



**NORTHERN DISTRICTS REGIONAL**

**PROFESSIONAL DEVELOPMENT AND RECOGNITION PROGRAMME**

**REGISTERED NURSE COMPETENCIES**

**EXPERT WORKBOOK**

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

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

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

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

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

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



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Authorised by: Regional DoNs	Issue Date: 10 <sup>th</sup> August 2007	Review Date: July 2010
	Version: One (NCNZ)	Page 1 of 15

## 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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Authorised by: Regional DoNs	Issue Date: 10 <sup>th</sup> August 2007	Review Date: July 2010	Version: One (NCNZ)	Page 2 of 15

## Checklist of Requirements for Submission of an Expert Portfolio

The following items are **required components** of your expert 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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	Version: One (NCNZ)	Page 3 of 15

## Preamble

### **Definition of Expert Registered Nurse:**

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> pp11-12.

- 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)<sup>§</sup>.
- 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.

§ - 'Post Graduate level education (or equivalent)' in the Northern Districts Regional PDRP means post-registration education that impacts on practice at the expert level.

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	Version: One (NCNZ)	Page 4 of 15

## 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, and which is supported by nursing knowledge and evidence based research.

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

**4 Interprofessional health care and quality improvement.** This domain contains competencies to demonstrate that, as a member of the health care team, the nurse evaluates the effectiveness of care and promotes a nursing perspective within the Interprofessional activities of the team.

It is **strongly recommended** that nurses refer to the document '*Competencies for the registered nurse scope of practice*' (NCNZ 2005) for further guidance on appropriate examples of practice to demonstrate the requirements for the expert competencies.

Reference: Nursing Council of New Zealand (2005) *Competencies for the registered nurse scope of practice*. Wgtn: Author. Available online at <http://www.nursingcouncil.org.nz/competenciesrn.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.

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	Version: One (NCNZ)	Page 5 of 15

## Confidentiality

- As a Registered Nurse, 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.

## 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.***

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	Version: One (NCNZ)	Page 6 of 15

## EXPERT REGISTERED NURSE

### 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 <sup>st</sup> & 3 <sup>rd</sup> party 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>			
1.1 Acts as a role model <b>and</b> resource for colleagues in meeting the standards of the professional, ethical and relevant legislated requirements.					
1.2 Takes a lead role in the application of the principles of the Treaty of Waitangi / Te Tiriti o Waitangi to nursing practice <b>and</b> coaches colleagues to integrate processes appropriate for Māori. For example whānau hui, karakia, whakawhanaungatanga.					
1.3 Acts as a role model <b>and</b> provides leadership to colleagues, for directing, monitoring and evaluating nursing care# that is provided by nurse assistants, enrolled nurses and others.					
1.4 Acts as a resource <b>and</b> guides changes with colleagues in complex situations that impact on the physical and social environment to maximise client* safety, independence and quality of life and health.					

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Authorised by: Regional DoNs	Issue Date: 10 <sup>th</sup> August 2007	Review Date: July 2010
	Version: One (NCNZ)	Page 7 of 15



## EXPERT REGISTERED NURSE

### Domain 2: Management of Nursing Care

This domain contains competencies related to client\* assessment and managing client\* care, which is responsive to clients\* needs, and which is supported by nursing knowledge and evidence based research.

Competency	Page number of 1 <sup>st</sup> & 3 <sup>rd</sup> party 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>			
2.1 Provides planned nursing care <sup>#</sup> (eg. Te Whare Tapa Whā) to achieve identified outcomes for Māori <b>and</b> other clients* with complex needs, which is evidence based.  Acts as a resource <b>and</b> leads opportunities for teaching and coaching colleagues					
2.2 Leads <b>and</b> acts as a resource in the comprehensive and accurate nursing assessment of the client* with complex needs.					
2.3 Demonstrates accurate, legible and objective documentation that maintains confidentiality in line with organisational policies.  Takes a lead role in reviewing documentation compliance in line with organisational policies in the practice setting.					

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	Version: One (NCNZ)	Page 9 of 15

Competency	Page number of 1 <sup>st</sup> & 3 <sup>rd</sup> party 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>			
2.4 Ensures the client* has adequate explanation of the effects, consequences and alternatives of proposed treatment options.  Takes a lead role <b>and</b> coaches colleagues to use information and culturally appropriate communication to enable clients* to make informed choices in complex situations.					
2.5 Actively manages <b>and</b> coaches colleagues to respond to unexpected client* responses, confrontation, personal threat or other crisis situations.  Facilitates discussion to support colleagues to reflect on their experiences.					
2.6 Evaluates client* progress towards expected outcomes, in partnership with clients*.  Takes a lead role in facilitating inter professional team decision making to support best possible client* outcomes					
2.7 Provides <b>and</b> facilitates an inter-professional approach to client* health education within a nursing framework to meet the complex needs of Māori <b>and</b> other clients*.					

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Authorised by: Regional DoNs	Issue Date: 10 <sup>th</sup> August 2007	Review Date: July 2010
	Version: One (NCNZ)	Page 10 of 15





# EXPERT REGISTERED NURSE

## Domain 4: Inter-professional Health Care & Quality Improvement

This domain contains competencies to demonstrate that, as a member of the health care team the nurse evaluates the effectiveness of care and promotes a nursing perspective within the Inter-professional activities of the team.

Competency	Page number of 1 <sup>st</sup> & 3 <sup>rd</sup> party 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>			
4.1 Acts as a resource to colleagues, by facilitating clients* with complex needs to progress through the continuum of care (e.g. referrals, transfers, discharges).					
4.2 Leads colleagues in identification <b>and</b> access to the appropriate health care team members and culturally appropriate services to maximise client* outcomes.					
4.3 Takes a lead role in planning, implementing and evaluating evidence based quality improvement activities to improve standards of nursing.  Engages with Māori and other key stakeholders to identify appropriate processes for their participation in quality improvement					
<b>Assessor(s) Summary</b>					
<b>Assessor(s) Signature and Date</b>					

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Authorised by: Regional DoNs	Issue Date: 10 <sup>th</sup> August 2007	Review Date: July 2010
	Version: One (NCNZ)	Page 13 of 15

## GLOSSARY

### Area Specific Competencies

Competencies required to work in a particular area/with a specific client\* group e.g. ventilation, restraint etc. as defined by individual DHB's.

### Clinical / professional supervision

Clinical / professional supervision provides health professionals with regular formal opportunities to maintain and develop best clinical practice and culturally effective practice; inclusive of medico-legal, ethical decision making processes and respective of the individual's cultural background (Waikato DHB Policy: professional supervision or practice review for Health Professionals, 2005).

### Coaches

Informal and formal clinical teaching of colleagues through preceptorship, mentorship or clinical supervision

### Complex

A patient/client\* situation which is unpredictable or involves multiple factors. (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.

### 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)

### 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.)

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	Version: One (NCNZ)	Page 14 of 15

**Facilitates**

Takes a lead role in team discussion and clinical decision making.

**Formal education**

Teaching presentations that have been planned, structured and evaluated.

**Guides**

Provides expert advice and support on different aspects of practice based on evidence based knowledge and experience

**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.

**Leadership**

Leads the team, demonstrating expert evidence based knowledge and practice.

**Leads / lead role**

Initiates and facilitates review of practice, implementing changes in practice

**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 and resource**

Leads by example, demonstrating expert knowledge and practice in relation to legal, ethical and professional responsibility

**Stakeholders**

Those who have a legitimate interest in health care.

**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 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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	Version: One (NCNZ)	Page 15 of 15