

Evaluation Process for the Nurse Leader.....

When the Rating is Less than Proficient

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Today's Line-up

Evaluation Process

Collection of Evidence

New Walkthrough Form

Giving the Nurse the "Needs Improvement"

How to Survive the Process

Why Evaluate?

- 1. Provide Feedback**
- 2. Encourage Nurse Development**
- 3 Assess Nurse Progress and Contribution**
- 4. Is the Nurse meeting/exceeding job expectations?**

Who evaluates who?

NASN supports that the evaluation of a school nurse should be done by an RN that is knowledgeable about the scope and practice of a school nurse.

MA BORN

A non-nurse cannot evaluate the clinical competency of a nurse

“DO YOUR JOB!”

Positive Outcomes in this Process

- Nurse gets to play an active role in their own evaluation
- Gives the nurse a chance to look back and be proud of accomplishments
- Encourages more productivity



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Do NOT write stellar evaluations on everyone. You *may* have one superstar nurse, but NO ONE has a multitude of them. Remember once you leave your job, those formal evaluations stay in the employee record

It's the individual employees folder the attorney's will look at, not how you evaluated everyone else



Evaluation Tool Kit



1. Laminated Standards Card
2. Blank Templates for Evidence Collection
3. School Nurse Appendix/Adaptation Handouts
4. The “Evidence Collection Narrative”
5. TeachPoint Account
6. Reference Book/Handouts
7. Self-Confidence
8. A Sense of Humor

Helpful Hints

1. Nurse Credentials List
2. Blank Templates
3. Walkthroughs
4. Encouraged to think about it each week- do NOT procrastinate, it’s not going away!
5. Keep a running list of accomplishments



“Evidence”

Don't get bogged down with the terms, this is
NOT a homicide investigation!

only 34 “elements”

How do you “document” evidence?
electronically, paper or BOTH

Evidence	STD	STD	STD	STD	STD	STD	STD	STD	STD	STD	STD	STD	STD
SNAP Documentation (meets 2/3 of the elements)	1A1	1A2	1A3	1B1	1C1	1C2	1C3	2A1	2A2	2A3	2B1	2C1	2D3
SNAP Documentation (cont)	3A1	3B1	3B2	3C1	3C2	4A1	4C2	4E1	4F1				
Screenings	1A1	1A3	1B2	1C1	1C2	1C3	2A3	2C2	2D3	3B2	3C1	4C1	
Emails to students, parents, including weekly/monthly eblasts, or emailed letters home to inform parents of increase incidence of condition	1A3	1A4	2A1	2B3	2D1	2D3	3A1	3B1	3C1	3C2			
Emails to staff	1A1	1A3	1B2	1C2	2A1	2A3	2B1	2D3	3A1	3C1	4C1	4D1	
Emails to Administration/Others (Nurse Leader, Administrator, Provider)	1A1	1A3	1B2	1C1	1C2	2A2	2B1	2D3	3A1	4C1			
Meetings: Student Focus (IEP's, 504's, re-entry meetings, IHCP, parent/teacher meetings, Crisis Team, ACT Team)	1A1	1A3	1B2	1C1	1C3	2A1	2A2	2A3	2B3	2D3	3A1	3B2	3C1
Meetings: School Focus (Staff Meetings, STARS meetings, Advisory Council, Wellness, Case Management, Crisis)	1A1	1A4	1C1	1C2	2A1	2A3	2B2	2D2	3A1	4B1	4C1	4F1	
Meetings: District and Professional Focus (Ad Council, PPS, NTY, PLC's, Nurse Meetings, School Health Advisory, EAN, Professional Development, Special Olympics, STARS, School Committee, CHNA, MRC, MSNO)	1A1	1A4	1C2	2A1	2B2	2B3	3A1	4B1	4C1	4D1			
Professional Development (it depends on what you have taken, but my own classes would cover these													

Grid

These are everyday actions you are currently doing!

1. Word Documents- 26
2. SNAP- 22
3. Screenings -12
4. Meetings- 20
5. Emails- 18
6. Clinic Environment-13
7. Photographs-12

Word Documents

1. Brochures
2. Lesson Plans
3. IHCP
4. Emails- to staff, students, parents, administration, "eblasts"
5. Newspaper articles
6. Meeting Minutes
7. Attendance Sheets
8. Posters/Pitkocharts

Multimedia Presentations

1. Power points/Prezi
2. Videos
3. Webinars
4. Photos
5. Cable TV shows
6. Connect Ed Messages
7. Newsletters to Students, Families, Nurses and/or other Professionals
8. Twitter Accounts
9. Blogs

Electronic Medical Record Documents

1. RTC/Dispositions
2. Number of visits
3. Length of visits
4. Types of Visits—First Aid, Injury, Mental Health, Medications
5. Number of phone calls
6. Number of emails
7. Number of referrals/consults
8. Is the documentation complete?
(history, assessment, interventions & disposition)

Professional Development

1. Certificate of attendance
2. PDP Records
3. Cards Issued
4. Certifications Obtained
5. Mentoring Nursing Students
6. Mentoring Colleagues
7. Journal Articles
8. Agenda from Professional Presentations
9. Classes taught? to Who? Where?
10. Evaluations from the presentation(s)

Direct Observation

1. Walk throughs
2. Observations
3. Clinic Milieu
4. How the Nurse "fits" in the school and the team

Feedback

1. Written Feedback- sent to Nurse Leader referencing the nurse from Principals, Administrators, Students, Parents, Community Members, DPH
2. Verbal Feedback regarding Nurse involvement in Peer Group, School, Community and Professional Organizations
3. Letters to the editors in local newspaper or school publication
4. Feedback – from students, parents/families, staff, surveys

Nurse Walkthrough Reference Sheet

Triages students/tasks appropriately

(1A1, 1A3, 1B1, 1B2, 2A3, 2B1, 2C1, 3B2)

Demonstrates medical knowledge and nursing skills/assessment

(1A1, 1A2, 1A3, 1B1, 1B2, 2D3, 4D1)

Interacts with student(s) in developmentally fitting manner

(1A2, 1C3, 2A2, 2B2, 2B3, 2C1, 2C2, 2D1, 2D2, 3B2)

Engages student in conversation, maintains eye contact, uses therapeutic touch, empathy, humor and positive reinforcement (1A2, 2A2, 2B3, 2C1, 2C2, 3B2, 3C2)

Interventions are congruent with the assessment

(1A1, 1A2, 1A3, 1A4, 1B1, 1B2, 1C1, 2A2, 2B1, 2B2, 2B3, 2C2, 2D3, 3A1, 3B2, 3C1)

Provides mental health and emotional support

(1A1, 1A2, 1A3, 1B1, 1B2, 2A3, 2B1, 2B2, 2B3, 2C1, 2C2, 2D1, 2D2, 2D3, 3A1, 3B1, 3B2, 3C1, 3C2, 4A2, 4D1, 4E1, 4F1)

Provides strategies for self-care, uses explanatory devices

(1A1, 1A2, 1A3, 1A4, 1B2, 2A2, 2B2, 2B3, 2D1, 2D3, 3B1, 3B2, 4E1)

Works collaboratively with student, parent and staff to meet the student needs

(1A1, 1A2, 1A3, 1A4, 1B2, 1C1, 1C2, 2A3, 2B1, 2B3, 2C1, 2D3, 3A1, 3B1, 3B2, 4A2, 4D1, 4E1, 4F1)

Makes suitable plan for student with appropriate disposition

(1A1, 1A2, 1A3, 1A4, 1B2, 2A3, 2D3, 3B2, 4D1)

Nurse sets attainable goals for students

(1A1, 1A2, 1A3, 1A4, 2B3, 2D1, 2D2, 4A1, 4E1)

Differentiates instructions to student's learning level

(1A2, 1A3, 1A4, 1C3, 2A2, 2A3, 2C1, 2D3, 3B1, 3B2, 3C2, 4E1)

Health Education is structured to support

(1A1, 1A2, 1A3, 1A4, 1C1, 1C2, 1C3, 2A2, 2A3, 2B1, 2B2, 2B3, 2C1, 2C2, 2D1, 2D2, 2D3, 3A1, 3B1, 3B2)

Communicates with student/parent/staff instructions pertaining to clinic visit
(1A1, 1A3, 1A4, 1C3, 2D1, 2D3, 3A1, 3C1, 3C2, 4A2, 4E1, 4F1)

Student dispositions from clinic are appropriate
(1A1, 1A2, 1A3, 1A4, 1B2, 1C1, 1C2, 1C3, 2D1, 2D2, 2D3, 3B1, 3B2, 3C1, 4D1, 4E1, 4F1)

Educates parents/guardians and staff regarding illnesses and general wellness
(1A1, 1A2, 1A3, 1B2, 1C1, 1C2, 1C3, 2B1, 2B3, 2D3, 3A1, 3B1, 3B2, 3C1, 3C2)

Clinic environment-safe, clean and clear expectations are posted
(1A2, 1A3, 2A3, 2B1, 2C1, 2C2, 3B2, 4E1)

Privacy and confidentiality are maintained, respectful environment
(1A1, 1A2, 2A3, 2B1, 2B3, 2C1, 2C2, 2D, 2D2, 3A1, 3B2)

Nurse is aware of different religions, cultures, sexual orientation, sexual identity and economic diversity
(1A1, 1A2, 2C2, 2D1, 2D3, 3C2)

Nurse collaborates/consults with other professionals
(1A1, 1A3, 1C2, 2D3, 3B2, 3C1, 4C1, 4C2, 4D1, 4E1, 4F1)

Monitors injury rates and infection disease surveillance and intervenes as needed
(1A1, 1A2, 1A3, 1B1, 1B2, 1C1, 1C2, 1C3, 2A1, 2A3, 2B1, 2B2, 2D3, 3B2, 3C1, 4C1, 4C2, 4D1, 4E1)

Walkthrough Form

This form captures ALL of the standards except:

4A1 Reflective Practice

4B1 Professional Learning and Growth

4F2 Reliability and Responsibility

Standard 1 Template

Professional Knowledge: Proficient

Child and Adolescent Development: Proficient

Plan Development: Proficient

Well Structured Lesson Plan: Proficient

Variety of Assessment Methods: Proficient

Adjustment to Practice: Proficient

Analysis and Conclusion: Proficient

Sharing Conclusions with Colleagues: Proficient

Sharing Conclusions with Students and Families: Proficient

See documented evidence: posters, binder, pamphlets, booklet, CEU certificates, handouts, emails, meeting minutes, walk throughs, photos, SNAP documentation,

Office Decor: has age appropriate and educational posters

Reports: completes reports thoroughly and in a timely fashion, such as the addendum to the DPH monthly report, immunization report for DPH

Planning: minimizes classroom disruption and time out of the class by collaborating with the teachers to best meet the health and safety needs of the students

Standard 2 Template

Quality of Work and Effort: Proficient
 Student Engagement: Proficient
 Meeting Diverse Needs: Proficient
 Safe Learning Environment: Proficient
 Collaborative Learning Environment: Proficient
 Student Motivation: Proficient
 Respects Differences: Proficient
 Maintains Respectful Environment: Proficient
 Clear Expectations: Proficient
 High Expectations: Proficient
 Access to Knowledge: Proficient

See documentation evidence: handouts, posters, walk throughs, emails, graphs, photos, SNAP documentation, email blasts, SNAP documentation, Individual Health Care Plans
 Walk throughs: provides evidence of her interactions with the students, parents and staff
 Uses tools to engage students such as Hoberman's sphere
 Bulletin Board Display- age appropriate and relevant
 Safety: Office set-up, placement of allergy signs, appropriate storage of medications, proper use of sharps container

Standard 3 Template

Parent/Family Engagement: Proficient
 Learning Expectations: Proficient
 Student Support: Proficient
 Two-Way Communication: Proficient
 Culturally Proficient Communication: Proficient

See evidence: posters, handouts, signage, emails, eblasts, pamphlets, booklets, SNAP documentation, committee work,

Standard 4 Template

Reflective Practice: Proficient
Goal Setting: Proficient
Professional Learning and Growth: Proficient
Professional Collaboration: Proficient
Consultation: Proficient
Decision Making: Proficient
Shared Responsibility: Proficient
Judgment: Proficient
Reliability and Responsibility: Proficient

See documented evidence: signage, posters, handouts, walk throughs, SNAP Documentation, CEU/PDP certificates, committee work, IHCP, 504's, SNAP Documentation, Professional Development Certificates, Completion of on-line modules- head injury training, 51A training, ethics module, FEMA training, DESE Certification, Reflective Comments on Walk Throughs Emails and projects completed with peers, Consults appropriate resources, as evidenced by emails, Staff meeting and PLC attendance records, Daily attendance record

**Encouraging School Nurse
Development**

**It's good to give feedback where
an area of growth will support a
career aspiration even if it's not
part of their current role**

Terminology is key.....

Room for

Improvement

Development

Growth

Enrichment

Advancement

Progress

Opportunity to....

“Delivery”

This should NOT be the first time the nurse is hearing your concerns

“Sandwich”:

Positive Comment on performance

Areas of Improvement

Specific Steps to Improve

Prepping for “The Meeting”

- 1. Arrange to have another administrator attend meeting**
- 2. Identify the goal of the meeting**
- 3. Practice Self-Care**
- 4. Empathy for the nurse/other person**
- 5. Establish rapport/tone of meeting**
- 6. Stay in control of your own reaction(s)**
- 7. Stay true to the purpose/goal of the meeting**
- 8. Be clear in your expectations**
- 9. DOCUMENT everything!**

Points to Consider

Feedback from Nurse

Is there anything going on in their life?

Important to have nurse “buy in”

What does he/she feel they need to work on?

May include some “soul searching”

Delivering less than stellar points.....

Done in a neutral place

Best done at the end of the day:

- coverage reasons
- less upsetting to nurse and school staff
- no *immediate* fall out from other nurses

Post Meeting

1. Document! Document! Document!
2. Summarize meeting with email
3. Send summary email to attendees
4. Know your emails are not confidential and are probably going to Union Representative
5. Remain professional
6. Keep confidentiality
7. Let it go..... Move forward

Is there anything worse than giving constructive feedback?

Documentation

- 1. It's so important**
- 2. Create a "paper trail"- Screen shots!**
- 3. Reaffirms your position, not based on memory- facts are important**
- 4. Provides precise accounting of events**
- 5. Demonstrates you were aware and attempted to address issues.**
- 6. Be consistent**
- 7. This is where past evaluations can be helpful...
OR non-supporting**

Resources/Meetings

- 1. Human Resource Director**
- 2. Superintendent**
- 3. Building Principal**
- 4. Legal Counsel**
- 5. School Health Staff**
- 6. Field Experts-Regional Consultants**
- 7. Board of Registration in Nursing**
- 8. Nurse Leader Colleagues****
- 9. Yourself****

Changes in Practice

- 1. Quick look assessment sheet for LTFA**
- 2. Emergency Response Sheet for each School
(this was before MERP's were required)**
- 3. Staff Education- both nursing and general**
- 4. Sign in sheet for all staff meetings**
- 5. Agendas/Minutes to staff meetings**
- 6. Sign in sheet for receiving handouts/policies**
- 7. Face to face end of year transition meetings
with sub coverage**

Fall out.....

- Employee can be placed on leave
- Time consuming: coverage, managing other employees, meetings, data collection, observations, documentation and more documentation
- Public reaction to private matter
- Protect Confidentiality
- Relationships with other nurses
- If the employee is not placed on leave, they usually go out on their own

Potential Re-entry plan

Employee Name:

Date:

1. Assigned a mentor
2. Attend a program on Emergencies
3. A minimum 3 day re-orientation with a senior/professional colleague
4. Two full day re-orientation to his/her own school with the Nurse Leader
5. Retrospective review of 10 cases/month for assessment, treatment & disposition of students and documentation practices
6. EAP Consult prn
7. Potential need to reassign staff within the district
9. Participation in a mock emergency drill at his/her school(s)

Performance Improvement Plan for Nancy Nurse

1. Nancy will call the parent/guardian upon the student's second visit to the clinic. The call must be placed within 15 minutes of the second visit.
2. Nancy will review field trip accommodations with the staff involved in planning the field trip and she will contact the parents of any student with medical needs at least one week prior to the trip.
3. Nancy is expected to react calmly and quickly in all emergency situations.
4. Nancy is to engage students in conversation, each student is to be greeted upon entry into the clinic and will be given an encouraging word upon departing the clinic.
5. Nancy is expected to accurately assess students on their initial visit to the clinic. Her documentation should reflect a thorough assessment of the student, including objective and subjective data, the interventions employed, including any parent/guardian/teacher contacts and the student's appropriate disposition.

Performance Improvement Plan #2

1. Documentation- accurate reflection of visit

- A. History
- B. Assessment
- C. Interventions
- D. Disposition- Contacts

2. Communication

- A. Communicate directly with NL for student health issues & clinic/field trip coverage
- B. Communicate directly with NL regarding your assignments
- C. Answer NL emails within one school day
- D. Conduct self in a professional manner and exercise discretion in emails to colleagues and families
- E. Meet bimonthly with Principal and Nurse Leader

3. Goal Development

- A. Need to be in SMART format and relevant to School Nursing

4. IHCP

- A. Need to develop on students with medical issues

What I learned.....

- 1. Document, document, document**
- 2. Trust your inner self**
- 3. Be prepared for the unexpected**
- 4. It's OK to disagree with your supervisors, but document**
- 5. The role of the job description in the process**
- 6. Evaluation Process**
- 7. Confidentiality of ALL parties**
- 8. There's always an end point**