

# Mid Coast Hospital RN Professional Advancement Point Tracker

## Basic Eligibility:

1. Current licensure
2. Director/Manager approval
3. Continuous employment with a minimum of 1040hours worked
4. Absence of disciplinary actions causing formal written warnings
5. Current BLS, ACLS, PALS, NRP and MOAB (as required)
6. Previous Annual Evaluation rating of successful or exceptional
7. Complete yearly mandatory education for department/position

## Minimum Criteria per Level:

(**ALL** OF THE FOLLOWING MUST BE MET IN ORDER TO BE ELIGBLE FOR THE LEVEL APPLYING FOR)

Category	PN III Portfolio	PN IV Portfolio
Years Practicing as an RN	2+	3+
Years of Service at MCPH	1+	2+
Minimum Education Hours (Mandatory hospital Edu. does not count)	25	35
Level of Education	BSN (or matriculated) <u>or</u> 1 certification	BSN (or matriculated) <u>AND</u> 1 certification
Professional Organization	n/a	Proof of One Membership
Evidenced-Based Research Project (see attached List of options)	1+	1+
Teaching/In-Service	1+	2+
Committee Involvement or Manager Approved Project	1+	2+
<b>POINTS</b>	30+	42+
Minimum of 50% (of required points) must come from the professional development portion of this document		

**Overall Total Points:** \_\_\_\_\_

(Please note: In order to maintain your Clinical Level, you must meet your level requirements every year at your evaluation (shown by completing this document). If you do not meet your level requirements, your status will be reviewed by the Nurse Leadership Team and RN will drop down in level and pay to the level that they are currently performing at.)



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## Continuing Education/College/Certification:

Contact Hours - 1 point per Contact Hour (above level requirement)

EVIDENCE - page 1 of your HealthStream transcript, showing your CE total at the top

Points: \_\_\_\_\_

Specialized Course Completion (Beyond Role Requirements) – 4 points per course

\*(TNCC, ENPC, Chemotherapy/Biotherapy etc.)

ACLS, PALS, NRP and MOAB are excluded

Points: \_\_\_\_\_

Certified Instructor (BLS, ACLS, PALS, NRP, MOAB etc) – 5 points each

Points: \_\_\_\_\_

Health Care College Conversion Chart:

BSN Course	2 points per 3 credit course
MSN	3 points per 3 credit course
PhD/DNP	4 points per 3 credit course

Points: \_\_\_\_\_

Specialty Nursing Certification (RN-BC, CEN, CCRN, CNOR etc.) – 5 points per certification

Points: \_\_\_\_\_

CEU/College/Course/Certification Total Points: \_\_\_\_\_

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## Professional Development

Minimum of 50% of your points must come from the following professional development sections, 1-8. Please note that most of the following section are required for both PN III and IV advancements. Refer to point chart above.

For each section, the corresponding forms are attached below and must be filled out entirely for points to count.

1. **Evidence Based Practice** – 4 points each  
**Research Study/State or National Poster or Podium/Article for Publication** – 10 points  
*\*(Required)*

Points: \_\_\_\_\_

2. **Teaching/In-Service Preparation** - 8 points max per class *\*(Required)*

Length of class	
15-29 minutes	2 points
30-59 minutes	4 points
60-119 minutes	6 points
119+ minutes	8 points

Points: \_\_\_\_\_

3. **Hospital/Unit Based Committees** – 7 points max per council per year  
*\*(Required)*

Hours of Participation	
2-4 hours	1 point
5-7 hours	2 points
8-11 hours	3 points
12-15 hours	4 points
15+ hours	5 points
Committee Chair/Co-Chair	2 points

Points: \_\_\_\_\_

4. **Teams/Projects/Process Improvement** – 4 points max per team/project per year

Hours of Participation	
2-4 hours	1 point
5-7 hours	2 points
8-11 hours	3 points
12+ hours	4 points

Points: \_\_\_\_\_

5. **Professional Nursing Organizations** - 2 points per membership, 3 points for meeting participation, 5 points if office held

Points: \_\_\_\_\_

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6. **Expanded Role**

Resource/Team Leader	10 points
Preceptor	2 points for completing preceptor course
	6 points per student or staff
Competencies (Preparing or Assessing)	2 points

Points: \_\_\_\_\_

7. **Community Service** (Healthcare Related or Hospital Sponsored) – 1 point per 2 hours (10 points max)

Points: \_\_\_\_\_

8. **Service Excellence/Award** (6 point max)

Honoree- 3 point each

Nominee- 1 point each

Points: \_\_\_\_\_

Professional Development Total Points: \_\_\_\_\_

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## Evidence-Based Nursing and Research Practice Activities

Every RN must document participation in one (1) Evidence-Based Practice activity. **All of the following are options and must be accompanied by evidence-based references.**

- A. Contribution of two or more evidence based articles/sources on a related topic for one staff education.  
Include the following in your documentation:
  - a. Relevancy of topic to department/practice
  - b. Sign-in sheet of participants
  - c. Objectives for the discussion
- B. Lead a discussion using a current evidence-based reference in a group setting (journal club, unit or hospital committee meeting or professional organization meeting)  
Include the following in your documentation:
  - a. Relevancy of topic to department/practice
  - b. Sign-in sheet of participants
  - c. Objectives for the discussion
- C. Create a poster that highlights current evidence-based nursing practice.  
Include the following in your documentation:
  - a. Relevancy of topic to department/practice
  - b. Sign-in sheet of viewers
  - c. Objectives for the discussion
  - d. Copy of poster as a PowerPoint slide or photograph
- D. Revise and implement a clinical policy, guideline or procedure using evidence-based practice literature or research.  
Include the following in your documentation:
  - a. Original policy, guideline or procedure
  - b. Revised policy, guideline or procedure with required approvals (committee or role)
- E. Develop/Edit and implement a patient education resource using evidence-based practice literature or research.  
Include the following in your documentation:
  - a. Need for new or revised education resource
  - b. Original education resource
  - c. New/revised education resource with required approvals (committee or role)

**Research project activities are more time consuming and difficult to complete**

- A. Primary investigator for an IRB approved research study in progress or completed in current year.
- B. Formal poster at a state or national conference or podium presentation outside of facility.
- C. Acceptance of an article for nursing publication.

**All activities documented must have occurred within previous 12 months**

**Tip from the committee:** EBP resources are available and easy to access on our Library Page on the brick wall. Just select the brick labeled "Health Sciences Library". There is a great EBP Toolkit to get you started and a librarian is just a quick email or phone call away!

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**1. Evidence-Based Practice/Research** *\*Required*

**Submit one form per project (make copies of this form if you need extras)**

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

Unit: \_\_\_\_\_

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

Submit one example of an evidence-based nursing practice or research study and the outcome of this practice: \_\_\_\_\_

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## 2. Teaching/In-Service *\*Required*

Submit one form per class (make copies of this form if you need extras)

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

Unit: \_\_\_\_\_

Date of Program: \_\_\_\_\_

Title of Program: \_\_\_\_\_

Target Audience: \_\_\_\_\_

Length of Program: \_\_\_\_\_

Repeat Classes: \_\_\_\_\_

Objectives: \_\_\_\_\_



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**3. Hospital/Unit Based Committees *\*(Required)***

**Submit one form per committee (make copies of this form if you need extras)**

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

Unit: \_\_\_\_\_

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

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

Frequency of Meetings: \_\_\_\_\_

Attach attendance record from committee or fill in grid ( $\geq 75\%$  "Present" attendance required)

*(If 75% minimum attendance is not met, please describe barriers and how your contributions have otherwise been meaningful to overall committee purpose along with a note from committee chair.)*

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Date												
Length of meeting												
	*	*	*	*	*	*	*	*	*	*	*	*

E- Excused (note, this impacts % attendance)

A- Absent

P- Present

C- Canceled

N- No meeting

R- Sent replacement

Description of Participation: \_\_\_\_\_

Committee chair signature: \_\_\_\_\_

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## 4. Teams/Projects/Process Improvement

**Submit one form per event (make copies of this form if you need extras)**

Name of Team or Project: \_\_\_\_\_

Briefly Describe Project: \_\_\_\_\_

Estimated hours to complete: \_\_\_\_\_

Signature of Team chair or Manager/Director: \_\_\_\_\_ Date: \_\_\_\_\_

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## 5. Professional Nursing Organizations

Submit one form per event (make copies of this form if you need extras)

Name of Organization: \_\_\_\_\_

Membership only- 2 points

Attach copy of membership

Active membership – 3 points

Briefly describe active membership (can be online or in person involvement):

\_\_\_\_\_

Office Held – 5 points

Briefly describe the office held and responsibilities:

\_\_\_\_\_

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## 6. Expanded Role

A. Resource or team leader ( as specified by competencies/unit) – 10 points

Manager/Director signature: \_\_\_\_\_ Date: \_\_\_\_\_

B. Preceptor – 2 points for completing preceptor course

6 points for precepting student or staff (responsible for goals, objectives and evaluations)

List of students/staff precepted:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Manager/Director signature: \_\_\_\_\_ Date: \_\_\_\_\_

C. Competencies (Preparing or assessing) – examples may include fit testing, scope cleaning competency etc. – 2 points each

List of Competencies:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Manager/Director signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**7. Community Service (Healthcare related or Hospital Sponsored) – 1 point per 2 hours (10 points max) include letter of recognition**

**Submit one form per event (make copies of this form if you need extras)**

Organization: \_\_\_\_\_

Briefly describe activity in event, not just a donation to the event:

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## 8. Service Excellence/Award Winner

**Submit one form per event (make copies of this form if you need extras)**

Give one example of service excellence or award that you received:

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