



NORTHERN DISTRICTS REGIONAL

PROFESSIONAL DEVELOPMENT AND RECOGNITION PROGRAMME

ENROLLED NURSE / NURSE ASSISTANT COMPETENCIES

ACCOMPLISHED WORKBOOK

Name: _____

Work Area: _____

Assessor: _____

Assessment Date: _____

Assessor: _____

Assessment Date: _____



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Contact Details

Please outline the best way/s for the PDRP team to contact you

Name: _____

Phone Work: _____

Home: _____

Other: _____

Email: _____

Other: _____

Please retain your workbook and associated documentation, as these may be required for audit and moderation purposes.

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Checklist of Requirements for Submission of an Accomplished Portfolio

The following items are **required components** of your accomplished portfolio BEFORE it can be accepted for assessment. Please check that ALL of these components are included.

- Application form (Submission for Assessment of PDRP Portfolio) completed and put in front of portfolio.
- Curriculum Vitae.
- Verified record of professional development / education in the last 3 years, including identified learning from the activity.
- Verified record of hours of practice in the last 3 years.
- Current (within 12months) performance appraisal.
- Current certifications (as per DHB requirements).
- Area specific competencies.
- Minimum of 2 written peer reviews and / or attestations. Check that all are signed and dated.
- Reflective practice and self review are signed and dated by applicant.
- Personal statements have been signed and dated by you and a senior nursing team member.

Each competency statement needs to have at least one piece of first party and one piece of third party evidence to support it.

First Party Evidence e.g. self review, self statement

Third Party Evidence e.g. peer review, attestations, performance review

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Preamble

Definition of Accomplished Enrolled Nurse / Nurse Assistant:

From: National Professional Development & Recognition Programmes Working Party (2005) *National Framework for Nursing Professional Development & Recognition Programmes & Designated Role Titles*. Available online at <http://www.nurse.org.nz/leadership/PDRP%20Final%20National%20Document%20Dec%202005.pdf> pp12-13.

- Develops partnerships with clients* that implement Te Tiriti o Waitangi in a manner which the clients* determine is culturally safe.
- Demonstrates advancing knowledge and skills in a specific clinical area within the Enrolled Nurse/Nurse Assistant scope.
- Contributes to the management of changing workloads.
- Gains support and respect of the health care team through sharing of knowledge and making a demonstrated positive contribution.
- Undertakes an additional responsibility within a clinical/quality team, e.g. resource nurse, health and safety representative, etc.
- Actively promotes understanding of legal and ethical issues.
- Contributes to quality improvements and change in practice initiative.
- Acts as a role model and contributes to leadership activities.

Domains of Practice

The Nursing Council of New Zealand recognises four domains of practice which provide an overview of nursing practice. Embedded within the domains are competencies which give a broader view of each domain and form a basis of assessment of each level of practice in conjunction with the criteria. The four domains are:

1 Professional responsibility. This domain contains competencies that relate to professional, legal and ethical responsibilities and cultural safety. These include being able to demonstrate knowledge and judgement and being accountable for own actions and decisions, while promoting an environment that maximises clients'* safety, independence and quality of life and health.

2 Management of nursing care. This domain contains competencies related to client* assessment and managing client* care, which is responsive to clients* needs, when assisting or working under the direction of a registered nurse.

3 Interpersonal relationships. This domain contains competencies related to interpersonal communication with clients* and other nursing staff and interprofessional communication and documentation.

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4 Interprofessional health care and quality improvement. As a member of the health care team, the nurse assistant and the enrolled nurse provides feedback to the registered nurse who evaluates the effectiveness of care and promotes a nursing perspective within the interprofessional activities of the health care team.

It is **strongly recommended** that nurses refer to the document ‘*Competencies for the nurse assistant and the enrolled nurse scopes of practice*’ (NCNZ 2005) for further guidance on appropriate examples of practice to demonstrate the requirements for the accomplished competencies.

Reference: Nursing Council of New Zealand (2005) *Competencies for the nurse assistant and the enrolled nurse scopes of practice*. Wgtn: Author. Available online at <http://www.nursingcouncil.org.nz/competenciesna.pdf>

Please refer to the glossary at the end of the workbook for clarification of wording, if required. Further reading is available in the PDRP Guidelines for Portfolio Development.

Confidentiality

- As an Enrolled Nurse or Nurse Assistant, you are obliged to adhere to the Health Information Privacy Code. In accordance with this, no information contained within portfolios will identify clients* / consumers / whānau / communities as well as health team members / staff. Confidentiality requires not only protecting the name of individuals / groups but also their locality / specific unique situation e.g. a high profile media case which could lead to their identify / a particular community that may be identified within the context of the reflection.
- Consider professional implications before disclosing information about your practice or that of others that could be regarded as inappropriate (please seek guidance if unsure).
- The portfolio is a personal document and the information it contains is private and confidential. All assessors are required to respect this expectation.
- However an assessor has an ethical and legal responsibility to refer any identified issue of unsafe practice to the Nurse Co-ordinator PDRP in the first instance who will then refer to the DoN / DONM / PNA.
- Portfolios are to be held in a locked room within the organisation.
- In the event of portfolios being assessed outside of the organisation, all due care will be taken by the assessor to ensure confidentiality and protection of the portfolio.
- Written permission will be obtained for this on submission of the portfolio.
- Breaches of confidentiality will require a portfolio to be returned to the applicant for amendment.

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Types of Evidence

- First Party Evidence e.g. reflective practice, self review, personal statements. Material that you produce about your practice.
- Third Party Evidence e.g. attestations, peer review, performance review. Material that someone else produces about your practice.
- If further 3rd Party evidence is required the assessor will contact the applicant first to gain permission to do this.

It is strongly recommended that the Guidelines for Portfolio Development be used in preparation of a portfolio and coaching. Appropriate staff for coaching can be recommended by the Nurse Co-ordinator PDRP.

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Domain 1: Professional Responsibility

This domain contains competencies that relate to professional, legal and ethical responsibilities and cultural safety. These include being able to demonstrate knowledge and judgement and being accountable for own actions and decisions, while promoting an environment that maximises clients* safety, independence and quality of life and health.

Competency	Page number of 1 st & 3 rd party evidence		Assessor comments (include reference to 1 st and 3 rd party evidence)	Met	Not Met
	1 st	3 rd			
1.1 Accepts responsibility and actively promotes the standards of the professional, ethical, relevant legislated requirements that underpin EN / NA practice.					
1.2 Acts as a role model in the application of the principles of the Treaty of Waitangi / Te Tiriti o Waitangi to nursing practice. Assists others to integrate processes appropriate for Māori. For example whānau hui, karakia, whakawhanaungatanga.					
1.3 Recognises own scope of practice and the registered nurse responsibility and accountability for delegation of nursing care [#] .					
1.4 Demonstrates accountability and responsibility within the health care team when assisting or working under the direction of the registered nurse. Advocates for self and others to ensure that EN / NA scope of practice is understood and not compromised					

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Competency	Page number of 1 st & 3 rd party evidence		Assessor comments (include reference to 1 st and 3 rd party evidence)	Met	Not Met
	1 st	3 rd			
1.5 Role models the promotion of a safe physical and social environment to maximise client* safety, independence and quality of life.					
1.6 Proactive in seeking professional development opportunities for self and others. Undertakes an additional responsibility that relates to quality and EN practice e.g. health and safety representative, infection control representative, EN representative etc.					
1.7 Role models culturally safe practice that meets individual needs, beliefs and values as determined by the client*. Reflects on clinical and cultural practice with RN / RM and EN/ NA colleagues					

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Domain 2: Management of Nursing Care

This domain contains competencies related to client* assessment and managing client* care, which is responsive to client's* needs when assisting or working under the direction of a registered nurse.

Competency	Page number of 1 st & 3 rd party evidence		Assessor comments (include reference to 1 st and 3 rd party evidence)	Met	Not Met
	1 st	3 rd			
2.1 Uses experience and knowledge to contribute to the provision of nursing care# (eg Te Whare Tapa Whā) for Māori and other clients*, under the direction of the RN/RM.					
2.2 Demonstrates knowledge and skills in specific clinical area within EN/NA scope of practice, to support clients* being able to undertake activities of daily living e.g. nutrition, elimination, hydration, mobility, social functioning and personal hygiene.					
2.3 Uses nursing knowledge and skills to recognise and report changes in client's* condition to RN / RM and members of the health team. Identifies potential workload problems and collaborates with the RN / RM to identify effective interventions.					

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Competency	Page number of 1 st & 3 rd party evidence		Assessor comments (include reference to 1 st and 3 rd party evidence)	Met	Not Met
	1 st	3 rd			
2.4 Demonstrates accurate, legible and objective documentation that maintains confidentiality in line with organisation policies* Documents changes in client* health status in consultation with RN/ RM.					

Assessor(s) Summary

Assessor(s) Signature and Date

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Domain 3: Interpersonal Relationships

This domain contains competencies related to interpersonal communication with clients* and other nursing staff and Inter-professional communication and documentation.

Competency	Page number of 1 st & 3 rd party evidence		Assessor comments (include reference to 1 st and 3 rd party evidence)	Met	Not Met
	1 st	3 rd			
3.1 Acts as a role model when establishing, maintaining and concluding interpersonal relationships with clients*, nursing and inter- professional team					
Assessor(s) Summary					
Assessor(s) Signature and Date					

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Domain 4: Inter-Professional Health Care and Quality Improvement

As a member of the health care team, the nurse assistant and the enrolled nurse provides feedback to the registered nurse who evaluates the effectiveness of care and promotes a nursing perspective within the Inter-professional activities of the health care team.

Competency	Page number of 1 st & 3 rd party evidence		Assessor comments (include reference to 1 st and 3 rd party evidence)	Met	Not Met
	1 st	3 rd			
4.1 Collaborates with the client*, the RN/ RM and health team members to contribute to decision making within the inter- professional care team.					
4.2 Contributes to the evaluation of client* care by taking an active role in quality improvement initiatives and the implementation of change, in collaboration with the RN/ RM.					
Assessor(s) Summary					
Assessor(s) Signature and Date					

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GLOSSARY

Cultural safety

The effective nursing of a person/family from another culture, by a nurse who has undertaken a process of reflection on his/her own cultural identity and recognises the impact of the nurses culture on his/her own nursing practice. Unsafe cultural practice is any action that diminishes, demeans or dis-empowers the cultural identity and well being of an individual. (Nursing Council of New Zealand)

Culture

This includes not only ethnicity or cultural background but also age, gender, socio-economic background, religious beliefs, educational background. It is intended to recognise a specific identity of individuals and / or groups. (Regional Professional Development & Recognition Programme Working Party, July 2004)

Evidence

What is provided in either written or verbal form to demonstrate meeting the competencies. Evidence should be clearly visible and easily understood. Evidence must be repeatable, valid, direct, authentic, current, and sufficient.

- **Repeatable** – A term indicating that the evidence shows that the candidate could perform the task again.
- **Validity** – A term describing a quality required of evidence. Evidence is only valid if it shows that the candidate has met the criteria. The evidence must indicate that the candidate has the skills required, to the standard that is required, and nothing more or less.
- **Directness** – A term indicating that the evidence has come from activities that are as similar as possible to actual performance.

- **Authentic** – A term describing a quality required of evidence. If evidence is authentic, it will be the work of the actual candidate. Another way of saying this is that the evidence is attributable to the candidate.
- **Currency** – A term describing a quality required of evidence. Current evidence shows that the candidate can do something now. Evidence, which is not current, will only show that the candidate was able to do something in the past.
- **Sufficiency** – A term used in connection with the assessment evidence. If evidence is sufficient, it means there is enough evidence to establish that the candidate can meet all of the performance criteria. (Open Polytechnic of New Zealand Workplace Assessor Training US 4098, 2001)

Evidence based practice

Practice that is based on decisions that combine systematic assessment of relevant information in the scientific literature with clinical judgement (National Health Committee 1998). (Health Workforce Advisory Committee, 2002.)

Karakia

Prayers are offered so that the gods may intercede in the affairs of mortal men by providing comfort, guidance, direction and blessings for them in their various activities and pursuits (Waikato District Health Board, Nursing Career path, June 2004). Whānau / families may wish to have karakia or prayer for a range of situations which may include at the beginning and end of the day, at beginning and end of whānau hui or prior to theatre.

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Partnership

Partnership between client* group and nurse/health team. This relationship reflects honesty and trust, mutual respect and demonstrates an understanding where decisions are negotiated and agreed. When working with Māori, Recognises the legitimate claims of Māori as tangata whenua. (Waikato District Health Board, Nursing Career path, June 2004)

Reflective practice

A process where each nurse critically analyses his/her own clinical decision making, client's* interactions and the consequences of his/her nursing actions as a means of improving practice. (Standards for Plunket Nurse practice 2003).

Role model

Leads by example, practising within EN / NA scope of practice.

Te Whare Tapa Whā

Te whare tapa whā is a health model that compares health to the four walls of a house, all four being necessary to ensure strength and symmetry, through each representing a different dimension: taha wairua (the spiritual side), taha hinengaro (thoughts and feelings), taha tinana (the physical side), taha whānau (family). (Durie, M. (1994) Whaiora: Māori Health Development. Auckland: Oxford University Press)

Te Wheke

Te Wheke compares health to an octopus. Each of the eight tentacles of the octopus symbolises a particular dimension of health while the body and head represent the whole family unit. The intertwining of the tentacles indicates the close relationships between each dimension. The model includes spirituality, physical, the extended family, the uniqueness of the individual and each family, the language, the past generations, and the emotional well-being for the individual and the family (Pere, R in Durie, M. (1994) Whaiora: Māori Health Development. Auckland: Oxford University Press)

Whakawhanaungatanga

Process of making connection and belonging to the extended family / whānau. This is an important part of building the relationship. (Waikato District Health Board, Nursing Career path, June 2004). For Māori this may include where they come from, the mountain, river, tribe, canoe, marae etc that they connect to. This way of connecting with clients* / whānau is an important process in developing rapport and trust when working in partnership with Māori.

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