantial margin.
- OUTSTANDING — Has met all criteria, consistently exceeds expectations to an exceptional degree.

11. CATEGORY I — NURSING PRACTICE (*Demonstrates a level of professional nursing practice appropriate to grade and functional statement.*)

UNSATISFACTORY     LOW SATISFACTORY     SATISFACTORY     HIGH SATISFACTORY     OUTSTANDING

12. Category II — interpersonal relationships (*Words effectively with individuals and groups at the level appropriate to grade and functional statement.*)

UNSATISFACTORY     LOW SATISFACTORY     SATISFACTORY     HIGH SATISFACTORY     OUTSTANDING

**SECTION D — OVERALL EVALUATION**

13. OVERALL RATING — (*An objective appraisal of overall competency based on rating in Section C. See DM&S Supplement, MP-5, Part II, Chapter 6, Appendix 6A*)

UNSATISFACTORY     LOW SATISFACTORY     SATISFACTORY     HIGH SATISFACTORY     OUTSTANDING

14. ENTRIES ON THIS FORM ARE BASED ON:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> FREQUENT OR DAILY CONTACT    | <input type="checkbox"/> FREQUENT OBSERVATIONS OF WORK RESULTS |
| <input type="checkbox"/> INFREQUENT CONTACT                      | <input type="checkbox"/> JOINT REVIEWED WITH: _____            |
| <input type="checkbox"/> INFREQUENT OBSERVATIONS OF WORK RESULTS |  |

NO. OF MONTHS UNDER MY SUPERVISION

35

16. FOR FULL-TIME PERMANENT NURSES RECEIVING A LOW SATISFACTORY OR UNSATISFACTORY RATING, HAS THE REQUIREMENT BEEN MET FOR ADVANCE COUNSELING DOCUMENTED IN WRITING? (*See DM&S Supplement, MP-5, part II, Chapter 6.*)

YES     NO     NOT APPLICABLE

17a. SIGNATURE OF RATING OFFICIAL

IMA NURSE, RN

17b. POSITION

Nurse Manager, 3B

17c. DATE

**SECTION E — COMMENTS OF APPROVING OFFICIAL**

IF AN DISAGREEMENT WITH RATING, REFER TO DM&S, MP-5, PART II, CHAPTER 6, APPENDIX 6A.

I concur with the rating of the official.

\_\_\_\_\_  
 John Doe, RN, MSN  
 Nurse Executive

18a. SIGNATURE OF APPROVING OFFICIAL

IMA DOCTOR, MD

17b. POSITION

Chief, Medical/Primary Care Line

17c. DATE

**SECTION F — RATED EMPLOYEE**

19a. SIGNATURE OF EMPLOYEE (*I have seen the approved rating and have had the opportunity to discuss it.*)

19b. DATE

NOTE: Concise comments concerning your rating may be submitted in writing to your supervisor and will be filed in your Official Personnel Folder and/or Board Action Folder.

PROFESSIONAL CAREER DEVELOPMENT PROGRAM — Nurses in centralized positions and nurses with a masters or higher degrees will complete VA Forms 10-5349 and 10-5349a, Recipients of a VA Health Professional Scholarship will complete VA Form 10-5349a until obligated service is completed.

I have been provided with the following VA Form (s):

10-5349

10-5349a

