

|  |
| --- |
| **Nursing Professional Development Recognition Programme**  **Competent Registered Nurse**  **Name: …………………………………………………..**  For use by Registered Nurses (RNs) when applying to competent level or for reapplication and maintenance of competent level on the Te Matau a Māui Hawke’s Bay PDRP. |

|  |
| --- |
| **PDRP APPLICATION FORM** |
| **Please complete this form fully - incomplete forms / portfolios will be returned** |
| |  |  | | --- | --- | | **Applicant Name:** |  | | **Workplace:** |  | | **Te Matau a Māui HB Employee Number:** |  | | **NCNZ APC Number:** |  | | **Telephone Number:** |  | | **Ethnicity:** |  | | **Email Address:** |  |   ***To be signed no more than 2 weeks prior to submission.***   1. I declare that I have maintained the NCNZ requirements related to practice hours, professional development hours and standards of practice. 2. I declare that the examples I have presented as evidence contains my own work, **or**, where I have undertaken joint work, I have fairly and accurately described my personal contribution. 3. I declare that the submitted examples relate to my current practice and are from within the past 12 months. 4. I understand that my portfolio may be audited for purposes of authentication, or may be subject to internal moderation by the PDRP Nurse Coordinator, or other assessor or an external moderator. 5. I understand that none of my work will be used for other purposes unless it has my specific consent. I understand, however, if during the assessment process an assessor identifies any issues of potentially unsafe or concerning practice, they will discuss this with the PDRP Nurse Coordinator in the first instance and the issue may be followed up further. 6. I give permission for this demographic data to be used in an anonymised format for workforce development purposes.   **I attest that I am not currently under performance management or being investigated by Nursing Council of New Zealand or have any restrictions on my practicing certificate for any reason. By signing I declare the information I have given is true and correct.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Applicant Signature:** |  |  | **Date:** |  |   I have notified my Line Manager of my intent to apply for PDRP, before submitting my portfolio.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Managers Signature:** |  |  | **Date:** |  | | **Managers Name** |  |  | **Designation:** |  | |

|  |  |  |
| --- | --- | --- |
| **LEVELS OF PRACTICE** | | |
| **Competent RN** | **Proficient RN** | **Expert RN** |
| * Effectively applies knowledge and skills to practice * Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe * Has consolidated nursing knowledge in their practice setting * Has developed an holistic overview of the client * Is confident in familiar situations * Is able to manage and prioritise assigned client care/workload * Demonstrates increasing efficiency and effectiveness in practice * Is able to anticipate a likely outcome for the client with predictable health needs. * Is able to identify unpredictable situations, act appropriately and make appropriate referrals | * Acts as a role model and a resource person for other nurses and health practitioners * Participates in changes in the practice setting that recognise and integrate the principles of Te Tiriti o Waitangi and cultural safety * Has an holistic overview of the client and the practice context * Demonstrates autonomous and collaborative evidence based practice * Actively contributes to clinical learning for colleagues * Supports and guides the health care team in day to day health care delivery * Participates in quality improvements and changes in the practice setting * Demonstrates in-depth understanding of the complex factors that contribute to client health outcomes | * Is recognised as an expert and role model in her/his area of practice * Guides others to apply the principles of Te Tiriti o Waitangi and to provide culturally safe care to clients * Engages in clinical learning for self and provides clinical learning opportunities for colleagues * Contributes to specialty knowledge and demonstrates innovative practice * Initiates and guides quality improvement activities and changes in the practice setting * Delivers quality client care in unpredictable challenging and/ or complex situations * Demonstrates successful leadership within a nursing team unit/facility * Advocates for the promotion and integrity of nursing within the health care team * Is involved in resource decision making/strategic planning * Influences at a service, professional or organisational level |

**Privacy**

Privacy extends to all individuals and portfolio development must take into account an individual’s right to privacy.

* All patient personal details and any identifiers must be removed from all parts of the portfolio. The nurse must abide by the Privacy Act (2020), so that information collected for the furthering of patient care is used only for that purpose, not for inclusion in a portfolio.
* ‘Identifiers’ relates not only to a person’s specific information such as birth date or NHI, it can relate to a context or situation whereby if that situation is described, it will identify the person by process of elimination. *“It is very easy to breach privacy and confidentiality inadvertently even if pseudonyms are used. Even a description of an entire context of a situation can result in those involved being identifiable. New Zealand is a small country and contextual descriptions along with the author’s location can result in identifying those involved.”* NZNO (2016).
* Nurses must not reveal names or identifiers of other health professionals or colleagues in portfolios. Generic job titles could be used if required.

|  |
| --- |
| **STANDARD PORTFOLIO REQUIREMENTS COMPETENT RN LEVEL** |
| **For a Competent RN level portfolio you are required to provide the following evidence** |
| |  | | --- | | **FROM THE LAST 3 YEARS**   1. **Verification of 450 hours of practice over the last three (3) years**  * Validated by either a senior nurse (Charge Nurse, Nurse Manager or the nurse to whom the applicant reports) or a letter from the employer indicating the clinical area and the number of practice hours over the last 3 years  1. **60 hours of professional development over last three (3) years**   Professional development requirements must:   * Be validated either by signature or someone who can verify your attendance, or certificate or organisational education record * Relate to the relevant area of practice * Include either: * A statement, for each PD activity (describing the difference the learning has made to your nursing practice) OR * A short reflection on three (3) key activities attended (note: this is more in-depth than ‘a statement’) | | **FROM THE LAST 12 MONTHS**   1. **Self-assessment against NCNZ competencies**  * One piece of evidence for each competency is required. * The example is to describe how day to day practice meets the indicator for the competency and the level of practice applied for. * It must be verified by a RN with a current practising certificate.  1. **Peer /senior nurse[[1]](#footnote-1) assessment against NCNZ competencies**  * Describes how the nurse’s day to day practice meets the competency. * Peer or senior nurse assessment may comment on the same example used by the nurse in their self-assessment; however, it should be a **validation** of the self-assessment, **providing objective comments from a different viewpoint or focus**. * Peer or senior nurse feedback should be from a nurse with a current practising certificate.  1. **Performance appraisal OR nursing development plan/ career plan** must be from previous 12 months.  * May include long term and /or short term educational and / or professional goals, with steps to achieving goals.  1. **Printout of current practising certificate** (from NCNZ website) ***or*** a copy of both sides of the current practising certificate. | |  | |

|  |
| --- |
| **The following self-assessment has been verified by another Registered Nurse**  **RN Verifiers Name: ……………………………………………. Signature: ……………………………………………………..**  **APC Number: …………………………………………… Job Title: ………………………………………………………**  **Date: ……………………………………………** |

|  |  |
| --- | --- |
| **Domain 1 Professional Responsibility** | |
| **Competency Statements** | **Self-Assessment Comments** |
| **1.1**  **Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical and relevant legislated requirements.** |  |
| **1.2**  **Demonstrates the ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice.** |  |
| **1.3**  **Demonstrates accountability for directing, monitoring and evaluating nursing care that is provided by enrolled nurses and others.** |  |
| **1.4**  **Promotes an environment that enables client safety, independence, quality of life, and health.** |  |
| **1.5**  **Practises nursing in a manner that the client determines as being culturally safe.** |  |

|  |  |
| --- | --- |
| **Domain 2 Management of Nursing Care** | |
| **Competency Statements** | **Self-Assessment Comments** |
| **2.1**  **Provides planned nursing care to achieve identified outcomes.** |  |
| **2.2**  **Undertakes a comprehensive and accurate nursing assessment of clients in a variety of settings.** |  |
| **2.3**  **Ensures documentation is accurate and maintains confidentiality of information.** |  |
| **2.4**  **Ensures the client has adequate explanation of the effects, consequences and alternatives of proposed treatment options.** |  |
| **2.5**  **Acts appropriately to protect oneself and others when faced with unexpected client responses, confrontation, personal threat or others crisis situations.** |  |
| **2.6**  **Evaluates client’s progress towards expected outcomes in partnership with clients.** |  |
| **2.7**  **Provides health education appropriate to the needs of the client within a nursing framework.** |  |
| **2.8**  **Reflects upon, and evaluates with peers and experience nurses, the effectiveness of nursing care.** |  |
| **2.9**  **Maintains professional development.** |  |

|  |  |
| --- | --- |
| **Domain 3 Interpersonal Relationships** | |
| **Competency Statements** | **Self-Assessment Comments** |
| **3.1**  **Establishes, maintains and concludes therapeutic interpersonal relationships with clients.** |  |
| **3.2**  **Practices nursing in a negotiated partnership with the client where and when possible.** |  |
| **3.3**  **Communicates effectively with clients and members of the health care team.** |  |

|  |  |
| --- | --- |
| **Domain 4** **Inter-professional Health Care and Quality Improvement** | |
| **Competency Statements** | **Self-Assessment Comments** |
| **4.1**  **Collaborates and participates with colleagues and members of the health care team to facilitate and coordinate care.** |  |
| **4.2**  **Recognises and values the roles and skills of all members of the health care team in the delivery of care.** |  |
| **4.3**  **Participates in quality improvement activities to monitor and improve standards of nursing.** |  |

1. A senior nurse is a nurse in a designated senior position (such as a charge nurse, clinical nurse manager, associate clinical nurse manager or nurse educator). [↑](#footnote-ref-1)