



**NORTHERN DISTRICTS REGIONAL**  
**PROFESSIONAL DEVELOPMENT AND RECOGNITION PROGRAMME**  
**ENROLLED NURSE / NURSE ASSISTANT COMPETENCIES**  
**COMPETENT WORKBOOK**

**Name:** \_\_\_\_\_

**Work Area:** \_\_\_\_\_

**Assessor:** \_\_\_\_\_

**Assessment Date:** \_\_\_\_\_

**Assessor:** \_\_\_\_\_

**Assessment Date:** \_\_\_\_\_



## Contact Details

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

**Name:**

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**Phone Work:**

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**Home:**

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**Other:**

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**Email:**

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**Other:**

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<sup>△</sup> Policies – The word policies used throughout includes policies / procedures / protocols / standards and guidelines

\* Clients – The word clients used throughout includes patient / family / whānau / consumer / community and other colleagues

Northern Region PDRP 1 February 2007

Key Words: Enrolled Nurse / Nurse Assistant – Competent - Initial

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## **Checklist of Requirements for Submission of a Competent Portfolio**

The following items are **required components** of your proficient 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
- Verified record of hours of practice
- Current (within 12months) performance appraisal
- Current certifications (as per DHB requirements)
- Area specific competencies
- Minimum of 2 written attestations and / or peer review. Check that all are signed and dated.
- Reflective practice is 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.

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

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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.

- Under the direction of the Registered Nurse, contributes to assessment, planning, delivery and evaluation of nursing care
- Develops partnerships with clients\* that implement Te Tiriti o Waitangi in a manner which the client\* determines is culturally safe
- Applies knowledge and skills to practice
- Has developed experiential knowledge and incorporates evidence-based nursing
- Is confident in familiar situations
- Is able to manage and prioritise assigned client\*care/workload appropriately
- Demonstrates increasing efficiency and effectiveness in practice
- Responds appropriately in emergency situations

### **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 competent 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 3<sup>rd</sup> 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.***

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

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## Domain One: 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, quality of life and health.

Criteria	Page number of evidence		Assessor comments (include reference to 1 <sup>st</sup> and 3 <sup>rd</sup> party evidence)	Met	Not Met
	1 <sup>st</sup>	3 <sup>rd</sup>			
<b>1.1</b> Accepts responsibility for ensuring that his / her nursing practice and conduct meet the standards of the professional, ethical and relevant legislated requirements.					
<b>1.2</b> Demonstrates the ability to apply the principles of the Treaty of Waitangi / Te Tiriti o Waitangi to nursing practice					
<b>1.3</b> Recognises own scope of practice and the registered nurse responsibility and accountability for delegation of nursing care.					
<b>1.4</b> Demonstrates accountability and responsibility within the health care team when assisting or working under the direction of the registered nurse.					
<b>1.5</b> Promotes an environment that enables client safety, independence, quality of life, and health.					

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Criteria	Page number of evidence		Assessor comments (include reference to 1 <sup>st</sup> and 3 <sup>rd</sup> party evidence)	Met	Not Met
	1 <sup>st</sup>	3 <sup>rd</sup>			
<b>1.6</b> Participates in ongoing professional and educational development.					
<b>1.7</b> Practises nursing in a manner that the client determines as being culturally safe.					
<b>1.8</b> Practises in a way that respects each client's dignity and right to hold personal beliefs, values and goals.					

**Assessor(s) Summary:**

**Assessor(s) Signature and Date:**

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## Domain Two: 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.

Criteria	Page number of evidence		Assessor comments (include reference to 1 <sup>st</sup> and 3 <sup>rd</sup> party evidence)	Met	Not Met
	1 <sup>st</sup>	3 <sup>rd</sup>			
<b>2.1</b> Provides planned nursing care under the direction of a registered nurse.					
<b>2.2</b> Is accountable for ensuring that nursing care provided to clients is within scope of practice and own level of competence.					
<b>2.3</b> Demonstrates practice that supports best health outcomes for clients.					
<b>2.4</b> Ensures documentation is accurate and maintains confidentiality of information.					

**Assessor(s) Summary:**

**Assessor(s) Signature and Date:**

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## Domain Three: Interpersonal Relationships

This domain contains competencies related to interpersonal communication with clients\*, other nursing staff and interprofessional communication and documentation.

Criteria	Page number of evidence		Assessor comments (include reference to 1 <sup>st</sup> and 3 <sup>rd</sup> party evidence)	Met	Not Met
	1 <sup>st</sup>	3 <sup>rd</sup>			
<b>3.1</b> Establishes, maintains and concludes therapeutic interpersonal relationships.					

**Assessor(s) Summary:**

**Assessor(s) Signature and Date:** \_\_\_\_\_

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## Domain Four: 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.

Criteria	Page number of evidence		Assessor comments (include reference to 1 <sup>st</sup> and 3 <sup>rd</sup> party evidence)	Met	Not Met
	1 <sup>st</sup>	3 <sup>rd</sup>			
<b>4.1</b> Collaborates and participates with colleagues and members of the health care team to deliver care.					
<b>4.2</b> Contributes to the evaluation of client care.					

**Assessor(s) Summary:**

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# GLOSSARY

## **Clients**

The word client used throughout includes patient / family / whānau / consumer / community and other colleagues. (Regional Professional Development & Recognition Programme Working Party, July 2004)

## **Clinical/professional supervision**

Brings the practitioners and skilled supervisors together to reflect on practice. Supervision aims to identify solution to problems, improve practice and increase understanding of professional issues (UKCC, 1996)

## **Coaching**

Coaching could be undertaken informally or formally through preceptorship, mentoring, supervision or clinical supervision (Regional Professional Development & Recognition Programme Working Party, July 2004)

## **Competency / ies**

The knowledge skills and attributes required to perform key functions to the pre-determined standards expected of a nurse in practice (Nursing Council, 2001a)

## **Complex**

A patient/client situation which is unpredictable or involves multiple factors. (Waikato District Health Board, Nursing Career path, June 2004)

## **Compliance**

Organisational certification requirements such as fire, health and safety, CPR and IV, as applicable (Regional Professional Development & Recognition Programme Working Party, July 2004)

## **Crisis / unexpected event**

This is not limited to situations such as cardiac arrest, haemorrhage and collapse, but obviously may include these, it is also intended to refer to situations in which something unexpected happens e.g. a visitor becomes disruptive in a hospital ward. (Waikato District Health Board, Nursing Career path, June 2004)

## **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)

## **Evaluation**

A part of the process, in which the effects of nursing interventions are compared with goals or objectives, set in the care plan. Within a community setting an evaluation process is likely to be integrated into a project/programme plan. Evaluation is often an on-going reflective process between the nurse/client (individual or group) and wider health team. (Waikato District Health Board, Nursing Career path, June 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. (Regional Professional Development & Recognition Programme Working Party, July 2004)

**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).

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**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.)

**Formal knowledge sharing**

This refers to any teaching or discussion that has been planned and structured and presented to one or more person. (Waikato District Health Board, Nursing Career path, June 2004)

**Informal knowledge sharing**

This refers to teaching that occurs spontaneously as opportunities arise. (Waikato District Health Board, Nursing Career path, June 2004)

**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 that may include at the beginning and end of day, at beginning and end of whānau hui or prior to theatre.

**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)

**Policy**

Note: The word policy is used throughout includes policies/procedures/protocols/standards and guidelines (Regional Professional Development & Recognition Programme Working Party, August 2004)

**Practice**

Nursing practice occurs in direct relationship with clients, or nursing practice that directly influences relationships with clients. A client is an individual, family, (whānau ), group or community who are turoro/ patients/consumers of nursing service in the primary, secondary or tertiary health and disability sector, at home, school or work, in a health centre, a hospital or in residential care (Nursing Council, 2001b).

**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).

**Resource**

Act as a person to whom staff can come to for specific information and guidance (Regional Professional Development & Recognition Programme Working Party, July 2004)

**Speciality competencies**

Competencies required to work in a particular area/with a specific client group e.g. ventilation, restraint etc. (Regional Professional Development and Recognition working party, July 2004)

**Te Whare Tapa Wha**

Te whare tapa wha 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) (Waikato District Health Board, Nursing Career path, June 2004)

**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 (Durie, M. (2000). Whaiora Māori Health Development (2nd Ed). Oxford University Press: Auckland).

**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 be inclusive of where they come from, the mountain, river, 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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