POPS Chapter 11 - Regional and Local Health Department HIV/STD Program Manager Performance Standards

These performance standards provide expectations for Program Managers (PM) on the direction, monitoring, evaluation, and development of managers' performance to enable the program to meet short/long term objectives and increase program effectiveness. The PM also indirectly monitors all staff reporting to subordinate supervisors. The PM will ensure the performance application of the disease intervention process is in accordance with CDC, DSHS, and local guidelines. Standards can help identify those supervisors who are especially proficient in specific areas. These supervisors can then become candidates for assignments involving greater responsibility or technical skills that can enhance career development. Where performance does not meet expectations, standards assist managers in identifying skill development needs. If a PM is unable to perform at an acceptable level after a reasonable amount of remedial training or supervisory coaching, these standards can provide a framework for corrective action.

The success of the PM's effort is evaluated by the quality of leadership, innovation, administration, disease outcomes, processes, and individual effort. It is the responsibility of the PM to be familiar with all chapters of the DSHS Program Operating Procedures and Standards (POPS). Chapter 3, HIV/STD Partner Services and Seropositive Notification, Chapter 8, HIV/STD Surveillance, Chapter 9, Disease Intervention Specialists Performance Standards, and Chapter 10, First-Line Supervisor Performance Standards, and these must be incorporated into the implementation of program activities.

Programmatically, detailed and specific methodologies and technical direction may vary. These standards were designed to provide a general overview of the PM's duties and responsibilities. The PM should seek guidance and clarification from his/her supervisor on any doubts or questions about these performance standards. A signature below indicates the Program Managers Performance Standards has been received, read, and understood.

Employee Signature		Date	
Supervisor Signature		Date	

11.1 Strategic Planning

A Program Manager (PM) is the lead person responsible for a program's strategic planning. A PM must demonstrate an understanding of all aspects (including strengths and weaknesses) of a program and take those into account when making long-term plans for the direction an HIV/STD program takes. Strategic planning is a set of concepts, procedures, and tools to help leaders, managers and others think and act strategically on behalf of their organizations and their organization's stakeholders. Strategic planning is essential to effective leadership and program management. It is the continuous process of systematically evaluating the organization, defining its long-term objectives, identifying quantifiable goals, developing strategies to reach these objectives and goals, and allocating resources to carry out these strategies.

11.1.1 Vision

A statement of vision articulates a view of a realistic, credible, and attractive future for the group—a condition that is better in some important ways than what now exists. Building a shared vision is a way of finding a common purpose.

Vision (examples)

- In every activity we undertake, we expect to improve the overall health of our community.
- We expect to be a leader in strategies and innovations for public health.
- We expect to be a center of excellence where other HIV/STD programs send their workers to learn best practices.

11.1.2 Mission and Goals

The statement of mission provides a sense of direction and purpose as well as a common statement against which to weigh all future decisions for compliance. A mission statement is a written summary of what a program is and what it wants to do. Goals are broad statements of desired future conditions with specific results. Mission statements and goals provide members of the organization with a sense of direction and facilitate effective interaction in other strategic planning processes.

Disease prevention and intervention are the core HIV/STD program missions. These missions guide all tactical and strategic decisions a PM makes. The goals an HIV/STD program sets reflect the missions, disease prevention and intervention. When a Manager selects goals for the program, they must address the mission of the HIV/STD program as well as its organizational values.

Missions/Goals (examples)

- It is the mission of the HIV/STD Program to reduce the disease burden in the community.
- It is the mission of the HIV/STD Program to provide quality health care to the community we serve.
- It is a goal of the HIV/STD Program to work with local community groups to achieve a partnership with the community we serve.
- It is a goal of the HIV/STD Program to reduce syphilis rates among minority segments of the community we serve.
- It is a goal of the HIV/STD Program to partner with local emergency departments to ensure the availability of HIV testing and prevention.

11.1.3 Organizational Values and Culture

Articulating and clarifying the shared values of an organization are important to the integrity and ultimate effectiveness of that organization. Shared values form part of the foundation of an organization's culture. Shared values make a significant difference in work attitudes and performance. The development of shared values facilitates both the understanding of job expectations and achieving key organizational goals and strategies. An important aspect of leadership is to promote the development of shared values while respecting the beliefs and values of individuals. Shared values must not be construed as minimizing diversity of opinion within an organization but should rather indicate a commonly desired endpoint with multiple routes of getting to the same place.

Public Health Cultural Values:

- Timeliness— acting in accordance with established program timeframes and guidelines to prevent disease transmission; also relates to achieving goals by stated deadlines

- Sense of urgency— the importance of acting quickly and persistently in all aspects of the program (surveillance, fieldwork, case management) to successfully intervene in disease transmission

- Responsiveness— the program's vigilance, willingness and timeliness in responding to developing community needs; the program's ability to work successfully with other community partners; and openness to concerns expressed by the community/clientele served by the program

- Quality— the importance of all processes and activities of the program being conducted in the highest possible manner; emphasizing quality makes positive program outcomes much likely and more effective

- Cultural sensitivity— the program's commitment to conducting all activities with sensitivity to individual and community values and beliefs.

11.1.4 Strategy

Strategy is the overall plan of action for achieving a particular goal. Strategy formulation must be based on sound scientific knowledge, a thorough understanding of the constituency and its health needs, and full awareness of HIV/STD prevention services capacity within the program. Important factors in determining strategy are:

- Identifying organizational strengths and weaknesses

- Determining public health environment opportunities and constraints

- Matching organizational strengths and weaknesses with environmental opportunities and constraints

- Setting policy— the critical factors being compliance with the mission of the program while deciding what the program is and is not going to be.

The strategic plan should outline the detailed strategies selected to meet goals. Successful strategies build on strengths, overcome weaknesses, take advantage of opportunities, and minimize threats. Each strategy outlined in the strategic plan should include:

- Goals addressed

- Expected effects of the strategy and when they are implemented

- Critical assumptions on which the expectations are based

- Critical information used in selecting the strategy and its sources

- A brief description of how the strategy was selected and by whom

Strategies outlined should also be consistent with DSHS HIV/STD Prevention strategies.

These are:

- Overcome barriers to adoption of healthy sexual behaviors
- Develop strong leadership, strengthen investment, and improve information systems for HIV/STD prevention
- Design and implement essential HIV/STD related services in innovative ways for adolescents and underserved populations
- Ensure access to and quality of essential clinical services of the HIV/STD Programs.

Once the context and direction of the program are set through the strategic planning process, it is management's duty to carry out the strategies articulated in the organization's strategic plan. This is typically accomplished through the development of the organization's operational plan. The success of STD prevention programs depends directly upon how well Leadership and Program Management personnel carry out specific day-to-day responsibilities in implementing tactics that will prevent the acquisition of HIV/STD, interrupt transmission of HIV/STD, and minimize long-term adverse health effects of HIV/STD. To accomplish this, HIV/STD program management must possess accurate information about the performance of individuals and prevention program components. This information is essential to interpreting events correctly and making appropriate policy decisions that ensure a program's success.

11.1.5 Process Effectiveness

Assessments are conducted periodically to determine the extent to which the existing processes serve the program mission and goals. Processes are assessed, discussed, confirmed as appropriate, or shaped to enhance what the organization is attempting to accomplish.

11.2 Operational Planning and Evaluation

11.2.1 Operational Plan

An operational plan is the foundation of the program. It organizes and directs program efforts to prevent disease, provides feedback on the progress of those efforts, and should be developed in collaboration with relevant public, private, and community partners. A plan should accomplish the following:

- Identify problems, needs, and resources.
- Develop problem statements that describe what is occurring, what should be occurring according to project area data and objectives, the deviation between what is and what should be occurring, and whether the deviation is significant enough to commit or, in some cases, divert resources (needs assessment).
- Develop overall prevention strategies that describe general program approaches to solve the problem and monitor progress.

- Develop objectives consistent with prevention strategies that, if achieved, will address or correct the problems.

- Develop a plan of operation consisting of interventions, activities, program organization infrastructure, timelines, and funding that will accomplish the objectives.

- Develop an evaluation mechanism that will periodically monitor progress, indicate necessary modifications, and measure objectives.

- Describe the procedures for gathering and analyzing outcome and process performance information.

- Include instruments, timelines, frequencies for reporting process and outcome information to each level of management.

- Describe how outcome and performance information is used to provide quality assurance for various program activities.

- Establish and maintain a quality assurance system for all appropriate components that support disease prevention.

- Specify acceptable levels of productivity from each essential component and the qualitative standards of performance expected.

Operational plans are detailed in documents periodically prepared by state and local health agencies. Careful consideration should be given to the organization and contents of such documents because each has the potential to influence decisions about resources needed for program operations. Plans should be current, consistent, realistic, and should address factors that affect disease intervention. Plans may be developed at different levels depending on the amount of oversight a program has over particular areas. These are described below:

- Areas over which the program has a direct influence, e.g., the quality of clinical services and disease intervention outreach activities

- Areas over which the program has indirect influence, e.g., the sexual behavior of patients and the performance of health service providers who participate in HIV/STD prevention program activities such as screening, morbidity reporting, and serologic reactor notification

- Areas that involve individuals or groups who are beyond the program's purview but whose actions affect disease intervention. For example, HIV/STD educational outreach efforts may be necessary to reduce congenital syphilis morbidity among high-risk populations, such as uninsured pregnant people who do not seek prenatal care. Periodically, an HIV/STD prevention program must carefully review its operational plan for achieving various long-term objectives. This plan should relate to each short-term objective and should detail specifically how various activities will be conducted to achieve the expected results that the objectives stipulate. As new objectives are established, or as current ones are revised with different levels of expected achievement, the operational plan needs to be amended. The operational plan is revised when problems result in the unsatisfactory achievement of any established short-term objectives or when improved methods are devised to pursue particular objectives

Goals, long-term objectives, and short-term objectives are related in a hierarchy of levels. Goals form the broadest level of a program's purpose and are developed in the strategic planning process. They are, in turn, supported by levels of objectives that become successively more specific and explicit. Long-term objectives contribute directly to the attainment of program goals; short-term objectives support the achievement of long-term objectives.

Long-term and short-term objectives and goals form a blueprint for the design and implementation of a program. Their articulation becomes the basis for the development of a plan of work for each project area activity.

11.2.2 Program Evaluation

Program evaluation is the systematic collection and analysis of information to determine the quality of a given program's design, implementation, or effectiveness, with the intent of using that analysis to improve program performance. Measuring how much activity is taking place, how quickly it is occurring, and the quality with which it is being accomplished is a critical function of management.

Managers at all organizational levels must routinely monitor process performance along with output to accurately identify strengths and weaknesses affecting overall program performance. This is accomplished by establishing an evaluation plan for each program component that supports disease intervention efforts, e.g., surveillance, screening, case management, etc.

Evaluation should always be incorporated from the beginning of the planning stages for all program activities. Evaluation plans should clearly relate to objectives, methods employed to accomplish them, procedures for gathering and analyzing the outcome, process performance information, instruments, timelines, and frequencies for reporting to each level of program management.

Outcome indicators are used to assess a program's effectiveness, identify strengths, and identify areas that may need improvement. However, they do not explain why a problem is occurring. Operational plans should not be revised based on outcome evaluations alone. The PM must balance outcome indicators and processes established to accomplish the program's mission. Establishing a balance between process evaluation and outcome evaluation should result in the program achieving established goals and objectives. Program goals that were developed in the strategic planning process should always be kept in mind when analyzing outcome indicators.

PM Standards:

- The HIV/STD program should establish and maintain a system for evaluating each component of the intervention program.
- Identify problems, needs, and resources to meet those needs.
- Develop problem statements that describe what is occurring, what should be occurring according to area data and objectives, the deviation between what is and what should be, and whether the deviation is significant enough to address.
- Develop overall strategies that will address/correct problems and monitor progress.
- Develop objectives that will address/correct problems

- Develop an operating plan that will include interventions, activities, program organization infrastructure, timelines, funding to accomplish the objectives.

- Develop an evaluation mechanism for tracking progress, identifying notes necessary modifications, and measuring objectives.

- Develop and describe procedures for gathering and analyzing outcome and process performance information.

- Include instruments, timelines, and frequencies for reporting process and outcome information to each level of management.

- Describe how outcome and performance information is used to provide quality assurance for various program activities.

- Establish and maintain a quality assurance (QA) system for all appropriate components that support disease prevention.

- Specify acceptable levels of productivity from each essential component and the qualitative standards of performance expected.

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11.2.3 Program Indicators

A component of evaluating the success of a program can be measured using the Program Indicator Report (PIR). This report is a combination of measures based on surveillance, field, and interview activity. The PIR reflects both process and outcome measurements performed by a program during a given period of time.

The PIR is used as an objective measure of a program. It is a significant portion of the semi-annual reports that Program Managers submit to the DSHS HIV/STD Program each year.

On a local level, it should be reviewed by the program leadership each month to track progress toward overall program goals. Using the PIR on an ongoing basis allows the program leadership to identify and target areas for improvement during the reporting period.

Program activity falls into three measured categories in the PIR: process measures, simple outcome measures, and sophisticated outcome measures. All three are critical to measuring public health follow-up success, and all three are crucial to disease intervention. Below is a description of categories and bullets drawn directly from the PIR.

Process measures: These goals quantify how effectively program processes are designed and implemented. They typically are ‘percentage’ measures, as displayed below: ‘how many’ and ‘how fast.’ They measure what percentage of a required activity actually took place; they do not measure the quality of the activities or the outcomes of performing the activity.

Examples Process Measures:
- % of syphilis cases interviewed (goal: 85%)

- % of syphilis cases interviewed within three days (goal: 85%)
- % of new partners to early syphilis are examined (goal: 60%)
- % of initiated and examined partners to early syphilis are closed to final disposition within seven days of initiation. (goal: 65%)
- % of neonatal reactors disposition in seven days (goal: 85%)
- % of syphilis reactors from in-jurisdiction laboratories reported within seven days (goal: 80%)
- % of syphilis reactors examined and closed within seven days of initiation (goal: 75%)
- % of reported new HIV cases will be interviewed for partners, suspects, and associates. (goal: 85%)
- % of interviewed new HIV-positive cases will be interviewed for partners, suspects, and associates within seven days of confirmation of the case report. (goal: 85%)
- % of the located new partners, suspects, and associates of HIV-positive clients are tested for HIV. (goal: 60%)
- % of new partners to HIV are examined. (goal: 60%)
- % of located partners to HIV are closed to final disposition within seven calendar days of initiation. (goal: 65%)

Simple outcome measures: These goals measure the initial or immediate outcomes of the interviewing process. They are simple because they only document the immediate yield from the interviews. The goals do not take into account follow-up or 'next-step' outcomes. In this sense, they are an intermediate goal reflecting the quality of work performed during interviews.

Example Outcome Measures:

- # of partners initiated on syphilis cases (goal: 2.0)
- # of clusters initiated on syphilis cases (goal: 1.0)
- # of partners initiated on HIV cases (goal: 2.0)
- # of clusters initiated on HIV cases (goal: 1.0)
- # of partners initiated on GC case (goal: 1.0)
- # of partners initiated on CT case (goal: 1.0)

Sophisticated outcome measures: These goals measure the result of field activity conducted around persons identified during interviews. These are derivative of the prior processes (reporting, locating, interviewing) and illustrate the actual impact of the disease intervention process.

Example Sophisticated Outcome Measures:

- % of syphilis cases with disease intervention (goal: 60%)
- % of partners/clusters preventively treated per case (goal: 75%)
- % of new HIV partners/clusters tested (goal: 70%)

11.2.4 Sharing and Disseminating PIRs with Staff

It is crucial that the Program Manager provide the 'big picture' view that the PIR allows. The Program Manager is responsible for the program's performance, unlike the FLS, who is responsible for their team of DIS, or like the DIS who are responsible for accomplishing specific tasks. The Program Manager is the person who must view all those things in aggregate.

- The Program Manager should share the PIRs with their FLS, DIS, Surveillance and administrative personnel, if appropriate, on a monthly basis.
- The PIRs should be discussed with staff in monthly meetings. Discussion of the goal status in the PIRs serves as a guidepost toward achieving semi-annual goals.
- During the meeting, staff should be encouraged to participate in identifying process barriers to achieving the goals and devising strategies to overcome them.

During the meeting, the Program Manager should keep staff focused on programmatic achievement rather than individual or sub-group achievement. Those should be addressed in the team or individual meetings using individual or sub-group statistics to determine progress toward the goals.

11.3 Supervision

The quality of FLS performance must be among the highest priority concerns for all management and supervisory personnel. Each position within the HIV/STD program requires professional judgment and individual initiative. This involves a certain amount of flexibility, but it must be exercised within management's expectations. Expectations must be widely communicated and clearly understood - but this is only a beginning. People must also believe that management will monitor process performance, correctly read what is happening, and assertively enforce compliance.

Operations Managers (OM) are responsible for the supervision of the FLS. In the absence of the OM, the PM is responsible for the supervision of the FLS.

Standards:

- The PM will ensure that the FLS/OM has adequate training to provide a positive interaction with DIS, surveillance, and other support staff and will follow up on evidence or reports to the contrary.
- The PM will consistently plan, document, and delegate supervisory and leadership assignments to maximize oversight and support of the program's functions.
- The PM will maintain control files and analyze monthly reports from THISIS. This analysis should inform program decisions and allow course corrections toward goals and objectives. This analysis

should be in the form of reports and action memos deriving from those reports. This analysis should also enable the program manager to better coach and direct supervisors whose workers are not meeting performance standards or following established procedures and processes.

- The PM will review FLS workloads and assignments to ensure fair distribution of work among FLS and other supervisory staff.

- The PM will maintain files on each FLS/OM containing documentation of significant events, such as but not limited to quality and frequency of audits, employee counseling sessions, time and attendance of their supervisor's teams, and personnel actions (both positive and negative). This file will also contain a recent photo of the DIS and the make, model, year and license plate number of the vehicle used in the field.

- The PM will be responsible for conducting well-prepared monthly (at a minimum) staff meetings. These staff meetings should include a review of progress toward objectives (based on the PIR), solution-finding for program-wide issues, and upcoming initiatives.

- The PM will maintain a signed job description and performance standards in the personnel file. The PM will ensure that the FLS/OM understands and has been given a copy of the FLS and DIS guidelines. A signed statement that the FLS/OM has read and understands the guidelines should be maintained in the personnel file.

- The PM will conduct performance evaluations on FLS/OM (federal, state, and local) in accordance with the appropriate agency's guidelines.

- The PM will conduct performance evaluations for each FLS/OM will be prepared using specific performance standards.

- The PM will prepare a Performance Improvement Plan (PIP) for FLS/OM with performance problems indicated through regular reviews of PIRs, audits or failure to meet program objectives and goals for more than two consecutive months. These improvement plans will be designed to improve the FLS/OM performance with management involvement/modeling within set time frames.

11.4 Orientation/Training of New FLS and OM

Orientation is the foundation for all future FLS/OM performance/development and is a critical responsibility of the PM. Orientation should define the FLS/OM roles and performance expectations and identify where the person fits in the organization.

The PM has a pivotal role in HIV/STD control. The PM's main responsibilities are to develop the performance potential of each FLS/OM, ensure that quality work is performed along with programmatic goals embodied in the PIR, and provide leadership. This is the only way the job will get done, and program objectives will be achieved.

Operations Managers (OM) are responsible for Orientation/Training of the FLS; in the absence of the OM, the PM is responsible for the Orientation/Training of the FLS.

Standards

- The PM will ensure the completion of the Orientation Plan of Supervisory Preparation for each newly hired FLS/OM.

- The PM/OM will ensure the FLS maintains a calendar to document daily, weekly, and monthly activities during the first six months of employment. It may be longer if satisfactory performance is not achieved.

- The PM/OM will keep a formal log of FLS/OM Training Demonstrations and Audit Reviews, including performance. The log will be shared with the local Communicable Disease director (or equivalent) at the end of each month.

- The PM/OM will demonstrate/model personnel conduct/performance documentation, audits, case management review, evaluation forms, and other activities. On occasion, the PM/OM may delegate portions of the early development of the FLS to an experienced FLS peer. The PM/OM will still maintain the ultimate responsibility of training the FLS.

- The PM will, at a minimum, complete the schedule below before the FLS is allowed to operate independently.

FLS Orientation/Training

First Month	Second Month through Sixth Month
PM/OM demonstrates/models a minimum of two interviews and two field audits	PM/OM reviews FLS interview, field audit documents on at least a monthly basis, and provides written feedback to FLS.
PM/OM & FLS conducts a minimum of two dual case management audits and feedback sessions with DIS	PM/OM reviews FLS case management audit documents at least monthly basis and provides written feedback to FLS.
PM/OM & FLS jointly conduct a minimum of two dual pouch audits and feedback sessions with DIS	PM/OM reviews FLS pouch audit documents at least monthly basis and provides written feedback to FLS/OM
PM/OM observes FLS conducts a minimum of two case management audits and feedback sessions with DIS	PM/OM observes FLS conduct a minimum of one case management audit and feedback session with DIS per month and provides written feedback to FLS
PM/OM observes or models for the FLS a minimum of two pouch audits and feedback sessions with DIS	PM/OM observes FLS conduct a minimum of one pouch audit and feedback session with DIS per month and provides written feedback to FLS.

- The PM/OM will complete a written skills inventory assessment summary of the FLS after six months. The summary must include documentation skills, audit skills, feedback skills, and case management skills. The summary will document the FLS progress and potential. The summary will be presented and discussed with the FLS by the PM/OM within 30 days of the end of the assessment period.

- The PM/OM will submit the Skills Inventories assessment summary to the local Communicable Disease Director or equivalent within two weeks.

Example FLS 6 Months Skills Assessment
After the first six months a new FLS has functioned in their role, the PM/OM is responsible for assessing their progress. If a new FLS has not scored at least 90% of the possible points in their new role, the staff member should be placed on a performance improvement plan and receive more intensive monitoring, coaching, and mentoring by the PM/OM. All points are per six-month period.

1. Set up and lead a minimum of six DIS team meetings. (6 points)

2. Performed all DIS audits as set forth in the audit schedule in Chapter 10: First-line Supervisors Performance Standards. (16 points possible per DIS supervised)

3. Generate, review, and reconcile the open field record list each week. (24 points possible)

4. Generate, review, and reconcile the open case list each week. (24 points possible)

5. Generate, analyze, and submit a report summarizing monthly audits and corrective actions (if any) taken. (6 points possible).

Example: An FLS with 3 DIS on their team would have 126 maximum possible points if they performed all activities.
1. 6 points for six meetings.

2. 48 points for performing all audits

3. 18 points for performing all stats

4. 24 points for handling all open FR reports

5. 24 points for handling all open case reports

6. 6 points for submitting all six reports

126/126=100%

Example 2: An FLS with 3 DIS on their team who did not perform all activities would score accordingly:
1. 5 points for five meetings. {1 missed}

2. 37 points for performing 37/48 audits {11 missed}

3. 18 points for performing all stats {all done}

4. 21 points for handling 21/24 open FR reports {3 missed}

5. 22 points for handling 22/24 open case reports {2 missed}

6. 6 points for submitting all six reports {all done}

109/126=87% **Did not** meet 90% standard

11.5 Records/Reports

- The PM/OM will review program travel vouchers, timesheets, and leave slips for accuracy and sign off for approval and ensure these forms are routed through the proper channels in accordance with local expectations.

- The PM will ensure the preparation of monthly, quarterly, semi-annual and annual statistics on the program performance relating to the state and local objectives. PM/OM will use these reports, both programmatic and team, to provide ongoing feedback to the FLS and demonstrate how each team contributes to the program's success.

- The PM/OM will provide individual feedback to FLS/OM on outcomes and process performance indicators on a monthly basis.

- The PM/OM will submit programmatic statistics to the next level of supervision within established deadlines. The PM will assist in analyzing the statistics to determine areas of strength and missed opportunities. The PM will then use this information to enhance and improve program execution.

- The PM will inform the next level of supervision of FLS/OM performance deficiencies, as well as corrective actions.

- The PM will ensure required reports are submitted by established deadlines (narratives, response to RFPs, etc.).

- The PM will ensure annual performance evaluations of all staff.

11.6 Clinic-Based Activities (if applicable)

- The PM/OM will assist FLS in reacting appropriately to staffing shortages or changes that require scheduling adjustments to ensure disease intervention activities and program operations are not affected.

- The PM will ensure adequate staff are assigned to clinic coverage and are responsible for working with the DIS and the clinical staff to facilitate clinic flow.

- The PM/OM will work with their clinical peer to ensure harmonious working relationships between clinical staff and disease intervention/surveillance staff while encouraging problems to be solved at the lowest possible level.

- The PM will ensure a system is in place for clinicians to communicate effectively with the FLS about relevant concerns and/or problems.

- The PM/OM will work with the clinic management to ensure DIS referrals receive priority in the clinic. See Chapter 12: STD Clinical Standards.

- The PM/OM will immediately bring unresolved issues to the attention of their next-level supervisor.

11.7 Educational Presentation/Screenings

- The PM/OM will establish and maintain collaborations with external and internal programs/agencies (as appropriate) to enhance disease intervention activities.

- The PM will ensure records are maintained on educational presentations/screenings conducted.
- The PM/OM will initiate innovative screening and disease intervention methods, including evaluating the performance and impact of these new activities.
- The PM will review and provide feedback on monthly summaries of community education/screening/intervention activities by staff.

11.8 Worker Professional Development

The PM will support staff in diversifying their skill sets within program needs. The PM will work to increase his/her own skills on an ongoing basis.

11.8.1 New Worker Career Development

- The PM will assist staff in preparing for career development during the first 24 months of their career.

- The PM will assist staff in selecting and applying for professional development training during the first 24 months of their new career.

- The PM will assist staff in developing 12, and 24-month plans for professional development.

- The PM will guide new staff in carrying out their 12 and 24-month plans for career development.

11.8.2 Experienced Worker Career Development

- The PM will provide professional development feedback on a quarterly basis to staff.

- The PM will encourage staff to select and apply for professional development training.

- The PM will assist more experienced staff in preparing to assume greater levels of responsibility within program needs through modeling, coaching, and mentoring.

- The PM will thoroughly document and file performance progress in the personnel file.

11.8.3 PM Career Self-Development

- The PM will help develop 12 and 24-month plans for their own career development in conjunction with the Communicable Disease Director (or local equivalent); The plans will include specific dates for PM assuming greater levels of responsibility within program needs.

- The PM will seek training opportunities for their professional development in diversifying their skillsets within program needs.