Tips for VA RN Promotions

Laura J. Sarmiento, RN, BSN, CHCR
Nurse Recruiter
El Paso VA
Tips for Employee Input

- Create a folder to collect your information when you first begin working at the VA.
- Use this folder for records of trainings you attend; details of your involvement in any committees or workgroups; information about any education and/or in-services you provide to staff either inside or outside of your facility; information about professional organizations in which you are involved.
- When you were first hired or selected for your position, you should have been given a copy of your functional statement. Keep this in your folder and make notes throughout the year addressing how you are meeting the various dimensions.
- Meet regularly with your supervisor and ask for feedback about your performance.
- It is important to formulate goals for yourself each year. These goals should be made in conjunction with your supervisor.
Grades and Levels in VA Nursing

<table>
<thead>
<tr>
<th>RANK-IN-PERSON</th>
<th>Nurse I/Level 1</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Nurse I/Level 2</td>
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<tr>
<td></td>
<td>Nurse I/Level 3</td>
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<tr>
<td></td>
<td>Nurse II</td>
</tr>
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<td></td>
<td>Nurse III</td>
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<table>
<thead>
<tr>
<th>RANK-IN-POSITION</th>
<th>Nurse IV</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nurse V</td>
</tr>
</tbody>
</table>

7 levels | 5 grades

A nurse attains NIV or NV only by applying for an established NIV or NV position.
VA Nursing’s “Career Ladder”

- Nurse III
- Nurse II
- Nurse I/Level 3
- Nurse I/Level 2
- Nurse I/Level 1
## Education and Experience

<table>
<thead>
<tr>
<th>GRADE</th>
<th>EDUCATION</th>
<th>TOTAL RN EXPERIENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse I / Level 1</td>
<td>Associate Degree in Nursing (ADN) or Diploma in Nursing</td>
<td>None</td>
</tr>
<tr>
<td>Nurse I / Level 2</td>
<td>Bachelor of Science in Nursing (BSN)</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Bachelor’s degree in a related field with ADN or Diploma</td>
<td></td>
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<tr>
<td></td>
<td>ADN or Diploma</td>
<td>Approx 1 year</td>
</tr>
</tbody>
</table>
# Education and Experience

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<tr>
<th>GRADE</th>
<th>EDUCATION</th>
<th>TOTAL RN EXPERIENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse I / Level 3</td>
<td>Master’s degree in Nursing or in a related field with a BSN or Bachelor’s degree in a related field with ADN or Diploma</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>MSN from bridge program; no BSN required when a bridge graduate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BSN</td>
<td>Approx 1 - 2 years</td>
</tr>
<tr>
<td></td>
<td>Bachelor’s degree in a related field with ADN or Diploma</td>
<td>Approx 2 - 3 years</td>
</tr>
<tr>
<td></td>
<td>ADN or Diploma</td>
<td></td>
</tr>
</tbody>
</table>
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<table>
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<tr>
<th>GRADE</th>
<th>EDUCATION</th>
<th>TOTAL RN EXPERIENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse II</td>
<td>Doctoral degree in Nursing or in a related field (and meets basic requirements for appointment)</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Master’s degree in Nursing or in a related field with a BSN or Bachelor’s degree in a related field with ADN or Diploma</td>
<td>Approx 1 - 2 years</td>
</tr>
<tr>
<td></td>
<td>MSN from bridge program; no BSN required when a bridge graduate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BSN</td>
<td></td>
</tr>
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<td></td>
<td>Bachelor’s degree in a related field with ADN or Diploma</td>
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<th>GRADE</th>
<th>EDUCATION</th>
<th>TOTAL RN EXPERIENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse III</td>
<td>Doctoral degree in Nursing or in a related field</td>
<td>Approx 2 - 3 years</td>
</tr>
<tr>
<td></td>
<td>Master’s degree in Nursing or in a related field with a BSN or Bachelor’s degree in a related field with ADN or Diploma</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MSN from bridge program; no BSN required when a bridge graduate</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** It is possible to attain Nurse III with an ADN or Diploma, a Bachelor’s degree in a related field, and a Master’s degree in a related field.
### Education and Experience

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<tr>
<th>GRADE</th>
<th>EDUCATION</th>
<th>TOTAL RN EXPERIENCE</th>
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</thead>
<tbody>
<tr>
<td>Nurse IV</td>
<td>Doctoral degree in Nursing or in a related field</td>
<td>Approx 3 - 4 years</td>
</tr>
<tr>
<td>(rank-in-position)</td>
<td>Master’s degree in Nursing or in a related field with a BSN (BSN required for Nurse IV)</td>
<td>Approx 4 - 5 years</td>
</tr>
<tr>
<td></td>
<td>MSN from bridge program; no BSN required</td>
<td>Approx 4 - 5 years</td>
</tr>
</tbody>
</table>
Levels of Practice

An RN must advance/promote sequentially through each grade/level established at Appointment, Nurse I through Nurse III. This means that an RN cannot “skip” a grade from Nurse I through Nurse III because Nurse I thru Nurse III is rank-in-person.

Example: RN appointed at Nurse I/Level 2 cannot be promoted to Nurse III until he/she has first been promoted to Nurse I/Level 3 and then Nurse II.
Levels of Practice (Cont.)

However an RN at any grade can apply and be selected for a Nurse IV or Nurse V position, provided they meet the education and years of experience for these grades because Nurse IV and Nurse V is rank-in-position.

Example: An RN at Nurse II can apply for and be selected for a Nurse IV position, provided the RN meets the education requirements and the years of experience.
Critical Distinctions in Levels of Practice

Nurse I: **Individual** growth and development in clinical practice to increasing levels of self direction. “It’s all about me!”

Nurse II: **Unit** level contributions and leadership. “It’s all about us.”

Nurse III: **Sustained leadership** resulting in **program** contributions and outcomes at the **unit level** and beyond.
Delivers fundamental knowledge-based care to assigned clients while developing technical skills.
(VA Handbook 5005)

• New graduate practice focused on safe direct care of a few patients with fundamental, technical skill acquisition and development.
• Getting oriented to the VA and to nursing.
• Requires frequent oversight.
• Experiencing real-world application of the nursing process.
• Limited application of critical thinking skills.
• Depends on rules to guide practice.
• Inability to use discretionary judgment.
• Difficulty with prioritizing.
Scope of Nurse I / Level 2

Demonstrates integration of bio-psychosocial concepts, cognitive skills, and technically competent practice in providing care to clients with basic or complex needs. (VA Handbook 5005)

- Gaining confidence, can do more than basics.
- Perfecting basic skills.
- Can note meaningful aspects of a situation.
- Beginning to use guidelines and recognize patterns.
- Needs help setting priorities.
- Loses sight of the “big picture.”
- Learning the language of nursing and is beginning to integrate nursing concepts.
Scope of Nurse I / Level 2 (Cont.)

- Increasing independence with periodic oversight by manager or charge nurse.
- Beginning to direct others. Might begin serving as team leader and precept new LPN or nursing assistant, sharing his/her knowledge.
Scope of Nurse I / Level 3

Demonstrates proficiency in practice based on conscious and deliberate planning. Self-directed in goal setting for managing complex client situations.
(VA Handbook 5005)

• Organized and efficient.
• Feeling of mastery.
• Still needs to build speed and flexibility (compared with “proficient” nurse).
• Self-directed, technically skilled, provides care to complex patients; beginning to look beyond just their daily assignment to concerns and issues occurring on the unit.
• Can set goals; manage complex patient situations.
• Practice includes guiding and directing others who provide care. Provides feedback to manager.
Scope of Nurse I / Level 3 (Cont.)

- Precept or assist with precepting new RN.
- Has developed skills required for competent performance in an emergent situation; however, competent performance may be interrupted when the nurse is overwhelmed by multiple tasks and/or pressures of leadership.
- Is developing a grasp of the resources available in the interdisciplinary team but may have difficulty accessing or maximizing these resources especially in an emergency.
- Beginning to develop charge nurse responsibilities.
Scope of Nurse II

Demonstrates **leadership** in delivering and improving holistic care through **collaborative strategies** with others. (VA Handbook 5005)

- Grasps the whole picture.
- Practice affects unit, team, or work group.
- Guided by experience. No longer just following the rules.
- Sensitive to nuances; aware of patterns.
- Concepts of leadership emerging.
- Can focus in on problems.
- Can really see that there are emerging issues on the unit that need to be addressed.
- Demonstrates the ability to identify an issue, analyze it, and develop and implement interventions.
Scope of Nurse II (Cont.)

- Picks up on changes in patient condition and acts quickly and appropriately.
- Organization for patient care is automatic and dynamic.
- Looks for opportunities to improve practice or functions at the unit level for a group of patients, using group process to accomplish this, for example, organizing, leading, or facilitating interdisciplinary team meetings.
Scope of Nurse III

**Executes** position responsibilities that demonstrate leadership, experience, and creative approaches to management of complex patient care.

(VA Handbook 5005)

Nurse III must demonstrate performance and leadership that is broad enough to improve the care for a group of patients. The Nurse III is responsible for the documented outcomes at the program or service level. Program or service level outcomes must be broad and complex and can be demonstrated at any organizational level within a facility, VISN, or VACO.
In order to be considered for appointment or promotion to Nurse III, outcomes must be documented. Meeting the Practice dimension involves incorporating and implementing the requirements of the other qualification standards, including:

(a) Leading and organizing delivery of care to assure continuity of care and peer accountability for practice, including access to care and discharge planning.

(b) Using advanced clinical knowledge/judgment to promote staff involvement in planning, decision making and evaluating outcomes.
(c) Functioning as an expert in clinical practice and/or in areas related to the assigned roles and responsibilities.

(d) Systematically evaluating current practice, and formulating outcomes for groups of patients and/or organizational processes within area of expertise.

(e) Guiding, developing and supporting staff from a leadership perspective.

(f) Using professional standards of care, scientific evidence and practice to evaluate programs and/or service activities.
Scope of Nurse III (Cont.)

- Intuitive grasp of the situation.
- Deep understanding of the problem.
- Can’t always explain – just “knows.”
- Reverts to analytical thinking when events are not expected.
- Has the skills required for immediate, automatic, and seamless performance in an emergent situation.
- Has confidence in own abilities and is usually calm in the face of clinical emergencies.
- Creates order in the midst of a chaotic clinical episode.
- Practice affects programs, service, or medical center level, with clear outcomes, that improves care for a group of patients.
Scope of Nurse III (Cont.)

- Demonstrates leadership that is sustainable regardless of role.
- Incorporates professional standards of care and implements broad-reaching evidence-based change.
- Actively leads groups and takes the lead in practice changes.
- Is not just assigned to a system-wide committee and sits passively in the meetings. Very interactive; participates and leads subgroups, brings ideas into the committee, takes the lead for change.
- Very active, well-known, and easily identifiable for expertise.
Dimensions of Nursing Practice and Career Paths
# The Dimensions of Nursing Practice

<table>
<thead>
<tr>
<th>DIMENSION</th>
<th>CRITERIA</th>
</tr>
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<tbody>
<tr>
<td>Practice</td>
<td>Practice, Ethics, Resource Utilization</td>
</tr>
<tr>
<td>Professional Development</td>
<td>Performance, Education/Career Development</td>
</tr>
<tr>
<td>Collaboration</td>
<td>Collegiality, Collaboration</td>
</tr>
<tr>
<td>Scientific Inquiry</td>
<td>Quality of Care, Research</td>
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</table>
## Four Career Paths

<table>
<thead>
<tr>
<th>CAREER PATH</th>
<th>ROLES</th>
</tr>
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<tbody>
<tr>
<td>Clinical</td>
<td>Direct Care Nurse, Clinical Nurse Leader (CNL)</td>
</tr>
<tr>
<td>Supervisory</td>
<td>Nurse Manager, Assistant Nurse Manager, Nurse Supervisor/Coordinator</td>
</tr>
<tr>
<td>Advanced Practice</td>
<td>Clinical Nurse Specialist (CNS), Nurse Practitioner (NP)</td>
</tr>
<tr>
<td>Consultant</td>
<td>All other roles not specifically listed above, including: Education, Recruiting, Quality Management, Research, Utilization Management, Informatics, Infection Control, etc.</td>
</tr>
</tbody>
</table>
Four Career Paths

- The Qualification Standards have now been applied to four Career Paths.
- The Career Paths support nursing in diversified environments of practice.
- RNs can move seamlessly between Career Paths as the shift among diverse nursing roles.
- The Qualification Standards for each of the Dimensions are the same in all four Career Paths.
Registered nurses who meet the administrative requirements become eligible for consideration for promotion to a higher grade and must meet the following criteria:

1. Have improved the effectiveness of patient care through the use of more complex skills and application of scholarly knowledge to practice.
2. Have assumed greater responsibility for the improvement of patient care.
3. Have made steady progress toward professional goals for the improvement of patient care.
4. Have demonstrated the ability to perform at the level of professional nursing practice as required in the qualification standard for appointment to the grade to which the registered nurse is being considered for promotion to a higher grade level or advancement to a higher level within the grade.
Collapsed Nurse Qualification Standard VA handbook

<table>
<thead>
<tr>
<th>Nurse I level 1</th>
<th>Nurse I level 2</th>
<th>Nurse I level 3</th>
<th>Nurse II</th>
<th>Nurse III</th>
</tr>
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<tr>
<td>General: Delivers fundamental, knowledge-based care to assigned clients while developing technical competencies.</td>
<td>General: Demonstrates integration of biopsychosocial concepts, cognitive skills, and technically competent practice in providing care to clients with basic or complex needs.</td>
<td>General: Demonstrates proficiency in practice based on conscious, deliberate planning. Self directed in goal setting for managing complex client situations.</td>
<td>General: Demonstrates leadership in delivering and improving holistic care through collaborative strategies with others.</td>
<td>General: Executes position responsibilities that demonstrate leadership, experience, and creative approaches to management of complex client care.</td>
</tr>
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</table>

For NIII, outcomes must be documented. Meeting the Practice dimension involves incorporating and implementing the requirements of the other qualification standards including:

a) Leading & organizing delivery of care to assure continuity of care and peer accountability for practice, including access to care and discharge planning.

b) Using advanced clinical knowledge/judgment to promote staff involvement in planning, decision-making & evaluating outcomes.

c) Functioning as an expert in clinical practice and/or in areas related to assigned roles and responsibilities.

d) Systematically evaluating current practice and formulating outcomes for groups of patients and/or organizational processes within area of expertise.

e) Guiding, developing and supporting staff from a leadership perspective.

f) Using professional standards of care, scientific evidence and practice to evaluate programs and / or service activities.
References

VA Handbook 5005, Part II, Appendix G6
VA Handbook 5005, Part III, Chapter 4
VACO Office Of Nursing Services:  
http://vaww.va.gov/NURSING/qualificationstandards.asp

Questions?

Thank you!

Contact Information: Laura Sarmiento (915)564-6100 Ext 6017
Laura.sarmiento@va.gov