A new philosophy for flexibility in development

Comparisons of professional development models

Characteristic	Traditional clinical ladder	Gundersen's model
Level of flexibility	Staff confined to one track	Staff encouraged to mix and match opportunities based on their own interests
Structure	Hierarchical ladder; goal to advance upward by tier	No hierarchy; goal to grow by pursuing individual interests
Growth opportunity	Once at the top tier, no additional opportunities for growth at bedside	Encourages continued growth and development throughout career; no growth ceiling
Merit payment	Distributed annually based on ladder tier	Awarded based on specific unit or individual outcomes; distributed as outcomes are achieved

> "Traditional **fixed or directed career tracks do not meet the needs of the future** generations of nurses or [the future] health care environment. Nurses want to [fill] a blend of management, educator, quality assessment, and [clinical roles]."
>
> *Mary Lu Gerke, CNO*

Gundersen Health System

- Six-hospital non-profit heath system based in La Crosse, Wisconsin

► Eliminated traditional clinical ladder due to concerns it limited staff growth and provided insufficient flexibility to motivate younger nurses; held focus groups to assess staff preferences for next professional development model

► New model allows frontline staff to choose from menu of options and create their own professional development plan; staff encouraged to pursue opportunities across multiple areas simultaneously including leadership, education, and clinical development

► Pay differentials now tied to specific achievements and unit outcomes rather than clinical ladder tier

► Staff required to maintain a portfolio of experiences gained through the program; goal to promote self-reflection and track professional growth

► Gundersen RNs were more likely than the national cohort to agree that training and development opportunities helped them to improve (64.3% vs. 60.4%) and more likely to be interested in promotion opportunities (59.8% vs. 53.6%)

Building an individual practice portfolio

Key components of professional portfolios

Required for all nurses	**Updated frequently**	**Easily accessible**	**Reviewed with manager**

- Staff required to track all achievements in portfolio
- Training provided on proper method for logging achievements

- Staff expected to update portfolios at least every six months
- Updates must reflect all newly acquired education and skills

- Model portfolios available for reference via intranet
- Template available for staff to fill in updates

- Staff and manager review goals and achievements during annual evaluation
- Manager provides guidance for staff to create individualized career path

Gundersen's range of development options

Sample professional growth options for nurses

Education

- Become a preceptor for new RNs
- Provide mentor training
- Obtain specialty certification
- Attend workshops or trainings
- Shadow a more advanced RN
- Become a super user for patient safety/Epic

Leadership

- Train to be a charge nurse
- Participate in a council
- Join professional nursing organization
- Initiate innovations that support continuous improvement
- Co-lead unit problem solving
- Develop manager competencies

EBP[1]/Research

- Use evidence to support improvement to patient care
- Lead unit-level quality project
- Participate in system-level research project
- Write up project for publication
- Demonstrate expertise in specialty area

1) Evidence-based practice.

Gundersen ranks above national benchmark

Percentage of RNs agreeing[1] training and development opportunities helped them improve[2]

60.4%

64.3%

National Benchmark

Gundersen Health System
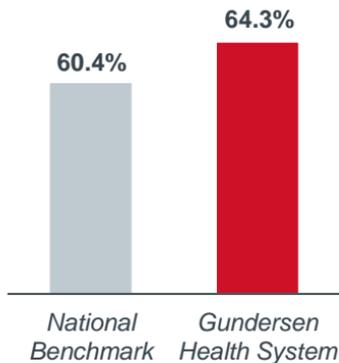
Percentage of RNs agreeing[1] they are interested in promotion opportunities[3]

53.6%

59.8%

National Benchmark

Gundersen Health System
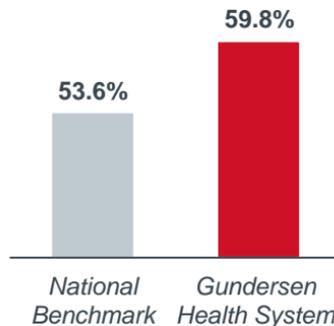
1) RNs responding "Agree" or "Strongly Agree."
2) "Training opportunities at my organization have helped me to improve."
3) "I am interested in professional development opportunities in my unit or department."

Source: Gundersen Health System, La Crosse, WI; Nursing Executive Council, *The National Prescription for Nurse Engagement,* Washington, DC: Advisory Board, 2014; Oncology Roundtable interviews and analysis.

Red flag audit for updating your clinical ladder

If you answer mostly "no," your clinical ladder needs an update.

☐ Is your application **less than three pages?**

☐ Can staff **easily track and update progress?**

☐ Do staff have a **go-to resource or person for questions** about the ladder?

☐ Can staff participate or **advance on the ladder in their first year of tenure?**

☐ Can staff **mix and match opportunities** to advance on the ladder?

☐ Are **less than half** of ladder activities **related to clinical skill development?**

☐ Do managers **incorporate progress into performance management** conversations?

☐ Does your organization **recognize staff achievements through multiple avenues** (e.g., in person, bonus, special opportunity)?

Source: Gundersen Health System, Lacrosse, WI; Nursing Executive Center interviews and analysis.