



TAIRAWHITI DISTRICT HEALTH

PROFESSIONAL DEVELOPMENT AND RECOGNITION PROGRAMME

SENIOR NURSE - DESIGNATED ROLE MANAGEMENT, EDUCATION, RESEARCH AND POLICY MAKING

Name: _____

Work Area: _____

Assessor: _____

Assessment Date: _____

Assessor: _____

Assessment Date: _____

Regional PDRP	Key Word: Registered Nurse Expert - INITIAL	File: PDRP Workbooks
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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 Senior Nurse Portfolio

Certificates should be photocopied. All other documents are originals

Please tick of the following requirements; ensuring typed pages are signed and dated by the person who has written on it.

- ▶ Completed Workbook
- ▶ Application for assessment form
- ▶ Annual Practising Certificate - *photocopying both sides*
- ▶ Verified Education Record
- ▶ Peer Reviews / Attestations relating to Nursing Council Competencies and programme criteria - *signed and dated*
- ▶ Self Assessment Form
- ▶ Hours of Work within the last 12 months - *available from Human Resources*
- ▶ Performance Appraisal - *within last 12 months*
- ▶ Organisational Certification
 - Fire Safety
 - CPR
 -
- ▶ Reflective Practice is signed and dated by applicant
- ▶ Area Specific Competencies
- ▶ Curriculum Vitae
- ▶ Personal statements have been signed and dated by you and a senior nursing team member

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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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Definition for Senior Nurse in Designated Role	Comments from Assessor
1. Demonstrates nursing leadership through broad problem solving and analytical skills in relation to nursing standards at service, organisational and / or national level.	
2. Utilised in an expert / advisory capacity for extensive nursing experience / knowledge.	
3. Works through, or mentors nurses through, change processes to introduce nursing initiatives which are evidence based and quality focused to improve nursing standards / practice and enhance the service provided. The change process incorporates partnership with Māori, other client groups and the health team.	
4. Evidence of application of learning gained from post graduate or post registration education to advance own nursing practice / role.	
5. Actively participates in professional groups to advance nursing practice.	

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Preamble

Definition of Senior Nurse in a Designated Role:

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
- Guides others 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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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 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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SENIOR 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 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 Acts as a role model and 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 and coaches colleagues to integrate processes appropriate for Māori. For example whānau hui, karakia, whakawhanaungatanga.					
1.3 Acts as a role model and 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 and 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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DOMAIN 2: Management of Nursing Care Competencies for Senior Nurses in Management Positions

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 Promotes an environment that contributes to ongoing demonstration and evaluation of competencies.					
2.2 Promotes a quality practice environment that supports nurses' abilities to provide safe, effective and ethical nursing practice.					
2.3 Promotes a practice environment that encourages learning and evidence-based practice.					

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DOMAIN 2.1: Management of Nursing Care Competencies for Senior Nurses in Education Positions

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			
2.1.1 Promotes an environment that contributes to ongoing demonstration and evaluation of competencies.					
2.1.2 Integrates evidence-based theory and best practice into education activities.					
2.1.3 Participates in professional activities to keep abreast of current trends and issues in nursing.					
Assessor(s) Summary					
Assessor(s) Signature and Date					

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DOMAIN 2.3: Management of Nursing Care Competencies for Senior Nurses in Policy Positions

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			
2.3.1 Utilises research and nursing data to contribute to policy development, implementation and evaluation.					
2.3.2 Participates in professional activities to keep abreast of current trends and issues in nursing.					
Assessor(s) Summary					
Assessor(s) Signature and Date					

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Domain 3: Interpersonal Relationships

This domain contains competencies related to interpersonal and therapeutic communication with clients*, 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 Role models and coaches others to establish, maintain and conclude therapeutic interpersonal relationships with clients* with complex needs.					
3.2 Provides leadership and coaches others to negotiate nursing care# in partnership with clients* with complex needs.					
3.3 Role models and coaches others in the development of effective communication strategies with clients* and members of the health team.					
Assessor(s) Summary					
Assessor(s) Signature and Date					

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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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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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APPENDIX 1

Self Review Responsibilities:

- ▶ Self review is a professional responsibility. Honest assessment of your practice against Nursing Council Competencies ensures consumer safety and maintains professional credibility
- ▶ Examples of practice should be precise and objective, using language that describes your practice
- ▶ Reflect on your strengths and areas that you see as needing to be developed
- ▶ Use proactive statements when describing your professional growth and identifying opportunities for professional development/information sharing
- ▶ Consider your performance over the whole time under review and acknowledge your successes and achievements

Reference:

Ministry of Health (2002). Toward Clinical Excellence - An introduction to clinical audit, peer review and other clinical practice improvement activities. Wellington: New Zealand

This document is available on the M.O.H. website: <http://www.moh.govt.nz>

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