

# **Career Advancement for Nursing**

# Handbook

# Handbook 2012

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**To:** Nursing Professionals at Children's Healthcare of Atlanta  
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Delivery of excellent nursing care at Children's is of the highest importance to our organization and our patients and families. Career Advancement for Nursing (CAN) is the process Children's has adopted to raise and support professional excellence in clinical nursing practice. To that end, these standards are the expectation for every nurse at Children's without exception. Nurses wishing to change their status to PRN will be required to meet the requirements of the Colleague job description.

CAN was created and developed by Children's staff nurses, educators, nurse managers, clinical research staff, human resources staff, clinical directors and vice presidents. In 2009, a team worked to refresh and enhance our program to streamline. The following important guiding principles support our program:

- Decisions will support strategic objectives and values
- Communication will be provided regularly and timely
- Coaching and accountability are key components of the program
- Focus on nurse contributions, achievements and participation,
- Self-esteem is enhanced or maintained for the individual
- Program is performance based, not service based
- Equal opportunity is provided for all RNs
- Focus is to enhance recruitment and retention
- Quality is enhanced at the bedside with improved patient outcomes
- Program is self-directed and self-paced

By establishing fair and objective criteria to measure, recognize and reward nurses, Children's expects to increase nursing satisfaction, retain nursing talent and recruit clinical nurses that demonstrate the values of our culture. Implementation of the program will:

- Improve nursing outcomes
- Enhance quality at the bedside
- Establish a continuous improvement model
- Foster multigenerational retention
- Support a nursing identity and increased pride in the profession
- Support a sense of empowerment
- Create opportunities for advanced clinicians to stay at the bedside
- Provide clarity and equity in the process and requirements
- Foster aspirations for nursing excellence
- Focus on contributions and active participation
- Integrate with clinical competency model and Relationship Based Care

The enclosed folder of information offers the opportunity for nurses to outline their experience, achievements and accomplishments in their nursing career. Thank you for your commitment to nursing excellence.

# Career Advancement Program

## Clinical Track - Levels Summary Statement

<b>Novice</b>
<p>Entry-level professional nurse, focused primarily on developing knowledge and skills and showing growth in ability to care for increasingly complex patients. Responsible for providing direct and safe patient care at a basic level based on the nursing process, and for coordinating care for assigned patients on a shift to promote the achievement of clinical outcomes. Responsible for WE CARE behaviors in clinical practice. Requires consultation with more experienced clinicians and benefits from feedback.</p> <p><b>Comments:</b> <i>Experienced RNs in a new specialty may progress more quickly. Promotion from Novice to Colleague is determined by the Manager based on competence at the basic nursing level. CAN contributions are not required for promotion.</i></p>
<b>Colleague</b>
<p>Capable clinician with previous pediatric experience preferred, focused on expanding knowledge and skills. Consistently provides effective direct care as part of the interdisciplinary team to a variety of complex patients. Seeks as well as provides feedback for improved clinical practice. Assumes a beginning leadership role and seeks mentoring in this process. Proficient in WE CARE behaviors.</p> <p><b>Comments:</b> <i>As the Colleague spends more time in this role his/her performance may grow to include taking on the Charge role, precepting, mentoring, and more global unit accountability. This individual would be encouraged to become involved in unit committees and CHOICE when a higher level of competence is acquired. Many nurses will elect to stay at this level for the duration of their career. Occasional part-time and CSO (non-benefited) staff must meet mandatory Colleague requirements and job duties, but are not required or eligible to meet CAN contributions.</i></p>
<b>Resource</b>
<p>An experienced and highly skilled clinician who is recognized for knowledge and skills by peers. Utilizes an interdisciplinary approach to patient care service delivery across the continuum of care. Mentors others to promote quality and excellence of care. Has an emerging leadership style and functions consistently and autonomously in this role. Role models WE CARE behaviors. Promotes improvement in processes and systems to benefit care and achieve unit and organizational goals.</p> <p><b>Comments:</b> <i>The Resource is a role model and highly proficient RN. He/she would perform as a proficient Charge person and/or Preceptor. This clinician is recognized by staff and physicians as an expert in patient care in their specialty. This individual is seen as an emerging leader of the department. Performs advanced technical skills with efficiency and accuracy in accordance with policy and procedures. This RN is proactive in meeting the needs of the patient, setting up Patient Care Conferences, identifying unit process issues and problem solving with the Assistant Nurse Manager (ANM) or Manager for resolution. Must be a member of a CHOICE Council, unit council or task force. This is a high level functioning nurse. Not all RNs will achieve this status in their career.</i></p>

Leader
<p>Baccalaureate in Nursing/BA/BS and certification required. Clinician with well-developed clinical expertise within a defined specialty (5 years minimum experience). Recognized by peers as a leader within the institution. Responsible for coordinating the total scope of care for a group of patients throughout the unit to achieve clinical, financial and organizational outcomes. Works collaboratively with and provides leadership for a multidisciplinary healthcare team to optimize team performance. Incorporates and operationalizes goals and objectives of the Hospital at the site of patient care. May assume unit management functions as designated by the Nurse Manager (staffing, personnel management, environmental monitoring, performance improvement, follow-up on patient compliments and complaints). Helps assure short-term problems are appropriately resolved. Identifies the strengths within the service area and takes the opportunity to develop and/or mentor others to promote professional growth and improve patient outcomes. Has demonstrated expertise in chosen scholarly activities focused towards the advancement or promotion of the profession. Life Support Instructor status required. Role models and coaches others in WE CARE behaviors.</p> <p><b>Comments:</b> <i>The Leader is a role that crosses out of department boundaries and has outcomes that impact the service line, campus or system. This individual might be the project manager for implementing a new model of care on the unit. He/she would work independently; keeping unit and campus leaders informed of his/her progress while accomplishing established metrics. This person would create the PowerPoint presentation that others would use to in-service staff on the new model. This individual would possess advanced communication skills and actively intervene during hostile conflict and diffuse the situation. The Leader would be involved in research across departments. He/she would work with unit Educators and Managers to help create education strategies for the year and assist the Educator with implementation of the strategy and plans. Anticipate less than 4% of RNs would meet requirements for this role. While a Master's degree is not required, this level was created to keep Advanced Practice nurses at the bedside.</i></p>

The individual job descriptions are building blocks for the next level. Prior to submitting advancement portfolio, all requirements including job duties, professional behaviors and Children's staff competencies, contributions, and mandatory requirements must be met of the advancing level and all previous levels. The job descriptions are listed by job code in the database. To find the associated job code number for the job description, go to Careforce under the departments tab find Human Resources, click Total Rewards, then go to [Compensation](#) (or click on hyperlink). After selecting current job descriptions, locate the associated job code number for your position.

JOB CODE	DESCRIPTION	JOB CODE	DESCRIPTION
4005	STAFF NURSE - NOVICE	4031	OR STAFF NURSE - NOVICE
4006	STAFF NURSE - COLLEAGUE	4032	OR STAFF NURSE - COLLEAGUE
4007	STAFF NURSE - RESOURCE	4033	OR STAFF NURSE - RESOURCE
4008	STAFF NURSE - LEADER	4034	OR STAFF NURSE - LEADER
<b>Outpatient/ambulatory areas*:</b>			
4050*	Novice		
4085 *	Colleague		

\* Immediate Care, Primary Care, Call Center, Meridian Mark Surgery Center, Judson Hawk Multi-specialty clinics, Satellite Blvd AM Surgery Center

### **CAN Purpose**

The purpose of the Career Advancement for Nursing (CAN) program is to raise professional excellence and promote professional development in clinical nursing practice through fair and objective criteria that increases RN satisfaction and allows Children's to retain and recruit clinical RNs who demonstrate the values of our culture. Please see Policy 11.11 for specific requirements.

### **Maintenance of Level – Annual Folder submission**

Maintenance-of-level folder is submitted to department leadership annually including:

- Cover sheet: “*Maintain Level Verification Form*”
- Contribution Forms
- Aspen and “Employee Inservice and Outside Education Record”
- Mandatory Form

RNs working less than a total 0.5 FTE are not required to identify “contributions” and do not submit an annual CAN folder. They are required to document their education record, meet job duties, Children's staff competencies, and 100% of Mandatory Requirements for their level.

### **Prorating Contributions**

For new hires, advancement from Novice to Colleague, or transfer of any nurse to a new area, the nurse has a 6-month grace period to adjust to the new role/area before beginning Contributions. NOTE: Nurses hired after April 1 or who advanced from Novice to Colleague after April 1 are exempt from submitting a Contributions Form for that year. They do need to submit their education records and mandatory form.

*How to prorate:* Prorate required Contributions based upon remaining months in the year. For an approved paid or unpaid leave of absence (LOA), the number of LOA months is subtracted from the year for the prorated number of months.

Example #1: Novice advances to Colleague or a new Colleague is hired in February. In this case, that means beginning Contributions in August. 5 months of contributions at the Colleague level are required. Colleague = 8 contributions (2 in each Competency area)

$8 \times 5/12$  (5 out of 12 months) = 3.3 Contributions

Always round down; therefore 3 Contributions are required. Allow the individual to claim the contributions across any areas. When the math doesn't easily spread across the four categories, this flexibility is important. Remember that the intent of the Refreshed CAN program is to continue high standards but NOT to be overly prescriptive or rigid.

Example #2: Leader takes a 3-month approved LOA.

Leader = 24 Contributions (6 in each Competency Area with at least 2 at the Leader level in each area) 9 months of Contributions are required.

$24 \times 9/12 = 18$  Contributions

$18/4 = 4.5$  Contributions in each category. Since it is not possible to have a .5 Contribution, the Leader could achieve the total of 18 by having 4 Contributions in two categories and 5 Contributions in the other two categories. The Leader still needs at least 2 Contributions at the Leader level in each of the four categories. Regardless how many total contributions are needed after the pro-rating is calculated, there must be at least 2 in the Leader level for each area to maintain Leader level and all Mandatories must be met.

### **CAN Folder Audits**

To ensure the CAN Program remains fair and equitable, random reviews will be conducted by the Professional Development Council (PDC) as well as unit leadership. Colleague and Resource annual CAN folders will be randomly chosen for review from multiple areas on each campus. All Leader Contributions and Mandatories will be reviewed by the PDC annually. All audited nurses will have the opportunity to clarify their Contributions and Mandatories if discrepancies are noted. Adequate clarifications must be provided to the PDC by the date of the next PDC meeting. A deficit between required number and quality of Contributions that cannot be satisfactorily clarified in audit will result in reverse movement for Resource and Leader (still eligible for a merit raise). For Colleagues a deficit will result in loss of merit raise.

### **Leaves of Absence, and Department Transfers**

See CAN Policy 11.11

### **CAN/CAR Application Process for Advancement:**

The advancement process is initiated with a conversation between the RN and manager or ANM and submission of the [Declaration of Intent to Advance Form \(DIA Form\)](#). Refer to the “Cover Sheet for Advancement Portfolio” for list of all advancement requirements.

#### **Process:**

- Manager approval required for Resource
- Manager and Director approval required for Leader
- Leader portfolios are reviewed by members of the Professional Development Council at least 2 weeks prior to the council meeting. After manager and director approval, manager contacts Professional Development Council chair or co-chair to arrange review of advancement portfolio. Once portfolio is reviewed and approved, the leader candidate will make a formal presentation to the council. Leader advancement must meet approval of portfolio review and council presentation.
- Professional Development CAN subcommittee reviews advancement portfolios at each PDC meeting
- Advancement is based upon meeting job duties, competencies, mandatories and contributions for the aspired level. All must be met at the time of advancement portfolio submission.
- Additionally, Leader applicants will make a formal presentation to the Professional Development Council for approval to advance.

**Ambulatory CAN Advancement:** Immediate Care, Primary Care, Call Center, Meridian Mark Surgery Center, Judson Hawk Multi-specialty clinics, Satellite Blvd AM Surgery Center

#### **Process:**

- Staff member submits their portfolio to site leadership for review for advancement
- Leadership reviews and determines if all components are there and if employee is eligible for advancement
- Portfolio is then submitted to PDC Ambulatory CAN Advisory group for review of portfolio
- If approved would be brought by system council PDC member to PDC for final review and approval

A system PDC CAN subcommittee member will counsel staff that submits a portfolio that does not meet the criteria for advancement. Portfolios may be re-submitted to a Professional Development Council rep for approval or may be re-submitted at a subsequent meeting.

NOTE: Council membership requirement for advancement - Staff must show active membership on a council for a minimum of 6 months prior to submission of advancement portfolio. See Glossary for further detail.

***Advancement based upon previous year contributions:*** The final date to submit portfolios for advancement utilizing the previous year's contributions will be at the 2<sup>nd</sup> scheduled council meeting of the following year. Portfolios should be submitted to the applicant's home campus administration office 2 weeks prior to the meeting date. Portfolios received after 2<sup>nd</sup> scheduled meeting date will not be accepted using the previous year's contributions for advancement. **No exceptions.**

#### **Advancement after Reverse Movement**

Individuals may apply for advancement a minimum of 6 months after a reverse move if they meet all advancement requirements. In accordance with applicable Administrative & Operational Policies and Procedures, nurses are eligible for consideration for forward movement if they have received no lower than a *Meets* rating in any major component in the *Children's Staff Competencies* and *Job Specific Performance Standards* on their most recent annual performance evaluation or have successfully completed improvement plan and 6 months have elapsed since the evaluation. There must be no Written Warning in the corrective action process within the 12 months preceding consideration for forward movement.

#### **Resource Level eligibility regarding Charge Nurse/Team Lead/Precepting duties:**

Some areas only have a few people designated as Charge Nurse and may also have very few precepting opportunities. It is expected that a Resource Level nurse be **capable** of Charge/Team Lead/Precepting and **willing** to take on these responsibilities when asked. If there is not the opportunity to do so, this should not preclude the individual from qualifying for Resource or Leader Level as long as they meet the behaviors in the job description, Mandatory requirements, and the Contribution requirements.

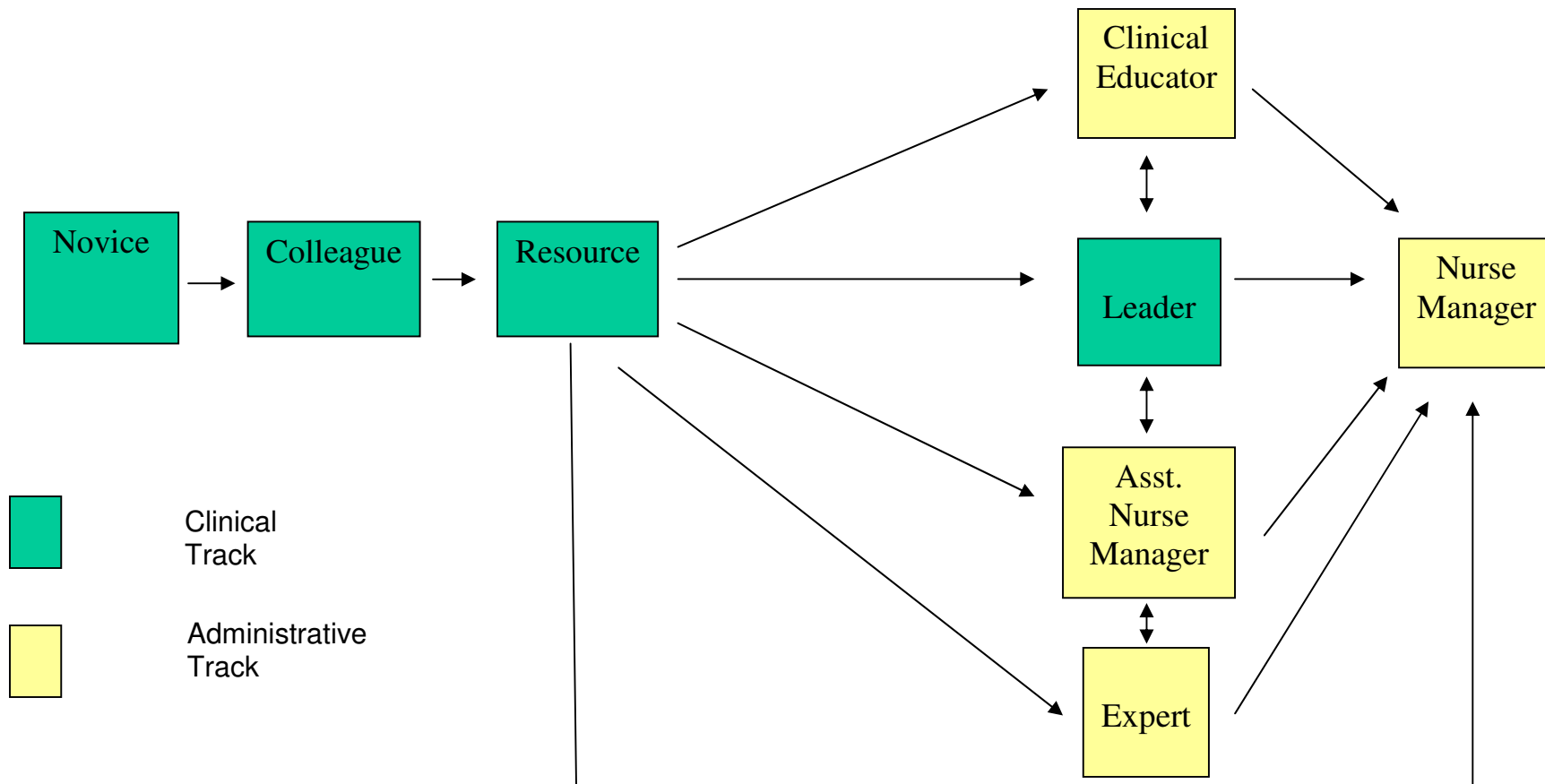
### Contributions Requirements for CAN

Criteria	Colleague	Resource	Leader
Leadership	2 from any level	4 including 2 from Resource level or above	6 including 2 from Leader level
Critical Thinking	2 from any level	4 including 2 from Resource level or above	6 including 2 from Leader level
Interpersonal Skills	2 from any level	4 including 2 from Resource level or above	6 including 2 from Leader level
Technical Skills	2 from any level	4 including 2 from Resource level or above	6 including 2 from Leader level
Mandatory	All mandatory must be met	All mandatory must be met	All mandatory must be met

For rating of NI in any one **clinical competency category or mandatories** : see CAN Policy 11.11

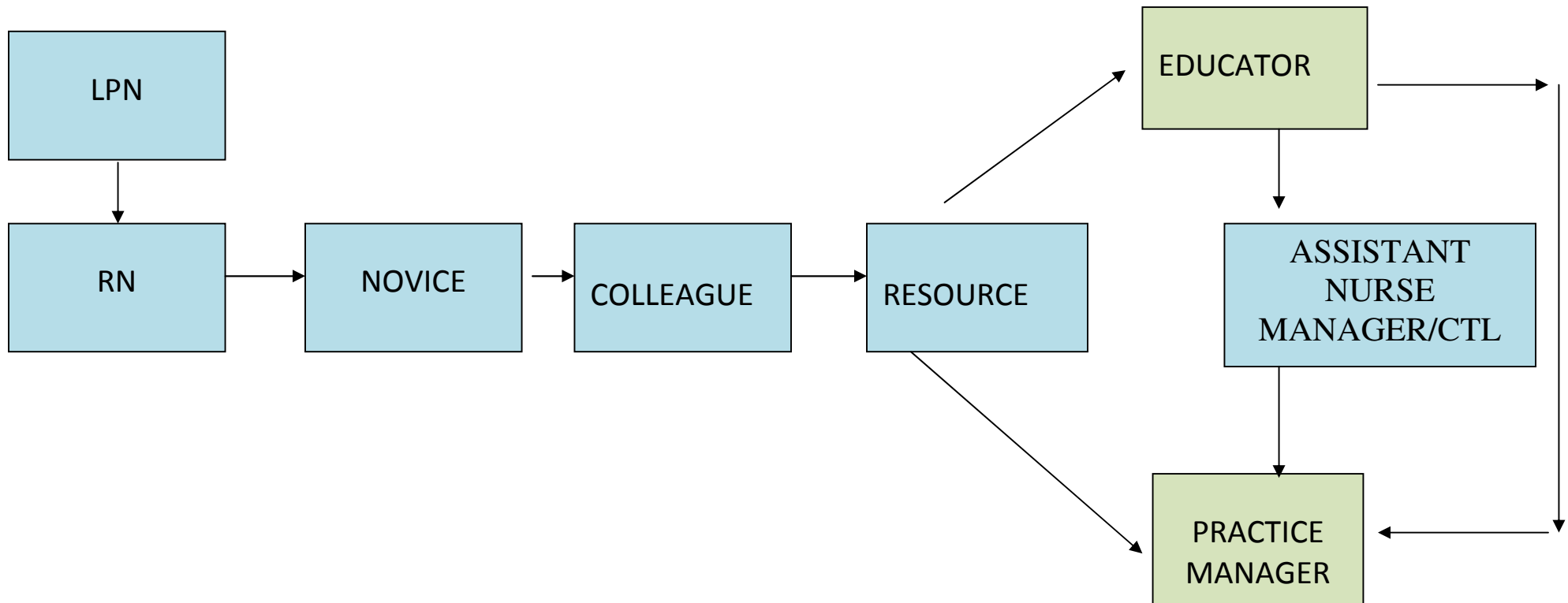
**The Glossary provides clarification for terms and important details on the Contributions.**

# Career Advancement for Nursing (CAN)



This diagram intends to represent the opportunity for mobility between the two career tracks. Please note the Resource level is a required level of clinical practice to move to the administrative track. See the Professional Nurse Requirements for details of all qualifications necessary for each level.

# AMBULATORY CAREER ADVANCEMENT FOR NURSES



This diagram intends to represent the opportunity for mobility between the two career tracks. Please note the Resource level is a required level of clinical practice to move to the administrative track. See the Professional Nurse requirements for details of all qualifications necessary for each level.

For Immediate Care, Primary Care, Call Center, Meridian Mark Surgery Center, Judson Hawk Multi-specialty clinics, Satellite Blvd AM Surgery Center

<p align="center"><b>Career Advancement for Nursing (CAN) Compensation Guidelines</b></p>
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Program Movement	Compensation Impact
Forward Movement	<ul style="list-style-type: none"> <li>▪ Novice to Colleague: 5% increase</li> <li>▪ Other advancement: up to 8% or minimum of the new pay range, whichever is greater</li> </ul>
Reverse Movement	Compensation decrease of 8% or the maximum of the new pay range, whichever is greater
Lateral Movement	There are no pay adjustments for a lateral move.

**Important Note:** These are general compensation guidelines. In determining actual compensation adjustments, managers should refer to the appropriate Compensation Policies and consult with the appropriate Human Resources Representatives.