

# Pennsylvania Association of PeriAnesthesia Nurses



## Leadership Transition Checklist

Leadership Position: \_\_\_\_\_

Individual Concluding Term: \_\_\_\_\_

Individual New to Position: \_\_\_\_\_

**To assist with the transition of duties, a meeting should be scheduled with the incoming and outgoing individuals holding a leadership position in PAPAN on or before June 30<sup>th</sup>. Consider the following list as a guide to discussion. Review and discuss each item using your personal experience and handouts. Completion of the list does not preclude further contact and assistance in the role of mentor but does establish the basis for a supportive transition of responsibilities.**

**I. Committee Chairs** (Check-off or initial items as they are reviewed)

- \_\_\_\_\_ A. Review of Job Description
- \_\_\_\_\_ B. Committee goals and objectives: Current projects & Recommendations
- \_\_\_\_\_ C. Current and previous Action Plans
- \_\_\_\_\_ D. Review of Communications to/from
  - 1. Committee Members
  - 2. National Office resource
  - 3. President.
  - 4. Board of Directors liaison - if committee chair not on Board of Directors
- \_\_\_\_\_ E. Reports furnished to incoming Chair
  - 1. Mid-year
  - 2. Annual
  - 3. *Breathline* articles (as requested)
- \_\_\_\_\_ F. Submission of Agenda items: Process & Forms
- \_\_\_\_\_ G. Budget review
  - 1. Revenue & expense projections
  - 2. Current revenue & expense status
- \_\_\_\_\_ H. Additional committee tools, resources, records and general information.

**II. Officers, Directors, Editors** (Check-off or initial items as they are reviewed)

- \_\_\_\_\_ A. Review Job Description specific to position
  - 1. Current projects
  - 2. Recommendations
- \_\_\_\_\_ B. Communications
  - 1. To National Office resource
  - 2. President, Vice President/President-Elect, Chief Executive Officer
  - 3. As Committee Chair liaison
- \_\_\_\_\_ C. Board of Directors Meetings: Attendance & Preparation
- \_\_\_\_\_ D. Additional tools, resources, records and general information.

**Following review of information, please sign/date this form; return to the PAPAN VP-President elect. Your comments and suggestions may be added to the back of the page.**

Signature of outgoing Chair/Director/Officer \_\_\_\_\_ Date: \_\_\_\_\_

Signature of incoming Chair/Director/Officer \_\_\_\_\_ Date: \_\_\_\_\_