

ADDENDUM D  
PROFESSIONAL DEVELOPMENT FRAMEWORK  
AND ROLE SPECIFIC ADVANCEMENT MODEL

The Professional Development Framework was implemented effective July 2, 2006. The fundamental foundation of the Framework is that employees in the classification levels A-E, whose primary role is direct patient care, will have the opportunity to advance within an abundance model based on evidence of meeting behaviors as defined in Section H of this Addendum. Toward that end, reference to limitation of advancement within the Professional Development Framework based on budgetary consideration per paragraph 82 was eliminated effective July 2, 2006, for these classifications.

Effective with this Agreement, the Role Specific Advancement Model piloted in 2007 is implemented. This advancement model applies to employees in the roles of Flight Nurse Specialist, Practice Management Coordinator, Educational Nurse Coordinator and Clinical Care Coordinator.

The Framework Steering Committee will become the Framework/RSAM Steering Committee and an RSAM representative will be added.

SECTION A. TRANSITION TO PROFESSIONAL DEVELOPMENT FRAMEWORK  
JULY 2006

Effective July 2, 2006 transition to framework occurred as follows:

- 1) Employees in the classification of Graduate Nurse and Clinical Nurse I with less than eighteen (18) months RN experience transitioned to level A.
- 2) Employees in the classification of Clinical Nurse I with at least 18 months or more RN experience transitioned to level B.
- 3) Employees in the classification of Clinical Nurse II transitioned to level C.
- 4) Employees in the classification of Clinical Nurse III transitioned to level D.
- 5) There will be no educational degree requirement at any level from A to E beyond nursing licensure.
- 6) Level E was not populated at the time of transition.
- 7) Level F (master's prepared nurse at the bedside) is to be developed.

SECTION A - 1. PROFESSIONAL DEVELOPMENT FRAMEWORK AS OF JULY 1,  
2008

- 1) Employees with less than 12 months experience will be hired at level A.
- 2) Employees with at least 12 months experience will be hired at level C

3) Level B is eliminated and employees formerly at this level will be moved to level C.

4) Employees in level A will move to level C on their one-year anniversary.

#### SECTION B. ADVANCEMENT WITHIN THE PROFESSIONAL DEVELOPMENT FRAMEWORK AND RSAM

1) All employees at level C or higher, with at least six months of service, will have the option to apply immediately for advancement to a higher level. . The following jointly developed principles apply:

2) Advancement to Framework levels D and E and RSAM levels Expert and Mastery is a Central Committee process with appeal available through the Appeals Board.

3 All peer evaluations must be signed and made available to the employee being evaluated.

4) Applications for advancement will be accepted by the Central Committee on an ongoing basis with timeframes for quarterly decisions.

5) Appeals will be resolved through an appeals process.

6) Discipline will not be an automatic bar to advancement or renewal, nor will the facts giving rise to the discipline be automatically discarded from consideration of advancement.

7) There will be no educational degree requirement at any level from A to E beyond nursing licensure.

8) Advancement will be made on meeting a preponderance of all behaviors in total. However, the employee must meet a preponderance of behaviors in the Clinical Skills and Knowledge Domain.

9) In order to provide opportunities for RN's to meet contribution requirement, each unit or clinic will identify potential areas for practice improvement that may be addressed through staff RN work

10) The Manager Voice Tool for Ambulatory Care employees will be completed by the Nurse Manager

#### SECTION C. FRAMEWORK\RSAM ANNUAL EVALUATION AND RENEWAL PROCESS

1) The annual evaluation and renewal processes will occur simultaneously at the unit level between the employee and the nurse manager on the employee's anniversary date and will be based upon manager, peer and self-evaluation.

- 2) All peer evaluations must be signed and made available to the employee who is being evaluated.
- 3) The annual performance evaluation is aligned with Framework/RSAM behaviors.
- 4) Discipline will not be an automatic bar to advancement or renewal, nor will the facts giving rise to the discipline be automatically discarded from consideration of advancement in the Framework.
- 5) If there are issues in regard to level maintenance, the Manager will notify the employee as soon as possible and institute a corrective action plan. No employee will have their level changed without the opportunity for a corrective action plan to include Association representation and an appeals process.
- 6) The Appeals Board procedure will apply to the renewal process.

#### SECTION D. TRANSFERS ACROSS UNITS

- 1) Employees transferring to like areas of current or past practice will retain their current level within the Framework Model and will be required to demonstrate behaviors to retain the level within twelve months of transfer
- 2) Employees in the Professional Development Framework transferring to an unlike area of current or past practice will be placed as follows:
  - a) Level C to level C,
  - b) Levels D and E to level C.
  - c) Level evaluation will be completed by the employee and the nurse manager six (6) months after successful completion of
  - d) ~~Evaluation~~ Evaluation for a higher level will not be completed until the employee has successfully completed the orientation or internship.

Designated like areas of current or past practice will be jointly determined by  
3) the Association and the University prior to implementation of the Framework.

Areas agreed as "like" units are:

- . Adult acute care to Adult acute care
- Adult ICU to Adult ICU
- Specialty to Specialty
- Pediatric acute care to Pediatric acute care
- OR to OR

Additionally, units, which share at least two of the three following characteristics, are considered to be "like" units:

- . Developmental level of patients (adult, pediatric, neonate/infant)
- Level of care (ICU, General Care, Ambulatory Care)
- Specialty (i.e. Cardiac, Oncology)

Should disagreement exist about the determination of “like” and “unlike” areas, a meeting between the employee, manager and a UMPNC Rep will be held to resolve the matter.

4) Employees at level A, who transfer during the one-year period following date of hire, per Paragraph 282, will remain at level A on the new unit for an additional twelve months.

5) Employees transferring into an internship program will be designated as interns. In this situation, compensation will be as follows:

- a) Employees at level A and C will have a 5% wage reduction;
- b) Employees at level D or greater will be placed at level C compensation with a minimum 5% pay reduction.
- c) Following completion of the internship program, the employee will be evaluated for level placement and salary will be commensurate with that level.
- d) Evaluation for a higher level will not be completed until the employee has successfully completed the orientation or internship.

SECTION E. NEW HIRES AND TRANSFERS INTO BARGAINING UNIT POSITIONS  
WITHIN THE PROFESSIONAL DEVELOPMENT FRAMEWORK AND ROLE SPECIFIC  
ADVANCEMENT MODEL

1) New hires on or after July 1, 2008 with 0 TO 11 months nursing experience will be placed at level A. Employees with at least 12 months RN experience will be placed at level C and the appropriate step.

2) Advanced Practice Nurses transferring into Framework or RSAM roles will be placed as follows: (See section D above)

Like area of practice will be placed as follows:

- . Framework level E
- RSAM level Expert

Unlike area of practice will be placed as follows:

- . Framework level D
- RSAM level Competent

3) Employees transferring from the Role Specific Advancement Model to the Professional Development Framework will be placed as follows: (See section D above)

Like area of practice will be placed as follows:

- Competent to level D

Expert and Mastery to level E

Unlike area of practice will be placed as follows:

. All RSAM levels transfer to level C

Employees may apply for advancement to another level six months following transfer.

4) Employees transferring from the Framework to the Role Specific Advancement Model will be placed as follows:

Like area of practice

. Levels C and D to Competent level  
Level E to Expert level

Unlike area of practice

All Framework levels will be placed at Competent level. They may apply for advancement after six months in new role

5) Employees transferring between RSAM classifications will be placed as follows:

. Like areas will remain at same level  
Unlike areas to Competent level

The parties will meet to define like and unlike areas of practice and to develop a process for transfer between different RSAM roles.

#### SECTION F. CENTRAL COMMITTEE/APPEALS BOARD

1) The Central Committee will be representative of all nurses, and membership will be jointly determined by the Association and the University based upon the following principles:

2) Central Committee work will be completed on paid release time.

3) Central Committee replacement process.

A). Continue with steering committee to JIT process. Steering committee will document principles for replacement and develop a revised process to solicit interest. Criteria for selection and evaluation of applicants in accordance with the criteria will be brought to JIT for approval. One-half of central committee members will rotate off each year.

B) The Central Committee members will be selected by a process that seeks volunteers. Decisions on membership will be made jointly by UMPNC/UMHS.

C) Central Committee members will have two-year terms. One-half of membership will turn over annually.

4) The Central Committee will submit a quarterly report that includes the number of applicants and the number approved and denied. The report will be sent to the Joint Association and the University Implementation Team (JIT), Nursing Executive Committee (NEC) and Retention Committee.

5) Disagreements regarding level movement will be resolved through an appeals process.

6) Membership of the Appeals Board shall be composed of one-half Association appointed seats. Appeals Board members rotate two off each year - one from UMPNC and one from UMHS, resulting in three-year terms.

#### SECTION G. FRAMEWORK AND RSAM EDUCATION AND INFRASTRUCTURE

1) A list of mentors with areas of expertise will be maintained and made accessible electronically.

2) Education in regard to the Framework will include portfolio development, novice to expert concept and exemplar writing. The following classes will be offered:

- . Introduction to Framework/RSAM

- Doing a self assessment

- Writing an exemplar

- Providing peer feedback (See paragraph 28E)

The above classes are not mandatory to apply for advancement, but are provided as a choice of the employee to utilize.

3) Central Committee members, coaches, nurse managers, and Association executive leadership will all receive the same education including interest-based problem resolution.

4) Coach Infrastructure will be developed and refined through PDR/CPDM/ESN, to include:

- . Designated time for coaches to coach as part of their appointment fraction. The process will be coordinated through PDR.

- Formal education for coaches

- Access to a cadre of coaches that can be scheduled for blocks of time as determined by a needs assessment.

- Applicants must declare the intent to apply and must be offered a coach as a choice of the employee.

5) Any new program established during negotiations will be initiated within nine months of ratification.

#### SECTION H. Levels of Professional Practice Across Domains

Visit the following web sites to view detailed domain descriptions.

[Frameworks: Levels, Domains & Behaviors](#)

[RSAM: Levels, Domains & Behaviors](#)