



Rehabilitation Providers

2008-2009

Career Advancement Program

TABLE OF CONTENTS

I. Steering Committee	4
II. Timeline	5
III. Level III's, IV's	8
IV. Background	9
V. Career Advancement Model.....	18
VI. Policies and Procedures	30
i. Experience Requirements	31
ii. Declaration of Intent to Advance	32
iii. Policies	33
VII. Activity System	48
i. Introduction to CAP Activities	49
ii. Activity Requirements	50
VIII. Forms.....	51
IX. Forms for Maintenance.....	52
i. Activity System Form.....	53
ii. Research/Outcomes.....	56
iii. CAP Affirmation Statement	57
iv. Maintenance Manager's Affirmation Statement	58
v. Bibliography Log.....	59
vi. Required Inservice Log (for Applicants and Maintenance)	60
vii. Continuing Education Log	61
viii. Mentoring Form.....	62
ix. Career Advancement Program Project Description	63
x. CQI: Continuous Quality Improvement Proposal	64
xi. Summary – Continuous Quality Improvement Proposal.....	65
xii. VUMC Rehabilitation Services Facilitator Assessment.....	66
xiii. VUMC Rehabilitation Services Committee Participation Assessment.....	67

TABLE OF CONTENTS (Continued)

X. Activity Form Explanation.....	68
i. Patient Care and Professional Development	69
ii. Research/Outcomes	76
XI. Forms for Advancing	78
i. Patient Care/Service Advancing Activity System Form	79
ii. Professional Development Advancing Activity System Form	81
iii. Research Outcomes Advancing Activity System Form	85
iv. CAP Declaration of Intent	86
v. CAP Affirmation Statement	87
vi. Maintenance Manager’s Affirmation Statement	88
vii. CAP Portfolio Supervisor Checklist.....	89
viii. Bibliography Log	90
ix. Required In-Service Log	91
x. Continuing Education Log	92
xi. Mentoring Form	93
xii. Career Advancement Program Project Description	94
xiii. CQI: Continuous Quality Improvement Proposal	95
xiv. Summary – Continuous Quality Improvement Proposal	96
xv. VUMC Rehabilitation Services Facilitator Assessment	97
xvi. VUMC Rehabilitation Services Committee Participation Assessment	98
XII. Advancing Preparation	99
i. CAP Portfolio Instructions	100
ii. CAP Interview Guidelines.....	101
iii. Advancement Review Board Assessment	102



*2008-2009 Career Advancement Program
Steering Committee*

Tim Brown, PT - Home Care

Kelly Floyd, MS, OTR/L - Rehabilitation Services Acute Care, Inpatient

Erik Hammes, MPT - Rehabilitation Services, Children's Services Administration

Paul Malloy, ATC, - Sports Medicine Program, Belmont

Mollie Malone, ATC, - Athletics Training Room - Vanderbilt

Penny Powers, PT, MS, ATP - Pi Beta Phi

Mandy Quiram, PT - Outpatient Therapy - VOI

Jasper Richardson, ATC, - Orthopaedic Fitness Center - VOI

Vicki Scala, MS, OTR - Bill Wilkerson Center

Carey Tomlinson, PT - Dayani Center

Kim Walter, ATC - Outreach - VOI

CAP Timeline 2008-2009 Advancing Clinicians

July 21-25	CAP Update (Different areas meet and talk about rollout.)
August 18- September 12	Declaration of Intent Action: Submit declaration of intent to advance to Supervisor and then Supervisor will submit to Maria Ashby, Oxford House
September 22-30	First Mentor Meeting Location: TBA Action: Meet with mentor & establish regular follow-ups
September 30- March 16	Mentor Meetings Location: TBA Action: Meet with mentor & establish regular follow-ups
March 21	DRAFT Portfolio due to manager
April 8	DRAFT Portfolio to committee
April 17	Portfolios returned to candidate
May 4	FINAL Portfolio submission to committee- Original and 6 copies in approved binders (Refer to guidelines for requirements of format/layout)
May	Training/Review of interview process and preparation Location and Date TBA
May 19	Interview Day Location TBA
May 20	Notification of Outcome
June	Poster Fair Location and Date TBA
July 1, 2009	Promotion effective date

CAP Timeline 2008-2009
All Maintenance and Non-advancing Clinicians

July 21-25

CAP update

March 31

Maintenance forms due to manager

❖ Pending managers' discretion

June

Poster Fair

Date TBA

**CQI Calendar- All staff
2008-2009**

September 9, 2008

**CQI Proposal Due
Level IV Projects Proposals Due**

March 31, 2009

CQI Final Due

VANDERBILT UNIVERSITY MEDICAL CENTER CAREER ADVANCEMENT PROGRAM
DEPARTMENT OF ORTHOPAEDICS/REHABILITATION SERVICES
2008-2009

LEVEL III'S

Anderson, Kim, ATC
Argo, Ellen, PT
Antone, Andrea, PT
Booker, Judy, PT
Brown, Skip, OTR
Brown, Tim, PT
Daniell, Brenda, PT
Dawson, Carmen, PT
Dickinson, Rebecca, PT
Do, Hung, PT
Donohoe, Amanda, ATC
Flynn, Laura, PT
Gilmore, Jimmy, PT
Givens, Caryn, PT
Haack, Lisa, PT
Haase, Peggy, OTR
Hall, Reagan, ATC
Hinlo, Maria, PT
Reist, Jennifer, ATC
Hoorman, Kelly, PT
Hustad, Cory, PT
Johnson, Michelle, ATC
Jones, Julia, OT
Kerlin, Shane, PT
LaRocca, Jennifer, PT
Lassiter, Jim, OTR
Lee, Tim, ATC
Lovell, Karen, ATC

McLaurin, Amy, PT
McDonald, Ann Louise, ATC
Melby, Sara, ATC
Moulton, Dana, OT
Neaderthal, Julie, PT
Neumeyer, Jeanie, ATC
Neumeyer, Mike, ATC
Pause, Amy, PT
Perrone, Lisa, OT
Powers, Deborah, OTR
Preston, Emily, PT
Pritchett, Teresa, ATC
Richardson, Brian, PT
Richardson, Jasper, ATC
Robison, Jenny, PT
Satterfield, Suzanne, OT
Schiro, Elena, PT
Shelton, Sandy, PT
Smerilson, Judi, PT
Steele, Whitney, PT
Sutinis, Emily, PT
Trotter, Donna, PT
Wells, Gretchen, PT
Wenzel, Justin, ATC
West, Marcia, PT
Wood, Shane, OT
Yampolsky, Matthew, ATC

LEVEL IV's

Flemming, Pat, PT
Gaffney, Sheila, PT
Powers, Penny, PT

Purdy, John, ATC
Scala, Vicki, OT

CLINICAL COORDINATORS

Bryan, Missy, OTR
Chandler, Mindy, ATC
Kessler, Heidi, PT
Knight, Bobby, PT
Lee, Darrell, PT
Loftis, Michele, ATC
McLaurin, Scott, OTR
O'Hara, Katie, PT

Quiram, Amanda, PT
Silva, Flavio, PT
Violette, Danielle, ATC
Violette, Patrick, ATC
Walter, Kim, ATC
Wcislo, Jane, MSPT
Wilson, Sarah, OTR

BACKGROUND

Charter

Purpose:

To create a Model of Career Advancement for Rehabilitation Professionals to use to supplement the annual performance appraisal. The committee will:

- *Analyze and develop a Model for Rehabilitation Professionals comparable to the Nursing Model for recognition of the clinician's performance.*
- *Determine job responsibilities for the levels of clinicians with input from staff.*
- *Include staff in the development of this Model, as it is their program.*
- *Develop an implementation plan with timeline, costs and benefits.*
- *Educate staff and management in the benefits and uses of the Model and plan.*
- *Advocate with Administration and Human Resources for implementation of this plan.*

Outcomes:

- Establish job descriptions for each level of clinician in this model.
- Design the program. What does it do? How does it work? How to implement? How to measure compliance and outcomes? How to evaluate success?
- Present program to administration, management and staff.
- Design education tools to support implementation with staff and management.

Steering Committee's Work:

- Determine if clinicians and departments will benefit from a clinical advancement program. What are the lessons learned from the previous clinical ladder program that is no longer used?
- Does this Model meet Rehabilitation Professional's need?
- Determine the goals/benefits of the program for Rehabilitation Professionals (both from staff level as well as department and/or institutional level).
- Design the program.
- Estimate the costs of the program.
- Determine how this program fits in with the performance development program.
- What infrastructure does the program need in order to be successful?
- Design the educational tools for implementation.
- Check in with the Steering Committee to check for consistency and changes.
- Design a presentation for all interested parties to promote program.
- Determine way of measuring effectiveness.
- Oversee implementation and design a way for ongoing monitoring of program.

Ground Rules:

- Meetings will start and end on time.
- Meetings will have an agenda to guide discussion.
- Members will complete individual assignments and bring information back to the group when indicated.

Decision-Making Process:

- Decisions are made by consensus.
- If consensus is not reached then an 80% majority decides following additional discussion and listing of the pros and cons for the decision.

Roles:

- The designated facilitator leads meetings and is responsible for insuring that minutes are recorded, distributed and the agenda is completed.
- Clinician/committee members are responsible for advocating for their area/discipline during meetings and taking information back to their groups for feedback.
- Clinicians will complete assigned responsibilities and bring information back to the committee in a manner that facilitates learning and discussion.

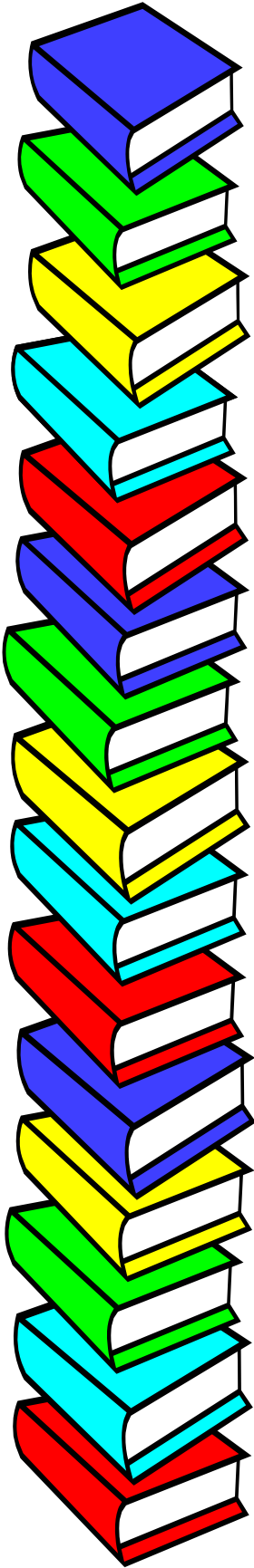
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BACKGROUND

- ❖ *Developed Charter January 1998*
- ❖ *Nursing Professional Practice Program Model, 1998*
- ❖ *Reviewed literature*
- ❖ *Benchmarked with facilities and professional organizations*



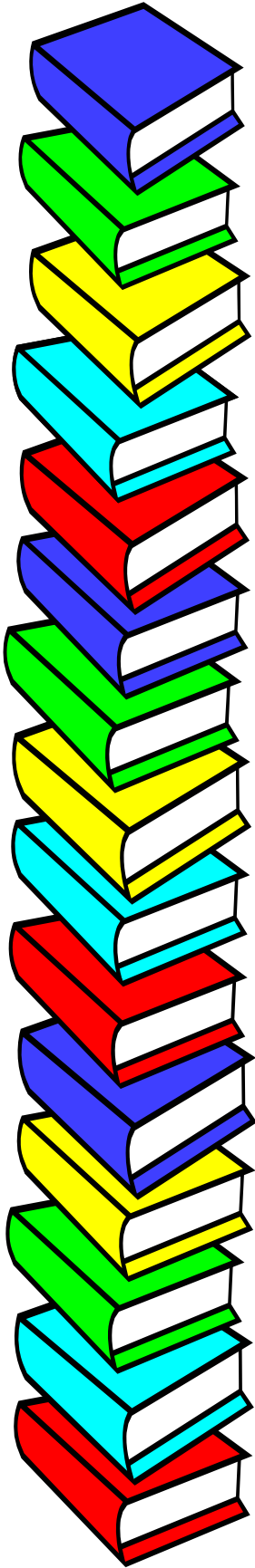
VALUES

The Career Advancement Program is based upon the following values:

We Believe:

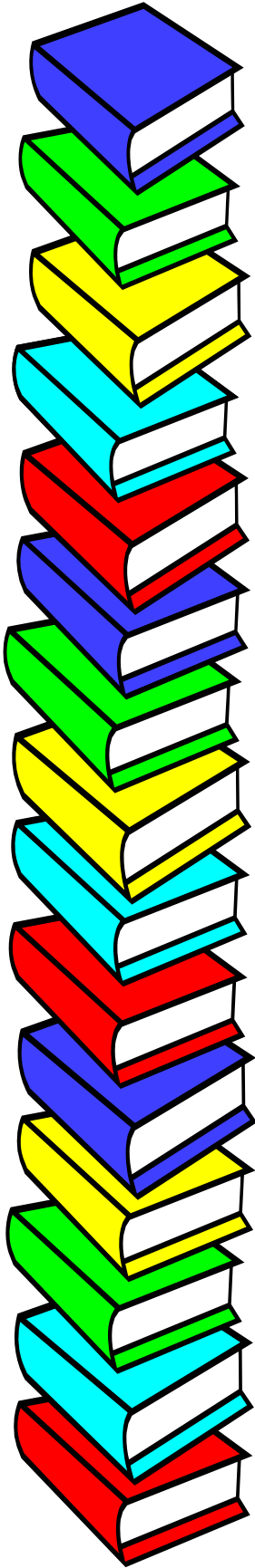
- ❖ *Patient outcomes are improved by the delivery of superior care*

- ❖ *Beginning clinicians will develop clinical competence before pursuing specializations and other career interests*



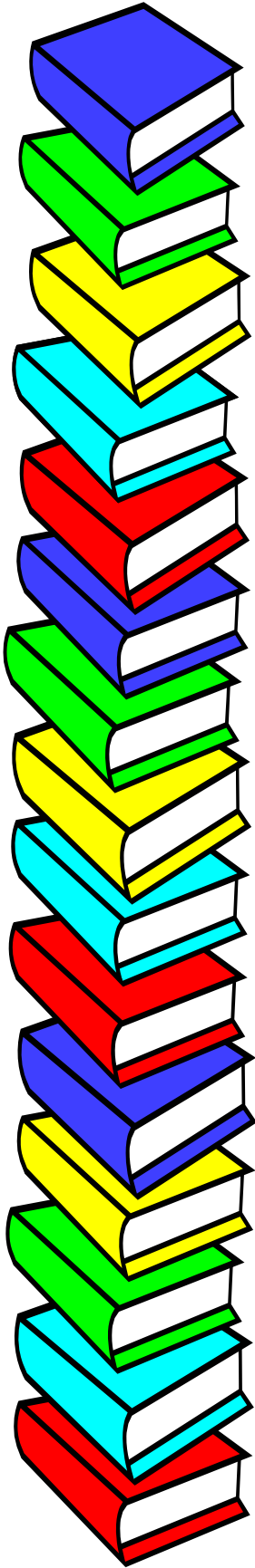
VALUES (CONT.)

- ❖ *Clinicians must continue to demonstrate performance consistent with the level of career advancement achieved*
- ❖ *Clinicians are empowered to take ownership of their professional practice*
- ❖ *Expert practitioners who mentor and promote team development will be retained*
- ❖ *Compensation is commensurate with the level of clinical practice*



GOALS

- ❖ *Recruit and retain expert clinicians*
- ❖ *Support VUMC's Mission/Vision*
- ❖ *Establish expectation of*
 - ✓ *Ongoing learning and skill refinement*
 - ✓ *Clinician involvement in research/outcomes*
- ❖ *Standardize expectations across clinics*
- ❖ *Integrate into performance management process*



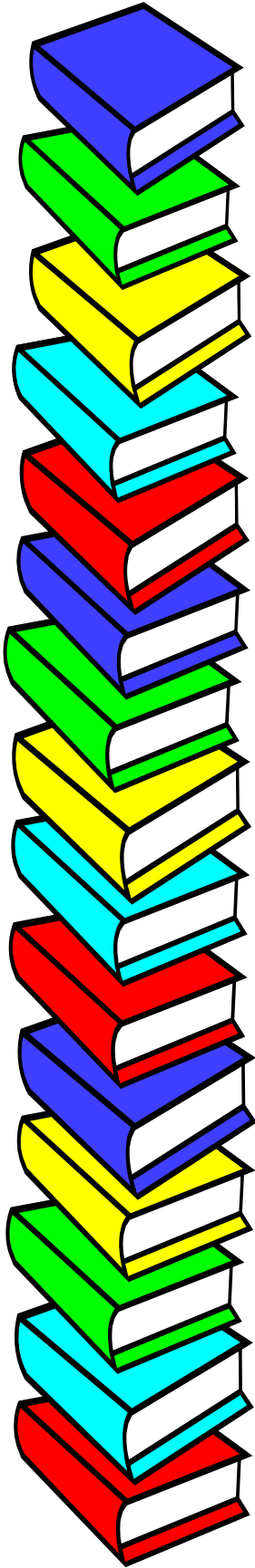
WHAT CAP PROMOTES

- ❖ *Professionalism*

- ❖ *Support of VUMC's Mission*
 - ✓ *Patient Care*
 - ✓ *Education*
 - ✓ *Research*

- ❖ *Standardization across clinics*

- ❖ *Vanderbilt visibility in the community*



ADVANCEMENT REVIEW BOARD

Representation

Facilitator

Athletic Trainer

Occupational Therapist

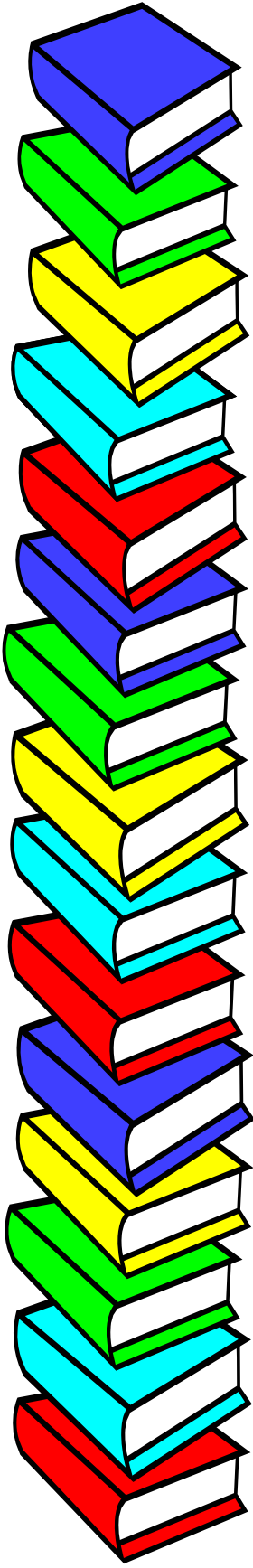
Physical Therapist

Speech Pathologist

Human Resources Consultant

Learning Center Consultant

*Community:
Medical or Discipline Education
Consultant*



ADVANCEMENT REVIEW BOARD

ROLE:

- *Meet annually (2-3 times in May)*
- *Review all staff applications and professional portfolios for Level III and IV*
- *Interview staff applicants*
- *Determine staff placement*
 - ✓ *Attainment of Level III or IV according to defined criteria and points*
 - ✓ *Provide information for areas of strengths or improvement*

*CAREER
ADVANCEMENT
MODEL*

PREFACE

CAREER ADVANCEMENT MODEL

As you review the following explanation of the Career Advancement Model, keep in mind that it is meant to function with the specific job descriptions for the Levels and Disciplines of Athletic Training, Occupational Therapy, Physical Therapy and including any Clinical Coordinators in these disciplines. An understanding of both documents for each specific level will provide the most comprehensive information for participants and leadership for implementation.

A: Preface Career Advancement Model

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EVIDENCE BASED PRACTICE

DEFINITION/RESOURCE

“The concept of evidence-based practice represents the fundamental principle that the provision of quality care will depend on our ability to make choices that have been confirmed by sound scientific data, and that our decisions are based on the best evidence currently available.”

From: “Foundations of Clinical Research: Applications to Practice”
Second Edition by Leslie Gross Portney and Mary P. Watkins
Prentice-Hall, Inc., 2000

A: Evidence Based Practice Definition/Resource

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CAP Model Patient Care/Service

Level I	Level II	Level III	Level IV
<ul style="list-style-type: none"> ▪ Adheres to code of ethics and professional standards for their discipline 	<ul style="list-style-type: none"> ▪ Adheres to code of ethics and professional standards for their discipline 	<ul style="list-style-type: none"> ▪ Adheres to code of ethics and professional standards for their discipline 	<ul style="list-style-type: none"> ▪ Adheres to code of ethics and professional standards for their discipline
<ul style="list-style-type: none"> ▪ Active team member – defined as contributing ideas, following through with project assignments in a reasonable time frame and completing projects individually. 	<ul style="list-style-type: none"> ▪ Active team member – defined as contributing ideas, following through with project assignments in a reasonable time frame and completing projects individually 	<ul style="list-style-type: none"> ▪ Active team member – defined as contributing ideas, following through with project assignments in a reasonable time frame and completing projects individually ▪ Demonstrates effective communication skills including facilitation, mediation, conflict resolution, promotion of team/institution values 	<ul style="list-style-type: none"> ▪ Active team member – defined as contributing ideas, following through with project assignments in a reasonable time frame and completing projects individually ▪ Demonstrates effective communication skills including facilitation, mediation, conflict resolution, promotion of team/institution values
<ul style="list-style-type: none"> ▪ Coordinates clinic equipment and supplies 	<ul style="list-style-type: none"> ▪ Coordinates clinic equipment and supplies 	<ul style="list-style-type: none"> ▪ Coordinates clinic equipment and supplies 	<ul style="list-style-type: none"> ▪ Maintains clinic equipment and supplies ▪ Evaluates present clinical equipment and makes recommendations to supervisor for additions, upgrades or replacement

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CAP Model Patient Care/Service

Level I	Level II	Level III	Level IV
<ul style="list-style-type: none"> ▪ Demonstrates basic evaluation skills – this should include the ability to select, administer and interpret tests for populations served. ▪ Clinicians should demonstrate therapy skills appropriate for the population served 	<ul style="list-style-type: none"> ▪ Demonstrates advanced evaluation skills, including selecting efficient and functional measures, advanced interpretation. ▪ Clinicians should demonstrate therapy skills appropriate for the population served ▪ Presents case study to peers demonstrating the ability to consider all aspects which impacts the case 	<ul style="list-style-type: none"> ▪ Demonstrates advanced evaluation skills, including selecting efficient and functional measures, advanced interpretation ▪ Demonstrates advanced treatment skills, including long-ranged treatment planning and efficient accomplishment of goals ▪ Presents case study to peers demonstrating the ability to consider all aspects which impact the case ▪ Designates specialty/career interest area and demonstrates current direct patient care practice 	<ul style="list-style-type: none"> ▪ Demonstrates advanced evaluation skills, including selecting efficient and functional measures, advanced interpretation ▪ Demonstrates advanced treatment skills, including long range treatment planning and efficient accomplishment of goals ▪ Presents case study to peers demonstrating the ability to consider all aspects which impact the case

CAP Model Patient Care/Service

Level I	Level II	Level III	Level IV
<ul style="list-style-type: none"> ▪ Clinicians should accurately communicate with clients/families, team members and related professionals. Characteristics expected include a professional manner, accuracy, thoroughness and efficiency (“time conscious”) 	<ul style="list-style-type: none"> ▪ Clinicians should accurately communicate with clients/families, team members and related professionals. Characteristics expected include a professional manner, accuracy, thoroughness and efficiency ▪ Manages all aspects of client care including ancillary services and transitioning into other settings 	<ul style="list-style-type: none"> ▪ Clinicians should accurately communicate with clients/families, team members and related professionals. Characteristics expected include a professional manner, accuracy, thoroughness and efficiency ▪ Manages all aspects of client care including ancillary services and transitioning into other settings 	<ul style="list-style-type: none"> ▪ Clinicians should accurately communicate with clients/families, team members and related professionals. Characteristics expected include a professional manner, accuracy, thoroughness and efficiency ▪ Manages all aspects of client care including ancillary services and transitioning into other settings
<ul style="list-style-type: none"> ▪ Demonstrates knowledge of Policies and Procedures and executes them independently 	<ul style="list-style-type: none"> ▪ Demonstrates knowledge of Policies and Procedures and executes them independently 	<ul style="list-style-type: none"> ▪ Demonstrates knowledge of Policies and Procedures and executes them independently ▪ Initiates and implements team policy/procedure changes ▪ Implements new team services and/or procedures 	<ul style="list-style-type: none"> ▪ Demonstrates knowledge of Policies and Procedures and executes them independently ▪ Initiates and implements team policy/procedure changes ▪ Implements new team services and/or procedures
<ul style="list-style-type: none"> ▪ Initiates seeking out additional information as needed 	<ul style="list-style-type: none"> ▪ Initiates and implements problem solving solutions for the team 	<ul style="list-style-type: none"> ▪ Initiates and implements problem solving solutions for the team 	<ul style="list-style-type: none"> ▪ Initiates and implements problem solving solutions for the team/discipline/department

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CAP Model Patient Care/Service

Level I	Level II	Level III	Level IV
<ul style="list-style-type: none"> ▪ Takes responsibility for maintaining productivity standards relative to co-workers* 	<ul style="list-style-type: none"> ▪ Meets productivity standards including cross coverage per departmental guidelines* 	<ul style="list-style-type: none"> ▪ Meets productivity standards including cross coverage per department guidelines* ▪ Demonstrates efficient/effective use of time in meeting productivity expectations and other professional functions 	<ul style="list-style-type: none"> ▪ Meets productivity standards including cross coverage per department guidelines* ▪ Demonstrates efficient/effective use of time in meeting productivity expectations and other professional functions

A: Patient Care Services Form-Career Advancement

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CAP Model Patient Care/Service

Level I	Level II	Level III	Level IV
<ul style="list-style-type: none"> ▪ Meets clinical standards: documentation and evaluation/ treatment skills ▪ Meets service delivery standards set for specific clinic 	<ul style="list-style-type: none"> ▪ Meets clinical standards: documentation and evaluation/ treatment skills ▪ Meets service delivery standards set for specific clinic 	<ul style="list-style-type: none"> ▪ Meets clinical standards: documentation and evaluation/ treatment skills ▪ Meets service delivery standards set for specific clinic ▪ Contributes to ongoing application of Standards of Practice incorporating internal and external standards for documentation, evaluations and treatment skills. ▪ May identify new client population and service opportunities. 	<ul style="list-style-type: none"> ▪ Meets clinical standards: documentation and evaluation/ treatment skills ▪ Meets service delivery standards set for specific clinic ▪ Insures quality of services, assists supervisor in implementation of Standards of Care ▪ Assists with ongoing program development and assessment to meet accreditation standards ▪ Identifies new client population and service opportunities
<ul style="list-style-type: none"> ▪ Advocates for patient needs 	<ul style="list-style-type: none"> ▪ Advocates for patient needs 	<ul style="list-style-type: none"> ▪ Advocates for patient needs ▪ Advocates for Team needs 	<ul style="list-style-type: none"> ▪ Advocates for patient needs ▪ Advocates for discipline and profession internally and externally

A: Patient Care Services Form-Career Advancement

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CAP Model
Professional Development/Student Education

Level I	Level II	Level III	Level IV
<ul style="list-style-type: none"> ▪ Meets licensure and certification requirements 	<ul style="list-style-type: none"> ▪ Meets licensure and certification requirements 	<ul style="list-style-type: none"> ▪ Meets licensure and certification requirements 	<ul style="list-style-type: none"> ▪ Meets licensure and certification requirements
	<ul style="list-style-type: none"> ▪ Is a member of professional organization(s) 	<ul style="list-style-type: none"> ▪ Is a member of professional organization(s) ▪ Demonstrates increased involvement in professional/ community organization(s) 	<ul style="list-style-type: none"> ▪ Is a member of professional organization(s) ▪ Holds a leadership role in professional/ community organization(s)
<ul style="list-style-type: none"> ▪ Provides general information regarding discipline or role in care of patient 	<ul style="list-style-type: none"> ▪ Provides general information regarding discipline or role in care of patient 	<ul style="list-style-type: none"> ▪ Becomes involved in education within hospital, community and specific discipline 	<ul style="list-style-type: none"> ▪ Provides education within hospital, community and specific discipline ▪ Advocates for discipline and profession internally and externally ▪ Participates in academic teaching (lectures, lab instructor, team teaching) ▪ Provides professional presentations in specialty/ career interest area (ie: inservices, invited speaker to a professional group, classes or portions of classes) ▪ Seeks additional certification in specialty area (CPR instructor, Certified Clinical Instructor for APTA) ▪ Seeks formal course of study with satisfactory completion of college/university course for credit

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CAP Model Professional Development/Student Education

Level I	Level II	Level III	Level IV
<ul style="list-style-type: none"> ▪ Is assigned a mentor and/or supervising clinician ▪ Assumes initiative in seeking out additional information as needed 	<ul style="list-style-type: none"> ▪ Continues with mentor to improve clinical skills ▪ Demonstrates initiative in seeking out additional information as needed 	<ul style="list-style-type: none"> ▪ Mentors new employees ▪ Develops area of clinical specialization and/or career interest 	<ul style="list-style-type: none"> ▪ Mentors specialty/career interest training for high performing clinicians, demonstrates in-depth knowledge of specialty area
	<ul style="list-style-type: none"> ▪ Supervises (CI) students 	<ul style="list-style-type: none"> ▪ Supervises (CI) students ▪ Participates in ongoing evaluation and development of student program 	<ul style="list-style-type: none"> ▪ Supervises (CI) students ▪ Participates in ongoing evaluation and development of student program ▪ Coordinates student program interfacing with Universities
<ul style="list-style-type: none"> ▪ Participates in Continuing Education course(s) and provides in-service 	<ul style="list-style-type: none"> ▪ Attends Continuing Education course(s), provides in-service and demonstrates application of principles 	<ul style="list-style-type: none"> ▪ Seeks Continuing Education course(s) in specialized/career interest and demonstrates application of principles through protocols, new equipment programs and research. Presents in-service commensurate with high level presentation (AV, handouts, resources-series vs. session) 	<ul style="list-style-type: none"> ▪ Seeks Continuing Education course(s) in specialized/career interest and demonstrates application of principles through protocols, new equipment programs and research. Presents in-service commensurate with high level presentation (AV, handouts, resources-series vs. session)
<ul style="list-style-type: none"> ▪ Attends in-services incorporating information into practice 	<ul style="list-style-type: none"> ▪ Attends in-services incorporating information into practice 	<ul style="list-style-type: none"> ▪ Coordinates in-services for team and it's record keeping 	<ul style="list-style-type: none"> ▪ Develops and evaluates annual continuing education and in-service program

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CAP Model Research/Outcomes

Level I Up to 1 Year	Level II 1 Year - 3 years	Level III *see requirements table	Level IV *see requirements table
<ul style="list-style-type: none"> ▪ Participates in data collection under the direction of mentor 	<ul style="list-style-type: none"> ▪ Collects data for CQI/Research Team projects: provides data in required form, meeting timelines 	<ul style="list-style-type: none"> ▪ Collects data for CQI/Research Team projects: provides data in required form, meeting timelines 	<ul style="list-style-type: none"> ▪ Collects data for CQI/Research Team projects: provides data in required form, meeting timelines
	<ul style="list-style-type: none"> ▪ Actively searches for new evaluation/treatment approaches and determines effectiveness on caseload 	<ul style="list-style-type: none"> ▪ Actively searches for new evaluation/treatment approaches and determines effectiveness on caseload 	<ul style="list-style-type: none"> ▪ Actively searches for new evaluation/treatment approaches and determines effectiveness on caseload
		<ul style="list-style-type: none"> ▪ May assist with designing CQI monitors for team's clinical, service or financial outcomes ▪ May assist with research design, analysis and implementation ▪ May assist with interpreting and applying research techniques in the therapeutic process ▪ Each Level III in the department of Rehab Services is required to complete a CQI project (of their choice) annually 	<ul style="list-style-type: none"> ▪ Assists with designing CQI monitors for team's clinical, service or financial outcomes ▪ Active involvement in research, presentations and publications ▪ Incorporates outcome data into clinical process for team/department ▪ Demonstrates and integrates current research in specialty/career interest area

*See CQI Guidelines

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CQI: CONTINUOUS QUALITY IMPROVEMENT

What is it?

A project done by one person or a group of people (sometimes called a “focus team”) that will have a positive impact on quality of care, efficiency of care, cost of care, customer satisfaction or employee satisfaction.

Who does it?

All level III and level IV clinicians maintaining their level and all level II clinicians advancing must participate in a CQI project.

How is it selected?

These projects are identified by the staff or the management as areas of potential improvement. Project ideas are discussed with immediate supervisor and approved by the department director. Once approved locally, the project is submitted to the CAP committee to assure uniformity across the rehab spectrum and compliance with the format

What does it look like?

The project needs to have an identified and proven problem, a detailed explanation of a solution, and a measurable outcome, product, or improvement.

How is it presented?

Advancing clinicians will present and discuss their project in their CAP portfolio and during the interview with the ARB. Presentation of all CQI projects is required at the annual Rehab Poster Fair. Employees are also encouraged to present research specific projects to professional organizations outside of Vanderbilt.

Frequently Asked Questions:

- Q: What is the page and/or size requirement?
A: There are no page or size requirements.
- Q: Who determines if the project will have an impact on my department and what is the time requirement?
A: How big of an impact and the time requirement to complete the project is decided by the Director of your department.
- Q: Can I do a two year project?
A: Yes. Two year projects are acceptable. There must be an end-of-year one status report and poster detailing progress and next steps.
- Q: Why do I have to do this?
A: It is a requirement by our accrediting agency (JCAHO) that employees participate in quality improvement activities. It is also important to Vanderbilt that staff take ownership of quality, customer service and success of the institution. Identifying and participating in quality initiatives builds a strong team that we can be proud to be a part of.
- Q: What activity points do I get for participating or leading a CQI?
A: Participating on a CQI project is worth one “B” activity. Leading a CQI project is worth one “C” activity.

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POLICIES
And
PROCEDURES

POLICY: Experience Requirements

PURPOSE: Clinicians will be ready for promotion to Level III and IV at different times in their career. Therefore, a range of years of experience allows for that clinical maturation within the person’s own time frame.

OBJECTIVE: To provide specific time frames for all CAP participants to determine and plan for promotions at the appropriate time.

PROCEDURE/PROCESS:

Levels of CAP	New Graduates to VUMC	Experienced Clinicians to VUMC
I	<p>All new graduates and those with less than 1 year of full time experience enter at this level.</p> <p>Promote to Level II when complete 1 year of full time experience</p>	<p>NA</p>
II	<p>Minimum: 2 years at this level Maximum: 5 years at this level</p> <p>Promotion to Level III may begin as early as completion of 3 years of overall, full time experience and must be done by completion of year 6</p>	<p>All clinicians with greater than 1 year of full time experience enter at this level</p> <p>For those with 1-5 years of experience – promotion to Level III may begin as early as completion of 3 years of full time experience and must be done by completion of year 6. Must also have a minimum of 12 months of VUMC experience.</p> <p>For those with 6 or more years of experience – Must have been hired by the posted declaration period in order to advance in next cycle, but must advance within 24 months.</p>
III	<p>Minimum: Must have 2 years of VUMC experience at this level before becoming eligible for promotion to Level IV Maximum: None</p>	<p>Minimum: Must have 2 years of VUMC experience at this level before becoming eligible for promotion to Level IV Maximum: None</p>
IV	Must maintain annually	Must maintain annually

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POLICY: **Declaration of Intent to Advance**

PURPOSE: The preparations for advancement is a process intended to reflect one's career in addition to one's contribution to Vanderbilt over an adequate time period to allow the Advancement Board to make reasonable decisions.

OBJECTIVE: Provide specific guidelines for a candidate to declare their intent to advance in a given year

PROCEDURE: The CAP committee will publish a calendar for rehabilitation professionals to identify a specific timeframe for declaring their intent to advance.

The timeframe will be sufficient to allow the candidate time to discuss advancement with their supervisors to determine if the candidate meets the eligibility requirements and whether the supervisor supports the advancement.

The candidate must submit their declaration with both their signature and that of their supervisor within the published timeline.

Any candidates who miss the deadline must be approved by the committee to determine if special circumstances existed that prevented them from meeting the deadline and ensuring they are able to meet future guidelines.

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POLICY: **Definitions and Differentiation Among Guideline Roles**

PURPOSE: Provide consistent definitions for CAP

OBJECTIVE: Active and developmental relationship where the mentor guides and counsels the novice toward personal and professional goals. Documentation of skill and/or goal attainment is required.

PROCEDURE: Active formal relationship revolving around an individual (novice or experienced, but new to the organization) becoming familiar with new surroundings, policies, procedures, function in the job setting. It is the expectation that the individual learns critical information (specific to the requirements of the job duties in the specific setting) in order to function independently and successfully within the Team/Department/Organization.

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POLICY: **Advancement Review Board Quorum for Interviews**

PURPOSE: A quorum of the Advancement Review Board must be present in order for the clinician to have an equitable interview and opportunity for advancement.

OBJECTIVE: Define and establish a quorum for the Advancement Review Board.

PROCEDURE: In preparing for your interview with the Advancement Review Board; be advised that the full Board may not be present for your interview due to scheduling conflicts and/or unplanned circumstances. A quorum for Level III and Level IV Interviews is Seventy -Five (75%) percent of the Advancement Review Board assigned. Fifty (50%) percent of the Advancement Review Board is assigned to attend Level III interviews and one hundred (100%) percent of the Advancement Review Board is assigned to attend each Level IV interview.

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POLICY: **Prorating and Deferment**

PURPOSE: The Career Advancement Program recognizes that there are circumstances that affect a staff member's ability to participate and comply with the program.

OBJECTIVE: Provide guidelines and examples to clarify situations requiring prorating and deferment.

PROCEDURE: Staff members who utilize Family Medical Leave Act (FMLA) or who have extenuating circumstances may request an option to prorate activities or defer participation to a later date. If prorating is used, the manager must use objective criteria and reproducible and consistent mathematical calculations to determine an appropriate alternative activity requirement. When submitting the documentation to the committee, the manager is to include a signed narrative in the front of the applicant's portfolio detailing the rationale and calculations for prorated activities. Portfolios that are submitted without written support from their Manager will be disqualified and returned. This decision must be formally agreed upon with the supervisor/manager/departmental leadership prior to the deadlines for submission of the portfolio. A written agreement regarding prorated activities or deferment must be submitted with the portfolio. This written agreement will be placed in the departmental personnel file. Examples may include extended illness, pregnancy, birth or adoption of a child.

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POLICY: Failure to successfully advance

PURPOSE: To define the consequences should a candidate fail to successfully advance

PROCEDURE:

- I. Candidates who are not successful in advancing should begin planning with their supervisor to establish goals which will allow them to concentrate their efforts on areas which have been identified as deficit areas by the advancement board.

Conversely, supervisors should closely monitor candidate's work and should regularly conduct "progress checks" to determine candidate's effort towards meeting goals and if necessary make corrections to candidate's goal plan.

- II. Such individuals may attempt the advancement process until successful up to 1 time beyond their mandatory period as dictated by their years of experience (see eligibility policy), as long as they are in good standing as a Vanderbilt employee:
 - i. Performance evaluations of 3 or above
 - ii. Not on performance improvement counseling

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POLICY: **Yearly Review of Level Maintenance**

PURPOSE: Each Clinician is charged with ensuring that they maintain skills and accomplishments commensurate with CAP Level achieved.

OBJECTIVE: Maintain quality of clinical commitment to CAP without compromising efficiency.

PROCEDURE: Each clinician routinely gathers supportive documentation of activities related to CAP core areas. Prior to the Employee Performance Review, the clinician completes the CAP Activity System Form to ensure that key activities are complete. Activities should be from Performance Evaluation to Performance Evaluation: May to April.

Clinician and immediate supervisor review these activities and the Activity Form during yearly Employee Performance Review with **special emphasis on descriptors/tasks that differentiate current level from preceding level.** Clinician and supervisor further review fulfillment of yearly goals as they relate to key concepts of CAP Level achieved.

Clinicians who fail to fulfill the required activities as designated by their level must meet with their supervisor to establish a plan for the professional to meet the required standards (failure to successfully complete the Plan of Action may lead to an initiation of Performance Improvement Counseling).

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POLICY: **Clarification for Prior Work Related Experience**

PURPOSE: Provide clarification of experience that can be considered as part of the core experience requirements for advancement eligibility

PROCEDURE: When considering an applicants' experience eligibility for advancement, candidates who have practiced as a licensed physical or occupational therapy assistant may have those years counted toward the base experience requirement of 36 months. For every 2 years worked as a COTA or LPTA, 1 year credit toward the core experience requirements will be allowed.

For athletic trainers, experience as a graduate assistant, as long as the individual was a certified athletic trainer, will be counted toward the core experience eligibility. The credit for these years will be a 1 for 1 exchange.

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POLICY: **Appeal Process**

PURPOSE: The Career Advancement Program strives to provide a program that clearly defines the expectations and procedure for promotions of staff clinicians through each of the levels. There is the need for an appeal process in case of a breakdown in the communication/ materials/procedures, which prohibit employees from realizing their potential. This document **does not** address cases in which the employee disagrees with the decision from the Advancement Review Board.

OBJECTIVE: To establish clear guidelines and procedures for an appeal.

- I. Examples of cases for appeal are:
 - a. Missed deadlines
 - b. Incorrect format
 - c. Incomplete information
 - d. Performance review not completed due to circumstances beyond the clinician's control. This does not address disagreement between the employee and supervisor on assessment of key functions, the portfolio content or points.
 - e. Human Resources have clear guidelines for addressing grievance or performance issues.
 - f. There is an audit for CAP points that occurs with all promotion applications.

- II. Appeals need to be presented to the Facilitator of the Career Advancement Steering committee in writing.

- III. The application for appeal contains:
 - a. What the issue is
 - b. Why the applicant believes there is need for an appeal
 - c. Supporting materials that help in the clarification process.
 - d. The Facilitator must receive the written application within 15 working days of the documented event being appealed.

- IV. The Facilitator will arrange for the appeal application to be discussed at a meeting within 15 working days from receiving the written application. The appeal committee consists of 5 members of the steering committee selected by the Facilitator.

- V. The applicant will be offered the opportunity to attend the scheduled committee meeting to answer questions or provide additional information. If the applicant is unable to attend, discussion of the issue will center on the materials submitted.

- VI. The Facilitator will lead the discussion and questions/answer session. At the end of the discussion, there will be two votes.
 - a. The first vote to decide if there is enough information to make this decision, or if further investigation is needed.
 - b. The second vote to determine the merit of the appeal.
 - c. Either vote will pass with an 80% majority of the committee members.

- VII. Advancement Review Board decisions are final.

- VIII. The Facilitator will send the applicant and their direct supervisor a letter stating the result of the investigation and the status of the appeal. The letter must be dated three (3) working days from the committee meeting.
- IX. The Facilitator will insure that any change to the program, points or process that the appeal determined needed to be made is completed. This information will be communicated to all staff eligible for the CAP program and the supervisors /managers/directors/leaders.
- X. If the employee continues to be dissatisfied with the outcome from this Appeal Process, the employee may then pursue a grievance consistent with Human Resources Policies and Procedures.

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LEVEL IV PRACTITIONERS

Those practitioners who function at the Level IV of the Career Advancement Program will demonstrate exemplary skills/abilities/qualities in all three components of the Model. The purpose of this brief is to support the model by further describing combinations of activities characteristic of Level IV practitioners. There has been no attempt to make these descriptors all encompassing and/or exhaustive.

The Level IV Practitioner may:

Possess official clinical specialist certification and practice in a clinical setting such that he/she will utilize the acquired advanced skills to achieve superior outcomes with patients and advance the profession in professional education and service. Their primary focus is patient care.

These practitioners should practice clinically as an “expert” or at an advanced level such that this individual provides leadership and direction for superior patient outcomes. They advance the profession and multidisciplinary efforts in their practice through teaching, mentoring and service to their department and profession. Service to the department and profession occurs in projects/education/leadership that transcends the clinical site and extends throughout the Medical Center/Enterprise.

Examples of how practitioners can exhibit leadership and direction for superior patient outcomes include:

- Advance degree beyond entry degree
 - MBA, MPA, Health Services Administration or in a specialty area of PT/OT (i.e., Orthopedics, Neurology, Geriatrics)
- Years of experience in focused practice area
- Specialty certification
- Previous CQI projects centered on patient outcomes

Professional Certifications must meet the following criteria:

1. Prerequisite requirements must exist (i.e., years of experience, percentage of time working in specialty area, breadth of experience) for consideration of specialization.
2. The certification must include competency-based testing (written and/or practical).
3. A recognized national body and/or the professional association of the applicant must endorse the certification process.

Generally accepted certifications include: CHT, American Board of Physical Therapy Specialties, Seating Specialist/Assisted Technology Practitioners through RESNA, or NDT Pediatric Certification. This list is not exclusive. If you are unsure if the certification you have obtained, or are pursuing, would meet the requirements for Level IV, contact a member of the CAP Steering Committee early in the process. The Steering Committee will look at certifications on a case-by-case basis.

The Level IV Practitioner will:

Demonstrate activities that support continuous quality improvement and research. This is demonstrated in quality improvement assessment and intervention (CQI) of clinical practice and service delivery. This individual will demonstrate a high level of expertise in self-assessment, ability to set and attain goals for self, team (intra and extra-departmentally) and assist colleagues and students in their professional development.

Please refer to the Model for further clarification.

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LEVEL IV POLICY

MENTORING AND COMMUNICATION

At the time of promotion the applicant demonstrates evidence to their manager and then to the Advisory Review Board that they have the following skills/capabilities in preparation for their role as Level IV's. Some projects may cover more than the current fiscal year.

Leadership/Facilitation:

- ✓ Facilitates change and develops consensus with groups
- ✓ Assumes responsibility and accountability for projects initiated by self, as well as, those provided by supervisor
- ✓ Prioritizes projects based on outcome/impact on the team/department/institution

Clinical Practice:

- ✓ Demonstrates ability to integrate new information from continuing education and research into practice
- ✓ Communicates practice guidelines with staff in non-threatening ways to improve overall functioning
- ✓ Recognizes own limitations, biases and knowledge gaps

Expertise/Teaching:

- ✓ Models and communicates evidence based practice
- ✓ Designs and provides professional level presentations and formal educational opportunities
- ✓ Effectively educates students/other department staff/patients and their families

Advocacy:

- ✓ Advocates for your discipline within Vanderbilt University Medical Center (within the team/department and in other departments) and the community (both local, state and national levels)
- ✓ Connects others (staff, patient/family members, etc) with appropriate resources to resolve need
- ✓ Represents clinical concerns to management to assist in a positive resolution

Outcomes/Evidence Based Practice:

- ✓ Completes (at least) one project that is characterized by the use of objective data and has a positive impact upon a program. If the change has not been implemented then evidence of working toward that objective is demonstrated
- ✓ Analyzes programs/protocols/guidelines using objective data. Makes recommendations for improvement to management

LEVEL IV POLICY (CONT)

Maintenance Phase:

- ✓ Supervisors of Level IV's during maintenance continue to expect that these individuals sustain their performance over time. Some projects may carry over from the previous fiscal year. Each year, supervisors and Level IV's should discuss current projects and develop an annual contract for the year. Ongoing communication should occur to keep both parties working together to determine priorities and insure that work is completed as intended.

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CLINICAL COORDINATORS

The Clinical Coordinator position combines a blend of clinical and managerial functions. While those practitioners who have advanced to a clinical coordinator position will demonstrate exemplary skills/abilities/qualities in all three components of the Model at a Level III position of the Career Advancement Program, their specific focus will be primarily managerial in nature.

Clinical coordinators are required to complete an annual maintenance record equal to a Level III clinician (see Yearly Review of Level Maintenance).

The purpose of this brief is to support the model by further describing combinations of activities characteristic of a Clinical Coordinator. These descriptions are not all encompassing and/or exhaustive, and may be reflected differently according to the individuals' service area. These standards are meant to function in conjunction with the job description of Clinical Coordinator.

A Clinical Coordinator may be assigned specific functions to support their service area including monitoring of support staff, resource management, coordination of educational needs, training roles, etc. These tasks support the team manager in ensuring compliance with VUMC and Rehabilitation or department policies and procedures including efficient operations of services.

CQI projects will be included in the responsibilities of the Clinical Coordinator, but are assigned or chosen with the area team manager to meet the specific clinical management needs of the area.

Please refer to the Model for further clarification. Activities equivalent to a Level III must be maintained to remain in a Clinical Coordinator position. Should an individual in this position fail to meet the required activities as described, a development plan must be developed with their manager. Failure to successfully comply with the agreed upon plan will result in proceeding to Performance Improvement Counseling.

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EXPANDED ROLE OF THE PHYSICAL THERAPIST IN THE HOME CARE SETTING, INCLUDING CASE MANAGEMENT

The American Physical Therapy Association's Guide to Physical Therapist Practice describes the five (5) elements of patient/client management. Therapists are to integrate examination, evaluation, diagnosis, prognosis, and intervene in a manner to maximize outcomes. Therapist interventions are to be contingent on the timely monitoring of patient/client responses and have three components: coordination, communication and documentation; patient/client related instruction; and direct intervention. Other professional roles include consultation, education and administration.

At Vanderbilt Home Care Services, the Physical Therapist assumes an expanded role, much of which falls outside the area of direct patient care. In the unique home care environment, this expanded role includes:

1. Case Management (patient care coordination). See attached policy.

Effective case management in the home setting includes managing appropriate resources, utilization and coordinating of all aspects of the patient's care as it relates to the development and achievement of agreed upon patient outcomes within a specified time frame while adhering to professional and provider-based standards. The ability to build a relationship/partnership with the patient and their caregivers is tantamount to achieving optimal outcomes. The Case Manager is also responsible for ensuring that essential data is collected and evaluated while developing and maintaining an effective plan of care. These elements include, but are not limited to: patient's medical history, prior level of care/functional status, current level of care/functional status, environment and home/safety risk factors; patient's and caregiver's dynamics; patient's and caregiver's abilities related to care; primary caregiver's capabilities, availability and willingness to provide care, medications, resources and ability to access resources; and need for home care services/discipline-specific.

2. Assisting in oversight of patient's medication if skilled nursing care is not ordered. The physical therapist would be responsible for general oversight of patient's medication list, including maintaining a current, up-to-date medication profile and facilitating communication between the patient and appropriate health care team members if patient has specific medication related questions.
3. Ordering of equipment as needed, determining the need for appropriate equipment, and problems with equipment. The physical therapist often needs to procure equipment from a local vendor for trial in the home.
4. Supervising Home Health Aides in the home. See attached information.

A: Expanded Role of PT in Home Care – Case Management

5. Supervising Physical Therapist Assistants. In the home care setting, PTA's are not easily accessible since they are working in the home independently. This necessitates having strong communication and coordination skills to ensure that both on-site and ongoing supervision of the PTA's occurs, thus assuring good patient outcomes and compliance with regulatory and accrediting standards.
6. Communicating and coordinating with Vanderbilt Home Care Services (VHCS) managed care office as needed regarding authorization for services to be rendered. The physical therapist is responsible for providing frequent updates regarding the patient's status to support ongoing care. Written and/or verbal updates may be required. On some occasions, the therapist may need to communicate directly with the insurance case manager.
7. Obtaining appropriate add-on referrals if additional services are necessary. This process involves consulting with appropriate team members, obtaining a physician's order, documenting the order, and communicating the order with the facilitator in a timely manner.
8. Providing emotional support for the patient/caregiver. In the event of limited resources, the physical therapist assists in procurement of appropriate community resources.
9. Communicating information regarding patient status to contract staff or other in-house staff who may be assigned PRN visits.
10. Assisting the patient/family in coordination of MD appointments and transportation needs.
11. Completing the necessary paperwork for plan of treatment/updates/re-certifications/transfers/discharges.
12. Communicating with all services when discharge is planned so that MSW's or PCA's do not remain in the home and their services become non-reimbursable.
13. Communicating with agency liaisons when a patient is hospitalized, so that the patient may be followed while in hospital and home care arrangements may be made post hospital discharge as appropriate.
14. Scheduling of co-treatments as needed for maximum patient outcomes.
15. Contacting local agencies regarding equipment loans if resources are not available.
16. Providing information to state agencies/school systems as needed regarding pediatric client's progress/need for continued therapy. Physical therapists may attend multidisciplinary meetings as caseload permits.

A: Expanded Role of PT in Home Care – Case Management

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ACTIVITYY SYSTEM

INTRODUCTION TO CAP ACTIVITIES

Activities that promote improved clinical and professional practice are recognized in the Career Advancement Program and assigned a category (see below). The assigned category is dependent upon the amount of benefit the individual and the institution derives from that particular activity. When more than one person contributes to the outcome, the appropriate category of activity is chosen by level of their involvement.

Level A: Activity that contributes to an individual's professional development

Level B: Activity that contributes to operations and/or professional development of immediate work area

Level C: Activity that contributes to professional development of Vanderbilt or other area outside of immediate work area (or demonstrates leadership skills). Takes responsibility for patient care/advocacy beyond the day-to-day operations/routine.

Level D: Activity that contributes to professional development of area health professionals or community at State or National level. Expands the scope of services or exposure of work area.

KEY FUNCTIONS:

MANDATORY: Rating of 3 on ALL levels

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ACTIVITY REQUIREMENTS

CAP Area	Level I	Level II	Advancing to Level III	Level III	Advancing to Level IV	Level IV
Patient Care and Professional Development						
Activity A	2	3	4	4	4	4
Activity B	1	2	3	3	4	4
Activity C & D	Optional	Optional	3	3	6	6
Research						
Activity A	Optional	Optional				
Activity B	Optional	Optional	1	1	1	1
Activity C & D	Optional	Optional	Optional		1-2*	1-2*

- These activity requirements apply to all disciplines: OT, PT and ATC
- These are minimum expectations for each level and are used for attainment and maintenance of each level.
- No one with a score less than “3 in each key function” can apply for advancement
- There is no substitution of categories
- No one on performance improvement counseling at the time of annual review can apply for advancement
- *Level IV: Must do 2 activities from either category “B”, “C” or “D” (1 maximum from category B)

A: Minimum Point Guidelines

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FORMS

<http://www.mc.vanderbilt.edu/rehab/cap.html>

*FORMS
FOR
MAINTENANCE*

Name: _____
 Date: _____

Current Level : I II III IV

ACTIVITY SYSTEM FORM - MAINTENANCE

Patient Care + Professional Development *Activities should be from April-March

<i>Activity Category</i>		<i>Specific Information- How did this apply to you?</i>	<i>Quantity Completed</i>
Category "A" Activities	Practice Enhancing: applies to self (maximum of 5)	<i>Attach Bibliography Log</i>	
	Holds membership in: Professionally related organization (maximum of 3)	_____ _____ _____	
	In-service Attended Attends 3 in-services = 1A (no partial credit)	<i>Attach In-service Log</i>	
	Other:		
	Holds Specialty Certifications: (dues based on requirement)	Identify Certification – date of renewal _____ _____	
		**Must have activities in minimum of 2 categories.	
		TOTAL Category A	
		REQUIREMENTS: Level I=2; II=3; III=4; IV= 4	
Category "B" Activities	Practice Adaptation: applies to team		
	Program Development		
	Clinic Equipment/Supply		
	Professional Organizations:		:
	Delivers In-Services		
	Continuing Education Cumulative contact hrs 6 hours= 1activity (no partial credit)	<i>Attach Cont Ed Log</i>	

Activity Category		Specific Information	Quantity Completed
	Student Education Provides clinical supervision for students who spend less than 64 hours in affiliation	Name: _____ Date: _____ Name: _____ Date: _____ Name: _____ Date: _____	
"B" Activities	Peer Orientation Participates in process	Name: _____ Date: _____ Name: _____ Date: _____	
	Committee Participant	<i>Attach Committee Participation assessment from facilitator</i>	
	Community Activity		
	Other:		
		TOTAL Category B	
		REQUIREMENTS: Level 1=1; II=2; III=3; IV=4	
Category "C" Activities	Case Management/Advocacy (1 only)		
	Program development		
	In-Service Delivery	.	
	In-service Coordination		
	Committee Work Leads Focus Team/Committee		
	Mentor	<i>Attach Mentor form</i>	
	Community Activity		
	Coordinator of Orientation	Name: _____ Date: _____	
	Mediserve Super User Role	Name: _____ Date: _____	
	Other:		
		TOTAL Category C OPTIONAL for Level I and II Requirements for III & IV combined with "D" activities	

Delete any unused portion/column of activity forms before submission

<i>Activity Category</i>		<i>Specific Information</i>	<i>Quantity Completed</i>
Category "D" activities	Key Functions Overall '4' (current year)		
	Credo Overall '4' (current year)		
	Initial Specialty Certification/Credentials /Recertification	Certification: _____	
	Holds Office Professional Organization		
	In-Service Delivery		
	Professional Presentation		
	Student Education Provides clinical supervision for students who spend greater than 64 hours in affiliation		
	Committee Hospital wide		
	Publications		
	Community Activity		
	Other:		
		TOTAL Category D	
		Requirements C +D= Level III= 3; IV= 6 OPTIONAL for Level I and II	

Delete any unused portion/column of activity forms before submission

Research/Outcomes

<i>Activity Category</i>		<i>Specific Information</i>	<i>Quantity Completed</i>
Category "B" Activities	Participates in CQI/Research	<i>Attach Final CQI Form</i>	
		TOTAL Category B	
		REQUIREMENTS: Level I & II: Optional Advancing II, Level III = 1 Level IV= 1 maximum from B	
Category "C" Activities	Performs preliminary "pilot" Project for future research		
	Leads a CQI project		
	Submits/gets approval for IRB		
	Other:		
		TOTAL Category C	
		REQUIREMENTS: Level I,II & III= Optional Level IV= 1 C or D	
Category "D" Activities	Presents at forum		
	CO-Investigator on interdisciplinary research project		
	Lead Investigator		
	Other:		
		TOTAL Category D	
		Level IV= 1 C or D	

Level I: Optional

Level II: Optional

Level III: Must do 1 category "B"

Level IV: Must do 2 activities from either category "B", "C" or "D" (1 maximum from category B)

Delete any unused portion/column of activity forms before submission

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***CAP AFFIRMATION STATEMENT**

**I affirm that the contents of this document are true and correct; I
Recognize that providing false information may result in disciplinary
action.**

_____ **Date** _____
Applicant's Signature

Printed Name

***Required for Applicants and Maintenance**

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MAINTENANCE

***CAP MANAGER'S AFFIRMATION STATEMENT**

Based upon the information provided, I affirm that the contents of this document are true

and correct and reflect this professionals performance.

_____ **Date** _____
Employee's Signature

Printed Name

_____ **Date** _____
Manager's Signature

Printed Name

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Bibliography Log

Name: _____

Year: _____

Reporting of 5 Articles Maximum

Name of Article	Authors	Journal/Source	Comments : how apply to practice

MENTORING FORM

Name of Mentee: _____

Name of Mentor: _____

Goals and/or Expected Outcomes of Mentoring Relationship: _____

MENTORING OBJECTIVES

(To be developed in conjunction with Mentee, written in a format that is outcome based)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

PLAN OF INSTRUCTION/ STEPS TAKEN TO ACHIEVE STATED GOALS

(In addition to hands on, readings, reports, presentations for Mentee)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Future Plans/Next Steps for Mentee: _____

Signature of Mentor: _____

Date: _____

Signature of Mentee: _____

Date: _____

Signature of Manager: _____

Date: _____

Career Advancement Program

PROJECT DESCRIPTION

Title of Project: _____

Participants:

Role: (Facilitated, Recipient, Contributor)

Purpose/Goal of Project:

Outcomes of the Project: (describe and provide supporting documentation)

(Use this form if you are submitting for an optional project credit)

CQI Project Proposal

Project Name: _____

Date: _____

Committee participants:

1. _____ (facilitator or lead)
2. _____
3. _____
4. _____
5. _____

Describe the problem or question:

What proof, evidence or information do you have that this problem is impacting quality, outcomes, efficiency, customer satisfaction or employee satisfaction?

How could this project impact your clinical area?

Briefly describe your plan:

Manager's signature

SUMMARY
CQI: CONTINUOUS QUALITY IMPROVEMENT

Name: _____

CQI Topic: _____

Question(s): _____

Procedure/Process/Methodology: _____

Summary of Results: _____

Assessment: _____

Recommendation and Plan: _____

Signature:

Data should be included with submission (i.e. raw data, projects such as PT education, etc)

**VANDERBILT UNIVERSITY MEDICAL CENTER
REHABILITATION SERVICES
FACILITATOR ASSESSMENT**

NAME: _____ COMMITTEE: _____ FY: _____

Facilitator:

- ✓ **Identifies and articulates committee's goals, responsibilities, and desired outcomes** 1 2 3 4 5
- ✓ **Solicits members input; facilitates participation effectively** 1 2 3 4 5
- ✓ **Facilitates broad thinking and problem solving to achieve committee goals** 1 2 3 4 5
- ✓ **Meets deadlines, produces established expectations/e.g. materials, functions, tools, guidelines, etc.** 1 2 3 4 5
- ✓ **Supports, promotes, achieves, Department/Institutes Mission, Vision, etc.** 1 2 3 4 5

Additional Comments: Must include objective supporting evidence for a score of 1, 2, 4 or 5. (Use back of form as needed)

Key				
1 Does Not Perform	2 Perform Inconsistently	3 Demonstrates working knowledge Performs assigned task correctly Performs tasks in a timely manner Works independently with minimal supervision Handles routinely encountered problems Demonstrates responsible use of resources	4 Demonstrates initiative to improve own expertise Demonstrates initiative to assume additional duties Consistently completes tasks prior to deadlines Leads by example and assists others in reaching departmental goals Recognizes more complex problems and troubleshoots Improves departmental use of resources	5 Improves expertise of others through coaching, mentoring, and in-service presentations. Contributes significantly to department's efficiency by improving systems Anticipates time constraints and seeks opportunities to complete tasks prior to deadlines Leads internal projects/teams Actively seeks ways to improve financial performance of organization

**VANDERBILT UNIVERSITY MEDICAL CENTER
REHABILITATION SERVICES
COMMITTEE PARTICIPATION ASSESSMENT**

NAME: _____ COMMITTEE: _____ FY: _____

CHECK One: SELF ASSESSMENT _____ FACILITATOR ASSESSMENT: _____

Attendance: Goal – 90% ___ / ___ #Attended/Total # of Meetings = ___ %

Comments: _____

Performance: The Committee member:

- | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| ✓ Submits assignments for facilitator/team review | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| ✓ Provides insight, expanded thoughts on topics | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| ✓ Provides constructive feedback to committee members | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| ✓ Maintains focus, attention to agenda. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

Additional Comments: Must include objective supporting evidence for a score of 1, 2, 4 or 5. (Use back of form as needed)

1	2	3	4	5
Does Not Perform	Perform Inconsistently	Demonstrates working knowledge Performs assigned task correctly Performs tasks in a timely manner Works independently with minimal supervision Handles routinely encountered problems Demonstrates responsible use of resources	Demonstrates initiative to improve own expertise Demonstrates initiative to assume additional duties Consistently completes tasks prior to deadlines Leads by example and assists others in reaching departmental goals Recognizes more complex problems and troubleshoots Improves departmental use of resources	Improves expertise of others through coaching, mentoring, and in-service presentations. Contributes significantly to department's efficiency by improving systems Anticipates time constraints and seeks opportunities to complete tasks prior to deadlines Leads internal projects/teams Actively seeks ways to improve financial performance of organization

*ACTIVITY FORM
EXPLANATION*

**ACTIVITY FORM EXPLANATION/DESCRIPTION
LEVELS I- IV**

PATIENT CARE AND PROFESSIONAL DEVELOPMENT

Definition “A” - Activity that contributes to an individual’s professional development (Must have “A” activities in minimum of two areas.)	
Activity Type:	Explanation/Justification Journal of Professional Organization
Practice Enhancing: applies to self	Performs professional journal search/reading –identifies practice issues for enhancing own practice. Documentation should include bibliography log. Maximum of 5
Other:	If you think you have participated in an activity that meets the definition- discuss with your manager and identify it here.
Holds membership in: Professionally related organization	<ul style="list-style-type: none"> • State Professional Organization(s) • National Professional Organization (s) • District • Specialty section • Identify the organization Maximum of 3 Documentation should include identification of the organizations.
In-service Attendance	Attends 3 in-services = 1A No partial credit is awarded. For Example: Attend 4 in-services = 1 Attend 5 in-services = 1 Attend 7 in-services = 2 Document In-service Log
Maintains/Recertifies Specialty Certifications:	Any certification that requires a payment of dues may be counted in this section. Identify a Certification and date of renewal

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**ACTIVITY FORM EXPLANATION/DESCRIPTION
LEVELS I- IV**

PATIENT CARE AND PROFESSIONAL DEVELOPMENT

Definition "B" - Activity that contributes to operations and/or professional development of immediate work area.	
<i>Practice Adaptation:</i> applies to team	Through the cont ed process (reading, workshop, etc) performs training of team members in new or refinement of skills. Documentation may include training schedule, or in-service with objectives and references.
Program Development	Establish <i>policy/procedure</i> for immediate work area. Document title, attach copy.
Clinic Equipment/Supply	Responsible for <i>clinic equipment inventory</i> Does this in addition to regularly assigned duties
	Responsible for <i>clinic supply/inventory</i> Does this in addition to regularly assigned duties
	Submits request/justification that results in <i>new equipment for work area.</i> <i>Document type and attach any supporting data.</i>
Other:	Discuss other involvement/activities with your manager – provide descriptions and any supporting documentation appropriate.
Professional Organizations	*Attends meetings of professionally related groups outside Vanderbilt; these might include associations such as: Orthopedic nursing association, National Safety Officer Organization * Document Association and Dates
In-Services- Delivers	Delivers an in-service/presentation/case study to own work area. Document: Title, date and audience.
Continuing Education NOTE: NO PARTIAL ACTIVITY CREDITS WILL BE ISSUED. FOR EXAMPLE: If applicant receives a total of 15 contact hours of Continuing Education during the year, he/she can only receive 2 activity credits in this section.	Attends professionally related continuing education course (6 hours = 1, Cumulative over the reporting period) (document on Cont. Ed. Log) Selects courses that are relevant to current practice with specific goals and objectives related to practice area. Qualifying courses are those other than your peer or department inservices. Courses are to be sponsored by Vanderbilt or another professional organization. Courses cannot be counted in Inservice Section AND Continuing Education Section. They can only be counted in one or the other. (Recommend including Certification as Documentation) Attach Continuing Education Log
	Audits/complete college level course or takes for full credit * Document Course and Date
	Completes self study: Identify course name, sponsoring agency.
Student Education	Provides clinical supervision for students who spend less than 64 hours in affiliation. Document Student Name/Date

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**ACTIVITY FORM EXPLANATION/DESCRIPTION
LEVELS I- IV**

Activity Type: Peer Orientation	An active formal relationship revolving around an individual new to the organization to assist in becoming familiar with new surroundings, policies, procedures and required functions in the job setting. It is the expectation that the individual learns critical information specific to the requirements of the job duties in the specific setting in order to function independently and successfully within the Team/Department/Organization. To receive credit, the “Orienteer” may be responsible for all or part of the training, but must attach documentation detailing the areas for which they were responsible.
Committee	Participate on department committee or Focus Team (must receive a “3” on the facilitator assessment form). Attach committee participation assessment. May only count participation on a focus team in either Category “B” Professional Development or Category “B” Research. If the individual happens to be on a CQI different from their focus team, than, they may count both activities.
Community Activity: Marketing	Community Service activities can be done at a Vanderbilt sponsored event, through an affiliated organization, or through an organization requesting your professional expertise. All community service hours are to be performed outside of the normal 40 hour work week and no compensation time is given. For example, working the CMA festival that runs Thursday through Sunday, since Thursday and Friday are during the normal 40 hour work week, those days would not count, however working Saturday and Sunday would. Also, you can earn 1 activity Arranging physician meetings to educate about services provided; participating in an event with an affiliated group but does not utilize the services of your profession; participating in an activity during your lunch break.
Coordinator of Orientation	To receive credit, the “Coordinator” must be responsible for organizing and arranging the new individual's orientation process from determining all areas necessary to cover for this individual to become familiar with the work setting and arranging a schedule to cover these areas and who will provide the instruction for these areas. Must attach documentation.
Other:	

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**ACTIVITY FORM EXPLANATION/DESCRIPTION
LEVELS I- IV**

PATIENT CARE AND PROFESSIONAL DEVELOPMENT

<p>Definition “C” - Activity that contributes to professional development of Vanderbilt or other area outside of immediate work area (or demonstrates leadership skills). Takes responsibility for patient care/advocacy beyond the day-to-day operations/routine.</p>	
Case Management/Advocacy :	<p>Advocates for patient needs/services/equipment beyond routine care</p> <p>Coordinates activities which facilitate optimum patient outcomes, with regards to obtaining special resources and/or access to other programs (not routine).</p> <ul style="list-style-type: none"> • Manager discretion to exceed 1 <p>Document incident <u>briefly</u></p>
Program development	<p>Develops new program/services</p> <p>Document type and any supporting summary documents.</p>
	<p>Establish policy/procedure/protocol for department (at large):</p> <p>May identify the need or be asked to assist in clarifying or creating a policy/procedure/protocol ion own work area</p>
	<p>Develops, revises clinical handouts; patient education material for department wide use.</p> <p>Production of material that clinicians in the work area can use to streamline the educational process in patient care.</p> <p>Does not apply to individual handouts given to patients.</p> <p>Document title of documents and attach copy.</p>
Other:	<p>If participation in some activity meets defined criteria, discuss with your manager.</p> <p>Provide supporting documentation as appropriate.</p>
In-Service Delivery	<p>Delivers an in-service to *Rehab Services</p> <p>*Another Vanderbilt service area (nursing, etc)</p> <p><i>One activity counts per in-service given, up to three in the same year on the same topic.</i></p> <p>.</p> <p>For example: Joint mobility in-service given on three separate occasions can be counted three times (maximum)</p> <p>Document: Date, Title, Audience</p>
In-service Coordination	<p>Coordinates in-services for work area.</p> <p>Document: Area</p>
Committee Work	<p>Leads/facilitates departmental committee.</p> <p>Document Name of Committee</p>

	<p>Leads Focus Team Document Name of Focus Team May only count participation in either Category “C” Professional Development or Category “C” Research, unless the individual is actually leading two different CQI projects</p>
Mentor	<p>Participates in mentor relationship:</p> <p>Mentor: A dynamic, developmental and structured relationship that incorporates a set of behavior norms, values and expectations and has among its goals the transfer of skills, attitudes and aspirations. It may also include, but not necessarily be limited to, the attainment of advanced professional recognition, certification and/or promotion.</p> <p>* Document Date; Name Attach Mentor Form</p>
Community Activity	<p>Community Service activities can be done at a Vanderbilt sponsored event, through an affiliated organization, or through an organization requesting your professional expertise. All community service hours are to be performed outside of the normal 40 hour work week and no compensation time is given. For example, working the CMA festival that runs Thursday through Sunday, since Thursday and Friday are during the normal 40 hour work week, those days would not count, however working Saturday and Sunday would. Also, you can earn 1 activity for each day that you work.</p> <p>*Participates in community activity, utilizing your professional expertise. *Participates in a press release/writes a press release/participates in a TV spot that promotes the profession, rehab services, and or health tips.</p>
Other:	

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**ACTIVITY FORM EXPLANATION/DESCRIPTION
LEVELS I- IV**

PATIENT CARE AND PROFESSIONAL DEVELOPMENT

<p align="center">Definition “D” - Activity that contributes to professional development of area health professionals or community at State or National level. Expands the scope of services or exposure of work area.</p>	
Key Functions	<p>An <i>overall</i> rating of “4” on the key functions on the performance appraisal from the current year *Attach copy of performance appraisal</p>
Credo	<p>An overall rating of “4” on the credo on the performance appraisal from the current year *Attach copy of performance appraisal</p>
Specialty Certification/Credentials:	<p>Successfully completes the requirements for specialty certification such as : ATP: Certification in assistive technology CI: Certification in student clinical instruction NCS: certification for specialization in treating neurologically impaired population SIPT: certification in sensory integration evaluation and treatment of children</p> <p>Any certification that requires maintenance of CE’s portfolio and/or testing may be counted in this category.</p>
	<p>Identify certification type on form. Attach supporting documentation.</p>
Professional Organization-Holds office/board member	<p>Either an appointed or elected position is held by the staff on the board of a professional organization * Document Organization and Position Staff holds an office for a professional organization * Document Organization and Office</p>
In-Service Delivery-	<p>Presents to a community organization or school or professional group outside of Vanderbilt * Document Date, Organization & Topic</p>
Professional Presentation	<p>Delivers a professional presentation/poster at National/State/Meeting</p> <ul style="list-style-type: none"> • Document Date, Organization & Topic
Students	<p>*Participates in student education by assuming responsibilities as clinical instructor for a student assigned in their work area for 64 hours or more. * Document: Dates and Student Names * Identify area: For example: VCH, VUMC, Bill Wilkerson</p> <p>* Coordinates student program for area/discipline * Document: Dates and Student Names</p> <ul style="list-style-type: none"> • Identify area: For example: VCH, VUMC, Bill Wilkerson

Committee	Serves on a hospital wide committee * Document Committee
Publications	*Publishes results of CQI * Writes for a local paper on a topic related to the profession * Writes for a newsletter or bulletin on professional related topics * Writes article for a professional related publication * Document: Publications and Titles
Community Activity	Community Service activities can be done at a Vanderbilt sponsored event, through an affiliated organization, or through an organization requesting your professional expertise. All Community service hours are to be performed outside of the normal 40 hour work week and no compensation time is given. For example, working the CMA festival that runs Thursday through Sunday, since Thursday and Friday are during the normal 40 hour work week, those days would not count, however working Saturday and Sunday would. Also, you can earn 1 activity for each day that you work. Develops brochures for marketing/community awareness * Attach copies Coordinates a community event and/or medical coverage for an event. * Document Event
Other:	

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**ACTIVITY FORM
EXPLAIN/INSTRUCTIONS
RESEARCH OUTCOMES**

Activity Category	Specific Information	Explanation
“B” Category Activities	Participates in CQI/Research	Document Title Attach CQI Summary
“C” Category Activities	Performs preliminary “pilot” Project for future research	Document Title Attach CQI Summary or Project Description Form
	Leads a CQI project	As above
	Submits/gets approval for IRB	Document Date and Title Attach Copy
	Other:	
“D” Category Activities	Submits completed project/ Presents at forum	Document title of project forum/location.
	Collaborates as a CO-Investigator on interdisciplinary research project	Involved in all aspects of the research project as collaborator with lead investigator and team. Assumes leadership responsibilities to assist in the completion of the project. * Document Title and Names of Co-Investigators
	Performs as the Lead Investigator	Includes: * Writing research proposal * Submitting proposal for IRB * Submitting grant proposal for funding * Determines the important aspects of care, indicators/monitors * Designs data collection * Writes the report * Document Title Attach summary documents

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*FORMS
FOR
ADVANCING*

Name: _____

Advancing to Level III and IV

Date: _____

PATIENT CARE/ SERVICE**ADVANCING ACTIVITY SYSTEM FORM
(APRIL- MARCH)**

<i>Activity Category</i>		<i>Specific Information How did this apply to you?</i>	<i>Quantity Completed</i>
Category "A" Activities	Practice Enhancing: applies to self	Performs professional journal search/reading – identifies practice issues for enhancing own practice. Documentation should include bibliography log. Maximum of 5	
	Other:		
	Maintains/Recertifies Specialty Certifications:	Any certification that requires a payment of dues may be counted in this section. Identify a Certification and date of renewal.	
		Must have "A" activities in minimum of two areas. TOTAL Category A	
Category "B" Activities	<i>Practice Adaptation:</i> applies to team	Through the continuing education process (reading, workshop, etc) performs training of team members in new or refinement of skills. Documentation may include training schedule, or in-service with objectives and references.	
	Program Development	Establish <i>policy/procedure</i> for immediate work area	
	Clinic Equipment/Supply	Responsible for <i>clinic equipment inventory</i> Does this in addition to regularly assigned duties	
		Responsible for <i>clinic supply/inventory</i> Does this in addition to regularly assigned duties	
		Submits request/justification that results in <i>new equipment for work area</i>	
	Other:		
		TOTAL Category B	
Category "C" Activities	Case Management/Advocacy:	Advocates for patient needs/services/equipment beyond routine care Coordinates activities which facilitate optimum patient outcomes, with regards to obtaining special resources and/or access to other programs (not routine). <ul style="list-style-type: none">• Manager discretion to exceed 1	
	Program development	Develops new program/services	
		Establish policy/procedure/protocol for department (at large): May identify the need or be asked to assist in clarifying or creating a policy/procedure/protocol in own work area Develops, revises clinical handouts; patient education material for department wide use. Production of material that clinicians in the work area can use to streamline the educational process in patient care. Does not apply to individual handouts given to patients.	

Category "C"	Other:		
		TOTAL Category C	
Category "D" Activities	Key Functions	An <i>overall</i> rating of "4" on the key functions on the performance appraisal from the current year	
	Credo	An overall rating of "4" on the credo on the performance appraisal from the current year.	
	Specialty Certification/Credentials:	Successfully completes the requirements for specialty certification such as : ATP: Certification in assistive technology CI: Certification in student clinical instruction NCS: certification for specialization in treating neurologically impaired population SIPT: certification in sensory integration evaluation and treatment of children	
	Other:		
		TOTAL Category D	

This category *combined* with professional development for activity requirements:

	A	B	C & D
Level I:	2	1	optional
Level II :	3	2	optional
Level III:	4	3	3
Level IV:	4	4	6

Delete any unused portion/column of activity forms before submission

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Name: _____
 Date: _____

**PROFESSIONAL DEVELOPMENT
 ADVANCING ACTIVITY SYSTEM FORM
 (April- March)**

<i>Activity Category</i>		<i>Specific Information How did this apply to you?</i>	<i>Quantity Completed</i>
Category "A" Activities	Holds membership in: Professionally related organization	<ul style="list-style-type: none"> • State Professional Organization(s) • National Professional Organization (s) • District • Specialty section ID Organization: _____ _____ _____ <i>Maximum of 3</i>	
	In-service Attendance	Attends 3 in-services = 1	
	Other:		
		Must have required total of activities in minimum of 2 categories.	
		TOTAL Category A	
Category "B" Activities	Professional Organizations	*Attends meetings of professionally related groups outside Vanderbilt; these might include associations such as: Orthopedic nursing association, National Safety Officer Organization Document Association: _____ Dates: _____ _____ _____	
	In-Services- Delivers	Delivers an in-service/presentation/case study to own work area	
	Continuing Education	Attends professionally related continuing education course. Selects courses that are relevant to current practice with specific goals and objectives related to practice area. Qualifying courses are those other than your peer or department in-services. Courses may be sponsored by Vanderbilt or another professional organization. (6 hours = 1, Cumulative over the reporting period) (Recommend including Certification as Documentation) Attach Continuing Education Log	
		Audits/complete college level course or takes for full credit Document Date: _____ Course: _____	
		Completes self study	
	Student Education	Provides clinical supervision for students who spend less than 64 hours in affiliation St Name: _____ Date: _____	

Category "B" Activities	Committee	Participate on department committee or Focus Team (must receive a "3" on the facilitator assessment form) Attach committee participation assessment	
	Community Activity: Marketing	Arrange/ participate physician meeting to educate about services provided	
	Other:		
		TOTAL Category B	
Category "C" Activities	In-Service Delivery	Delivers an in-service to *Rehab Services *Another Vanderbilt service area (nursing, etc) <i>One activity counts per in-service given, up to three in the same year on the same topic.</i> For example: Joint mobility in-service given on three separate occasions can be counted three times (maximum) Attach In-Service Log	
	In-service Coordination	Coordinates in-services for work area	
	Committee Work	Leads/facilitates departmental committee	
		Leads Focus Team	
	Mentor	Participates in mentor relationship: Mentoring- active and personal relationship where the mentor guides and counsels the novice toward personal and professional goals. May or may not include orientation activities. Orientation- active formal relationship revolving around an individual (novice or experienced, but new to the organization) becoming familiar with new surroundings, policies, procedures, functions in job setting. It is expectation that the individual learns critical information in order to function independently and successfully within the Dept/Team/Organization. Attach documentation	
Category "C" Activities	Community Activity	*Participates in community activity (fund raising, community service, marketing, legislative, etc). *Participates in press releases *Writes press release *Participates in TV spots	
	Other:		
		TOTAL Category C	

Category "D" Activities	Professional Organization- Holds office/board member	Either an appointed or elected position is held by the staff on the board of a professional organization Staff holds an office for a professional organization Document Organization: _____ Position: _____ Document Organization: _____ Office: _____	
	In-Service Delivery-	Presents to a community organization or school or professional group outside of Vanderbilt Document Date: _____ Organization: _____ Topic: _____	
	Professional Presentation	Delivers a professional presentation/poster at National/State/Meeting Document Date: _____ Organization: _____ Topic: _____	
	Students	*Participates in student education by assuming responsibilities as clinical instructor for a student assigned in their work area for 64 hours or more. * Coordinates student program for area/discipline Document Date: _____ Organization: _____ Title: _____ Document St. Name: _____ Date: _____ St. Name: _____ Date: _____ St. Name: _____ Date: _____	
	Committee	Serves on a hospital wide committee Committee: _____	
Key Functions	An <i>overall</i> rating of "4" on the key functions on the performance appraisal from the current year	*Attach copy of performance appraisal	
Credo	An overall rating of "5" on the credo on the performance appraisal from the current year	*Attach copy of performance appraisal	

Category "D" Activities	Publications	<p>*Publishes results of CQI</p> <p>* Writes for a local paper on a topic related to the profession</p> <p>* Writes for a newsletter or bulletin on professional related topics</p> <ul style="list-style-type: none"> Writes article for a professional related publication <p>Publication: _____ Title: _____</p> <p>Publication: _____ Title: _____</p> <p>Publication: _____ Title: _____</p> <p>Publication: _____ Title: _____</p>	
	Community Activity	<p>*Develop brochures for marketing/community awareness</p> <p>*Coordinates a community event</p> <p>Title: _____ (attach)</p> <p>Event: _____</p>	
	Other:		
		TOTAL Category D	

This category is *combined* with Patient Care category for activity requirements:

	A	B	C & D
Level I	2	1	optional
Level II	3	2	optional
Level III	4	3	3
Level IV	4	4	6

Delete any unused portion/column of activity forms before submission

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Name: _____
 Date: _____

Advancing to Level III and IV

**RESEARCH/OUTCOMES
 ADVANCING ACTIVITY SYSTEM FORM
 (April- March)**

<i>Activity Category</i>		<i>Specific Information</i>	<i>Quantity Completed</i>
Category "B" Activities	Participates in CQI/Research	Title: _____	
		TOTAL Category B	
		REQUIREMENTS: Advancing II, Level III = 1 Level IV= 1 maximum from B	
Category "C" Activities	Performs preliminary "pilot" Project for future research		
	Leads a CQI project	Title: _____	
	Submits/gets approval for IRB	Title: _____	
	Other:		
		TOTAL Category C	
Category "D" Activities	Submits completed project/ Presents at forum		
	Collaborates as a CO-Investigator on interdisciplinary research project	Involved in all aspects of the research project as collaborator with lead investigator and team. Assumes leadership responsibilities to assist in the completion of the project. Title: _____	
	Performs as the Lead Investigator	Includes: * Writing research proposal * Submitting proposal for IRB * Submitting grant proposal for funding * Determines the important aspects of care, indicators/monitors * Designs data collection * Writes the report Title: _____	
	Other:		
		TOTAL Category D	

Level I: Optional

Level II: Optional

Level III: Must do 1 category "B"

Level IV: Must do 2 activities from either category "B", "C" or "D" (1 maximum from category B)

Delete any unused portion/column of activity forms before submission

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CAP DECLARATION OF INTENT

**COMPLETE THE FOLLOWING AND SUBMIT TO YOUR
MANAGER BY DEADLINE DATE.**

THANK YOU.

NAME: _____

TEAM/UNIT: _____

MANAGER: _____

**INTEND TO ADVANCE TO: LEVEL III / IV
(PLEASE CIRCLE ONE)**

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***CAP AFFIRMATION STATEMENT**

I affirm that the contents of this document are true and correct; I recognize that providing false information may result in disciplinary action.

_____ **Date** _____
Applicant's Signature

Printed Name

***Required for Applicants and Maintenance**

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CAP ADVANCING PROFESSIONAL
***MANAGER'S AFFIRMATION STATEMENT**

Based upon the information provided, I affirm that the contents of this document are true and correct and that the candidate has met all eligibility requirements for advancement.

_____ **Date**_____

Employee's Signature

Printed Name

_____ **Date**_____

Manager's Signature

Printed Name

***Required for Advancing Practitioners**

Eligibility for advancement include:

1. Experience as licensed professional
2. Experience at Vanderbilt in professional role
3. Performance for current year (3 or above in all key functions)
4. All activities reported are accurate representation of candidate's actual performance

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CAP PORTFOLIO SUPERVISOR CHECKLIST

- ___ Candidate affirmation statement signed**
- ___ Manager affirmation statement signed**
- ___ Correct Format**
 - ___ Intro 2 pages double spaced**
 - ___ Summaries 1 page double spaced**
 - ___ Supporting documentation labeled and correctly placed behind the activity pages**
 - ___ Activity pages completed (all excess activity categories deleted)**
 - ___ 5 tabs only**
 - 1. Intro**
 - 2. Resume**
 - 3. Patient Care**
 - 4. Professional Development**
 - 5. Research**
- ___ Full performance evaluation including goals**
- ___ Page limit- 50**

Bibliography Log

Name: _____

Year: _____

Reporting of 5 Articles Maximum

Name of Article	Authors	Journal/Source	Comments : how apply to practice

MENTORING FORM

Name of Mentee: _____

Name of Mentor: _____

Goals and/or Expected Outcomes of Mentoring Relationship: _____

MENTORING OBJECTIVES

(To be developed in conjunction with Mentee, written in a format that is outcome based)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

PLAN OF INSTRUCTION/ STEPS TAKEN TO ACHIEVE STATED GOALS

(In addition to hands on, readings, reports, presentations for Mentee)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Future Plans/Next Steps for Mentee: _____

Signature of Mentor: _____

Date: _____

Signature of Mentee: _____

Date: _____

Signature of Manager: _____

Date: _____

Career Advancement Program PROJECT DESCRIPTION

Title of Project: _____

Participants:

Role: (Facilitated, Recipient, Contributor)

Purpose/Goal of Project:

Outcomes of the Project: (describe and provide supporting documentation)

(Use this form if you are submitting for an optional project credit)

CQI Project Proposal

Project Name: _____

Date: _____

Committee participants:

1. _____ (facilitator or lead)
2. _____
3. _____
4. _____
5. _____

Describe the problem or question:

What proof, evidence or information do you have that this problem is impacting quality, outcomes, efficiency, customer satisfaction or employee satisfaction?

How could this project impact your clinical area?

Briefly describe your plan:

Manager's signature

SUMMARY
CQI: CONTINUOUS QUALITY IMPROVEMENT

Name: _____

CQI Topic: _____

Question(s): _____

Procedure/Process/Methodology: _____

Summary of Results: _____

Assessment: _____

Recommendation and Plan: _____

Signatures: _____

Printed Names: _____

Data should be included with submission (i.e. raw data, projects such as PT education, etc

**VANDERBILT UNIVERSITY MEDICAL CENTER
REHABILITATION SERVICES
FACILITATOR ASSESSMENT**

NAME: _____ COMMITTEE: _____ FY: _____

Facilitator:

- ✓ Identifies and articulates committee's goals, responsibilities, and desired outcomes 1 2 3 4 5
- ✓ Solicits members input; facilitates participation effectively 1 2 3 4 5
- ✓ Facilitates broad thinking and problem solving to achieve committee goals 1 2 3 4 5
- ✓ Meets deadlines, produces established expectations/e.g. materials, functions, tools, guidelines, etc. 1 2 3 4 5
- ✓ Supports, promotes, achieves, Department/Institutes Mission, Vision, etc. 1 2 3 4 5

Additional Comments: Must include objective supporting evidence for a score of 1, 2, 4 or 5. (Use back of form as needed)

Key				
1 Does Not Perform	2 Perform Inconsistently	3 Demonstrates working knowledge Performs assigned task correctly Performs tasks in a timely manner Works independently with minimal supervision Handles routinely encountered problems Demonstrates responsible use of resources	4 Demonstrates initiative to improve own expertise Demonstrates initiative to assume additional duties Consistently completes tasks prior to deadlines Leads by example and assists others in reaching departmental goals Recognizes more complex problems and troubleshoots Improves departmental use of resources	5 Improves expertise of others through coaching, mentoring, and in-service presentations. Contributes significantly to department's efficiency by improving systems Anticipates time constraints and seeks opportunities to complete tasks prior to deadlines Leads internal projects/teams Actively seeks ways to improve financial performance of organization

**VANDERBILT UNIVERSITY MEDICAL CENTER
REHABILITATION SERVICES
COMMITTEE PARTICIPATION ASSESSMENT**

NAME: _____ COMMITTEE: _____ FY: _____

CHECK One: SELF ASSESSMENT _____ FACILITATOR ASSESSMENT: _____

Attendance: Goal – 90% ___ / ___ #Attended/Total # of Meetings = ___ %

Comments: _____

Performance: The Committee member:

- ✓ Submits assignments for facilitator/team review 1 2 3 4 5
- ✓ Provides insight, expanded thoughts on topics 1 2 3 4 5
- ✓ Provides constructive feedback to committee members 1 2 3 4 5
- ✓ Maintains focus, attention to agenda. 1 2 3 4 5

Additional Comments: Must include objective supporting evidence for a score of 1, 2, 4 or 5. (Use back of form as needed)

Key				
1	2	3	4	5
Does Not Perform	Perform Inconsistently	Demonstrates working knowledge Performs assigned task correctly Performs tasks in a timely manner Works independently with minimal supervision Handles routinely encountered problems Demonstrates responsible use of resources	Demonstrates initiative to improve own expertise Demonstrates initiative to assume additional duties Consistently completes tasks prior to deadlines Leads by example and assists others in reaching departmental goals Recognizes more complex problems and troubleshoots Improves departmental use of resources	Improves expertise of others through coaching, mentoring, and in-service presentations. Contributes significantly to department's efficiency by improving systems Anticipates time constraints and seeks opportunities to complete tasks prior to deadlines Leads internal projects/teams Actively seeks ways to improve financial performance of organization

ADVANCING PREPARATION

CAP Portfolio Instructions

FY 2008-2009

The CAP Portfolio will have the following sections; separated with appropriately labeled divider tabs

Signature/disclaimer page (applicant and manager)

Table of Contents

I. Introduction – “convince me section”

A. Introduction Summary Page

(No more than 2 pages, double-spaced, 12 font, 1” margins. The Introduction should Include)

1. Rationale for pursuing the next level.
2. Describe your experience and any expertise you have developed.
3. Your career goals.
4. It may be helpful to relate information—to the Key Points.

II. CV/Resume

A. CV/Resume (no references included)

B. Performance Appraisal

- Professional development plan and goals

III. Patient Care/Service

A. Written Summary Form (Summary pages should be no more than 1 page with the same criteria as the Introduction - i.e., spacing, font size, margins, etc. This should be typed on the Summary Form - on the web site).

B. Activity Forms

C. Project worksheets if applicable (optional)

D. Supporting documentation

IV. Professional Development/Education

A. Written Summary Form (Summary pages should be no more than 1 page with the same criteria as the Introduction - i.e., spacing, font size, margins, etc. This should be typed on the Summary Form - on the web site).

B. Activity Forms

C. Project worksheets if applicable (optional)

D. Supporting documentation

E. Committee/Facilitator Assessments

V. Research/CQI

- A. Written Summary Form (Summary pages should be no more than 1 page with the same criteria as the Introduction - i.e., spacing, font size, margins, etc. This should be typed on the Summary Form - on the web site).
- B. Activity Forms
- C. Project Worksheets if applicable (optional)
- D. Supporting Documentation
- E. Committee/Facilitator Assessments

Note:

- Portfolio to Manager for review/suggestions by the posted date.
- Portfolio to Committee for review/suggestions by the posted date.
- Final submission: Prepare and submit **6 copies and the original portfolio** by the posted date to 1004 Oxford House, Suite 1004. (*the original will be returned to you prior to the interview*)
- All copies must be typed.
- Use portfolio folder provided
- 50 page limit (combination of page and plastic sleeves). Front and back are allowed. Sleeves need to be used for external documents (publications, booklets, etc.) and not part of written portfolio.
- Delete any unused portion/column of activity forms before submission.

Hints:

- Follow your CAP Task Checklist and Timeline sheet and utilize your mentor as much as possible.
- Spell check and edit your documents. Have a colleague or friend assist in this task.
- Refer to the model to make sure you have made significant links with the required behaviors of a Level III/IV.
- Review the activities guidelines for what is allowable and what is not.
- Provide supporting documentation for activities.
- All copies must be legible; your application will be disqualified if they are determined to be illegible by the CAP Committee
- Label front cover of portfolios with: Name, Credentials, and Advancing Level
- Do not use VUMC specific terms without explanation (Heart, Elevate)

CAP INTERVIEW GUIDELINES

1. Know the model.
2. Come prepared to discuss your portfolio and how your work “fits” and/or exemplifies the model. Emphasize projects/outcomes of which you are particularly proud that impact work on your team/department/profession. Since the interview permits only fifteen minutes for Level III’s and twenty minutes for Level IV’s, be organized and concise in your comments.

Please use the **Advancement Review Board Assessment form** (attached) to help you prepare your portfolios (summaries and activities) as well as when you prepare for the actual interview. The ARB will be assessing the skills and qualities identified on this form to help them make their decision.

3. Be aware that the interview is not just a “rubber stamp” following the submission of your portfolio. The Review Board members will have thoroughly reviewed your portfolio and will ask thoughtful questions regarding your work. The interview, while conducted formally, is not structured to provide obstacles to the CAP applicant. Review Board members are seeking to more fully understand the work you have done. **The decision of the Review Board is final.**
4. The Review Board will be interested in your goals for your own professional development. Make sure you address your strengths and weaknesses and how your development plan is addressing your weaknesses. They are also interested in your involvement/contributions to your profession/professional association. They have consistently asked questions regarding these issues.
5. If you have difficulty with interviews, practice prior to the interview with a friend/co-worker who can give you constructive feedback. While applicants are not “graded” on interview skills, they should be able to communicate effectively and professionally with the Review Board.
6. Try to relax and enjoy this opportunity to look at your professional goals with a group of individuals who are supportive of your efforts and whose questions/comments may give you additional direction for the future.

Revised and Approved: 7/2008

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Advancement Review Board Assessment

Candidate Name: _____
Interviewer: _____
Applying for: _____ Level III _____ Level IV

Each candidate needs to demonstrate the following skills and qualities through their portfolio and/or their interview.

Skill / Quality	Comments / Specific Example
Ability to communicate with patients, peers and team members.	
Candidate's ability to be an active team member.	
Evaluation and treatment competencies specific to the discipline.	
A defined career path or goals and progress/growth towards them.	
Application of "Best Practice" in their clinical area.	
Ability to address complex patient care issues/concerns specific to their area.	
Involvement in their profession/community.	
Participation in continuous learning.	
Leadership skills and the furthering of other's education.	
Identification of individual contributions to a CQI process and how the results changed their practice.	

Please check one below:

___ This candidate **has** demonstrated the qualities of a Level III/IV Clinician as defined in the Career Advancement Program Model.

___ This candidate **has not** demonstrated the qualities of a Level III/IV Clinician as defined in the Career Advancement Program Model.

What are your recommendations for continued growth for the candidate?

Revised and Approved: 7/2008

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