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CHAPTER 6. PROFICIENCY RATING SYSTEM**6.01 SCOPE**

a. This chapter implements MP-5, Part II, Chapter 6, by establishing the procedures for the proficiency rating system for full-time, part-time, and intermittent physicians, dentists, podiatrists, optometrists, nurses, nurse anesthetists, physician assistants and expanded-function dental auxiliaries. This chapter also implements a separate performance appraisal system for Chiefs of Staff. *NOTE: Unless otherwise indicated, the terms proficiency report, proficiency rating, etc., will cover the performance appraisal system for Chiefs of Staff.* The preceding categories of individuals are included in the term employees as used in this chapter unless otherwise specified.

b. Excluded from the provisions of this chapter are:

(1) **Distinguished Physicians.**

(2) **Health Care Facility Directors.** Health care facility Directors appointed under authority of Title 38 United States Code 7401(1). Directors will be evaluated using the same policies and practices that apply to the Senior Executive Service (SES) in accordance with provisions of MP- 5, Part I, Chapter 920, Section F.

(3) **Directors, Veterans Integrated Service Network (VISN) and VISN Clinical Managers.** The performance of employees appointed under 38 U.S.C. to the positions of Director, VISN, or VISN Clinical Manager, will be evaluated using the SES appraisal system.

(4) **Health Care Executives Appointed Under 38 U.S.C. 7306.** Employees appointed under 38 U.S.C. 7306 will be evaluated using the SES appraisal system.

(5) **Residents.** Residents will be evaluated in accordance with the provisions of M-8, Part II.

(6) **Individuals Appointed Under 38 U.S.C. 7401(3) or 38 U.S.C. 7405(a)(1)(B).** This includes such employees as certified respiratory therapy technicians, registered respiratory therapists, licensed physical therapists, licensed practical or vocational nurses, and occupational therapists and pharmacists. These employees will be evaluated in accordance with the 5 U.S.C. provisions contained in MP-5, Part I, Chapter 430.

(7) **The Under Secretary for Health.**

6.02 REFERENCES

a. Title 38 U.S.C. Chapters 74.

b. MP-5, Part II, and its VHA Supplements, Chapters 4, 6, 8 and 9.

6.03 DEFINITIONS

- a. **Rating Official.** An employee designated to prepare a proficiency rating on an employee under that person's supervision.
- b. **Approving Official.** An employee designated to review and approve a proficiency rating.
- c. **Proficiency Rating.** The overall adjective rating assigned to an employee based on a total evaluation of proficiency.

6.04 PURPOSES

a. The proficiency rating system is designed to ensure the effective and efficient utilization of covered employees and to ensure that dealings with the public are consistent with Department of Veterans Affairs (VA's) mission to provide the best possible care to our country's veterans. Proficiency ratings and the processes of review, analysis and evaluation will be used to:

- (1) Provide a basis for keeping employees informed of what is expected of them, of the level of their performance in their assignments, and to serve as a guide in developing their skills and abilities.
- (2) Assist in planning for the utilization of skills and assignment of personnel.
- (3) Provide a basis for effecting advancements within the grade.
- (4) Serve as one of the factors for determining eligibility for promotion to higher grade.
- (5) Serve as a basis for action in cases where service is unsatisfactory.
- (6) Provide a basis for improving the effectiveness of personnel by indicating needs for training and development.
- (7) Provide a basis for strengthening employee-supervisor relationships.
- (8) Provide evidence of outstanding service.

b. The processes of review, analysis, and evaluation embodied in the proficiency rating system, and the procedural steps and requirements of the system, will not prevent or otherwise limit the review of probationary employee performance, or impede the separation of such an employee under the provisions of Chapter 4 and under 38 U.S.C. 7403(b).

Authority: 38 U.S.C. 7421; 7304.

6.05 AUTHORITY AND RESPONSIBILITY

a. The facility Director is responsible for the proper functioning of the proficiency rating system and for seeing that each subordinate supervisor is trained in the proficiency rating system and aware that any preestablished distribution of levels of ratings for employees covered under this section is prohibited. For VA Central Office employees, this function is the responsibility of the Deputy Under Secretary for Health; for VISN employees, this function is the responsibility of the VISN Director. This includes supervisory responsibility for furthering equal employment opportunity and, in the case of second or higher line officials, training in how to evaluate supervisory performance in this area. This training will be provided as soon as possible after the individual assumes supervisory responsibilities.

b. Supervisors are responsible for evaluating the proficiency of employees they supervise, for counseling employees to improve the quality of service and to correct deficiencies, for taking action if performance does not improve (see Chapters 4, 8, and 9 for further guidance), for explaining the proficiency rating system to employees, and for understanding and applying appropriate principles and techniques to ensure equitable and useful ratings.

c. A rating official will carefully evaluate the performance of and prepare a proficiency rating for an employee and will be responsible for timely preparation of the Proficiency Report.

d. An approving official will be responsible for reviewing, commenting on, and approving a report.

e. A member of the Human Resources Management staff will be responsible for the administrative review of a report and for giving technical advice to rating and approval officials, including assuring timely completion of the report.

Authority: 38 U.S.C. 7421; 7304.

6.06 PROFICIENCY REPORT

a. **Rating Form.** VA Form 10-2623, Proficiency Report, for nurses; VA Form 10-2623a, Proficiency Report, for Physicians, Dentists, Podiatrists, Optometrists, Nurse Anesthetists, Physician Assistants and Expanded-function Dental Auxiliaries; and VA Form 10-2623b, Chief of Staff Performance Appraisal System, will be the only rating forms used for these employees. A copy of the approved Proficiency Report or Chief of Staff Performance Appraisal System form as applicable, will be provided for each employee as indicated in Appendix 6A. The last report on record will be considered the current report. (This may be either the last annual report or a subsequent official special report, if prepared in full.)

b. **Discussion and Employee Comments.** After approval of the rating, the rating official will discuss the contents and conclusions of the report with the employee rated. The employee may further discuss the rating with the approving official. If, after discussions with the rating official and the approving official, the employee disagrees with a proficiency rating, the employee may

submit concise comments concerning the Proficiency Report through the rating and approving officials for filing in the Official Personnel Folder and/or Board Action Folder.

c. **Proficiency Ratings.** (See par. d for ratings for Chiefs of Staff)

(1) The employee will be rated on elements which provide for consideration of proficiency and performance in terms of pertinent personal, professional, administrative and supervisory attributes, characteristics, skills, and service to the public as applied to the duties and responsibilities of the assignment. The employee will be informed in advance which elements will be considered in the rating process.

(2) Proficiency ratings will be assigned to an employee based on an objective appraisal of overall competency in the performance of duties and responsibilities. Normally, the overall evaluation should reflect an average of the rated categories and the narrative summary. In some instances, one or more rated categories which are critical to successful performance may form the basis for the overall ratings because their significance outweighs that of other categories rated, or the aggregate of other categories. For example, when an unacceptable level of performance has been demonstrated in one or more rated categories in which satisfactory performance is essential, an overall rating of unsatisfactory may be assigned.

(3) For a nurse, proficiency ratings will be used to summarize how the employee meets the criteria in the Nurse Qualification Standard and the appropriate functional statement.

(4) The five adjective ratings defined below will be used:

(a) **Unsatisfactory.** The employee has not met reasonable expectations of performance.

(b) **Low Satisfactory.** The employee usually met reasonable expectations but performance was sometimes marginal.

(c) **Satisfactory.** The employee fully met and sometimes exceeded expectations.

(d) **High Satisfactory.** The employee usually exceeded reasonable expectations by a substantial margin.

(e) **Outstanding.** The employee consistently exceeded reasonable expectations to an exceptional degree.

d. **Chief of Staff Rating Process**

(1) The rater will assess the Chief of Staff's accomplishment of each established performance standard, consider the impact of the individual standards on overall performance of the element and assign one achievement level for each element. An achievement level must be assigned for each critical and noncritical element of the performance plan unless the Chief of

Staff has had insufficient opportunity to demonstrate performance in the element. **NOTE:** *A critical element is any element which contributes toward accomplishing organizational goals and objectives, and which is of such importance that unacceptable performance of it would result in unacceptable performance in the position. A noncritical element is any element which does not meet the definition of a critical element but is still of sufficient importance to warrant written appraisal.* If an achievement level other than fully successful is assigned, actual accomplishments supporting that level must be documented in the portion of VA Form 10-2623b provided for this purpose. When an achievement level of fully successful is assigned, documentation of performance accomplishments is not required.

(2) Achievement levels are defined as follows:

(a) **Less Than Fully Successful.** A level of performance that does not meet the standards established for the fully successful level. Assignment of this achievement level means that performance of the element is unacceptable.

(b) **Fully Successful.** Performance standards for the particular element when taken as a whole are being met. This level is a positive indication of employee performance and means that the employee is effectively meeting performance demands for this component of the job.

(c) **Exceptional.** Fully successful performance standards for the element are being significantly surpassed. This level is reserved for employees whose performance in the element far exceeds normal expectations and results in major contributions to the organization.

(3) Based on the achievement levels assigned, the rater will assign one of the five summary rating levels defined as follows:

(a) **Unsatisfactory.** The achievement level(s) for one (or more) critical element(s) is (are) designated as less than fully successful.

(b) **Minimally Satisfactory.** Achievement levels for all critical elements are designated as at least fully successful. However, the achievement level(s) for one (or more) noncritical element(s) is (are) designated as less than fully successful.

(c) **Fully Successful.** The achievement level(s) for one (or more) critical element(s) is (are) designated as fully successful. Achievement levels for other critical and noncritical elements are designated as at least fully successful or higher.

(d) **Excellent.** Achievement levels for all critical elements are designated as exceptional. Achievement levels for noncritical elements are designated as at least fully successful. Some, but not all, noncritical elements may be designated as exceptional.

(e) **Outstanding.** Achievement levels for all elements are designated as exceptional. (An outstanding rating reflects an extraordinary level of individual achievement and major contribution to accomplishment of organizational goals and objectives.)

e. Annual Rating Dates for Chiefs of Staff

Appraisal periods for Chiefs of Staff will be from October 1 through September 30. Ratings will be prepared by the rating official at the end of the appraisal period and will be documented on VA Form 10-2623b. Completed ratings will be forwarded through channels by November 15, to the Director of the appropriate VISN.

f. Annual Rating Dates

(1) Due dates will be the anniversary date of grade, except that advancement of a nurse to a higher level within the grade will also establish a new date of grade.

(2) Due dates will not be affected by delayed annual ratings or special reports.

(3) The Human Resources Management Officer will send the Proficiency Report form to rating officials at least 110 days prior to the due date. Employees will normally receive their first and subsequent ratings at any time within the 90 days prior to the due date.

g. Delayed Annual Rating. Regular proficiency ratings will be made annually as indicated unless delayed under the following provisions:

(1) A regular rating may be delayed where there has been failure to meet counseling requirements or other procedural requirements of the proficiency rating system (see par. 6.07f); or when an employee is absent from duty for an extended period; or pending the results of VA Central Office and facility investigations or other actions affecting the employment status of an employee. A delayed rating will not extend the employee's probationary period or expiration of temporary appointment.

(2) A regular rating may be delayed in 90 day increments beyond the due date with the approval of the health care facility Director for facility employees; by the VISN Director for VISN employees and Chiefs of Staff; or, by the Deputy Under Secretary for Health, or designee, for VA Central Office employees.

(3) The employee will be notified in writing by the rating official of the reasons for delaying the rating. The Human Resources Management Officer will review the notice prior to issuance to ensure that provisions of this paragraph have been met.

(4) The date of the subsequent regular proficiency rating will not be affected by a delayed rating, and the next rating period will be shortened accordingly.

h. Special Report. Any Proficiency Report other than the regular annual report is considered a special report. A special report will be prepared as follows:

(1) As soon as possible before a Professional Standards Board review or a Disciplinary Board hearing under the provisions of MP-5, Part II, Chapter 4 or 8, if more than 3 months have

elapsed since the last annual report. The absence of a special Proficiency Report will not prevent the initiation or completion of Board proceedings.

(2) When the rating official is assigned to another position or transfers to another VA facility or separates from VA employment, when the assignment of the employee being rated changes, or when an employee in a probationary period transfers to another VA facility, and when more than 90 days have elapsed since the last Proficiency Report was completed; or when an employee has been detailed for 3 months or longer. These reports will be designated as "interim" ratings. After being incorporated in the regular annual rating, the "interim" rating will be destroyed. Since employees will normally receive their first and subsequent ratings at any time within the 90 days prior to the due date, if more than 9 months have elapsed since the last Proficiency Report, the regular annual report will be completed when the event occurs. (This will not affect the due date of subsequent annual proficiency ratings.)

(3) On an employee's separation, if more than 90 days have elapsed since the employee's appointment or last annual rating. The approving official, after consulting with the rating official, will record the reason(s) for the separation, the employee's stated reason(s) if substantially different from the approving official's opinion, the effective date of separation, and a statement as to whether reemployment would be recommended. Human Resources Management staff will forward copies of the Proficiency Report and of the SF (Standard Form) 50B, Notification of Personnel Action, effecting the separation to the employee and will file copies in the Official Personnel Folder. It is preferable that the final Proficiency Report be completed and the employee given a copy prior to separation. Otherwise, a copy will be forwarded to the employee.

(4) Anytime the employee's services are deficient in any important assigned duties, regardless of the due date of the annual report. If the employee demonstrates inadequate proficiency or weak performance in one or more categories at anytime during the year, the employee will normally be counseled and given the opportunity to improve prior to the issuance of a Proficiency Report. (See par. 6.07 for counseling requirements.) If an unsatisfactory rating is assigned, action must be taken as indicated in paragraph 6.08.

NOTE: *An unsatisfactory proficiency rating is not required to separate a probationary employee or to terminate a full-time, part-time, or intermittent employee appointed under 38 U.S.C 7405. Similarly, an unsatisfactory proficiency rating is not required in order to proceed with disciplinary action on a permanent employee under MP-5, Part 11, Chapter 8, when the proficiency rating is not a basis for the proposed action. For example, if the disciplinary action is based on the employee's failure to observe VA policy on outside professional activities outlined in VHA Directive 5113, an unsatisfactory proficiency rating is not required.)*

Authority: 38 U.S.C.7421;7304

6.07 COUNSELING PROGRAM

a. **Purpose.** Supervisors will counsel their employees at least annually. Counseling provides a positive means of accomplishing the purposes of the proficiency, probationary, advancement,

and disciplinary systems, and is particularly pertinent for employees whose services have been deficient in any important assigned duties. This medium provides employees with the benefit of their supervisors' analyses of the performance of their duties, assists in improving the quality of service rendered and may enhance their professional and administrative capabilities. Counseling is not a condition which must be met in order to initiate or complete Professional Standards Board proceedings.

b. Responsibility

(1) Supervisors will thoroughly review the performance of their employees. Special care will be exercised for those in their probationary periods, particularly when they are about to complete them. Chiefs of Staff will ensure that supervisory personnel conduct counseling conferences as needed.

(2) Facility Directors will conduct counseling conferences for Chiefs of Staff.

(3) Chiefs of Staff will conduct counseling conferences for chiefs of services and others under their immediate supervision.

(4) VISN Directors will conduct counseling conferences for heads of outpatient clinics located in Veterans Benefits Administration regional offices.

(5) For VA Central Office employees, counseling will be conducted by appropriate supervisory officials.

c. Nature of the Conference

(1) The counseling conference will be informal and confidential. The employee will be informed, orally or in writing, of the manner in which assignments are being performed. Duties and responsibilities which are essential to successful performance will be highlighted by the supervisor.

(2) Supervisors will commend strong performance, discuss objectively any weaknesses, and furnish suggestions and advice for improvement.

(3) Supervisors will indicate in subsequent annual or special reports when the employee's performance improves in areas previously cited as weaknesses.

(4) A counseling conference will be conducted prior to the date the annual report is issued if the supervisor contemplates giving the employee a low/minimally satisfactory or unsatisfactory overall rating, unless the rating is for a permanent employee appointed under 38 U.S.C. 7401(1) whose performance constitutes a clear danger to the employee or others; or, for all other employees, it is clear that improvement is unlikely or the employee's performance constitutes a clear danger to the employee or others. (See subpar. e.)

d. Satisfactory or Better Performance. The rating official will discuss with the employee their satisfactory rating as soon as possible after the approving official has returned the approved report.

NOTE: *The employee will complete section F of VA Form 10-2623 or VA Form 10-2623a or section G of VA Form 10-2623b, as applicable to indicate that the contents of the Proficiency Report have been discussed. If the employee refuses, the rating official will make a notation to this effect and sign and date it. The employee will be given a copy of the Proficiency Report form containing the approved proficiency rating.*

e. Low/Minimally Satisfactory or Unsatisfactory Performance

(1) At any time during the appraisal period when performance problems are observed which may be expected to result in a low/minimally satisfactory or unsatisfactory annual proficiency rating, the rating official will hold a counseling conference with the employee sufficiently in advance of the due date of the annual report to inform the employee of the deficiencies, give the employee a reasonable opportunity to correct identified deficiencies and demonstrate satisfactory performance, as follows:

(a) For a permanent employee appointed under 38 U.S.C. 7401(1) for whom a low/minimally satisfactory or unsatisfactory annual or special proficiency rating is to serve as a basis for the action under MP-5, Part II, Chapter 8 and its VHA Supplement, the documented counseling requirements in subparagraphs (2) through (4) must be met unless the employee's performance constitutes a clear danger to the employee or others. In cases where gross negligence or misconduct, rather than the proficiency rating, is to be the basis for a proposed action, counseling is not a procedural requirement. (See MP-5, Pt. II, Ch. 8.)

(b) For all other employees, the documented counseling requirements in subparagraphs (2) through (4) are recommended. A low/minimally satisfactory or unsatisfactory rating may be issued without this counseling, however, if it is clear that improvement is unlikely, if the employee's performance history demonstrates a pattern of improvement during a performance improvement period followed by a drop in performance after completion of the improvement period, or if the employee's performance constitutes a clear danger to the employee or others.

(2) During the conference, the rating official will tell the employee of the time, normally 60 to 90 days, which will be allowed for improvement of performance.

(3) After the conference, the rating official will prepare, sign, and date a document indicating the reasons for the conference, the performance deficiencies and suggested solutions, and the time allowed for improvement. A copy will be given to the employee, and the employee will initial the original to indicate a copy has been received. If the employee refuses to initial, the supervisor will note this fact. The document will be retained by the supervisor until the proficiency rating is assigned.

(4) If the employee's performance does not improve sufficiently at the end of the specified time period, a low/minimally satisfactory or unsatisfactory proficiency rating will be assigned. The document prepared in accordance with subparagraph (3) will be attached. If the employee's performance does improve sufficiently to warrant a fully satisfactory or better proficiency rating, the document prepared in accordance with subparagraph (3) will be destroyed.

(5) Action will be taken as indicated in paragraph 6.08 if an unsatisfactory proficiency rating is assigned to an employee.

f. Delayed Annual Rating

(1) If a low/minimally satisfactory or unsatisfactory rating is contemplated and the counseling requirements have not been met, the rating official will request a delay of the annual rating. (See par. 6.06g.)

(2) While the Proficiency Report is delayed, the employee will be counseled as outlined in subparagraph e. The approving official will assign a rating at the end of the counseling period. If approved as an unsatisfactory proficiency rating, action will be taken as indicated in paragraph 6.08.

Authority: 38 U.S.C. 7421; 7304.

6.08 PROCESSING UNSATISFACTORY PROFICENCY REPORTS

a. When an unsatisfactory rating has been approved for a probationary employee, the employee's probationary period will be reviewed in accordance with the procedures in Chapter 4, this supplement. This review will include the employee's services and, if applicable, clinical privileges.

b. When an unsatisfactory rating has been approved for a temporary full-time, part-time, or intermittent employee, supervisory officials will review the employee's service and, if applicable, clinical privileges, and determine whether termination is appropriate (see MP-5, pt. II, ch. 9).

c. When an unsatisfactory rating has been approved for a permanent employee, supervisory officials will review the employee's services and clinical privileges, and then determine which of the following actions may be appropriate.

(1) The employee should be detailed for a period not to exceed 6 months under the guidance of a highly qualified preceptor.

(2) The employee should be sent for additional training.

(3) The employee should be reassigned or have a change in duty assignment.

(4) The employee's fitness for continued VHA employment should be considered by a Physical Standards Board.

(5) The employee's clinical privileges should be modified.

(6) Procedures in Chapter 8 of this supplement should be initiated.

Authority: 38 U.S.C. 7421; 7304.

6.09 ADVICE FROM EXPERT SOURCES

Although it is ultimately the responsibility of management officials to evaluate performance and take appropriate action, under certain limited circumstances these officials may need other professional advice and assistance in analyzing the nature of observed performance deficiencies. The proficiency approving official, after obtaining any needed authorizations, may request assistance from such professional sources as the Deans Committee, a consultant, or a peer group with expertise in the areas of the performance in question. The person or persons so designated will review the specified deficiency and report findings and recommendations to the approving official.

Authority: 38 U.S.C. 7421; 7304.

**APPENDIX 6A. INSTRUCTIONS FOR RATING AND PROCESSING
VA FORMS 10-2623 AND 10-2623a**

A. GENERAL INSTRUCTIONS

1. Instructions for Rating and Approving Officials

a. Unless otherwise indicated (see fig. 6.01), the rating and approving officials will normally be an employee's immediate and higher level supervisors. Narrative evaluations and comments will be prepared by the rating and approving officials.

b. VA Form 10-2623 and 10-2623a include a worksheet for the rating official.

c. If the probationary review is due, the review will be completed in accordance with MP-5, part II, chapter 4, and its VHA Supplement. Section A, item 7, of VA Form 10-2623 and VA Form 10-2623a will be blank if the probationary review is not due.

d. Rating and approving officials will be objective in rating the employee and will document in the narrative sections the reasons for the rating.

e. The forms for submission should be completed from the worksheet. Type names and exact titles of rating and approving officials in appropriate spaces. Signatures should be in ink.

f. When the rating is completed, the rating official will forward copies to the approving official as "**FOR OFFICIAL USE ONLY**" documents.

g. The approving official will confer with the rating official to discuss any differences in the evaluation of the employee's performance, make a decision and record any changes in ink.

h. On completion of the approved rating, the Proficiency Reports will be returned to the rating official as "**FOR OFFICIAL USE ONLY**" documents. The rating official will discuss the rating with the employee. Section F of VA Form 10-12623 or 10-12623a will be completed by the employee. If the employee refuses to complete this section, the rating official will so note on the form. The rating official will give a copy to the employee and then forward to the Human Resources Office the Official Personnel Folder copy and the Board Action Folder copy.

i. An employee with a low satisfactory or unsatisfactory rating will be counseled as described in paragraph 6.07.

j. An unsatisfactory Proficiency Report will be processed under instructions contained in paragraph 6.08.

2. Action by Human Resources Office

a. The Human Resources Office is responsible for following procedures outlined in MP-6, part V, supplement No. 1.5, and for coding accurately to assure processing of annual ratings. The personnel office will insure that section A of VA Forms 10-2623 and 10-12623a is properly completed and will forward the required copies of the forms (through the chief of service if a probationary review is necessary) to the rating official. A suspense copy will be retained by the personnel office for follow-up action.

b. When the Human Resources Office receives the approved Proficiency Report forms, a careful review will be made to insure that all administrative requirements are met.

c. The Human Resources Office will assure that the appropriate copies are distributed as shown on the Proficiency Report form. This will include filing the original in the Official Personnel Folder and forwarding the Board Action Folder copy to the appropriate service in Central Office for all employees, except that Proficiency Reports will not be forwarded for employees in Mental Health and Behavioral Sciences Service. Also, Proficiency Reports for Nursing Service employees will be forwarded only for nurses in key assignments for whom a Board Action Folder is maintained in Central Office (see MP-5, pt. I, ch. 293).

B. SPECIAL INSTRUCTIONS FOR RATING AND PROCESSING VA FORM 10-2623 FOR NURSES

1. General Instructions

a. The Nurse Qualification Standard and appropriate functional statement (M-2, pt. V) delineate the criteria upon which the nurse will be evaluated by the rating and approving officials.

b. The Proficiency Report will document the performance level achieved during the rating period.

c. Current criteria-based functional statements for each category of professional nurse position will be developed in writing and revised as necessary to maintain currency. Each nurse will be given a copy of his or her functional statement upon initial employment and anytime thereafter when the employee's assignment is changed and/or the functional statement is revised.

d. The use of the criteria-based functional statement and the qualification standard in conjunction with the Proficiency Report is designed to require supervisors to evaluate performance in an employee's assignment. The Proficiency Report will be used to document how the nurse meets the behaviors outlined in the functional statement and the grade level criteria in the qualification standard. The functional statement should reflect observable behaviors appropriate to the grade level.

e. At any time during the rating period that a nurse's performance is not at least satisfactory, the supervisor should discuss with the employee any noted areas of weakness related to the qualification standard grade criteria and/or expected behaviors outlined in the functional statement.

2. Special Instructions

a. **Section B--Narrative Evaluation by Rating Official.** The rating official will document how the nurse meets the criteria stated in the Nurse Qualification Standard and appropriate functional statement, other significant professional contributions and accomplishments such as publications, commendations, recognition by professional groups, committee/ task force membership, grants or awards, and areas needing improvement.

b. **Section C--Rating by Rating Official.** An adjective rating will be assigned for each category. The adjective rating will reflect and summarize how the nurse meets the criteria stated in the Nurse Qualification Standard and appropriate functional statement.

(1) **Category I--Nursing Practice.** In the area of clinical practice, administration, education or research, demonstrates a level of nursing practice which meets the criteria for the nurse's grade as described in the Nurse Qualification Standard, and for the nurse's position as described in the functional statement.

(2) **Category II--Interpersonal Relationships.** Works effectively with individuals and groups at the level which meets the criteria for the nurse's grade as described in the Nurse Qualification Standard, and for the nurse's position as described in the functional statement.

c. **Section D--Overall Rating.** The rating official objectively appraises overall competency based on ratings in section C. An overall rating of unsatisfactory must be assigned when either Category I or Category II is rated unsatisfactory. (See par. 6.07 and 6.08.)

d. **Section E--Comments of Approving Official.** The review will be conducted by the next level supervisor above the rating official. On receipt of the completed Proficiency Report form, the approving official will review the report for accuracy and completeness, and return the form to the rating official for corrections and/or additions when necessary. Comments on readiness for assignment of greater responsibilities normally will be included.

C. SPECIAL INSTRUCTIONS FOR RATING AND PROCESSING VA FORM 10-2623a FOR PHYSICIANS, DENTISTS, PODIATRISTS, OPTOMETRISTS, NURSE ANESTHETISTS, PHYSICIAN ASSISTANTS AND EXPANDED-FUNCTION DENTAL AUXILIARIES--ACTION BY RATING AND APPROVING OFFICIALS

1. Review the five categories and elements carefully to determine which categories cover the assignment of the employee to be rated. All employees will be evaluated for Personal Qualities (category V) in addition to the other pertinent categories.

2. A guide defining the five categories and providing an explanation of the elements for the categories is included in figure 6.04.

3. An adjective rating will be assigned for each appropriate category in section B. Elements in each category should be evaluated both separately and on an overall basis, taking into consideration strong and weak points of performance and consistent with the employee's clinical privileges.

4. Overall evaluation, section C, should reflect the total work performance. An overall unsatisfactory rating will result when the employee's performance has not met reasonable expectations, or the overall appraisal indicates weaknesses which would impair quality patient care, or there is inadequate proficiency or weak performance in one or more elements critical to adequate performance of the assignment. (See par. 6.06, 6.07, and 6.08.) A low satisfactory rating will result when employee's performance usually met reasonable expectations, but performance was sometimes marginal.

5. The "Instruction Sheet" for the Proficiency Rating Form (included as part 6 of the interleaved fanfold of VA Form 10-2623a) contains specific instructions concerning the completion of the rating process, narrative summary, and overall evaluation. Special instructions concerning the rating process are included to assist in determining the overall adjective rating. The Proficiency Report Form and Instruction Sheet are shown in figures 6.03a, 6.03b, and 6.03c.

D. SPECIAL INSTRUCTIONS FOR RATING AND PROCESSING VA FORM 10-2623b FOR CHIEFS OF STAFF--ACTIONS BY RATING AND APPROVING OFFICIALS.

Section A. Performance Plan

1. The performance standards for Chiefs of Staff have been organized into the following A, B, and C categories (critical elements have been identified with an asterisk):

a. Category A standards apply to all Chiefs of Staff. Two critical elements are identified: "Leadership and Organizational Representation" and "Quality Management."

b. Category B standards apply to the extent that they are appropriate as determined by the programs at the facility.

c. Category C standards are to be developed locally at the beginning of each rating period and are to reflect important objectives to be addressed to meet facility, program, or individual needs or problems during the rating period.

2. On or before August 1 of each year, the Director and Chief of Staff are to review these standards together, discuss them fully, identify the applicable Category B standards and develop Category C standards by which the Chief of Staff will be rated. The Director will also discuss with the Chief of Staff the relative weight of the standards as they apply to that facility. These discussions will be documented in writing to ensure that, at time of appraisal, there is no misunderstanding that one standard had greater weight than another.

Section B. Progress Review

At least one progress review (on or before March 31 st) is required during the appraisal year. The Chief of Staff must be informed of their level of performance as measured against the performance plan. Other progress reviews may be done as applicable.

Sections C-1. Actual Achievement and C-2. Specific Achievement

An adjective achievement level will be assigned for each critical and non-critical element of the Performance Plan for Categories A and C and applicable elements for Category B. Elements in each category should be evaluated separately, taking into consideration strong and weak points of performance and consistent with the employee's clinical privileges, if applicable. A guide defining the three achievement levels is contained in paragraph 6.06d(2). If an achievement level other than fully successful is assigned, actual accomplishments supporting that level must be documented in Section C-2. Specific Achievement. When an achievement level of fully successful is assigned, documentation of performance accomplishments is not required.

Section D. Summary Rating Level

Based on the achievement levels assigned in Section C- I, the rater will assign one of the five summary rating levels described in paragraph 6.06d(3). The overall evaluation should reflect the total work performance. Generally, an overall unsatisfactory rating will result when the Chief of Staff's performance has not met reasonable expectations, or the overall appraisal indicates weaknesses which would impair quality patient care, or there is inadequate proficiency or weak performance in one or more elements critical to adequate performance of the assignment. A minimally satisfactory rating will result when the Chief of Staff's performance usually met reasonable expectations but performance was sometimes marginal.

Section E. Narrative Summary

This section may be used to describe significant accomplishments not otherwise described any other place on the appraisal form. Remarks in this section may not be used to change the summary rating appropriately derived from assigned levels of achievement ratings.

Section F. Rating

The rating official objectively appraises overall competency based on the summary rating level assigned in Section D and the narrative summary in section E. Following signature by the rater, the rater will provide a copy of the appraisal to the Chief of Staff along with notification of the right to provide a written response.

Section G. Chief of Staff Review

The Chief of Staff must be given adequate time to review the appraisal and rating and provide written comments on it before it is forwarded for higher level review and final approval. Three workdays is considered an adequate period of time Any written response will be attached to the appraisal form.

Section H. Final Rating

The approving official will review the appraisal and rating and any comments, if applicable, made by the Chief of Staff and/or the higher level reviewer. The approving official will either approve the rating of the rater and/or higher level reviewer, or will change the rating according to the information available. The final rating of the approval official will be considered to be the rating of record and is not subject to higher level review. Should the Chief of Staff still not agree with the rating, the Chief of Staff may provide concise written comments concerning the rating as outlined in paragraph 6 06b.

E. SEQUENCE OF THE PROFICIENCY RATING PROCESS FOR POSITIONS WHICH GO ABOVE FACILITY LEVEL FOR RATING AND/OR APPROVAL

Employees will be rated by their immediate and higher level supervisors with the exceptions as follows:

1. If one of these supervisory assignments is vacant, the next higher level supervisor will serve as the approving official. If both these supervisory assignments are vacant, the next two higher level supervisors will serve as the rating and approving officials.
2. If the facility Director serves as the rating official, the VISN Director or higher level line official, after considering the comments of appropriate program officials, will serve as the approving official. Ratings forwarded for VA Central Office approval must be sent to the appropriate program office.
- 3 Facility Directors will rate Chiefs of Staff and will approve ratings of service chiefs. They will also approve ratings of staff physicians and others when irregular situations place them in the normal line of supervision. Ratings of employees which go above the facility level for rating or approval will be routed through the facility Director for initials on the Proficiency Report Form to indicate review or for comments, as appropriate.

Type of Facility	Employee	Rating Official	Approval Official
MEDICAL CENTERS AND MEDICAL AND REGIONAL OFFICE CENTERS			
Director (Medical or Nonmedical)	Chief of Staff	Director	VISN Director
Director-Chief of Staff (Combined)	Chief of Service	Director-Chief of Staff (Combined)	Appropriate Service Director, VA Central Office
	Associate Chief of Staff for Education	Director-Chief of Staff (Combined)	ACMD for Academic Affairs
DOMICILIARY	Chief Medical Officer	Director	ADCMD
REGIONAL OFFICES (WITH CLINICS)	Clinic Director	Director	ADCMD
INDEPENDENT OUTPATIENT CLINICS	Chief of Staff	Clinic Director	ADCMD
MEDICAL EDUCATION CENTER (MEC); CONTINUING EDUCATION CENTER (CEC); DENTAL EDUCATION CENTER (DEC)	Director, MEC, CEC, or DEC	Director, Continuing Education Resources Services	ACMD for Academic Affairs
	Assistant Director/Co-Director, MEC Assistant Director, CEC Assistant Director, DEC	Director, MEC, CEC, or DEC	Director, Continuing Education Resources Services
CENTRAL DENTAL LABORATORIES	Chief, Central Dental Laboratory	Director	Director, Dental Program Management Service
	Asst. Chief, Central Dental Laboratory	Chief, Central Dental Laboratory	Director, Dental Program Management Service
<i>NOTE: Except as indicated below for a Chief, Nursing Service, the rating official will be the Chief of Staff; the approving official, the Director.</i>			
MEDICAL CENTERS, DOMICILIARY AND MEDICAL AND REGIONAL OFFICE CENTERS Director-Chief of Staff (Combined)	Chief, Nursing Service	Director-Chief of Staff (Combined)	Director, Nursing Service, VA Central Office

Figure 6.01. Rating Operations Chart for Proficiency Ratings

 Department of Veterans Affairs		PROFICIENCY REPORT	
SECTION A - INDIVIDUAL REPORTED ON			
1. NAME (Last, First, Middle) JONES, MARK Z.		2. SOCIAL SECURITY NUMBER 172-27-8338	3. NAME AND LOCATION OF FACILITY MEDICAL CENTER SUNRISE, CALIFORNIA
		4. FACILITY NO. 222	
5. GRADE/STEP FULL/3	6. POSITION TITLE NURSE	7. PROB. REV. DUE	8. PERIOD COVERED BY REPORT FROM 12/5/86 TO 12/5/87
9. SERVICE NURSING SERVICE		10. DATE OF BIRTH	11. SERVICE COMPUTATION DATE 12/5/79
SECTION B - NARRATIVE EVALUATION BY RATING OFFICIAL			
INSTRUCTIONS: Document how the nurse meets the criteria stated in the VA Nurse Qualification Standards and appropriate functional statement, other significant professional contributions, and areas needing improvement. (The narrative evaluation should be limited to the space provided except in unusual circumstances.)			
<p>Mr. Jones has served in his assignment on a 30-bed medical/surgical unit for 1 year. During this time he has actively sought to expand his knowledge of the disease states and nursing care requirements he encounters, learning from educational programs and research activities. In general, his nursing practice skills enable him to safely and competently care for his patients.</p> <p>Mr. Jones shows improvement in his ability to record relevant information about the patient. Descriptions are usually accurate and thorough, facilitating communication between interdisciplinary services and nursing shifts.</p> <p>He has effectively assumed leadership duties. Mr. Jones has also participated in the orientation of nurses and affiliated nursing students, consistently demonstrating his knowledge of medical center policies and directives.</p>			

Figure 6.02a. VA Form 10-2623, Proficiency Report (for Nurses)(Front)--Satisfactory Rating

SECTION C - RATING BY RATING OFFICIAL		
<p>INSTRUCTIONS</p> <p>An adjective rating will be assigned for each category. The adjective ratings will reflect and summarize how the nurse meets the criteria stated in the Nurse VA Qualification Standard and appropriate functional statement.</p>	<p>LEGEND UNSATISFACTORY — Has not met all criteria. LOW SATISFACTORY — Has met all criteria, but at times performance marginal. SATISFACTORY — Has met all criteria, at times exceeds expectations. HIGH SATISFACTORY — Has met all criteria, usually exceeds expectations by a substantial margin. OUTSTANDING — Has met all criteria, consistently exceeds expectations to an exceptional degree.</p>	
<p>11. CATEGORY I — NURSING PRACTICE (<i>Demonstrates a level of professional nursing practice appropriate to grade and functional statement.</i>)</p> <p> <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> LOW SATISFACTORY <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> HIGH SATISFACTORY <input type="checkbox"/> OUTSTANDING </p>		
<p>12. Category II — interpersonal relationships (<i>Words effectively with individuals and groups at the level appropriate to grade and functional statement.</i>)</p> <p> <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> LOW SATISFACTORY <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> HIGH SATISFACTORY <input type="checkbox"/> OUTSTANDING </p>		
SECTION D - OVERALL EVALUATION		
<p>13. OVERALL RATING — (<i>An objective appraisal of overall competency based on rating in Section C, See VHA Supplement, MP-5, Part II, Chapter 6, Appendix 6A</i>)</p> <p> <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> LOW SATISFACTORY <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> HIGH SATISFACTORY <input type="checkbox"/> OUTSTANDING </p>		
<p>14. ENTRIES ON THIS FORM ARE BASED ON:</p> <p> <input checked="" type="checkbox"/> FREQUENT OR DAILY CONTACT <input type="checkbox"/> FREQUENT OBSERVATIONS OF WORK RESULTS <input type="checkbox"/> INFREQUENT CONTACT <input type="checkbox"/> JOINT REVIEWED WITH: _____ <input type="checkbox"/> INFREQUENT OBSERVATIONS OF WORK </p>		<p>NO. OF MONTHS UNDER MY SUPERVISION</p>
<p>16. FOR FULL-TIME PERMANENT NURSES RECEIVING A LOW SATISFACTORY OR UNSATISFACTORY RATING, HAS THE REQUIREMENT BEEN MET FOR ADVANCE COUNSELING</p> <p> <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NOT APPLICABLE </p>		
<p>17a. SIGNATURE OF RATING OFFICIAL</p> <p style="text-align: center; font-size: 1.2em;">Martina Armistead</p>	<p>17b. POSITION</p> <p style="text-align: center; font-size: 1.2em;">Head Nurse</p>	<p>17c. DATE</p> <p style="text-align: center; font-size: 1.2em;">11/21/86</p>
SECTION E - COMMENTS OF APPROVING OFFICIAL		
<p>IF AN DISAGREEMENT WITH RATING, REFER TO VHA SUPPLEMENT, MP-5, PART II, CHAPTER 6, APPENDIX 6A.</p>		
<p>18a. SIGNATURE OF APPROVING OFFICIAL</p> <p style="text-align: center; font-size: 1.2em;">Jason Thompson</p>	<p>18b. POSITION</p> <p style="text-align: center; font-size: 1.2em;">Supervisor</p>	<p>18c. DATE</p> <p style="text-align: center; font-size: 1.2em;">11/23/87</p>
SECTION F - RATED EMPLOYEE		
<p>19a. SIGNATURE OF EMPLOYEE (<i>I have seen the approved rating and have had the opportunity to discuss it.</i>)</p>		<p>19b. DATE</p>
<p>NOTE: Concise comments concerning your rating may be submitted in writing to your supervisor and will be filed in your Official Personnel Folder and/or Board Action Folder.</p>		
<p>PROFESSIONAL CAREER DEVELOPMENT PROGRAM — Nurses in centralized positions and nurses with a masters or higher degrees will complete VA Forms 10-5349 and 10-5349a, Recipients of a VA Health Professional Scholarship will complete VA Form 10-5349a until obligated service is completed.</p>		
<p>I have been provided with the following VA Form (s):</p> <p style="text-align: right;"> <input type="checkbox"/> 10-5349 <input type="checkbox"/> 10-5349a </p>		

Figure 6.02a.--Continued, VA Form 10-2623, Proficiency Report (for Nurses)(Back)--Satisfactory Rating
6A-App.-10

 Department of Veterans Affairs		PROFICIENCY REPORT			
		SECTION A - INDIVIDUAL REPORTED ON			
1. NAME (<i>Last, First, Middle</i>) SMITH, JANE Q.		2. SOCIAL SECURITY NUMBER 177-28-3041	3. NAME AND LOCATION OF FACILITY MEDICAL CENTER SUNSET, NY		4. FACILITY NO. 444
5. GRADE/STEP FULL/3	6. POSITION TITLE NURSE		7. PROB. REV. DUE	8. PERIOD COVERED BY REPORT FROM 12/5/86	TO 12/5/87
9. SERVICE NURSING SERVICE		10. DATE OF BIRTH		11. SERVICE COMPUTATION DATE 12/5/87	
SECTION B - NARRATIVE EVALUATION BY RATING OFFICIAL					
<p>INSTRUCTIONS: Document how the nurse meets the criteria stated in the VA Nurse Qualification Standards and appropriate functional statement, other significant professional contributions, and areas needing improvement. (The narrative evaluation should be limited to the space provided except in unusual circumstances.)</p> <p>Ms. Smith is currently assigned as a staff nurse on Ward 3B, a general medical-surgical unit.</p> <p>I have assigned Ms. Smith an overall Unsatisfactory rating for this reporting period. Over the past year, Ms. Smith's performance in Category I, NURSING PRACTICE, has been unsatisfactory when compared with the qualification standards for a Full grade nurse and the standards of her position as described in her functional statement. Her performance deficiencies are specifically related to assessing, documenting and evaluating nursing care, as well as initiating effective actions in emergencies.</p> <p>Ms. Smith was formally warned in a written note (date) that her performance was considered Unsatisfactory in the NURSING PRACTICE category. The notice outlined specific performance deficiencies, and she was given ninety (90) days to improve clinical skills and demonstrate acceptable performance. Her performance has continued to be below the level of that expected for a Full grade nurse.</p> <p>Examples of her unsatisfactory performance during this rating period include the following documented incidents:</p> <p style="padding-left: 40px;">Four incidents of failure to properly chart medications in patient medical records, including two incidents during the warning period referred to above where (1) an insulin injection was not recorded and (2) she failed to follow supervisory instructions and did not document a critical incident in a patient's medical record.</p> <p style="padding-left: 40px;">Hesitant and ineffective performance during several situations of an emergency nature particularly a Code I emergency involving a patient.</p> <p style="padding-left: 40px;">A general inability to observe and report changes in a patient's condition and, as a result, appropriate changes in patient care are not being provided or suggested.</p> <p>Despite repeated counselings, in-service education training sessions, and close supervision, Ms. Smith's clinical skills are such that further retention in the VA is not appropriate.</p> <p>* See Figure 6.05 for examples of what may constitute appropriate documentation for performance related cases.</p>					

Figure 6.02b. VA Form 10-2623, Proficiency Report (for Nurses)(Front)--Unsatisfactory Rating

SECTION C - RATING BY RATING OFFICIAL		
<p>INSTRUCTIONS</p> <p>An adjective rating will be assigned for each category. The adjective ratings will reflect and summarize how the nurse meets the criteria stated in the Nurse VA Qualification Standard and appropriate functional statement.</p>	<p>LEGEND UNSATISFACTORY — Has not met all criteria. LOW SATISFACTORY — Has met all criteria, but at times performance marginal. SATISFACTORY — Has met all criteria, at times exceeds expectations. HIGH SATISFACTORY — Has met all criteria, usually exceeds expectations by a substantial margin. OUTSTANDING — Has met all criteria, consistently exceeds expectations to an exceptional degree.</p>	
<p>11. CATEGORY I — NURSING PRACTICE (<i>Demonstrates a level of professional nursing practice appropriate to grade and functional statement.</i>)</p> <p><input checked="" type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> LOW SATISFACTORY <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> HIGH SATISFACTORY <input type="checkbox"/> OUTSTANDING</p>		
<p>12. Category II — interpersonal relationships (<i>Words effectively with individuals and groups at the level appropriate to grade and functional statement.</i>)</p> <p><input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> LOW SATISFACTORY <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> HIGH SATISFACTORY <input type="checkbox"/> OUTSTANDING</p>		
SECTION D - OVERALL EVALUATION		
<p>13. OVERALL RATING — (<i>An objective appraisal of overall competency based on rating in Section C, See VHA Supplement, MP-5, Part II, Chapter 6, Appendix 6A</i>)</p> <p><input checked="" type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> LOW SATISFACTORY <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> HIGH SATISFACTORY <input type="checkbox"/> OUTSTANDING</p>		
<p>14. ENTRIES ON THIS FORM ARE BASED ON:</p> <p><input checked="" type="checkbox"/> FREQUENT OR DAILY CONTACT <input type="checkbox"/> FREQUENT OBSERVATIONS OF WORK RESULTS</p> <p><input type="checkbox"/> INFREQUENT CONTACT <input type="checkbox"/> JOINT REVIEWED WITH: _____</p> <p><input type="checkbox"/> INFREQUENT OBSERVATIONS OF WORK</p>		<p>NO. OF MONTHS UNDER MY SUPERVISION</p>
<p>16. FOR FULL-TIME PERMANENT NURSES RECEIVING A LOW SATISFACTORY OR UNSATISFACTORY RATING, HAS THE REQUIREMENT BEEN MET FOR ADVANCE COUNSELING</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE</p>		
<p>17a. SIGNATURE OF RATING OFFICIAL</p> <p style="text-align: center;">HELEN Z. BROWN</p>	<p>17b. POSITION</p> <p style="text-align: center;">Head Nurse</p>	<p>17c. DATE</p> <p style="text-align: center;">11/19/87</p>
SECTION E - COMMENTS OF APPROVING OFFICIAL		
<p>IF AN DISAGREEMENT WITH RATING, REFER TO VHA SUPPLEMENT, MP-5, PART II, CHAPTER 6, APPENDIX 6A.</p>		
<p>18a. SIGNATURE OF APPROVING OFFICIAL</p> <p style="text-align: center;">AGNES X. LITTLE</p>	<p>18b. POSITION</p> <p style="text-align: center;">Supervisor</p>	<p>18c. DATE</p> <p style="text-align: center;">11/21/87</p>
SECTION F - RATED EMPLOYEE		
<p>19a. SIGNATURE OF EMPLOYEE (<i>I have seen the approved rating and have had the opportunity to discuss it.</i>)</p>		<p>19b. DATE</p> <p style="text-align: center;">11/22/87</p>
<p>NOTE: Concise comments concerning your rating may be submitted in writing to your supervisor and will be filed in your Official Personnel Folder and/or Board Action Folder.</p>		
<p>PROFESSIONAL CAREER DEVELOPMENT PROGRAM — Nurses in centralized positions and nurses with a masters or higher degrees will complete VA Forms 10-5349 and 10-5349a, recipients of a VA Health Professional Scholarship will complete VA Form 10-5349a until obligated service is completed.</p>		
<p>I have been provided with the following VA Form (s): <input type="checkbox"/> 10-5349 <input type="checkbox"/> 10-5349a</p>		

 Department of Veterans Affairs		PROFICIENCY REPORT	
SECTION A - INDIVIDUAL REPORTED ON			
1. NAME (Last, First, Middle) MCGEE, WILLIS J		2. SOCIAL SECURITY NUMBER 073863051	3. NAME AND LOCATION OF FACILITY MEDICAL CENTER SUNSET, NY
4. FACILITY NO. 444	5. GRADE/STEP CHIEF/10	6. POSITION TITLE PHYSICIAN	7. PROB. REV.
			8. PERIOD COVERED BY FROM 12/18/86 TO 12/18/87
9. SERVICE PSYCHIATRY SERVICE		10. DATE OF BIRTH 3/17/43	11. NO. OF YRS. IN VA SVC. 5 YEARS
12. DUTY BEING PERFORMED CHIEF, MENTAL HYGENE CLINIC			
SECTION B - REPORT OF PROFICIENCY			
INSTRUCTIONS TO RATER		LEGEND	
Carefully read Instructions in Part 6 before completing form. Rate one or more of the categories (items 13 through 16) as appropriate to duties and responsibilities of the individual and in all instances Personal Qualities (Category V). Narrative summary to support overall evaluation is required in Section D. Refer to Supplement to MP-5, Part II, Chapter 6, concerning procedures for low satisfactory and unsatisfactory rating.		Unsatisfactory - Has not met reasonable expectations. Low Satisfactory - Usually met reasonable expectations but performance sometimes marginal. Satisfactory - Fully met and sometimes exceeded expectations. High Satisfactory - Usually exceeded reasonable expectations by a substantial margin. Outstanding - Consistently exceeded reasonable expectations to an exceptional degree.	
13. CATEGORY I - CLINICAL COMPETENCE (Includes examination, diagnosis, therapeutic-ability, effectiveness in emergencies, patient management, consultations, specialty skills and record keeping)			
<input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> LOW SATISFACTORY <input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> HIGH SATISFACTORY <input type="checkbox"/> OUTSTANDING			
14. CATEGORY II - EDUCATION COMPETENCE (Includes effectiveness in teaching, monitoring and coordinating educational activities (planning, evaluating and documentina))			
<input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> LOW SATISFACTORY <input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> HIGH SATISFACTORY <input type="checkbox"/> OUTSTANDING			
15. CATEGORY III - RESEARCH AND DEVELOPMENT (Includes ability to identify and define significant Research and Development problems, to plan and execute a precise research program and to generate effective reports and results worthy of publication. Communicates and promotes the broad use of the results of Research and Development.)			
<input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> LOW SATISFACTORY <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> HIGH SATISFACTORY <input type="checkbox"/> OUTSTANDING			
16. CATEGORY IV - ADMINISTRATIVE COMPETENCE (Includes supervisory ability, effectiveness in planning, program planning, administrative judgment, decision willingness and correspondence and reporting)			
<input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> LOW SATISFACTORY <input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> HIGH SATISFACTORY <input type="checkbox"/> OUTSTANDING			
17. CATEGORY V - PERSONAL QUALITIES (Includes emotional stability, dependability, relations with staff and community, eliciting cooperation, handling groups and adherence to ethical standards)			
<input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> LOW SATISFACTORY <input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> HIGH SATISFACTORY <input type="checkbox"/> OUTSTANDING			
SECTION C - OVERALL EVALUATION			
18. OVERALL RATING			
<input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> LOW SATISFACTORY <input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> HIGH SATISFACTORY <input type="checkbox"/> OUTSTANDING			
SECTION D - NARRATIVE SUMMARY BY RATING OFFICIAL			
19. COMMENTS (Comments are required for each rated category and particularly on those elements in which the individual shows exceptional strengths or weaknesses or a change from previous rating. Briefly describe the employee's potential for advancement at higher clinical or executive positions. If in a supervisory capacity, comment on employee's concern for the VA mission and responsiveness to public and agency policies, including such areas as equal employment opportunity, employment of disabled veterans and other handicapped individuals).			
<p>Dr. McGee was recently certified in Psychiatry by the American Board of Psychiatry and Neurology. He is a capable diagnostician and therapist whose physical examinations of patients are thorough. His histories and progress notes are kept current.</p> <p>Through monthly educational and training classes, an entire Mental Hygiene Staff recently completed a course in CPR and Management of Patients with Disturbed Behavior. A 20% audit of medical records revealed no evidence of polypharmacy. Weekly clinical lectures are conducted utilizing staff and consultants. Residents, medical students, psychology trainees, and nursing students who rotate through the clinic generally regard their training experience to be very meaningful. Interdisciplinary team efforts and communications are effectively practiced.</p>			

VA FORM
May 1988 **10-2623a**

SUPERSEDES VA FORM 10-2623a
SEP 1980 WHICH WILL NOT BE USED

Figure 6.03a. VA Form 10-2623a, Proficiency Report for (Physicians, Dentists, Podiatrists, Optometrists, Nurse Anesthetists, Physician Assistants and Expanded-Function Dental Auxiliaries)(Front)--Satisfactory Rating

NOTE - REVERSE CARBONS BEFORE COMPLETING THIS SIDE

19. COMMENTS (Continued)		
<p>An article entitled "Family Adjustment after an Acute Psychiatric Depression" which was published in a leading professional journal was the result of an interdisciplinary research endeavor with Dr. McGee as chief author. Each staff member is encouraged to participate in identifying significant areas of possible research.</p> <p>Dr. McGee maintains current files on what he terms as five critical areas - namely, People (Staffing and patient data), Plans, Projects, Programs, and Problems. His reports are timely and annual briefings with top management is concise and reflects an excellent grasp of the operation of the clinic, knowledge of employees under his supervision, and priority of needs. Since his appointment as Chief, Mental Hygiene Clinic, all medical records have been significantly improved.</p> <p>Dr. McGee is quite observant, a clear thinker, an individual whose judgment is sound. He is highly respected for his expertise in family therapy and enjoys an excellent interpersonal relationship with patients and employees. Dr. McGee has shown positive support for EEO and handicapped/disabled veteran affirmative employment programs in making selections for vacant positions and in dealing with current employees. He elicits cooperation from voluntary and community agencies.</p> <p>The area that is in need of most improvement is Dr. McGee's tendency to delay in taking prompt corrective action for out of line situations especially if it means a confrontation involving another physician.</p> <p>Dr. McGee possesses the potential for professional and administrative advancement.</p>		
20. CONTINUING EDUCATION ACTIVITIES ARE		
<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY		
21. CONTINUING EDUCATION ACTIVITIES ARE		22. NO. OF MONTHS UNDER MY SUPERVISION
<input checked="" type="checkbox"/> A. FREQUENT OR DAILY CONTACT <input type="checkbox"/> C. FREQUENT OBSERVATION OF WORK RESULTS <input type="checkbox"/> B. INFREQUENT CONTACT <input type="checkbox"/> D. INFREQUENT OBSERVATION OF WORK RESULTS		2 Years
23A. SIGNATURE OF RATING OFFICIAL	23B. POSITION	23C. DATE
SEBORN C. GAVIN, M.D.	Chief, Psychiatry Service	November 24, 1987
SECTION E — COMMENTS OF APPROVING OFFICIAL		
<i>(If in disagreement with rating, refer to VHA Supplement to MP-5, Part II, Chapter 6, App. 6A, General Instructions)</i>		
24. COMMENTS		
<p>I'm in general agreement with the rating and narrative comments by the Chief, Psychiatry Service. Dr. McGee is an experienced psychiatrist who performs well in his assignment as Chief, Mental Hygiene Clinic. He is a competent administrator and does much to promote interdisciplinary cooperation He is real asset to our VA Center.</p>		
25A. SIGNATURE OF APPROVING OFFICIAL	25B. POSITION	25C. DATE
WALTER A. JAMES, M.D.	Chief of Staff	November 26, 1987
SECTION F - RATED EMPLOYEE		
26. I HAVE SEEN THE APPROVED RATING AND HAVE HAD THE OPPORTUNITY TO DISCUSS IT.		27. I AM INTERESTED IN ADVANCEMENT TO A HIGHER GRADE OR ASSIGNMENT
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
NOTE: - Comments concerning your rating may be submitted in writing to your supervisor and will be filed in your Official Personnel Folder and/or Board Action Folder. PROFESSIONAL CAREER DEVELOPMENT PROGRAM — Physicians and Dentists who are interested in assignments to centralized positions and incumbents of centralized positions and staff Dentists interested in reassignment. I have been provided with VA Form 10-5349 <input checked="" type="checkbox"/> (Check if Applicable)		
28A. SIGNATURE OF EMPLOYEE		28B. DATE
		November 28, 1987

VA FORM
May 1988

10-2623a

Figure 6.03a.--Continued. VA Form 10-2623a, Proficiency Report for (Physicians, Dentists, Podiatrists, Optometrists, Nurse Anesthetists, Physician Assistants and Expanded-Function Dental Auxiliaries)(Back)--Satisfactory Rating

 Department of Veterans Affairs		PROFICIENCY REPORT			
		SECTION A - INDIVIDUAL REPORTED ON			
1. NAME (Last, First, Middle) McCARTHY, GEORGE R.		2. SOCIAL SECURITY NUMBER 389-99-9999	3. NAME AND LOCATION OF FACILITY SPRING VALLEY, AS VAMC		4. FACILITY NO. 988
5. GRADE/STEP CHIEF	6. POSITION TITLE PHYSICIAN		7. PROB. REV.	8. PERIOD COVERED BY FROM 8/10/86 TO 8/10/87	
9. SERVICE RADIOLOGY SERVICE		10. DATE OF BIRTH 10/23/40		11. NO. OF YRS. IN VA .SVC. 12	
12. DUTY BEING PERFORMED SERVICE CHIEF					
SECTION B - REPORT OF PROFICIENCY					
INSTRUCTIONS TO RATER			LEGEND		
Carefully read Instructions in Part 6 before completing form. Rate one or more of the categories (items 13 through 16) as appropriate to duties and responsibilities of the individual and in all instances Personal Qualities (Category V). Narrative summary to support overall evaluation is required in Section D. Refer to Supplement to MP-5, Part II, Chapter 6, concerning procedures for low satisfactory and unsatisfactory rating.			Unsatisfactory - Has not met reasonable expectations. Low Satisfactory - Usually met reasonable expectations but performance sometimes marginal. Satisfactory - Fully met and sometimes exceeded expectations. High Satisfactory - Usually exceeded reasonable expectations by a substantial margin. Outstanding - Consistently exceeded reasonable expectations to an exceptional degree.		
13. CATEGORY I - CLINICAL COMPETENCE (Includes examination, diagnosis, therapeutic-ability, effectiveness in emergencies, patient management, consultations, specialty skills and record keeping)					
<input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> LOW SATISFACTORY <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> HIGH SATISFACTORY <input type="checkbox"/> OUTSTANDING					
14. CATEGORY II - EDUCATION COMPETENCE (Includes effectiveness in teaching, monitoring and coordinating educational activities (planning, evaluating and documentina))					
<input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> LOW SATISFACTORY <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> HIGH SATISFACTORY <input type="checkbox"/> OUTSTANDING					
15. CATEGORY III - RESEARCH AND DEVELOPMENT (Includes ability to identify and define significant Research and Development problems, to plan and execute a precise research program and to generate effective reports and results worthy of publication. Communicates and promotes the broad use of the results of Research and Development.)					
<input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> LOW SATISFACTORY <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> HIGH SATISFACTORY <input type="checkbox"/> OUTSTANDING					
16. CATEGORY IV - ADMINISTRATIVE COMPETENCE (Includes supervisory ability, effectiveness in planning, program planning, administrative judgment, decision willingness and correspondence and reporting)					
<input checked="" type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> LOW SATISFACTORY <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> HIGH SATISFACTORY <input type="checkbox"/> OUTSTANDING					
17. CATEGORY V - PERSONAL QUALITIES (Includes emotional stability, dependability, relations with staff and community, eliciting cooperation, handling groups and adherence to ethical standards)					
<input checked="" type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> LOW SATISFACTORY <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> HIGH SATISFACTORY <input type="checkbox"/> OUTSTANDING					
SECTION C - OVERALL EVALUATION					
18. OVERALL RATING					
<input checked="" type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> LOW SATISFACTORY <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> HIGH SATISFACTORY <input type="checkbox"/> OUTSTANDING					
SECTION D - NARRATIVE SUMMARY BY RATING OFFICIAL					
19. COMMENTS (Comments are required for each rated category and particularly on those elements in which the individual shows exceptional strengths or weaknesses or a change from previous rating. Briefly describe the employee's potential for advancement at higher clinical or executive positions. If in a supervisory capacity, comment on employee's concern for the VA mission and responsiveness to public and agency policies, including such areas as qual employment opportunity, employment of disabled veterans and other handicapped individuals).					
<p>Dr. McCarthy has been assigned as Chief, Radiology Service since July, 1978. During this rating period he has had to provide clinical services on several occasions due to one staff member's extended illness and the resultant staffing shortage. Despite his restricted level of patient care activity in recent years, his skills in the clinical area are entirely satisfactory, especially in the areas of examination and diagnosis. He is able to thoroughly evaluate the patient's condition, appropriately call for the consultative or specialty skills of others, evaluate the data available, and determine the correct diagnosis.</p> <p>His ability to elicit cooperation of other staff members is unsatisfactory, both in terms of clinical staff under his supervision and his management peers in other services. Effective communication is lacking, which precludes his benefiting from the contributions of others.</p>					

VA FORM
May 1988 **10-2623a**

SUPERSEDES VA FORM 10-2623a
SEP 1980 WHICH WILL NOT BE USED

Figure 6.03b. VA Form 10-2623a, Proficiency Report for (Physicians, Dentists, Podiatrists, Optometrists, Nurse Anesthetists, Physician Assistants and Expanded-Function Dental Auxiliaries)(Front)--Unsatisfactory Rating

NOTE - REVERSE CARBONS BEFORE COMPLETING THIS SIDE

19. COMMENTS (Continued)

On June 1, 1982, Dr. McCarthy was warned in a written notice that his performance was Unsatisfactory in the categories of Administrative Competence and personal qualities, which I consider the most critical categories for his position. Specific instances of his poor performance were cited and he was given 60 days to demonstrate satisfactory performance which included completion of certain specific goals. His performance continues to be Unsatisfactory.

Evidence of his unsatisfactory performance during the rating period include:

- failure to correct several JCAH identified deficiencies within Radiology Service
- failure to carry out and accomplish objectives developed for establishment of a nuclear medicine program
- failure to establish a system to deal with nonduty hour emergency situations
- poor administrative judgment in hiring new employees and dealing with current staff, resulting in excessive turnover and low morale within the service.

20. CONTINUING EDUCATION ACTIVITIES ARE

SATISFACTORY UNSATISFACTORY

21. CONTINUING EDUCATION ACTIVITIES ARE

A. FREQUENT OR DAILY CONTACT C. FREQUENT OBSERVATION OF WORK RESULTS
 B. INFREQUENT CONTACT D. INFREQUENT OBSERVATION OF WORK

22. NO. OF MONTHS UNDER MY SUPERVISION
12

23A. SIGNATURE OF RATING OFFICIAL
CHARLES JONES, M.D.

23B. POSITION
Chief of Staff

23C. DATE
8/12/87

SECTION E - COMMENTS OF APPROVING OFFICIAL

(If in disagreement with rating, refer to VHA Supplement to MP-5, Part II, Chapter 6, App. 6A, General Instructions)

24. COMMENTS

Dr. McCarthy's internal reports to top management, SIR five-year plans, etc., have also not been timely submitted and are of poor quality.

25A. SIGNATURE OF APPROVING OFFICIAL
JAMES WOOD

25B. POSITION
Director

25C. DATE
8/13/87

SECTION F - RATED EMPLOYEE

26. I HAVE SEEN THE APPROVED RATING AND HAVE HAD THE OPPORTUNITY TO DISCUSS IT.
 YES NO

27. I AM INTERESTED IN ADVANCEMENT TO A HIGHER CLINICAL OR ADMINISTRATIVE POSITION
 YES NO

NOTE: - Comments concerning your rating may be submitted in writing to your supervisor and will be filed in your Official Personnel Folder and/or Board Action Folder.

PROFESSIONAL CAREER DEVELOPMENT PROGRAM — Physicians and Dentists who are interested in assignments to centralized positions and incumbents of centralized positions and staff Dentists interested in reassignment.

I have been provided with VA Form 10-5349 (Check if Applicable)

28A. SIGNATURE OF EMPLOYEE

28B. DATE

Figure 6.03b.--Continued. VA Form 10-2623a, Proficiency Report for (Physicians, Dentists, Podiatrists, Optometrists, Nurse Anesthetists, Physician Assistants and Expanded-Function Dental Auxiliaries)(Back)—Unsatisfactory Rating

GENERAL INSTRUCTIONS FOR COMPLETING VA FORM 10-2623a

Section A - Check each item for accuracy. The Rating Official will complete Sections B, C and D.

Section B, Report of Proficiency - Observe carefully INSTRUCTIONS TO RATER and definitions of ratings included under LEGEND. Check (✓) the adjectival rating for each appropriate item. A guide to definitions of category elements is contained in figure 6.04 of Appendix 6A of VHA Supplement to MP-5, Pt. II, Chapter 6. All employees should be rated for "Personal Qualities" (Category V, item 17).

Section C, Overall Evaluation - An objective appraisal of overall competency in the performance of duties and responsibilities will be made. Normally, the appraisal should reflect an average of the rated categories and the narrative summary. In some instances, one or more rated categories which are critical to successful performance may form the basis for the overall rating because their significance outweighs that of other categories rated or the aggregate of other categories. For example, when an unacceptable level of performance has been demonstrated in one or more rated categories in which satisfactory performance is essential, an overall rating of unsatisfactory may be assigned.

Section D, Narrative Summary - Comments required on each rated category.

Sections E and F - Self-explanatory.

Consult VHA Supplement to MP-5, Pt. II, chapter 6, for instructions concerning unsatisfactory and low satisfactory ratings.

THIS INSTRUCTION SHEET SHOULD BE USED AS A GUIDE AND DESTROYED AFTER RATING IS COMPLETED.

Figure 6.03c. VA Form 10-2623a, Proficiency Report--Instruction Sheet

GUIDE TO ELEMENTS FOR CATEGORIES ON VA FORM 10-2623a

CATEGORY I--Clinical Competence

Examinations--Are new patients examined promptly; are examinations thorough; are appropriate clinical, laboratory and other pertinent data obtained; is indicated followup of patients provided?

Diagnosis--Ability to interpret and evaluate clinical data for purpose of determining diagnosis and clinical status; correctness of diagnosis.

Therapeutic Ability--Ability to prescribe appropriate and timely treatment; to apply indicated therapeutic procedures; ability to recognize and assess changes in behavior, symptoms, signs, and other pertinent facts about the patient and modify plan of treatment when indicated. Recognizes own capabilities and limitations.

Effectiveness in Emergencies--Ready availability; quickness in recognizing emergency situations, and taking timely necessary action.

Patient Management--Develops and maintains rapport and gains the confidence of patients and relatives through competence and interpersonal skills to the end that patients and others are informed participants in the treatment effort.

Consultations and Specialty Skills--Ability to recognize need for consultation and to utilize facility or clinic specialty skills in diagnosis and treatment.

Recordkeeping--Are physical and other examinations and changes in patient's status promptly and completely recorded? Are unusual incidents promptly reported to the appropriate official? Are clear, accurate, and adequate clinical records kept current and completed at time of discharge? Is the treatment plan clearly stated?

CATEGORY II--Educational Competence

Educational responsibilities usually involve either "teaching" or "coordination." Some positions may involve both or cut across the elements or functions.

Teaching and Monitoring--Covers both the individual and group learning experiences where one serves as the learning facilitator in the role of a mentor or teacher for residents, trainees, or employees. As a mentor, plans and guides educational activities to meet the individual needs of the learner within the resources available. Counsels learner on professional/occupational goals as they relate to education activities. Encourages active participation on the part of the student. Actively solicits evaluation from students of teaching and educational experiences. Assures that content is based upon student and patient care needs, up-to-date and at the appropriate level for the audience. Develops courses, lectures or programs based on preestablished objectives. Employs learning resources and media (library, film, slides, etc.) in an appropriate manner.

Coordination of Educational Programs--Educational Needs: Assesses educational needs for both continuing and basic education programs, using audits, self-assessment surveys, morbidity and mortality data, and new developments in health care. Establishes and maintains procedures for professionals to self-assess and partake in needs assessment procedures. Selects needs for which education/training is the most cost-effective intervention.

Setting Education Objectives: Establishes educational objectives consistent with both the educational needs and available educational resources and identifies appropriate learners.

Conducting Educational Programs: Designs learning activities which meet educational objectives. Selects appropriate instructors, media, and library resources.

Evaluating Educational Activities: Assesses the degree to which educational programs/courses have achieved their educational objectives. Evaluates how educational activities are organized and administered within the unit or organization, and assesses their impact on health care.

Documenting: Maintains appropriate records and documentation on educational activities for both individual learners and by educational programs. (Needs assessment, education objectives, program implementation and evaluation.)

CATEGORY III--Research and Development (R&D)

Identification of Research and Development Problems--Demonstrates ability to recognize and select important research problems relevant to the health care of veterans. Conducts a thorough literature search; combines personal contacts and preliminary experimental data to define an important, focused research problem that has a reasonable expectation of successful conclusion.

Planning and Execution of Research and Development Programs--Develops an operational plan based on current state-of-the-art and makes maximum use of available resources and facilities. Establishes appropriate goals and milestones. Effectively executes the plan to insure successful completion of the research effort.

Reporting and Publication--Evaluates the products of either research or development and prepares timely, cogent, and orderly reports effectively communicating the results of Research and Development. Makes scientific results known by publishing data in recognized scientific journals and through presentations at professional meetings. Serves as a major scientific resource by consulting and advising research colleagues and health care professionals. Contributes to career development of more junior colleagues and demonstrates willingness to exchange scientific concepts.

Figure 6.04--Continued. Guide to Elements for Categories on VA Form 10-2623a

CATEGORY IV--Administrative Competence

Supervisory Ability--Assures acceptable standards of patient care. Insures that accreditation and other required standards are met. Maintains effective liaison with the professional school(s) and/or medical community.

Effectiveness in Planning--Directing and reviewing work of professional, technical, and administrative staff. Anticipates need for change; plans, executes, and maintains high standards in professional/administrative programs. Effectiveness in rounds, reviews, and surveys. Success in stimulating professional/administrative growth of staff. Willingness to serve effectively on committees, boards, surveys, and audits. Ability to translate medical requirements to management.

Program Planning--Ability to plan, organize, and coordinate the administrative, clinical, or educational programs. Ability to conceptualize, define objectives, identify the scope of program, and to determine the nature of the organization and resources required to obtain objectives. Effectiveness in informing management of the need to carry out the program. Ability in informing management of the need to carry out the program. Ability to project programs realistically and translate to cost effectiveness.

Administrative Judgment--Accuracy of judgment on professional/administrative actions taken.

Decisions Willingness--Readiness to make appropriate decisions and to assume responsibility for actions taken, based on available information, and to initiate and carry out necessary action. Ability and willingness to delegate duties to those judged capable of assuming responsibility; to define the content and limits of such authority and to assume responsibility for the ensuring results. Development of a person to act in the supervisor's absence. Ability to enforce reasonable standards of care.

Correspondence and Reporting--Effectiveness in communicating verbally in correspondence and reports. Are required reports completed on time? Is management currently informed of unusual incidents and problem areas?

CATEGORY V--Personal Qualities

Emotional Stability--The capacity to retain self-control and to respond consistently to the requirements of the work situation despite external pressures or inner tensions.

Dependability--Adherence to personal and professional/administrative obligations and responsibilities. Reliability in carrying out assignments. Keeps appointments, shows initiative, assumes appropriate responsibility. Maintains discretion on confidential matters.

Figure 6.04--Continued. Guide to Elements for Categories on VA Form 10-2623a

Relations With Staff and Community--Ability to work harmoniously and effectively with other staff members. Ability to maintain morale by enlisting ideas, motivation, and assistance of associates regardless of position. Ability to listen and accept views of others. Accepts constructive counseling. Recognizes and acknowledges the contributions and needs of other elements of the medical program. Deals effectively with non-VA persons and groups.

Eliciting Cooperation--Ability to secure the active cooperation of professional, administrative, and technical associates. Stimulates and participates in the team approach to problems. Gains the confidence and respect of others.

Handling Groups--Effectiveness in conducting meetings. Ability to define problems, create and maintain interest, stimulate discussion, and maintain direction toward an appropriate conclusion.

Adherence to Ethical Standards--Is aware of, practices by, and cooperates in maintenance of, ethical standards of the profession as an individual, a colleague, and a member of the larger community.

GUIDE TO DOCUMENTING UNSATISFACTORY PERFORMANCE

1. The following are some examples of what may constitute appropriate documentation of unsatisfactory performance:
 - a. Written memorandums of counseling and/or warning notices by supervisors.
 - b. Reports of contact describing oral counselings or other incidents.
 - c. Annual and special Proficiency Reports.
 - d. Personnel management evaluations of services conducted by the Human Resources Management Officer or designee.
 - e. Any specific written performance objectives and/or goals that have been developed for the employee.
 - f. Short- and/or long-range plans, service briefings to top management, internal reviews, and/or Health Systems Review Organization (HSRO) evaluations.
 - g. Administration of the title 38 proficiency rating system and/or the title 5 performance appraisal program for those who supervise.
 - h. Quality and timeliness of recurring and nonrecurring reports.
 - i. Violations of provisions in personnel or professional policy manuals.
2. Material obtained under the auspices of the VA Quality Assurance Program or material from VA drug/alcohol or sickle-cell anemia programs is confidential. It cannot be used in any disciplinary action. However, the same information obtained through a Quality Assurance review may be used in a disciplinary action provided it is generated independently through an administrative investigation.

Figure 6.05--Guide to Documenting Unsatisfactory Performance

SECTION A - PERFORMANCE PLAN (Continued)

ELEMENTS PERFORMANCE STANDARDS

d. Organizational Effectiveness

(1) Monitor and promote compliance with VA regulations and professional standards pertaining to outside professional activities and ethical conduct.

(2) Monitor and promote cooperation and compliance of the clinical staff with Department, federal and state law and regulations; medical staff bylaws and rules; facility policies; and JCAHO (Joint Commission on Accreditation of Hospital Organizations) standards as applicable to the individual, profession or facility.

e. Quality Management*

(1) Create an environment of system oriented continuous quality improvement, within which programs and quality of care effectiveness are evaluated.

(2) Ensure that all staff are aware of patients' rights and provide service directed toward assuring these rights are honored and protected; this includes the assurance of patient privacy, confidentiality and a safe environment in which patients receive care.

(3) Promote establishment and maintenance of effective quality improvement practices within the facility that are consistent with VA Central Office and VISN quality management policy. This includes ensuring that:

- a. All mandatory VA elements, JCAHO requirements and facility developed programs are included;
- b. Deficiencies identified by external reviews, e.g., JCAHO, are corrected; and
- c. The program is reviewed at least annually and opportunities for improvement are acted upon.

(4) Promote efficient and effective administration of programs managed by the Office of the Chief of Staff using continuous quality improvement practices in management of the programs and supervision of service chiefs.

2. CATEGORY B**a. Medical, and Other, School Affiliation Management**

(1) Promote effective communication and working relationships between the facility and its affiliates so adherence to the requirements of the affiliation agreements can be met by all involved parties.

(2) Effectively integrate the needs of the affiliation relationship with patient care needs at the facility.

(3) Ensure effective supervision of non-resident trainees, and of residents as outlined in M-2, part I, chapter 26.

(4) Evaluate all teaching programs to determine effectiveness in meeting program goals, facility and patient needs, and appropriateness of the organization and administration of the programs.

b. Research Management

(1) Develop an environment in which research is:

- a. Encouraged and supported,
- b. Conducted within a framework meeting scientific, ethical and administrative standards,
- c. Disseminated through prompt reporting and/or publication.

c. Significant Construction

(1) Provide appropriate and timely input into determining the proper scope of construction projects, incorporating facility goals, objectives and long-range plans, as well as regional needs of veterans.

(2) Project the impact of construction projects on existing facilities (to help assure it is considered and planned for) such as:

- a. Interruption of patient care services,
- b. Utility shutdowns, and
- c. Impact on employee working conditions, etc.

(3) Participate in FDP (Facility Development Planning) process and evaluation.

3. CATEGORY C (List standards below)

NOTE: Category C performance standards are to consist of individual and/or facility-specific goals and objectives and may include such items as implementing new programs, resolving specific problems, and completing special projects. These standards are to reflect the key action items that the facility Director, in consultation with the Chief of Staff, determines represent the most significant areas that are to be addressed in a given appraisal period.

It is anticipated that no more than five standards under this category will be needed to capture the major areas of concern; however, additional standards may be established as deemed necessary by the facility Director, in consultation with the Chief of Staff. Category C standards, by their very nature, are susceptible to change or modification. These standards are to be reviewed at least semi-annually with appropriate revisions made as indicated. The facility Director will approve any revisions to Category C standards and no revisions will be made within 90 days of the end of the appraisal period.

CHANGES TO PERFORMANCE PLAN (Changes may be recorded anytime during the rating period)			
ELEMENT			
STANDARD(S)			
ELEMENT			
STANDARD(S)			
ELEMENT			
STANDARD(S)			
DATE COMMUNICATED		SIGNATURE OF RATER	SIGNATURE OF EMPLOYEE
SECTION B - PROGRESS REVIEW			
At Least one progress review is required during the appraisal year. Employee must be informed of their level of performance as measured against the performance plan.			
A performance review was conducted and discussed, and the employee's performance as of this date:			
<input type="checkbox"/> Is considered Fully Successful or better. <input type="checkbox"/> Needs improvement to be Fully Successful or better.			
SIGNATURE OF RATER		DATE	
SECTION C-1 - ACTUAL ACHIEVEMENT			
Indicate the single, overall level of achievement that best describes the employee's performance for each ELEMENT shown in section A. Do not indicate achievement for each individual standard. Specific achievement must be provided in Section C-2 for each element where a level of achievement other than Fully Successful has been assigned.			
ELEMENTS		LEVELS OF ACHIEVEMENT	
		EXCEPTIONAL	FULLY SUCCESSFUL
			LESS THAN FULLY SUCCESSFUL
1. CATEGORY A			
a. Leadership and Organization Representation			
b. Program Management			
c. Resource Management			
d. Organization Effectiveness			
e. Quality Management *			

SECTION D - SUMMARY RATING LEVEL

Using achievement levels assigned in Section C-1 and the criteria described below, check the rating which describes the employee's performance during the covered period.

PERFORMANCE RATING

- OUTSTANDING** - Achievement levels for all elements are designated as Exceptional
- EXCELLENT** - Achievement levels for all critical elements are designated as Exceptional. Achievement levels for non-critical elements are designated as at least Fully Successful. Some, but not all non-critical elements may be designated as exceptional.
- FULLY SUCCESSFUL** - The achievement level for at least one critical element is designated as Fully Successful. Achievement levels for other critical and non-critical elements are designated as at least fully Successful or higher.
- MINIMALLY SATISFACTORY** - Achievement levels for all critical elements are designated as at least FULLY Successful. However, the achievement level(s) for one (or more) non-critical element(s) (is)(are) designated as Less Than Fully Successful.
- UNSATISFACTORY** - The achievement level(s) for one (or more) critical element(s) (is)(are) designated as less than Fully Successful.

SECTION E - NARRATIVE SUMMARY

This section may be used to describe significant accomplishments not otherwise described in the appraisal, and/or to comment on the Chief of Staff's potential for higher level positions.

SUMMARY

SECTION F - RATING

RATING	SIGNATURE AND TITLE OF RATER	DATE
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