



**NORTHERN DISTRICTS REGIONAL
PROFESSIONAL DEVELOPMENT AND
RECOGNITION PROGRAMME
for Nurse and Midwives**

GUIDELINES FOR PREPARING YOUR PORTFOLIO



Acknowledgement

These guidelines have been prepared by Chris Baker and Marian Partington for use in the 5 DHB's of the Northern District Regional PDRP:

- Bay of Plenty
- Northland
- Tairāwhiti
- Waikato
- Lakes

These guidelines are based on the PDRP framework developed by PDRP Working Party ratified by NZNO members in January 2005.

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Mihimihi - Greeting

Kei te mihi ake ki a tātou e kaha nei ki te hāpai i te oranga o ngai tāua te Iwi Māori, heoi ka mihi tonu mō rātou kua hingahinga atu nō reira, ka āpiti hōno tātai hōno, rātou ki a rātou, ā ka āpiti hōno tātai hōno, tātou e waha tonu i te kaupapa o te hauora ki a tātou. Nō reira kei te mihi ake.

Greetings to all of us who are energetically involved in the promotion of Māori health; with special reference to those who've passed away; and so, let the dead be joined to themselves and those of us who are still a living entity, let us share the burden of promoting healthy lifestyles. And so greetings once again.



Introduction

This package is designed to guide you through the process of developing your professional portfolio for the Northern District Regional Professional Development and Recognition Programme (PDRP) for Nurses and Midwives. This is a guideline only and the range of evidence you need to provide in your portfolio will depend on the level you are submitting your portfolio for. The package also includes the workbook.

The purpose of this package is to provide you with a step by step guide that can be utilised in conjunction with support and guidance from colleagues, assessors, the PDRP Co-ordinator(s) and appropriate resource people within your DHB.

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General Information

The PDRP is a professional development programme designed to recognise and reward nurses and midwives for their individual level of practice and their contribution to nursing and midwifery. Nurses and midwives are able to progress through levels by demonstrating they meet the definitions and criteria for a PDRP level.

Those who wish to enter the programme do this through submitting a portfolio which reflects their level of practice. The PDRP framework is based on Benner's¹ model which recognises the development of a nurses' practice and progress from beginner (Graduate Nurses only), competent, proficient through to expert practice. Graduate Nurses are expected to submit a competent portfolio at the completion of the Graduate Nurse Programme.

Support for Portfolio Development

- Nurses who are working on preparing a portfolio, obtaining or maintaining skill levels associated with the PDRP are entitled to additional leave in order to undertake research or study associated with meeting the PDRP requirements as follows:
 - Proficient Level 1 day p.a
 - Expert / Accomplished 2 days p.a
- If you are planning to progress from one level to the next it is strongly recommended that you access coaching from the PDRP Co-ordinators. Coaching will support you in the development of your portfolio.

Transferability of Portfolios

If you have completed a portfolio for one of the other DHB's in the Northern District Regional PDRP, this will be transferable between the 5 DHBs.

The 5 DHBs in the Northern District Regional PDRP are: Northland, Waikato, Lakes, Bay of Plenty and Tairāwhiti.

If you have completed a portfolio outside the Northern District Regional PDRP, please bring it in to be reviewed by the PDRP Co-ordinator(s).

¹ Benner. P (1984) From Novice to Expert. *Excellence and Power in Clinical Nursing Practice*. Prentice Hall. Inc. New Jersey

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Definitions

All nurses should have a thorough understanding of and work within their scope of practice as defined by the Nursing Council of New Zealand (NCNZ).

Each level on the PDRP has nationally agreed definitions and descriptors, which differentiate the levels of practice of Registered and Enrolled Nurses and enable nurses to align their practice to a PDRP level.

Registered Nurse Scope of Practice²

Registered Nurses utilise nursing knowledge and complex nursing judgements to assess health needs and provide care, and to advise and support people to manage their health.

They practise independently and in collaboration with other health professionals, perform general nursing functions and delegate to and direct enrolled nurses and nurse assistants.

They provide comprehensive nursing assessments to develop, implement, and evaluate an integrated plan of health care, and provide nursing interventions that require substantial scientific and professional knowledge and skills.

This occurs in a range of settings in partnership with individuals, families, whānau and communities. Registered Nurses may practise in a variety of clinical contexts depending on their educational preparation and practise experience.

Registered Nurses may also use this expertise to manage, teach, evaluate and research nursing practice.

There will be conditions placed on the scope of practice of some Registered Nurses according to their qualifications limiting them to a specific area of practice.

Level definitions³:

The New Graduate Registered Nurse:

- Is a newly Registered Nurse with a practising certificate
- Develops partnerships with clients* that implement Te Tiriti o Waitangi in a manner which the client* determine is culturally safe.
- Is a multi-skilled beginner nurse with theoretical and practical student experiences
- Is able to manage and prioritise assigned client* care/workload with some guidance
- Is reliant on learning from the experience of other nurses and her/his own experience.
- Learns and is developing confidence from practical situations
- Is guided by procedures, policies & protocols

² Nursing Council of New Zealand (n.d.) Scope of practice. Available online at:

<http://www.nursingcouncil.org.nz/scopes.html#rns>

³ 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>

* The term 'client' means patient / family / whānau / consumer / community / client / tangata whaiora that is a consumer of health services

The term 'nursing care' means holistic care which encompasses all dimensions of the client and their family / whānau.

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The Competent Registered Nurse:

- Develops partnerships with clients* that implement Te Tiriti o Waitangi in a manner which the client* determines is culturally safe
- Effectively applies knowledge and skills to practice
- 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

The Proficient Registered Nurse:

- 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
- Acts as a role model and a resource person for other nurses and health practitioners
- Actively contributes to clinical learning for colleagues
- Demonstrates leadership in the health care team
- Participates in changes in the practice setting
- Participates in quality improvements in the practice setting
- Demonstrates in-depth understanding of the complex factors that contribute to client* health outcomes

The Expert Registered Nurse:

- Guides others to apply the principles of Te Tiriti o Waitangi and to implement culturally safe practice to clients
- Engages in Post Graduate level education (or equivalent)#
- Contributes to specialty knowledge
- Acts as a role model and leader
- Demonstrates innovative practice
- Is responsible for clinical learning/development of colleagues
- Initiates and guides quality improvement activities
- Initiates and guides changes in the practice setting
- Is recognised as an expert in her/his area of practice
- Influences at a service, professional or organisational level
- Acts as an advocate in the promotion of nursing in the health care team
- Delivers quality client* care in unpredictable challenging situations
- Is involved in resource decision making/strategic planning
- Acts as leader for nursing work unit/facility

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The term 'nursing care' means holistic care which encompasses all dimensions of the client and their family / whānau.

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Enrolled Nurse

Scope of Practice⁴

Enrolled nurses practise under the direction of a registered nurse or midwife to implement nursing care[#] for people who have stable and predictable health outcomes in situations that do not call for complex nursing judgement.

The responsibilities of enrolled nurses include assisting clients* with the activities of daily living, recognising the changing needs of clients* and performing delegated interventions from the nursing or midwifery care plan.

Level definitions⁵:

The Competent Enrolled Nurse / Nurse Assistant

- 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

The Proficient Enrolled Nurse / Nurse Assistant

- Develops partnerships with clients* that implement Te Tiriti o Waitangi in a manner which the client* determines is culturally safe
- Has an in-depth understanding of Enrolled Nurse/Nurse Assistant practice
- Utilises broad experiential knowledge and evidence-based knowledge to provide care
- Contributes to the education of Enrolled Nurse/Nurse Assistant students, new graduate Enrolled Nurses/Nurse Assistants, care givers/healthcare assistants, competent and proficient Enrolled Nurses/Nurse Assistants
- Acts as a role model and leader to their peers
- Demonstrates increased knowledge and skills in a specific clinical area
- Is involved in service, professional or organisational activities
- Participates in change

⁴ Nursing Council of New Zealand (n.d.) Scope of practice. Available online at:

<http://www.nursingcouncil.org.nz/scopes.html#ens>

⁵ 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>

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The term 'nursing care' means holistic care which encompasses all dimensions of the client and their family / whānau.

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The Accomplished Enrolled Nurse / Nurse Assistant

- 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

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STEP ①

Preparing your Portfolio

1. Obtain a ring-binder and clear plastic sleeves or clear file with at least thirty clear plastic sleeves.
2. Make yourself a title page and put it at the front of your portfolio.
3. Now that you have a basic document you are ready to start compiling your portfolio.
4. The information that you put in your portfolio is called **evidence**.
The rules of evidence are:
 - **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. Evidence needs to be within the last 3 years as per NCNZ requirements for Competency Based Practising Certificates (Regional Professional Development & Recognition Programme Working Party, July 2004).
 - **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)

Suggested Portfolio Format

Title Page
Completed Workbook
Curriculum Vitae (CV)
Performance Appraisal
Reflective Practice
Written attestations/ / peer review / verbal attestations
Personal Statements (Optional for competent and proficient)
Other evidence e.g. certification, education and professional development records, documentation of area of practice activities you have been involved in.

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STEP ②

Curriculum Vitae and Other Existing Evidence

1. The first piece of evidence that you will need to include is a ***curriculum vitae(CV)***

Your CV needs to include the following:

- Personal Details
- Career History- when graduated, roles since graduation
- Key Achievements in last two roles
- Professional Activities (if any)
- Ongoing Professional Qualifications
- Referees (one must be a current peer).
- Nursing Philosophy is optional.

You do not need to include your school records and you should concentrate most on the last three years of practice.

2. Some specific / direct evidence may be used from your workplace or previous employment from the last three years.

This evidence may include:

- Certification (compulsory and service requirements)
- Education Record (including hours) and verification
- Hours of Work

Other examples of Specific evidence may include:

- Resources you have contributed to developing
- Audits you have participated in
- Examples of teaching you have provided
- Focus boards you have prepared
- Reflection on education you have attended
- Quality activities

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STEP ③

Reflective Practice Guidelines

1. Reflective practice provides a structured and analytical tool on which to review your practice as a means to recognise professional growth in practice and / or identify ways to improve your practice.
2. When reflecting on your practice it is essential that details that may identify a particular client, colleague or situation are not included. The goal of reflective practice is for you to be able to illustrate your critical thinking and skilled nursing practice. Your reflective practice needs to focus on how you reason, analyse and make decisions, which take into account both nursing practice and the wider situation.
3. In order to remove any possible recognition of the situation, identifying the nursing practice in a more general sense is a useful place to start e.g. emotional, social, understanding disease and implications on lifestyle or ethical issue. Using the nursing practice as the central point will help you to remove individuals from the situation and protect privacy and confidentiality of all those involved.
4. There are a range of reflective models that may be used and these are referenced at the end. There is also a reflective practice model at the end of this guidelines booklet.
5. Reflective Practice needs to capture the features of practice for the level that is being applied for. Refer back to the definition of practice for the level you are challenging.
6. Reflective practice does not have a word limit. It is as long as it needs to be to critique the practice situation.
7. Experience has shown that reflection on a range of practice situations can demonstrate the extent of a nurse's practice. **The reflection should include knowledge based on evidence to support clinical decision making.** The following suggestions may help you to identify what to reflect on:
 - Reflection on working in partnership with clients within the Consumer Code of Rights, principles of the Treaty of Waitangi and culturally safe practice.
 - Reflection on responding to / managing crisis / unexpected events.
 - Reflection on your role, workload management, interaction with the health team, client education, medication management.
 - Reflection on ethical / professional / cultural and / or social issues.
 - Reflection about situations that went well
 - Reflection about situations where there may be new or alternative ways of doing things.

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8. You may have identified the source of your knowledge, this needs to be referenced through your reflective practice and listed at the end e.g. Informed Consent Policy for DHB, NZNO Code of Ethics, Health and Disability Commission Consumer Code of Rights.

All work must be referenced, but the system you choose is completely optional e.g. APA, Harvard and others.
Additional bibliography (reading that has informed this topic) is optional.

9. Some of these practice situations may overlap with one another and are likely to meet a number of criteria, rather than just one.
10. Before reflecting on practice, **confidentiality must be adhered to**. This applies to:

Both clients / consumers / whānau / communities, and health team members / staff.

Confidentiality not only requires protecting the name of individuals/groups⁶, but also their locality / specific unique situation eg. a high profile media case which could lead to their identity / a particular community that may be identified within the context of the story.

Consider the professional implications before disclosing information about your practice or that of others that could be regarded as inappropriate. Please seek guidance if unsure.

11. When you have completed your first piece of reflection you may wish to ask a PDRP Co-ordinator or an assessor in your workplace to provide you with constructive feedback. They will also be able to show you the themes you have included in your reflection. This will help you move on to other pieces of reflective practice with more confidence.

Reflective Practice References and Reading

Bolton, G. (2005). *Reflective practice writing and professional development*: London: Sage Publications.

Burns. S. & Bullman, C. (2000). *Reflective Practice in Nursing: The Growth of the Professional Practitioner*

Fernandez, E. (1997). 'Just "doing the observations." Reflective practice in nursing.....part 1'. *British Journal of Nursing*. Sep 11-24; 6(16): 939-43

Johns, C (2002). *Guided Reflection Advancing Practice*: Oxford: Blackwell Science Ltd.

Johns. C. & Freshwater, D. (2005). *Transforming Nursing through Reflective Practice*. (2nd Ed.): Oxford: Blackwell Publishing Ltd.

Palmer. A, Burns. S & Bulman, C (1994). *Reflective Practice in Nursing: The Growth of the Professional Practitioner*

Taylor, B.J. (2000). *Reflective Practice: a Guide for Nurses and Midwives*

Working in Partnership Programme (2006) *Example of a reflective practice tool*. Available online at: http://www.wipp.nhs.uk/tools_gpn/toolu4_eg_reflective.php

⁶ Disclosure of identity is only permissible according to the Privacy Act and Code of Rights, if informed consent has been obtained from the client/consumer/community. If this is not possible, identity must be protected.

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STEP ④

Attestations / Peer Review

1. Attestations are a commentary on your practice from your peers or team members. Attestations may be from a range of people, from less experienced to more senior colleagues.
2. Attestations are most useful when they provide **specific examples** of your practice. General attestations have very limited value in linking your practice to criteria.
3. Attestations may be on any aspect of your practice and may include, but are not limited to, any of the following:
 - Use of knowledge base
 - Working in partnership with client / consumer / whānau / community
 - Supporting other team members
 - Management of workload
 - Team relationships
 - Communications skills
4. You will need to provide a minimum of two attestations or peer reviews for Proficient or Expert.
5. In keeping with the NCNZ, the Northern District Regional PDRP recognises a peer as someone from the same registration body, i.e. a nurse providing peer review for another nurse.
6. While you can develop your own format, there is a peer review form available on the TDH intranet (forms section, appraisal documents on left hand side, peer review RN or peer review EN).
7. Peer review can review all of your practice or a specific component of your practice.
8. When asking colleagues for written attestations or peer reviews you need to allow a realistic timeframe for them.
9. Remember that colleagues are entitled to decline your request without giving reasons.

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STEP ⑤

Performance Appraisal / Review

1. You will need to book your performance appraisal / review with the designated person who will be doing the appraisal and inform them of the level you are applying for.
2. A current performance appraisal / review is a requirement for your portfolio (**within 12 months**). This provides important evidence for your portfolio.
3. Your performance appraisal / review can provide sound evidence if it includes specific examples of your practice rather than general comments.
4. The person undertaking your performance appraisal / review has a responsibility to comment fairly on your performance.
5. Ensure that the appropriate document is used for your level of practice.
6. There are some situations where nurses are unable to obtain an appraisal and they have completed all other required evidence. Please contact the PDRP Co-ordinator(s) if this applies to you and strategies / options will be discussed.



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STEP ⑥

Personal Statements (Optional)

Personal statements may be useful to explain why a piece of evidence has been included in your portfolio e.g. describing the process of why and how you have developed a specific form and how it has been evaluated.

If you have been part of a new initiative or change within your practice setting, according to organisational quality process (either as an individual or as part of a group) a personal statement could describe your role and input into that initiative.

All personal statements must be signed and dated by yourself and validated and dated by a nurse more senior to you.



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STEP ⑦

Matching Your Evidence To Criteria in the Workbook

Relates to:

- Linking evidence to criteria
- Using the workbook – record the page number of the evidence in the specified column. The other columns in the workbook are for the documentation by your assessor.

How many pieces of evidence do I need?

You need to ensure that the evidence provided demonstrates repeatability. You need to have at least one piece of 1st party and one piece of 3rd party evidence for each criteria.

A single piece of evidence can not be used for 1st and 3rd party evidence for the same criteria.

- 1st Party Evidence – from self e.g. reflective practice, personal statements.
- 3rd Party Evidence – from others e.g. performance appraisal / review, peer review, attestations.

Linking Evidence to Criteria

- Initially go through the workbook and match up your evidence where you know it meets criteria. This helps to get an overall picture and may show you that you have more evidence than you realise.
- Write the page number/s in the evidence column.
- One piece of evidence may fulfil multiple criteria throughout the workbook. It is great if or when this happens!
- Matching your evidence will help you to identify when you have sufficient evidence and where you may have some gaps in evidence.

Hints

- Take time to complete this part of the portfolio preparation, especially when you have several pieces of reflective practice. This will help identify if further evidence and / or consolidation of practice is needed.
- You may wish to do this in stages
- You may wish to initially record evidence in pencil. However, this needs to be completed in pen prior to submitting your portfolio.
- Give titles to the reflective practice this helps the assessor to recall the evidence more easily.
- Number each page in your portfolio 1... to This is easier for you, and your assessor rather than an elaborate system of colour coded, dots, stars, and stripes!!

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STEP ⑧

Submitting your Portfolio for assessment.

1. Ensure you have saved (or printed another copy) of any material you have generated on your computer.
2. Ensure you are submitting PHOTOCOPIES of all documents.
Check you have a photocopy of your workbook kept.

Points 1 and 2 are to ensure that you do not submit the only copy of any document. The assessors will take all the care possible with your portfolio, however accidents do happen and **you need to protect your material.**

3. Complete the application form and add it to the front of your portfolio.
4. Complete the checklist in the front of the workbook.
5. Deliver it all to PDRP co-ordinator or Nursing and Quality Services Administrator, Ward 10.
6. Celebrate!

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SAMPLE FORMS

The following sample forms can be accessed from the PDRP folder on your ward or from the PDRP Co-ordinator:

- Peer review
- Preceptor evaluation
- Teaching plan
- Teaching evaluation- Formal
- Teaching evaluation- Informal
- Professional development record
- Documentation audit
- Quality improvement plan / Quality project progress plan
- Quality project final report / Audit report

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REFLECTIVE PRACTICE MODEL

Knowledge / Evidence Based Practice

- Support the knowledge you used throughout the process with references eg policies, protocols, Maori health models of care, etc

Further Reflection

- How have the decisions you made in managing this practice impacted on you, your practice, others eg colleagues, client, whanau etc?
- Has your management had a wider impact eg identified a quality improvement initiative?
- Did you learn anything – if so what?
- Have you considered another way to manage this practice?
- Has your practice changed in any way?

Reflecting on
Nursing Practice
eg clinical, cultural,
professional, ethical
aspects of **your**
practice

Introduction to Practice

- Identify key features of practice – concentrate on practice management NOT personal details ie client / colleague / community
- Give background / relevant details that impacted on practice management eg: support / resources available
- Relate yourself to identified practice eg new experience, team leader, community, new to area, enrolled nurse

Exploration & Reflection of Practice

- What was your role?
- What actions did you take? – include not just what you did, but also the rationale for your actions
- Did previous experiences have an impact on your actions?
- What were you trying to achieve?
- Identify knowledge used
- What were the challenges? - identify how / why you worked through these
- Were there any broader issues? eg professional, cultural, social, ethical – if so, identify how / why you worked through these

Points to remember:

- Reflect on your own practice – NOT others
- Confidentiality - reflect on practice, NOT client, colleague, organisation etc
- Reflect on practice that demonstrates continuing competency
- Ensure reflection is current within last 3 years

Developed by Wendy Tustin-Payne 01/05 Revised 12/05

Regional PDRP	Key Word: Guidelines			
File: C:\Documents and Settings\Anaru Kaiwai\Local Settings\Temporary Internet Files\Content.Outlook\X2CBH8WY\Guidelines for preparing your portfolio TDH 2007-2010.doc				
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