

TITLE 38 PROFICIENCY RATING SYSTEM

1. **REASON FOR ISSUE:** To reissue the Department of Veterans Affairs (VA) procedures regarding the title 38 proficiency rating system.
2. **SUMMARY OF CONTENTS/MAJOR CHANGES:** This Handbook is a complete revision of VA Handbook 5013, Part II. Significant changes include:
 - a. Excludes employees appointed under 38 U.S.C. § 7406.
 - b. Establishes a uniform rating period for all title 38 employees.
 - c. Establishes a minimum appraisal period for all title 38 employees.
 - d. Establishes a new process for a documented progress reviews.
 - e. Establishes a new proficiency rating process for registered nurses.
 - f. Removed language regarding longevity step increases.
3. **RESPONSIBLE OFFICE:** Office of Human Resources and Administration, Operations, Security and Preparedness (HRA/OSP) (006), Office of the Chief Human Capital Officer (OCHCO) (05), Employee Relations and Performance Management Service (051).
4. **RELATED DIRECTIVE:** VA Directive 5013, "Performance Management Systems."
5. **RESCISSION:** VA Handbook 5013, dated April 15, 2002.

CERTIFIED BY:

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PART II. TITLE 38 PROFICIENCY RATING SYSTEM

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PART II. TITLE 38 PROFICIENCY RATING SYSTEM

1. PURPOSE.

- a. The proficiency rating system is designed to ensure the effective and efficient utilization of covered employees and to ensure the employee's performance is consistent with the Department of Veterans Affairs (VA) mission to provide the best possible care to Veterans. Proficiency ratings and the processes of review, analysis and evaluation will be used to:
 - (1) Provide a basis for informing employees of expectations, communicating feedback regarding the level of performance in their assignments and 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 a higher grade;
 - (5) Serve as a basis for action in cases where performance 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; and
 - (8) Provide evidence of outstanding service.
- b. The processes of review, analysis and evaluation contained in the proficiency rating system and the procedural steps and requirements of the system will not prevent or otherwise limit the review of a probationary employee's performance or impede the separation of such an employee, under the provisions of VA Handbook 5021, Employee-Management Relations and 38 U.S.C. § 7403(b).

2. SCOPE.

- a. This part implements the proficiency rating system for appraising the performance of full-time, part-time and intermittent physicians; dentists; podiatrists; optometrists; chiropractors; registered nurses (RNs); advanced practice nurses (APNs), e.g., certified nurse practitioners (CNPs), clinical nurse specialists (CNSs), certified registered nurse anesthetists (CRNAs), certified nurse midwives (CNMs); physician assistants (PAs) and expanded-function dental auxiliaries (EFDAs) appointed under 38 U.S.C., chapter 73 or 74. This part excludes the following:
 - (1) The Under Secretary for Health (USH).

- (2) Directors appointed under 38 U.S.C. § 7401(1) and individuals appointed under 38 U.S.C. § 7306.
- (3) Full-time, part-time and intermittent title 38 hybrid employees appointed under 38 U.S.C. §§ 7401(3) or 7405(a)(1)(B).
- (4) Employees appointed under 38 U.S.C. § 7406.
- (5) Title 38 supervisors and management officials covered by the Veterans Health Administration (VHA) Executive Career Field performance appraisal program who are covered under Part I of this Handbook.

3. POLICY.

- a. The requirements for the proficiency rating system are regulations prescribed pursuant to 38 U.S.C. § 7421. The proficiency rating system is designed to ensure the effective and efficient utilization of covered employees and to furnish bases for assistance and guidance in the performance of their assignments and the development of their skills and abilities.
- b. The proficiency rating system provides for planned, continuous and systematic review, analysis and evaluation by supervisors to determine the effectiveness of an employee's performance in their assignment.

4. RESPONSIBILITIES.

- a. The USH, or designees, will prescribe instructions for periodic counseling of employees, for regular annual proficiency ratings, for delays of these ratings and for special ratings to be made as administratively required.
- b. To ensure the proficiency rating system functions properly, the following officials will ensure that rating and approving officials are trained on the proficiency rating system and that they understand preestablished distribution of rating levels for employees covered under this part is prohibited.
 - (1) Deputy Under Secretary for Health (DUSH) for VHA Central Office employees.
 - (2) Veterans Integrated Service Network (VISN) Network Directors for VISN employees.
 - (3) Facility Directors for employees assigned to a Medical Center.

- c. Supervisors are responsible for evaluating the proficiency of employees they supervise, providing regular feedback, counseling employees to improve the quality of service and to correct deficiencies, taking action if performance does not improve, for explaining the proficiency rating system to employees and for understanding and applying appropriate principles and techniques to ensure equitable and useful ratings.
- d. Rating officials are responsible for evaluating the performance of and assigning proficiency ratings for employees under their supervision and are responsible for the timely preparation of proficiency reports.
- e. Approving officials are responsible for reviewing, commenting on, if applicable, and approving proficiency reports.
- f. Each servicing Human Resources (HR) office is responsible for the administrative review of proficiency reports, reporting completion progress to leadership and providing technical advice to rating and approving officials.

5. REFERENCES. 38 U.S.C., chapters 73 and 74.

6. DEFINITIONS.

- a. **Approving Official.** The official at a higher management level than the rating official designated to review and approve a proficiency rating.
- b. **Minimum Appraisal Period.** The minimum appraisal period is 90 calendar days.
- c. **Overall Rating.** The rating assigned at the end of the rating period based on a total evaluation of the employee's proficiency.
- d. **Rating Official.** The official, usually the immediate supervisor, who is responsible for preparing the proficiency rating on an employee under their supervision.
- e. **Rating Period.** The rating period for all title 38 proficiencies will be October 1 through September 30.

7. PROFICIENCY REPORT.

a. General Instructions.

- (1) Supervisors will communicate how an employee's performance will be evaluated to newly hired employees, including those transferring from another position, within 30 calendar days of the effective date of their assignment.
- (2) The minimum appraisal period for an employee to receive a proficiency rating is 90 calendar days. If an employee was in the same position at the beginning of the rating period (October 1), the 90-day calculation period begins October 1. If the employee was not in the same position at the beginning of the rating period, the

90-day calculation period begins on the date they began their position, e.g., new hire effective date, effective date of assignment to a new position.

- (3) Supervisors will meet with employees at least once during the rating period in accordance with paragraph 8.
- (4) Employees may submit a self-assessment to their supervisor no later than 14 calendar days after the conclusion of the rating period. Rating officials are responsible for reviewing the employee's performance and recording the proficiency rating on either:
 - (a) VA Form 10-2623, Proficiency Report, for RNs; or
 - (b) VA Form 10-2623a, Proficiency Report, for physicians, dentists, podiatrists, chiropractors, optometrists, PAs, APNs (e.g., CNPs, CNSs, CRNAs, CNMs) and EFDAs.
- (5) After the assignment of a rating, rating officials will forward all proficiency forms to the approving official for review. If the approving official disagrees with the rating assigned by the rating official, appropriate comments will be added and the rating changed. The approving official is the final authority in the employee's overall rating. Proficiency forms will be returned to the rating official after the approving official's review.
- (6) The rating official will discuss the contents and conclusions of the proficiency form with the employee as soon as possible after the approving official has returned the approved proficiency rating forms. The employee will sign the applicable section of the form indicating the contents of the Proficiency Report have been discussed. If the employee refuses to sign, the rating official will make a notation and sign and date the form. Ratings must be completed and a copy of the completed proficiency form must be provided to the employee no later than 60 calendar days after the end of the appraisal period.
- (7) If the employee disagrees with the rating, they may further discuss it with the approving official. If, after discussions with the rating official and the approving official, the employee disagrees with a proficiency rating, they may submit concise comments concerning the Proficiency Report through the rating and approving officials for filing in their electronic personnel folder (eOPF).
- (8) After issuance of the employee's proficiency rating, rating officials will forward all forms to their servicing HR office for filing in the employee's eOPF.
- (9) Superior performance awards, special advancements for performance and time-off awards granted based upon a proficiency rating should be processed no later than 90 calendar days after the end of the rating period. As soon as possible after the end of the rating period, approving officials are responsible for forwarding rating information and award recommendations to the appropriate office responsible for processing awards. Eligibility for an award based on a proficiency

rating will be in accordance with VA Handbook 5017, Employee Recognition and Awards.

b. Proficiency Ratings.

- (1) RNs, excluding APNs covered in subparagraph (2).
 - (a) VA Form 10-2623, Proficiency Report, will document the performance level achieved based on the employee's grade/level during the rating period.
 - (b) Proficiency ratings will be based on the appropriate qualification standard for the employee's position as defined in VA Handbook 5005, Staffing, as well as the employee's functional statement.
 - (c) Current criteria-based functional statements will be developed in writing and revised as necessary and will outline specific criteria appropriate to the grade level. Each nurse will be given a copy of their functional statement upon initial employment and anytime thereafter when the employee's assignment is changed and/or the functional statement is revised.
 - (d) Using the criteria-based functional statement and the qualification standard in conjunction with the Proficiency Report is designed to require supervisors to evaluate the employee's performance. The Proficiency Report will be used to document how the nurse meets the criteria outlined in the functional statement and the grade level criteria in the qualification standard.
 - (e) Justification by the Rating Official. The rating official will document concise justification for each category rated above or below meets expectations on the Proficiency Report. The justification will describe why the nurse was rated above or below meets expectations as defined by the criteria in the appropriate qualification standard and functional statement. The narrative will be thorough but concise and include specific details regarding the categories as indicated in subparagraph (f). The rating official may accept the employee's self-assessment as justification for each applicable category. The self-assessment will be attached to the proficiency form if it is used as justification.
 - (f) Employees will be rated on categories of dimension requirements which consider proficiency/performance as defined in the nurse qualification standard in VA Handbook 5005, Staffing, applicable for their grade and level. A rating will be assigned for each of the five categories applicable to the employee's position.
 - (g) Category Rating by the Rating Official. The rating official will indicate the level of achievement best describing the employee's performance for Categories I-V, reflecting and summarizing how the employee met the category as stated in the qualification standard applicable to the nurse's grade and level, as well as the appropriate functional statement.

- (2) Physicians, dentists, podiatrists, chiropractors, optometrists, PAs, APNs (e.g., CNPs, CNSs, CNMs, CRNAs) and EFDAs.
 - (a) VA Form 10-2623a, Proficiency Report, will document the performance level achieved during the rating period.
 - (b) Employees will be rated on categories that provide for consideration of proficiency/performance and will be informed in advance which categories will be considered in the rating process. The rating official will determine which categories apply to the employee's position as identified in Appendix A and assign an achievement level for each category. All employees will be evaluated for Category V, Interpersonal Relationships, and other pertinent categories.
 - (c) The rating official will objectively appraise the overall competency of the employee in the performance of their duties and responsibilities based on the ratings assigned to categories (I-V) specific to their position. Normally, the overall evaluation should reflect an average of the rated categories. In some instances, one or more rated categories, 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 unsatisfactory rating may be assigned. Rating officials will follow the procedures outlined in paragraph 9 regarding counseling requirements, when applicable, for any rating below the satisfactory level.
 - (d) Justification by the Rating Official. The rating official will document concise justification for each category on the Proficiency Report rated above or below satisfactory. The justification will describe why the employee was rated above or below satisfactory as defined by the criteria for each applicable category. The narrative will be thorough but concise and include specific details. The rating official may accept the employee's self-assessment as justification for each applicable category. If the self-assessment is used as justification, it will be attached to the proficiency form.
 - (e) The five achievement levels are:
 - i **Outstanding.** The employee consistently exceeded reasonable expectations to an exceptional degree.
 - ii **High Satisfactory.** The employee usually exceeded reasonable expectations by a substantial marginal.
 - iii **Satisfactory.** The employee fully met and sometimes exceeded expectations.

iv **Low Satisfactory.** The employee usually met reasonable expectations, but performance was sometimes marginal.

v **Unsatisfactory.** The employee has not met reasonable expectations.

c. Delayed Annual Rating.

- (1) Under limited circumstances, an annual rating may be delayed as follows:
 - (a) When an employee has been newly hired or transferred from another VA or Government agency and has not been in their position for a minimum of 90 calendar days. A rating will be issued at the end of the 90-calendar-day period.
 - (b) When an employee is counseled regarding their performance and is undergoing an opportunity to improve period in accordance with paragraph 9, the annual rating will be delayed until the opportunity period has concluded. After the opportunity period, a rating will be issued.
 - (c) When an investigation is directly related to the employee's clinical skills or performance. A proficiency rating will be issued after the investigation.
 - (d) When an employee has been absent from duty for an extended period of time, e.g., military leave, sick leave, extended illness, and has not met the minimum 90-calendar-day period to be rated, the rating period will be paused. When the employee returns to duty, the rating period will be extended for the time needed to complete the 90-calendar-day period.
- (2) Annual ratings may be delayed with the approval of the facility Director for facility employees, by the Network Director for VISN employees, or by the DUSH, or designee, for VHA Central Office employees.
- (3) The rating official will notify the employee in writing of the reason for delaying the rating. The servicing HR office will review the notice before issuance to ensure this paragraph's provisions have been met.
- (4) A delayed rating will not extend the employee's probationary period or expiration of a temporary appointment.

d. Special Proficiency Report. A Proficiency Report other than the regular annual report is considered a Special Proficiency Report and will be used in the following situations:

- (1) When the rating official is assigned to another position, transfers to another VA facility, or separates from VA employment and the employee to be rated has served in their position for at least 90 calendar days.
- (2) When an employee, including those serving a probationary period, is reassigned or transferred to another VA location if more than 90 calendar days have elapsed since the last Proficiency Report was completed.

- (3) When an acceptable level of competence determination is being considered for a periodic step increase and the employee's current performance is not consistent with their last rating of record.
- (4) When an employee's performance has not sufficiently improved after an opportunity period in connection with requirements of the Counseling Program requirement outlined in paragraph 9.

NOTE: An unsatisfactory proficiency rating is not required to separate a probationary employee appointed under 38 U.S.C. § 7401(1), a probationary part-time RN appointed under 38 U.S.C. § 7405(a)(1), 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 to proceed with disciplinary action on a permanent employee under VA Handbook 5021, Employee-Management Relations, when the proficiency rating is not a basis for the proposed action.

8. PROGRESS REVIEW. Each employee must receive at least one documented progress review during the appraisal period in which the supervisor will share positive feedback as well as performance expectations and concerns. Supervisors are encouraged to communicate with the employee throughout the appraisal period as warranted. At any time during the appraisal period, the employee's performance is unsatisfactory, refer to paragraph 9.

9. COUNSELING PROGRAM.

a. **Purpose.** Counseling conferences are intended to discuss areas where deficiencies are indicated and improvement is needed. A counseling conference is not a condition that must be met to initiate or complete Summary Review Board proceedings when considering removing a probationary employee.

b. **Nature of the Conference.**

- (1) The counseling conference will be informal and confidential. An assessment of the employee's performance will be provided to them orally or in writing. A conference completed orally will be followed by written documentation, e.g., a memo to the employee, and e-mail communication. The supervisor will highlight duties and responsibilities that are essential to successful performance.
- (2) Supervisors will commend strong performance, discuss areas of weakness and provide suggestions and advice for improvement, if applicable.
- (3) Supervisors will indicate in subsequent annual or special reports when the employee's performance improves in previously cited weaknesses.
- (4) If a counseling conference is needed due to low satisfactory or unsatisfactory performance, see subparagraph c.

c. **Low Satisfactory or Unsatisfactory Performance.**

- (1) At any time during the appraisal period when performance problems are observed that may result in a low satisfactory or unsatisfactory annual proficiency rating, the rating official will request a delay of the annual rating, if applicable, as indicated in paragraph 7. Additionally, the rating official will hold a counseling conference with the employee sufficiently in advance of the due date of the annual rating 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) or a part-time RN appointed under 38 U.S.C. § 7405(a)(1) who has completed the probationary period and for whom a low satisfactory or unsatisfactory annual or special proficiency rating is to serve as a basis for a performance-based action, the documented counseling requirements in subparagraphs (2) through (4) of this paragraph must be met unless:
 - i The employee's performance constitutes a clear danger to the employee or others;
 - ii The employee's performance history demonstrates a pattern of improvement during an improvement period followed by a drop in performance after the completion of the improvement period, making it clear improvement is unlikely; or
 - iii Gross negligence or misconduct, rather than the proficiency rating, is the basis for a proposed action.
 - (b) For employees other than permanent employees appointed under 38 U.S.C. § 7401(1) or part-time RNs appointed under 38 U.S.C. § 7405(a)(1), the documented counseling requirements in subparagraphs (2) through (4) of this paragraph are recommended, but not required.
- (2) During the counseling conference, the rating official will inform the employee of the period they will be allowed to improve their performance, generally 30 to 60 calendar days.
- (3) The rating official will provide a written document to the employee outlining the reasons for the counseling conference, the performance deficiencies and suggested solutions, and the amount of time allowed for improvement. Both the supervisor and the employee will sign and date the document. If the employee refuses to sign the document, the supervisor will notate on the document the date it was issued to the employee and indicate the employee refused to sign. A copy of the document will be provided to the employee.
- (4) If the employee's performance does not improve sufficiently at the end of the specified period for improvement, a low satisfactory or unsatisfactory proficiency rating will be assigned. Action will be taken as indicated in paragraph 11 if an unsatisfactory proficiency rating is assigned to an employee.

- (5) If the employee's performance improves, a fully satisfactory or better proficiency rating will be assigned. However, in accordance with paragraph 9.c.(1)(a)(ii), if the employee demonstrates performance deficiencies again within the next one-year period following the date they completed an opportunity to improve period, a new improvement period is not required.

10. DOCUMENTING UNSATISFACTORY PERFORMANCE.

- a. The supervisor is responsible for monitoring and evaluating the employee's performance throughout the proficiency appraisal period. When deficiencies arise, the supervisor must determine if they are performance-based or result from other causes such as technological barriers, negligence, or misconduct. Supervisors must develop appropriate documentation to demonstrate an employee's unacceptable performance. Examples of this include, but are not limited to:
 - (1) Written memorandums of counselling and/or warning notices by supervisors.
 - (2) Reports of contact describing oral counselings or other incidents.
 - (3) Annual and special proficiency reports.
 - (4) Any specific written performance objectives and/or goals that have been developed for the employee.
 - (5) Quality and timeliness of recurring and nonrecurring reports.
 - (6) Violations of provisions in personnel or professional policy manuals.
- b. Material obtained under the VA Quality Assurance (QA) Program or material from VA drug/alcohol or sickle-cell anemia programs is confidential. It cannot be used in any disciplinary or major adverse action. However, the same information obtained through a QA review may be used in a disciplinary or major adverse action, provided it is generated independently through an administrative investigation.

11. PROCESSING UNSATISFACTORY PROFICENCY REPORTS.

- a. When an unsatisfactory rating has been approved for a probationary employee, the supervisor is responsible for initiating a summary review to determine if separation is justified. Before separating a probationary employee, procedures for convening a Summary Review Board must be followed as outlined in VA Handbook 5021, Employee-Management Relations.
- b. When an unsatisfactory rating has been approved for a temporary (full-time, part-time or intermittent) employee (excluding part-time and intermittent RNs), or a permanent employee, supervisory officials will review and determine if the employee should be retained or terminated. If applicable, this review will include a review of clinical privileges and reporting to state licensing boards in accordance with VHA's policies and standard operating procedures. Supervisory officials will obtain advice from their

servicing HR office regarding how to process terminations in accordance with VA Handbook 5021, Employee-Management Relations.

12. PERIODIC STEP INCREASES. Subject to the provisions outlined in VA Handbook 5007, Pay Administration, and any other legal requirements, periodic step increases may be granted to full-time, temporary full-time, part-time and intermittent optometrists, chiropractors, RNs, APNs, CRNAs, PAs and EFDAs who are receiving less than the maximum rate of their grade. Employees must meet eligibility requirements and waiting periods as defined in VA Handbook 5007, Pay Administration and perform at an acceptable level of competence.

- a. **Acceptable Level of Competence Determinations.** An employee must have a current satisfactory or higher proficiency rating to perform at an acceptable level of competence. When it is determined current performance is not consistent with the employee's current proficiency rating, a special proficiency rating must be prepared by the rating official and approved by the appropriate approving official to document current performance.
- b. **Documenting Eligibility.** Rating and approving officials must determine if an employee is performing at an acceptable level of competence (as defined in subparagraph a.) prior to processing the periodic step increase.
 - (1) If the employee is performing at an acceptable level of competence, as determined by the rating and approving official, documentation will be sent to the servicing HR office and the periodic step increase will be processed.
 - (2) If the employee is not performing at an acceptable level of competence and disapproval of the periodic step increase is recommended, the rating official shall prepare a written justification and forward it, through the servicing HR office, to the approving official. The approving official will review and, if in agreement, the periodic step increase should be withheld. The justification for withholding the step increase will be forwarded to the servicing HR office. The employee will be notified in writing of:
 - (a) The reason(s) for disapproval;
 - (b) The fact the employee will be reconsidered within 52 weeks (time to be specified); and
 - (c) The right to ask for reconsideration of the decision to the next higher-level supervisor in the employee's supervisory line in accordance with the provisions of paragraph c.
 - (3) The servicing HR office will take appropriate action to ensure the periodic step increase is withheld and the disapproved step increase is reconsidered at the time specified in the notice of disapproval.

- c. **Reconsideration Requests.** An employee may request reconsideration of a decision to deny a periodic step increase within 15 calendar days of receipt of the notification required under subparagraph b(2)(c). The reconsideration request must be in writing and be addressed to the supervisory official named in the denial letter. The next higher-level supervisor will render the reconsideration decision within 10 calendar days of receipt of the reconsideration request. If, on reconsideration, it is determined the employee was performing at an acceptable level of competence, the employee shall be granted the periodic step increase retroactive to the original due date. All reconsideration decisions are final.

APPENDIX A. CATEGORIES FOR RATING PHYSICIANS, DENTISTS, PODIATRISTS, CHIROPRACTORS, OPTOMETRISTS, PHYSICIAN ASSISTANTS, ADVANCED PRACTICE NURSES (e.g., CERTIFIED NURSE PRACTITIONERS, CLINICAL NURSE SPECIALISTS, CERTIFIED NURSE MIDWIVES, CERTIFIED REGISTERED NURSE ANESTHETISTS) and EXPANDED-FUNCTION DENTAL AUXILIARIES.

1. Rating officials will determine which categories apply to the employee's position. All employees will be evaluated for Category V, Interpersonal Relationships, and other pertinent categories.
2. **Category I—Clinical Competence.**
 - a. **Examinations.** Are new patients examined promptly; are examinations thorough; are appropriate clinical, laboratory and other pertinent data obtained; is indicated follow-up of patients provided?
 - b. **Diagnosis.** Ability to interpret and evaluate clinical data to determine diagnosis **and** clinical status; correctness of diagnosis.
 - c. **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.
 - d. **Effectiveness in Emergencies.** Ready availability; quickness in recognizing emergency situations and taking timely necessary action.
 - e. **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.
 - f. **Consultations and Specialty Skills.** Ability to recognize the need for consultation and to utilize facility or clinic specialty skills in diagnosis and treatment.
 - g. **Documentation.** 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 the time of discharge? Is the treatment plan clearly stated?
3. **Category II—Educational Competence.** Educational responsibilities usually involve either "teaching" or "coordination." Some positions may involve both or cut across the elements or functions.
 - a. **Teaching and Monitoring.** Covers both the individual and group learning experiences where one serves as the learning facilitator as a mentor or teacher for residents, trainees, or employees. As a mentor, plans and guides educational activities to meet the learner's individual needs 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.) appropriately.

- b. **Coordination of Educational Programs—Educational Needs.** Assesses educational needs for 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.
- c. **Setting Education Objectives.** Establishes educational objectives consistent with educational needs and available educational resources and identifies appropriate learners.
- d. **Conducting Educational Programs.** Designs learning activities which meet educational objectives. Selects appropriate instructors, media and library resources.
- e. **Evaluating Educational Activities.** Assesses the degree to which educational programs/courses have achieved their objectives. Evaluates how educational activities are organized and administered within the unit or organization and assess their impact on health care.
- f. **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.)

4. Category III—Research and Development (R&D).

- a. **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 a successful conclusion.
- b. **Planning and Execution of Research and Development Programs.** Develops an operational plan based on the current state-of-the-art and maximizes available resources and facilities. Establishes appropriate goals and milestones. Effectively executes the plan to ensure the successful completion of the research effort.
- c. **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 the career development of more junior colleagues and demonstrates a willingness to exchange scientific concepts.

5. Category IV—Administrative Competence.

- a. **Supervisory Ability.** Assures acceptable standards of patient care. Ensures that accreditation and other required standards are met. Maintains effective liaison with the professional school(s) and/or medical community.
- b. **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. Effectively conducts 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.
- c. **Program Planning.** Ability to plan, organize and coordinate the administrative, clinical, or educational programs. Ability to conceptualize, define objectives, identify the program's scope and determine the organization's nature and resources required to obtain objectives. Effectiveness in informing management of the need to carry out the program. Ability to inform management of the need to carry out the program. Ability to project programs realistically and translate to cost-effectiveness.
- d. **Administrative Judgment.** Accuracy of judgment on professional/administrative actions taken.
- e. **Decisions Willingness.** Readiness to make appropriate decisions and to assume responsibility for actions taken based on available information and to initiate and carry out the 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 ensuring results. Ability to enforce reasonable standards of care. Development of a person to act in the supervisor's absence.
- f. **Correspondence and Reporting.** Effectiveness in communicating verbally in correspondence and reports. Is management currently informed of unusual incidents and problem areas? Are required reports completed on time?

6. Category V—Interpersonal Relationships.

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

- c. **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.
- d. **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.
- e. **Leadership.** Effectiveness in conducting meetings. Ability to define problems, create and maintain interest, stimulate discussion and maintain direction toward an appropriate conclusion.
- f. **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.