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| **STATE OF SOUTH DAKOTA****Career Banding Questionnaire**Nursing |
|  **EMPLOYEE SECTION** |
| 1. **Personal Data**
 |
| *Name:* | *Position Number:*  | *OR Employee Number:* |
|        |        |       |
| *Class Title:* | *Working Title:* |
|       |       |
| *Department:* | *Division/Program:* |
|       |       |
| 1. **Purpose**

The purpose of a job is the primary reason why the job exists.  |
| *What is the purpose of your position?* |
| * +
 |
| 1. **Accountabilities**

Accountabilities are the major areas of responsibility in your job.  |
| 1. Group your job tasks into the following Accountabilities and complete an accountability section (beginning on the next page) for each area that you perform:
* **Nursing Assessments (individual, family, population/community)**
* **Plan of Care**
* **Direct Care**
* **Evaluation of Nursing Interventions**
* **Technical Assistance (e.g., gives advice, recommends policy, develops programs, etc.)**
* **Formal/Informal Staff Supervision & Work Delegation**
1. If you do not perform any tasks under a listed accountability, ignore that accountability entirely.
2. If you perform additional tasks that do not fit under any of the listed accountabilities, add your own accountability (under the *Other Accountability* section) and specify the tasks you perform.
3. If you need to add more accountability sections than what is provided, please follow these steps:

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| **Microsoft Word 2010** |
| 1. Unprotect the document (*Developer → Restrict Editing*).
2. Choose *Stop Protection*.
3. Copy a current *Other Accountability* section and paste it on an additional page.
4. Protect the document (*Developer* *→ Restrict Editing*, choose *Yes, Start Enforcing Protection,* choose *OK*.).
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| 1. **Accountability: NURSING ASSESSMENTS (individual, family, population, etc.)**
 | **% of time:** |
| * *[Summarize what you are responsible for related to this Accountability]*
 |       |
| *Specific tasks within area of accountability:* |
| *
 |
| *Problems or challenges:* |
| *
 |
| *Decisions you make:* |
| *
 |
| *Decisions you refer to your supervisor:* |
| *
 |
| *Explain the most complex aspect of this accountability:* |
| *
 |
| *List external parties you deal with (on a frequent basis) related to this accountability and the nature of the relationships:* |
| *
 |
| *Who do you assess (e.g., individuals, families, communities, other populations, etc):* |
| *
 |
| *When conducting assessments what are you determining (e.g., needs, plan of action, intervention, etc.):* |
| *
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| *If you review assessments, please describe your role in reviewing assessments:* |
| *
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| *If you conduct ongoing assessments of care delivery processes, please describe:* |
| *
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| 1. **Accountability: PLAN OF CARE**
 | **% of time:** |
| *
 |       |
| *Specific tasks within area of accountability:* |
| *
 |
| *Problems or challenges:* |
| *
 |
| *Decisions you make:* |
| *
 |
| *Decisions you refer to your supervisor:* |
| *
 |
| *Explain the most complex aspect of this accountability:* |
| *
 |
| *List external parties you deal with (on a frequent basis) related to this accountability and the nature of the relationships:* |
| *
 |
| *What is your involvement with plans of care (e.g., develops, provides, coordinates):* |
| *
 |
| *Who is the plan of care for (e.g., individuals, families, communities, other populations, etc.):* |
| *
 |
| *What is your role (if any) in the collaboration of healthcare teams:* |
| *
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| 1. **Accountability: DIRECT CARE**
 | **% of time:** |
| *
 |       |
| *Specific tasks within area of accountability:* |
| *
 |
| *Problems or challenges:* |
| *
 |
| *Decisions you make:* |
| *
 |
| *Decisions you refer to your supervisor:* |
| *
 |
| *Explain the most complex aspect of this accountability:* |
| *
 |
| *List external parties you deal with (on a frequent basis) related to this accountability and the nature of the relationships:* |
| *
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| 1. **Accountability: EVALUATION OF NURSING INTERVENTIONS**
 | **% of time:** |
| *
 |       |
| *Specific tasks within area of accountability:* |
| *
 |
| *Problems or challenges:* |
| *
 |
| *Decisions you make:* |
| *
 |
| *Decisions you refer to your supervisor:* |
| *
 |
| *Explain the most complex aspect of this accountability:* |
| *
 |
| *List external parties you deal with (on a frequent basis) related to this accountability and the nature of the relationships:* |
| *
 |
| *If you research and analyze alternative interventions, please describe your role:* |
| *
 |
| *If you assess quality of care or compliance of multi-disciplinary care interventions, please describe your role:* |
| *
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| 1. **Accountability: TECHNICAL ASSISTANCE (e.g., gives advice, recommends policy, develops programs, etc.)**
 | **% of time:** |
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 |       |
| *Specific tasks within area of accountability:* |
| *
 |
| *Problems or challenges:* |
| *
 |
| *Decisions you make:* |
| *
 |
| *Decisions you refer to your supervisor:* |
| *
 |
| *Explain the most complex aspect of this accountability:* |
| *
 |
| *List external parties you deal with (on a frequent basis) related to this accountability and the nature of the relationships:* |
| *
 |
| *Who do you provide technical assistance to:* |
| *
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| *If you are specialized or provide advanced nursing serves, please describe your specialization:* |
| *
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| *If you have responsibilities related to the budget, fiscal operations, or grants, please describe your role:* |
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| 1. **Accountability: FORMAL/INFORMAL STAFF SUPERVISION & WORK DIRECTION**
 | **% of time:** |
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 |       |
| *Specific tasks within area of accountability:* |
| *
 |
| *Problems or challenges:* |
| *
 |
| *Decisions you make:* |
| *
 |
| *Decisions you refer to your supervisor:* |
| *
 |
| *Explain the most complex aspect of this accountability:* |
| *
 |
| *List external parties you deal with (on a frequent basis) related to this accountability and the nature of the relationships:* |
| *
 |
| *If you formally supervise others (i.e., have responsibility for selection, performance appraisal, and disciplinary action), list their names and titles:* |
| *
 |
| *If you direct the work (e.g., train, assign or review work, provide orientation) of employees but do not formally supervise them, list their names, titles, and describe the type of work direction you provide:* |
| *
 |
| *If you oversee teams, units, or programs, describe them and your role in overseeing them:* |
| *
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| 1. **OTHER Accountability:**
 | **% of time:** |
| *
 |       |
| *Specific tasks within area of accountability:* |
| *
 |
| *Problems or challenges:* |
| *
 |
| *Decisions you make:* |
| *
 |
| *Decisions you refer to your supervisor:* |
| *
 |
| *Explain the most complex aspect of this accountability:* |
| *
 |
| *List external parties you deal with (on a frequent basis) related to this accountability and the nature of the relationships:* |
| *
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| --- | --- |
| 1. **OTHER Accountability:**
 | **% of time:** |
| *
 |       |
| *Specific tasks within area of accountability:* |
| *
 |
| *Problems or challenges:* |
| *
 |
| *Decisions you make:* |
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 |
| *Decisions you refer to your supervisor:* |
| *
 |
| *Explain the most complex aspect of this accountability:* |
| *
 |
| *List external parties you deal with (on a frequent basis) related to this accountability and the nature of the relationships:* |
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| 1. **Knowledge Requirements for the Position**
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| *What knowledge, skills, education (including professional licenses or certificates), and experience are required at entry for this position?*  |
| *Knowledge:*       |
| *Skills:*       |
| *Education (including licenses or certificates):*       |
| *Experience:*        |
| *What knowledge, skills, education (including professional licenses or certificates), and experience are required of a fully trained and competent employee in this position?* |
| *Knowledge:*       |
| *Skills:*       |
| *Education (including licenses or certificates):*       |
| *Experience:*       |
| 1. **Your Education & Experience**
 |
| *Describe your education (list all post-secondary education; if degree obtained list major; if no degree, list major or coursework, and number of years or semester hours).* |
| *
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| *List any professional licenses or certificates you hold.* |
| *
 |
| *List all of the health care-related jobs you have held (list title, employer, brief summary of duties, and number of years job was held).* |
| *
 |
| *Describe areas of knowledge or skill you have that contribute to successful job performance.* |
| *
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| *List any training you have received that contributes to successful job performance.* |
| *
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| 1. **Changes**
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| *If applicable, describe how your job has changed over the past two years.* |
| *
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| *If applicable, describe any changes you anticipate will occur in your job in the next two years.* |
| *
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| 1. **Comments**
 |
| *Describe any comments you feel may be relevant in describing your current position.* |
| *
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| **Employee Signature:**  | **Date:** |