



Boulcott  
Hospital

THE

PDRP

RESOURCE MANUAL

# **INDEX**

## **Nursing Professional Development Pathway – Flowchart**

### **SECTION 1**

#### **INTRODUCTION**

- Introduction pg. 1
- What is Boulcott Hospitals' PDRP? pg. 2
- RN Definitions for Level of Practice pg. 3
- EN Definition for Level of Practice pg. 4
- Goals of the PDRP Programme pg. 5
- Principles of the PDRP Programme pg. 5
- Nursing Council Requirements for Registration pg. 6
- NCNZ Competencies for the RN Scope of Practice pg. 7
- NCNZ Competencies for the EN Scope of Practice pg. 8
- What is a Portfolio pg. 8
- Do I have to be on the Boulcott Hospital PDRP? pg. 9
- Assessor Requirements pg. 10
- Review and Evaluation of Programme pg.11

### **SECTION 2**

#### **PORTFOLIO REQUIREMENTS**

- RN Portfolio Evidential Requirements Flowchart pg. 12
- EN Portfolio Evidential Requirements Flowchart pg. 13
- Confidentiality & Security of Portfolio pg. 14
- Declaration pg. 15
- Acknowledging the Work of Others pg. 15
- Portfolio Submission & Return Dates pg. 15
- Performance Appraisals (Comprehensive/ Abridged PA) pg. 16
- Written Evidence of Competencies pg. 17
- Document and Evidence Requirements pg. 18-19
- Personal Portfolio Format pg. 20-22
- General Portfolio Requirements pg. 23
- Postgraduate Educational Equivalence pg. 24
- Portfolio Evidence pg. 24-25
- Types of Evidence Flowchart pg. 26

- PDRP Remuneration pg. 27
- New Employees pg. 27
- Transferring from another Hospital or Health Organisation pg. 27
- Returning Employees pg. 27
- Casual Pool pg. 28
- Maintenance of PDRP Level pg. 28
- Failure to Resubmit pg. 28
- Resignation from Boulcott Hospital pg. 28

### **SECTION 3**

#### **ASSESSMENT & MODERATION**

- Assessment of Levels of Practice Competencies pg. 29
- Self-Assessment/Peer Assessment pg. 30-35
- Submission & Assessment of Portfolio Flowchart pg. 36
- Moderation pg. 37
- Appeal Process pg. 37 - 38
- Appeal Process Flowchart pg. 39
- Performance Management Process pg. 40
- Performance Management Process Flowchart pg. 41

### **SECTION 4**

#### **PDRP CO-ORDINATOR & ASSESSOR ROLES**

- PDRP Co-ordinator Role Description pg. 42 - 43
- PDRP Assessor Role Description pg. 44 - 45

### **SECTION 5**

#### **GUIDELINES FOR REFLECTIONS**

- Reflections pg. 46 - 47

### **SECTION 6**

#### **CULTURAL SAFETY & TIRITI OF WAITANGI**

- Introduction to Cultural Safety pg. 48
- Cultural Safety Principles pg. 49 - 50

- Cultural Safety Learning Outcomes pg.51
- Introduction to the Treaty of Waitangi pg.52 - 53
- Treaty of Waitangi learning Outcomes pg.53
- Maori Health pg.54

## ***SECTION 7***

### ***PORTFOLIO TEMPLATES***

- Teaching Plan pg.56
- Teaching Evaluation – Informal pg.57
- Teaching Evaluation – Formal pg.58

## ***SECTION 8***

### ***GLOSSARY***

pg. 59-61

## ***SECTION 9***

### ***REFERENCES & ACKNOWLEDGEMENTS***

pg.62-63



## SECTION ONE

### - Introduction -

#### INTRODUCTION

*“The Health Practitioners Competency Assurance Act 2003 (‘the Act’) requires the Nursing Council of New Zealand (‘the Council’ or NCNZ) to ensure the on-going competence of practitioners. The Council approves professional development and recognition programmes as recertification programmes under section 41 of the Act for the purpose of ensuring nurses are competent to practice. Continuing competence requirements for all nurses were introduced as part of the practising certificate renewal process in September 2004.*

*The Framework and standards for approval of professional recognition programmes (2003) were developed to establish standards for programmes to meet the Council’s requirements for competence-based practising certificates. The document was updated in March 2005 to reflect the continuing competence requirements introduced in September 2004. The Council acknowledges that many nurses demonstrate competence through professional development and recognition programmes developed by employers or professional organisations.*

*The framework can be applied to:*

- *professional development and recognition programmes*
- *accreditation programmes developed by professional organisations*
- *Any other competence-based programme that meets these standards.*

*This framework will enable assessment, approval, and monitoring of these programmes so that nurses who meet the programme requirements will also be considered to have met the continuing competence requirements for renewal of practicing certificates.”*

**Framework for the approval of professional development and recognition programmes to meet the continuing competence requirements for nurses. Revised August 2013**

## **WHAT IS BOULCOTT HOSPITALS' PDRP?**

Boulcott Hospitals' PDRP encourages Nurses to reflect on their practice and to set goals to plan for their future in care delivery, quality, and leadership.

Boulcott Hospital Nursing PDRP has been developed in accordance with the National Framework for Nursing Professional Development and Recognition Programmes.

This framework provides standards for PDRP programmes to enable national consistency between programmes. The National framework for PDRP programmes identifies four levels of practice for registered and enrolled nurses:

- Graduate Registered Nurse
- Competent Registered Nurse
- Proficient Registered Nurse
- Expert Registered Nurse
- Graduate Enrolled Nurse
- Competent Enrolled Nurse
- Proficient Enrolled Nurse
- Accomplished Enrolled Nurse

**National Framework for Nursing Professional Development & Recognition Programmes & Designated Role Titles 2005**

A PDRP is a competence-based programme that assesses practice against Nursing Council Competencies, recognising level of practice and supports on-going professional development.

## RN DEFINITIONS FOR LEVELS OF PRACTICE

GRADUATE	COMPETENT
<ul style="list-style-type: none"> <li>• Is a newly Registered Nurse with a practicing certificate</li> <li>• Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determine is culturally safe</li> <li>• Is a multi-skilled beginner nurse with theoretical and practical student experiences</li> <li>• Is able to manage and prioritize assigned client care/workload with some guidance</li> <li>• Is reliant on learning from the experience of other nurses and her/his own experience.</li> </ul>	<ul style="list-style-type: none"> <li>• Develops partnerships with patients that implement Te Tiriti o Waitangi in a manner which the patient determines is culturally safe</li> <li>• Effectively applies knowledge and skills to practice</li> <li>• Has consolidated nursing knowledge in their practice setting</li> <li>• Has developed an holistic overview of the client</li> <li>• Is confident in familiar situations</li> <li>• Is able to manage and prioritize assigned patient care/workload</li> <li>• Demonstrates increasing efficiency and effectiveness in practice</li> <li>• Is able to anticipate a likely outcome for the patients with predictable health needs</li> <li>• Is able to identify unpredictable situations, act appropriately and make appropriate referrals</li> </ul>
PROFICIENT	EXPERT
<ul style="list-style-type: none"> <li>• Participates in changes in the practice setting that recognize and integrate the principles of Te Tiriti o Waitangi and cultural safety</li> <li>• Has an holistic overview of the patient and the practice context</li> <li>• Demonstrates autonomous and collaborative evidence based practice</li> <li>• Acts as a role model and a resource person for other nurses and health practitioners</li> <li>• Actively contributes to clinical learning for colleagues</li> <li>• Demonstrates leadership in the health care team</li> <li>• Participates in changes in the practice setting</li> <li>• Participates in quality improvements in the practice setting</li> <li>• Demonstrates in-depth understanding of the complex factors that contribute to patient's health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Guides others to implement culturally safe practice to patients and apply the principles of Te Tiriti o Waitangi</li> <li>• Engages in Post Graduate level education (or equivalent)</li> <li>• Contributes to specialty knowledge</li> <li>• Acts as a role model and leader</li> <li>• Demonstrates innovative practice</li> <li>• Is responsible for clinical learning/development of colleagues</li> <li>• Initiates and guides quality improvement activities</li> <li>• Initiates and guides changes in the practice setting</li> <li>• Is recognized as an expert in her/his area of practice</li> <li>• Influences at a service, professional or organisational level</li> <li>• Acts as an advocate in the promotion of nursing in the health care team</li> <li>• Delivers quality patient care in unpredictable challenging situations</li> <li>• Is involved in resource decision making/strategic planning</li> <li>• Acts as leader for nursing work unit/facility</li> </ul>



## EN DEFINITIONS FOR LEVELS OF PRACTICE

GRADUATE	COMPETENT
<ul style="list-style-type: none"> <li>• Is a newly Enrolled Nurse with a practicing certificate</li> <li>• Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe</li> <li>• Works in close collaboration with other health practitioners</li> <li>• Provides nursing care to the elderly or those requiring assessment or rehabilitation</li> <li>• Is reliant on learning from the experience of other nurses and his/her own experience</li> <li>• Learns from appropriate delegated tasks</li> <li>• Is able to manage and prioritise assigned client care/workload under direction</li> <li>• Learns and develops confidence from practical situations</li> <li>• Is guided by procedures policies &amp; protocols</li> </ul>	<ul style="list-style-type: none"> <li>• Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the patient determines is culturally safe</li> <li>• Applies knowledge and skills to practice</li> <li>• Has developed experiential knowledge</li> <li>• Is confident in familiar situations</li> <li>• Is able to manage and prioritises assigned client care/workload</li> <li>• Demonstrates increasing efficiency and effectiveness in practice</li> <li>• Respond appropriately in emergency situations</li> </ul>
PROFICIENT	ACCOMPLISHED
<ul style="list-style-type: none"> <li>• Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe</li> <li>• Utilises broad experiential knowledge</li> <li>• Contributes to the education of Enrolled Nurse Students, new graduate Enrolled Nurses, care givers/healthcare assistants, competent and proficient Enrolled Nurses</li> <li>• Acts as a role model and leader to their Enrolled Nurse peers</li> <li>• Demonstrates increased knowledge and skills in a specific clinical area</li> <li>• Is involved in service, professional or organizational activities</li> </ul>	<ul style="list-style-type: none"> <li>• Develops partnership with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe.</li> <li>• Demonstrates advancing knowledge and skills in a specific clinical area within the Enrolled Nurse scope of practice</li> <li>• Contributes to the management of changing workloads</li> <li>• Gains support and respect of the health care team through sharing of knowledge and making a demonstrated positive contribution</li> <li>• Undertakes an additional responsibility within a clinical/quality team, e.g. resource nurse, health and safety representative, etc.</li> <li>• Actively promotes understanding of legal and ethical issues.</li> <li>• Contributes to quality improvements and change in practice initiative.</li> <li>• Acts as a role model and contributes to leadership activities</li> </ul>

## **GOALS OF THE PROFESSIONAL DEVELOPMENT & RECOGNITION PROGRAMME (PDRP)**

PDRP's aim is to:

- Ensure nursing expertise is visible, valued, and understood
- Enable differentiation between the different levels of practice
- Value and reward clinical practice
- Encourage practice development
- Identify expert nurse / role models
- Encourage reflection on practice
- Ensure evidence-based practice
- Provide a structure for on-going education and training
- Assist nurses to meet the requirement for competence based practicing certificates
- Assist in the retention of nurses

## **PRINCIPLES OF THE PDRP PROGRAMME**

The Boulcott Hospital PDRP:

- Assist nurses to meet the requirements for competence based practicing certificates linked to Nursing Council Competencies
- Is open to all nurses (and other disciplines as appropriate to participate in the PDRP)
- Complies with relevant legislation
- Enables the differentiation between the different levels of practice
- Ensures nursing expertise is visible, valued, and understood
- Identifies role models in nursing (other disciplines)
- Encourages reflection on practice
- Has Te-Tiriti o Waitangi integrated into the programme
- Ensures the availability of opportunities to develop and progress
- Ensures the availability of education to support development
- Ensures the availability of projects and programmes
- Participates in clinical & quality initiatives
- Has consistent, fair and transparent processes
- Enables clear transferability and transportability of the processes between Boulcott Hospital services and nationally recognised PDRP programme services

**(West Coast DHB & HVH DHB & Southern Cross Hospital)**

## **NURSING COUNCIL REQUIREMENTS FOR REGISTRATION**

Nurses applying for an Annual Practicing Certificate (APC) are asked by NCNZ to declare that they have met these requirements and it is a professional responsibility for all nurses to do so. These include:

### **1. Evidence of on-going professional practice**

- Nursing practice in a capacity for which a nursing qualification is required in order to practice in direct relationship with clients\* or in nursing management and administration, nursing education, nursing research or nursing professional advice or policy development – minimum of 60 days or 450 hours with the last three years.

### **2. Evidence of on-going professional development**

- On-going education – completing 60 hours of professional development in the last three years, relevant to work environment and practice as a nurse.

### **3. Evidence of meeting the Nursing Council's competencies for the Registered or Enrolled Nurse scope of practice**

- Being able to meet the Council's domains and competencies for your scope of practice i.e. Registered Nurse or Enrolled Nurse, applied to your area or context in which you practice.

---

\*This term refers to Patient, Client, Whanau, Family, Community, Tangata Whaiora

## ***NURSING COUNCIL NEW ZEALAND COMPETENCIES FOR THE REGISTERED NURSE SCOPE OF PRACTICE***

The Nursing Council of New Zealand has developed a continuing competence framework to monitor the continuing competence of nurses.

There are four domains of competence for the registered nurse scope of practice. Evidence of safety to practice as a registered nurse is demonstrated when the applicant meets the competencies within the following domains:

### ***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 judgment and being accountable for own actions and decisions, while promoting an environment that maximizes health consumer safety, independence, quality of life and health.

### ***Domain two: Management of Nursing Care***

This domain contains competencies related to assessment and managing health consumer care, which is responsive to the consumers' needs, and which is supported by nursing knowledge and evidence based research.

### ***Domain three: Interpersonal relationships***

This domain contains competencies related to interpersonal and therapeutic communication with health consumers, other nursing staff and inter-professional communication and documentation.

### ***Domain four: 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.

Registered Nurses, who are working in management, education policy, and / or research, should consult the competencies for the registered nurse scope of practice for specific competencies related to their area of practice.

## **NURSING COUNCIL NEW ZEALAND COMPETENCIES FOR THE ENROLLED NURSE SCOPE OF PRACTICE**

There are four domains of competence for the enrolled nurse scope of practice. Evidence of safety to practice as an enrolled nurse is demonstrated when the applicant meets the competencies within the following domains:

### ***Domain one: Professional responsibility***

This domain contains competencies that relate to professional, legal and ethical responsibilities and cultural safety. These include being accountable for one's own actions and decisions within the enrolled nurse scope of practice.

### ***Domain two: Provision of Nursing Care***

This domain contains competencies related to assessment and provision of nursing care for health consumers when working under the direction of a registered nurse.

### ***Domain three: Interpersonal relationships***

This domain contains competencies related to interpersonal communication with health consumers, their families/Whanau and other nursing and healthcare staff.

### ***Domain four: Interprofessional health care & quality improvement***

This domain contains competencies related to working within the Interprofessional health care team and contributing to quality improvement.

## **WHAT IS A PORTFOLIO?**

### **A portfolio:**

- Provides a framework for assessing the level of practice
- Is a tangible record of professional practice, activities and achievements providing evidence of competencies in practice
- Provides a means for showing how you have maintained and developed your professional knowledge and skills
- Helps plan a career path
- Directs and maximises learning

## ***DO I HAVE TO BE ON THE BOULCOTT HOSPITAL PDRP?***

All Boulcott Hospital nursing staff are **encouraged** to participate in the PDRP process.

This should be discussed at your annual performance appraisal with your area Nurse Manager (or equivalent).

## ASSESSOR REQUIREMENTS

### Who can assess portfolios?

To assess a portfolio, the assessor must be an RN and have:

- unit standards from the New Zealand Qualifications Authority workplace assessor training or its equivalent such as
- evidence of undertaking a preceptor programme or clinical teaching programme which includes learning on assessment and/or
- an adult teaching certificate or diploma and/or
- experience as a nurse lecturer in an approved undergraduate nursing programme and/or
- demonstrated equivalency of any of the above.

(NCNZ 2011)

### How do I become an assessor?

Nurses with existing qualifications that meet the above criteria can apply to the Boulcott Hospital PDRP Committee to be an assessor.

Nurses without these qualifications who want to be assessors need to complete both the preceptor programme and Workplace Assessor Training at HVHDHB or The Open Polytechnic Work Place Assessor Training Unit Standard.

To maintain currency as an assessor, assessors are expected to assess a minimum of 4 portfolios per year. These can be at any level. However if the minimum of 4 portfolios is not available then it is expected that all submitted portfolios are moderated.

### How do I assess a portfolio?

If you are not familiar with the process, please seek assistance from an experienced assessor.

As a NCNZ approved PDRP Boulcott Hospital must comply with the Framework for the approval of PDRP to meet the continuing competence requirements for nurses (NCNZ 2013.)

Assessment of the portfolio and subsequent progression and/or maintenance on the PDRP exempts the nurse from the NCNZ audit.

**It is therefore a professional responsibility of the assessor to ensure portfolios comply with the requirements of this framework.**

The assessment tool that portfolio assessors complete has been developed to enable this.

In addition, the Performance Indicators (PI) is the objective measure of level of practice. To ensure a fair and equitable process, assessment must be as objective as possible. Either the evidence meets the requirements/ performance indicator or it does not.

## ***REVIEW AND EVALUATION OF PROGRAMME***

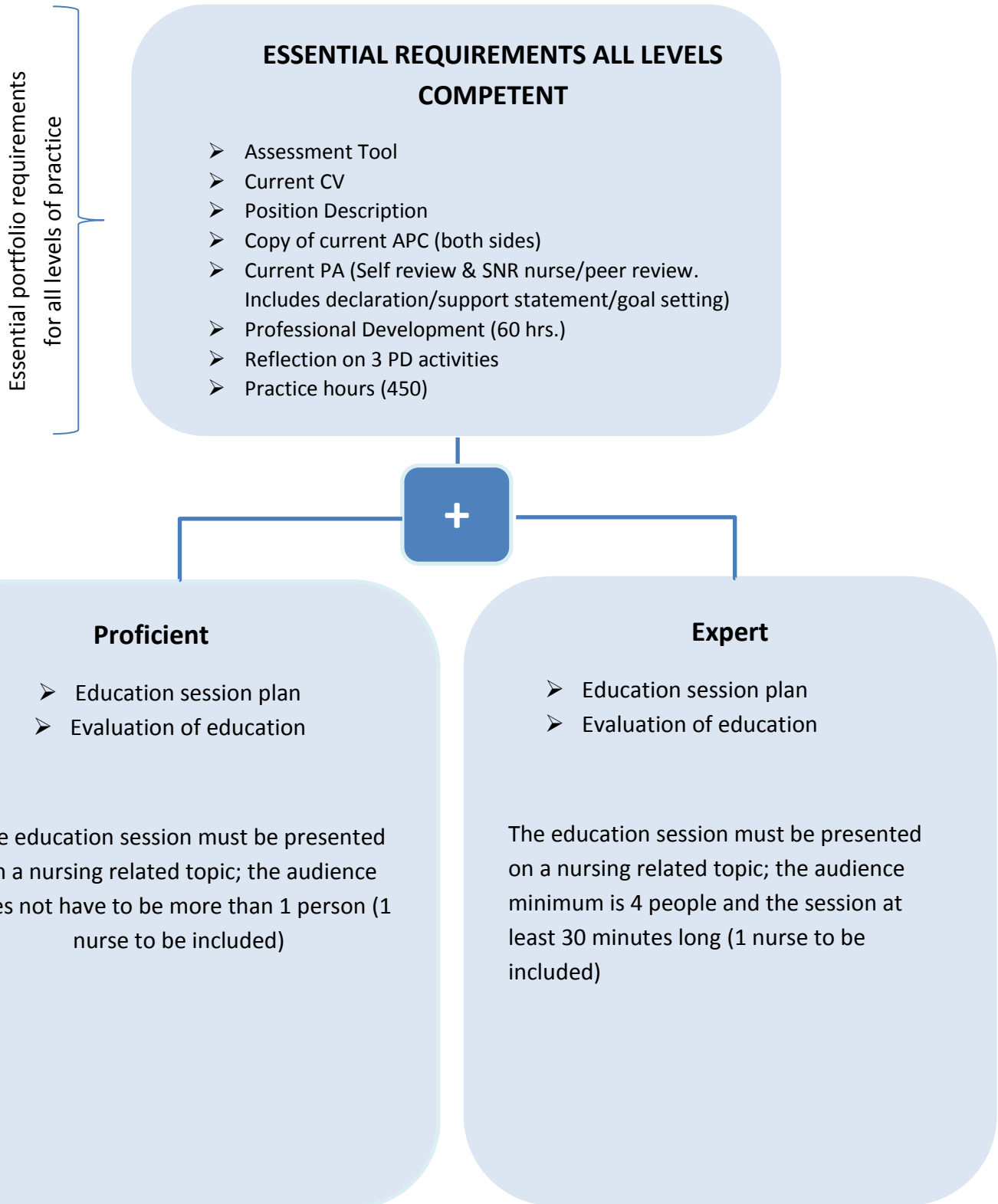
All PDRP documents and programme will be reviewed by the PDRP committee every two years as per the Boulcott hospital document control process (unless otherwise instructed by NZ Nursing Council).

A feedback form evaluating the programme/process will be used by all staff completing their Portfolio. This form will be reviewed by the PDRP Coordinator thus allowing any on-going improvements to be made to the programme.



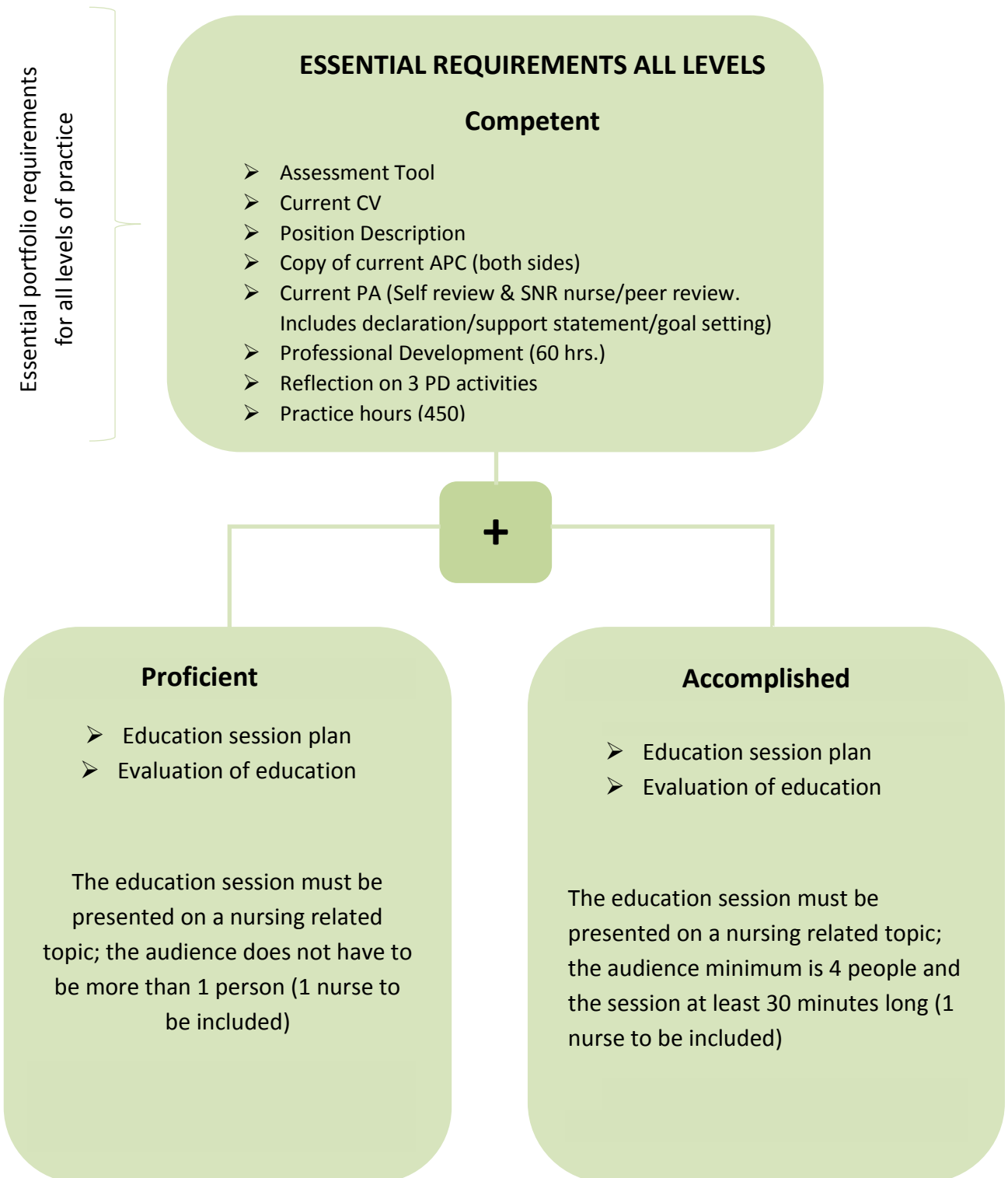
## RN PORTFOLIO EVIDENTIAL REQUIREMENTS

The essential evidential requirements set below apply to all nurses. Nurses are required to submit a fresh portfolio of evidence every 3 years.



# EN PORTFOLIO EVIDENTIAL REQUIREMENTS

The essential evidential requirements set below apply to all nurses. Nurses are required to submit a fresh portfolio of evidence every 3 years.



## SECTION TWO

### - Portfolio Requirements -

#### CONFIDENTIALITY & SECURITY OF PORTFOLIO

- All employees must comply with the Health Information Privacy Code(1994) and the Privacy Act (1993):  
*'In accordance with this no information contained within portfolios will identify clients/ consumers / Whanau / 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 identity / a particular community that may be identified within the context of the reflection.'*
- **Consider personal 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.
- An assessor has an ethical and legal responsibility to refer any identified issues of unsafe practice to the Nurse Co-ordinator PDRP in the first instance, who will then refer to the area manager.
- Portfolios are to be held in a locked environment 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.
- Minutes from meetings may be used as long as the names of other attendees are not identifiable. However, the nurse applicant must clearly identify and describe what their specific individual contribution was and the relevancy of the minutes.

## ***DECLARATION***

This declaration records that all material is your own work and is a true reflection of your practice and that any information from other sources has been appropriately referenced.

## ***ACKNOWLEDGING THE WORK OF OTHERS***

You are required to submit your own original work and to provide references for any copied material or ideas (including material from the World Wide Web).

Failure to acknowledge copied material or ideas will be investigated and depending on the extent and significance, may result in a request of resubmission of all or part of your portfolio.

There is no required format of referencing information sources; however, references must include enough detail so that the original piece of work is easily located.

**E.g. Title / Author / Date / Volume – Issue / Publisher / Website**

## ***PORTFOLIO SUBMISSION & RETURN DATES***

Portfolios are to be renewed every three (3) years (this is a NCNZ requirement).

Portfolios can be submitted at any time between the months of February – November.

The portfolio re submission date cannot be adjusted. The due date can only be changed in extenuating circumstances e.g. severe illness. This is to be negotiated with the PDRP Coordinator.

### **How long should the portfolio assessment take?**

The applicant should be informed of the outcome by the assessor within four weeks of receiving the portfolio. However allowances must be made for leave and other extenuating circumstances. If this time frame is unlikely to be achievable then another assessor should be found.

## Performance Appraisals (PA)

Performance Appraisal (PA) is an opportunity to give and receive feedback about performance and discuss ways to develop roles and practice.

The purpose of your appraisal is to:

- Ensure you have clear objectives for the next 12 months
- Evaluate your performance against both objectives and competencies over the last 12 months
- Explore your development needs
- Agree goals for improvement and success

It is a two way discussion – you and your manager should have equal input into the process.

A copy of the completed form will be placed on your personal file and a copy will be given to you for your records.

### How often do I have to have a PA?

For nurses employed by Boulcott Hospital a performance appraisal is required every year. This will be either a **comprehensive** or **abridged** PA.

(For all nurses regardless of area of employment, the renewal of their portfolio is only required every 3 years.)

### What is the difference between a comprehensive and abridged PA?

A **COMPREHENSIVE** appraisal is required every 3 years to meet NCNZ requirements. A comment and example from practice is required for each competency.

Nurses employed by Boulcott Hospital also have to complete an **ABRIDGED** appraisal every year between the 3 yearly comprehensive PA. For the abridged appraisal, written evidence against each competency is not required.

### Do I have to wait for the 3 years to complete a comprehensive PA and/or apply to a higher level on the PDRP?

No, a portfolio can be completed at any time, as long as the competencies for the level are consistently being met. This must be endorsed by the manager.

A comprehensive PA can also be done at any time within the 3 years for application to progress to a higher level on the PDRP, and/or when requested by the nurse or the manager, and/or when required by NCNZ.

## **WRITTEN EVIDENCE OF COMPETENCIES**

There are four domains of practice for the Registered Nurse and Enrolled Nurse scope of practice. There are additional requirements for those applying to Proficient and/or Expert/Accomplished Levels which reflect the change in expected skill acquisition for that level.

All applicants must provide written evidence for each criterion of meeting competencies associated with a particular level of practice. This evidence is a selection of current information and examples of your work, to demonstrate aspects of your practice and professional activities.

The written evidence represents you professionally, identifies your interests, and shows the way in which you write and reflect on your practice and illustrates your creativity, professionalism, and future aspirations.

**All applicants must sign and date their evidence to validate it.**

## What are the document and evidence requirements?

These are explained in the table below. The documents must be in the portfolio in the **order below**. Portfolios must contain the required documents and these documents must comply with the requirements and meet the assessment criteria. Portfolios that are not in the required order and/or do not contain the evidence required and/or contain unsigned documents will be returned for amendment before they are assessed.

### Document and evidence requirements

Portfolio Assessment Tool	<ul style="list-style-type: none"> <li>➤ The appropriate assessment tool for the level being applied for is put at the front of the portfolio. The applicant's name is written on this.</li> <li>➤ This document will be completed by the portfolio assessor</li> <li>➤ This document is left in the portfolio after the assessment in case of moderation</li> </ul>
Curriculum vitae	<ul style="list-style-type: none"> <li>➤ Must be current</li> </ul>
Role description	<ul style="list-style-type: none"> <li>➤ The most current format</li> </ul>
Copy of current APC(both sides)	<ul style="list-style-type: none"> <li>➤ A print out from the electronic register on the NCNZ website is also acceptable</li> <li>➤ APC must be current at time of portfolio assessment</li> </ul>
Current PA (Self review and SNR nurse review)	<ul style="list-style-type: none"> <li>➤ Declaration and support statement to signed and dated by staff member and Manager/SNR nurse</li> <li>➤ For the level being applied for or maintained must be less than 12 months old</li> <li>➤ All competencies are answered by self <b>and</b> peer with an example from practice</li> <li>➤ Self-assessment clearly and completely answers the competencies</li> <li>➤ All examples in self-assessment are from the current area of practice and are less than 12 months old</li> <li>➤ Peer assessment provides feedback on practice and comments on strengths and areas for development</li> <li>➤ References (must include enough detail so the original piece of work can be easily located e.g. Title/Author/Date/Volume/issue/Publisher/Web site)</li> </ul>
Professional Development Log/ Record	<ul style="list-style-type: none"> <li>➤ This is part of the Continuing Competency Framework and therefore must comply with NCNZ requirements. The PDR must:</li> <li>➤ be verified by the nurse manager or another senior nurse</li> <li>➤ show 60 hours or more of PD in last 3 years</li> <li>➤ if Organisational Core Competencies are required in the workplace, include date Core Competencies obtained. If overdue a letter from the manager/senior nurse must be included explaining why this has occurred.</li> <li>➤ Expert level – must include PG papers or equivalent.</li> <li>➤ Copies of certificates of attendance are <b>not</b> required.</li> </ul> <p><i>(Journal reading may only be considered a professional development activity if it takes place within a formal framework such as a journal club, a presentation to colleagues or to inform an education or quality improvement process. Meetings may be considered a professional development activity if they have an educational focus and appropriate reflection on learning included. )</i></p>

Reflection on 3 PD activities	<ul style="list-style-type: none"> <li>➤ on how the activity affirmed, influenced or changed include 3 reflections practice</li> </ul>
Evidence of practice hours	<ul style="list-style-type: none"> <li>➤ this is documented and verified by your Manager in your PA</li> </ul>
Goal setting/Professional Development Plan	<ul style="list-style-type: none"> <li>➤ this in the PA document</li> <li>➤ It is an expectation that all professionals will continue to learn to maintain their competence. These activities may be within the work environment or within an educational context. Having goals to work towards can give direction and purpose to practice and can motivate development.</li> <li>➤ Must be signed by the manager</li> </ul>
Evidence of education of others - <i>For proficient and expert/accomplished RN/EN level</i>	<ul style="list-style-type: none"> <li>➤ Registered Nurses at proficient and expert level and Enrolled Nurses at proficient/accomplished level must present at least one education session a year. This can be in the form of a teaching session at an in service, evidence of teaching on external courses or a presentation at conference or similar.</li> <li>➤ The education session must be presented on a nursing related topic</li> <li>➤ The audience must include at least one nurse</li> <li>➤ At EN and RN proficient level, the audience does not have to be more than 1 person</li> <li>➤ At EN Accomplished and RN Expert level the audience minimum is 4 people and the education at least 30 minutes long</li> <li>➤ The education session must have been presented in the previous 12 months</li> <li>➤ Education session plan: please use the template provided</li> <li>➤ Education session evaluation – a template is available but <i>any</i> form of written evaluation(s) is acceptable</li> <li>➤ This evaluation is completed by a colleague(s). One of these must be from a nurse</li> </ul>



## **PERSONAL PORTFOLIO FORMAT:**

### **SECTION ONE**

#### Portfolio Assessment Tool

- The Portfolio Assessment Tool

### **SECTION TWO**

#### CV / Position Description / APC

#### **CURRICULUM VITAE (CV)**

Your CV should include:

- **Personal details** – name, contact details such as telephone number and address.
- **Nursing philosophy** – your personal philosophy (optional).
- **Education and academic achievements** – a list of the educational institutions you have attended, dates of attendance and certificates, diplomas or degrees gained. It is usually a good idea to start with the most recent and highest qualifications.
- **Relevant work experiences** – list your most recent position first and work backwards. Give dates of employment, name and location of employer, position, responsibilities and achievements.
- **Personal skills and abilities/strengths** – your key skills and major achievements.
- **List of professional development activities.**

#### **POSITION DESCRIPTION**

This section should also contain a copy of your present job description (which should be available from your line manager or on-line in 'P' drive) along with a copy of the appropriate role description of any other position you hold e.g. infection control, IV, CPR, Health & Safety, PDRP...

#### **ANNUAL PRACTICING CERTIFICATE (APC)**

- 1) Please photocopy **both** sides of your current APC (any restrictions are noted on the back of your APC)
- 2) A printout from the NCNZ website is acceptable

## SECTION THREE

### Self-assessment / Peer review / Performance appraisal

#### SELF-ASSESSMENT

The self-assessment / performance appraisal is one in the same document

- You are required to submit a self-assessment of your clinical practice.
- Your self-assessment must provide evidence by including specific examples of your practice rather than general comments.
- 

#### PEER APPRAISAL

- You will need to book your performance appraisal with your manager.
- A current performance appraisal (within the last previous 12 months) is a requirement for your portfolio.
- Your performance appraisal must provide evidence that includes specific examples of your practice rather than general comments.
- You will have the opportunity to respond to comments before your appraisal is final.
- Ensure that the appropriate document is used for your level of practice.
- Your performance appraisal also records your
  - Professional development hours
  - Nursing practice hours
  - Declaration
  - Support statement from manger / senior Nurse
  - Completed checklist
  - Permission for portfolio to be removed from the premises for moderation

#### PEER REVIEW

##### **A peer review is optional**

- A peer review is someone from the same registration body i.e. a nurse providing peer review for another nurse
- When asking colleagues for written peer reviews you need to allow them a realistic timeframe.
- Colleagues are entitled to decline your request for any reason.
- Your peer must provide full contact details.
- Further information regarding assessing can be found in 'Guidelines for Competence Assessment '(Feb 2011) NCNZ. And 'The Boulcott Hospital PDRP manual'

## SECTION FOUR

### Professional Development Log

- Do not include any original certificates.
- Include your Professional Development log which has been validated by your area manager/team leader/educator who can verify your attendance certificate or organisational record (usually done at appraisal process each year).
- Nursing Council requires that nurses attend a minimum of 60 hours professional development over the past 3 years. This may include organisational mandatory requirements. As well as listing and describing your continuing professional development, it is important that you have reflected on your learning and its application to your professional practice. Provide an overall statement of your learning describing what you did, what you learnt and how each activity affirmed or made a difference to your practice. **Reflect on 3 educational attendances over the past 3 years.**

## GENERAL PORTFOLIO REQUIREMENTS

### The portfolio **should** be presented:

It is a NCNZ requirement that portfolios are presented as a written document. Scanned electronic copies of the written documents are permitted as long as the required signatures are present.

- In a plain folder (folders from professional organisations, such as NZNO, NCNZ, and professional colleges are acceptable) **OR**
- Professionally bound.
- If clear files are used in a folder, ensure that there are enough clear files for each piece of paper.
- Sections must be clearly separated with an appropriate labelled divider.
- Examples from practice must be current and less than 3 years old.
- With a contents list.

If using an electronic format it is suggested to download the PDRP templates to a memory stick or have them emailed to you. This means you will be able to expand the allocated space as necessary, and to use the computer to fill in the evidence / example space. This makes your portfolio tidier, as well as smarter.

### Portfolios must **not** include:

- Loose unidentified papers.
- Original documentation (such as certificates). Please use the Professional Development Log Sheet.
- Information or documents that in any way could identify patients/family/Whanau or other health care providers, unless written permission is given.
- Personal reflections or feelings which you would not want critiqued by others.
- Work or evidence that is older than the specified time frames.
- Documents not required on the checklist. **Only required evidence will be assessed.**

## ***POSTGRADUATE EDUCATIONAL EQUIVALENCE***

As part of the national changes to the PDRP, postgraduate education has been set at Level 8 and must be relevant to the area of practice.

Postgraduate Certificates', Diplomas and Master's Degree all meet this requirement.

The applicant is required to demonstrate within their portfolio the integration of the nursing knowledge at level 8 into their nursing practice.

### **What is Postgraduate Educational Equivalency?**

The educational equivalence option reduces barriers for nurses submitting a Portfolio at Expert Level, who have not had access to level 8 education but who have achieved the equivalent knowledge skills and attributes through other pathways.

It is essential that the applicant clearly demonstrates relevancy of the education to current practice.

### **Evidence should include;**

- Post registration experience and education relevant to current practice which impacts on practice at expert level
- Changes in attitudes and skills which have occurred as a result of this.
- Demonstration of expert practice, critical analysis and reflection consistently in nursing practice and is evident throughout the portfolio evidence.

**At Boulcott hospital the PDRP committee will assess educational equivalence.**

## ***PORTFOLIO EVIDENCE***

Evidence provided in your PDRP portfolio is renewed every three years, unless otherwise specified e.g. performance appraisal (which is renewed annually). This timeframe is determined by NCNZ, hence the three yearly cycle of portfolio submission.

The use of good quality portfolio evidence demonstrates your awareness and understanding of the required knowledge, skills and attitudes for the level at which you need to practice.

One of the key elements of evidence based nursing practice is demonstrating how you use evidence in practice. It is important that you include a range of examples of evidence in your self-assessment.

Incorporating the variety of evidence you utilise in everyday practice should become the norm when creating your portfolio. The evidence given may demonstrate more than one competency and can be utilised more than once.

## **QUALITIES OF EVIDENCE:**

All evidence within the portfolio must be:

- Valid** - it must be relevant to the competency being assessed
- Sufficient** - it must be enough to establish that the person meets the competency
- Current** - it must be less than 3 years old. Older evidence may be included within the Portfolio as well but should generally be updated to indicate “repeatability” and/ or changes in practice
- Authentic** - It must represent the person’s own work – or for any group work/ projects Include a short précis as to the person’s involvement in the work (**see page 9: “Acknowledging the Work of Others”**)
- Repeatable** - It must be clear that the evidence is not a “one-off” event and is able to be repeated to the appropriate standard
- Direct** - It must be directly related to the person’s actual practice

## TYPES OF EVIDENCE



**Types of evidence (modified from Norman 2008, P.49)**

Norman, K., 2008, Providing Evidence of Achievement. In: Norman, K. (Ed.), Portfolios in the Nursing profession. Quay Books. London.

## ***PDRP REMUNERATION***

PDRP Remuneration is paid to those nurses who successfully achieve Proficient or Expert/Accomplished Levels. For detail please refer to the current Collective NZNO Employment Agreement.

## ***NEW EMPLOYEES***

New employees who wish to participate in Boulcott Hospital PDRP and who have not been on an NCNZ approved PDRP or who have come from overseas, must have a performance review and apply to progress onto the PDRP within 12 months of employment.

Therefore nurses in their first 12 months of employment at Boulcott Hospital may be selected for NCNZ for audit.

Their portfolio is assessed for application to the PDRP according to the process for the level they are applying for.

## ***TRANSFERRING FROM ANOTHER HOSPITAL OR HEALTH ORGANISATION***

A nurse with a current NCNZ approved PDRP that transfers from either another organisation or area of practice, retains that level of practice in the new employment setting.

The nurse then has up to 12 months to demonstrate achievement of the competencies at that level of practice in the new setting or at portfolio expiry date (whichever comes first).

The PDRP Coordinator will complete a transfer letter at commencement of your employment.

The PDRP remuneration is paid from the time of employment with provision for the nurse to meet the performance indicators for the level in the new area within a negotiated period.

Nurses who do not submit a new portfolio based on the Boulcott Hospital template by the end of the 12 month period will then be recorded as not current and will be subject to NCNZ Audit.

## ***RETURNING EMPLOYEES***

Under normal circumstances, if a Boulcott Hospital employee on the PDRP resigns and then returns within three years of their previous full portfolio review, their status will be re-established, at the existing level.

Nurses who have been away for more than 3 years or who did not complete a full portfolio review prior to leaving cannot have their level re-established.



## **CASUAL POOL**

Nurses employed on the Casual Pool are entitled to apply for progression onto the PDRP, as long as they work at least fifty shifts per year for Boulcott Hospital.

Nurses who work less than this are individually responsible for maintaining NCNZ competency requirements.

## **MAINTENANCE OF PDRP LEVEL**

Progression on the PDRP does not end after completion of a portfolio. It is an on-going process requiring maintenance of the portfolio and Annual Performance Review.

To remain on a NCNZ approved PDRP, nurses are required to submit an updated portfolio every 3 years. This reaffirms the nurse is consistently practicing at that level of practice.

A performance review is to be completed by the Manager every 12 months.

## **FAILURE TO RESUBMIT**

A nurse who has failed to resubmit their portfolio by the expiry date will be considered as no longer current on Boulcott Hospitals' PDRP.

The nurse will be notified in writing of this and:

- Have their name removed from the PDRP database
- PDRP payment ceased (payroll notified)
- NCNZ notified

The nurse's Area Manager/Team Leader will also be informed of this outcome.

## **RESIGNATION FROM BOULCOTT HOSPITAL**

On resignation from Boulcott Hospital a nurse with a current portfolio will be removed from the Boulcott Hospital PDRP register.

**(The nurse may then apply to have their PDRP recognised by any organisation or DHB they are subsequently employed by)**

## **SECTION THREE**

### **– Assessment & moderation –**

#### **ASSESSMENT OF LEVELS OF PRACTICE AND COMPETENCIES**

It is intended that the assessment process will be a positive experience for all concerned, whereby a nurse's contribution to practice and personal and professional development can be recognised.

It is important that all nurses adequately prepare for the assessment process to avoid disappointment. When preparing a portfolio for assessment, you should read the Professional Portfolio Handbook and become thoroughly familiar with the requirements.

To remain in a NCNZ approved PDRP, nurses are required to submit a fresh portfolio of evidence every three years. This three yearly process reaffirms the nurse is consistently practicing at that level of practice. The only time a nurse submits a portfolio more frequently than three yearly is when the nurse is ready to progress to a higher level of practice<sup>1</sup>.

A portfolio is presented with:

- Essential portfolio evidence which applies to all applicants
- Level of practice evidence which identifies specific requirements according to the level of application

#### **Essential Portfolio Evidential Requirements:**

(Refer to RN/EN Portfolio Evidential Requirement Flowchart on page 29)

The standard requirements apply to all nurses who prepare a portfolio for assessment through the Boulcott Hospital PDRP.

#### **Level of Practice Evidential Requirements:**

(Refer to RN/EN Portfolio Evidential Requirement Flowchart on page 30)

Proficient and Expert/Accomplished Levels have their own specific requirements above the essential Portfolio evidential requirements.

---

<sup>1</sup> PDRP Evidential Requirements Working Party Report (2009)

## SELF ASSESSMENT/PEER ASSESSMENT:

### Domains of Practice and Competencies

There are four domains of practice for the Registered Nurse and Enrolled Nurse scope of practice. Evidence of safety to practice as a Registered / Enrolled nurse is demonstrated when the applicant meets the competencies within the domains.

The competencies in each domain have a number of key generic examples of competence performance called indicators. These are neither comprehensive nor exhaustive; rather they provide examples of evidence of competence. The indicators are designed to assist both yourself and the assessor when using his/her professional judgement in assessing the attainment of the competencies. The indicators are found in the NCNZ Registered Nurse Competencies<sup>2</sup> or Enrolled Nurse Competencies<sup>3</sup> documents.

**Note: Those Enrolled Nurses working within the Restricted Scope are excluded from assessment for the following competencies 2.2, 2.3, 2.6, 3.2, 3.3, 4.2 and 4.3.**

### Preparation for Your Self-Assessment

Reflective practice is an essential element of your self-assessment. This may be defined as:

*“A way of learning that involves using personal experience as a basis from which to identify and understand the knowledge that is developed from and used in practice”<sup>4</sup>*

Nursing Council of New Zealand provides a guide to competence assessment, which includes a section on self-assessment<sup>5</sup>

(Refer to: <http://www.nursingcouncil.org.nz/download/234/comp-assess-feb11.pdf>)

### Recommendations for the Self/Peer Assessment Process:

- A self-assessment takes time. You may wish to do this over a period of days or weeks
- Before commencing, read the NCNZ Competencies for RN / EN, and other documents as recommended in the handbook
- Work through each competency, giving examples of how you met this wherever applicable. Personalise it to your own nursing experience
- The PDRP template is designed to be flexible. Personalise it to your own practice experience. You may be able to identify more than one competency in each example
- Always remember that if you are recording details of your clinical practice, you must maintain patient and colleague confidentiality
- The self and peer assessment must be completed at least once every 3 years.
- The self and peer assessment must meet the requirements of NCNZ (see below).

### How do I complete a self-assessment?

<sup>2</sup> Nursing Council of New Zealand. (2007). Competencies for registered nurses.

<sup>3</sup> Nursing Council of New Zealand. (2010). Competencies for enrolled nurses.

<sup>4</sup> Andre, K. & Heartfield, M. (2011). Nursing and midwifery portfolios: Evidence of continuing competence.

<sup>5</sup> Nursing Council of New Zealand. (2011). Guidelines for competence assessment.

- All competencies must be answered
- Answers and examples must clearly and completely answer the competency with an example or explanation of how practice meets or achieves the competency e.g. 1.1 “The professional, ethical and legislated requirements most relevant to (insert where you work) are.....(explain what they are). I ensure my nursing practice and conduct meets them by.....(explain how).
- A statement such as ‘I ensure my practice is culturally safe by treating each patient as an individual’ does not meet NCNZ requirements as there is no example given.
- The italicised information underneath each competency is an indicator guide to help answer the competency.
- All answers and examples must be from the current area of practice and be less than 12 months old.

### **Who can complete a peer assessment?**

- In the context of the Boulcott Hospital’s PDRP, ‘peer’ refers to the nurse completing the performance review assessment against NCNZ competencies.
- This is the line manager. The line manager can delegated this responsibility to another nurse who is familiar with the practice of the nurse completing the portfolio. They do not have to be a senior nurse.
- They must have a current APC.
- They must be at the same level or a higher level on the PDRP than the level being applied to or maintained.
- If the manager completes the assessment but is not a nurse, another nurse must also assess the nurse.
- If the manager has not completed the peer assessment, they must complete an overall summation of the Assessment.

### **Can ENs be peer assessors?**

Yes, ENs can assess other ENs but not RNs. For nurses employed by Boulcott Hospital, the EN peer assessor must be on the PDRP at the same or a higher level than the EN being assessed.

### **How do I complete a peer assessment?**

- This assessment must include a statement or comment of how the assessor *knows* the assessed practice meets or achieves the competency. Because this is also the performance review, feedback on their strengths and areas for development should be included and is therefore not to be undertaken lightly.
- Statements such as ‘agreed’, or ‘see above’ and ‘nurse meets this competency’ do not meet NCNZ as there is no example given and there is no feedback on performance.
- For nurses employed by Boulcott Hospital, the peer assessor must be on the PDRP at the same or a higher level than the nurse being assessed or be a senior nurse.

## **Do I assess what the nurse has written in the self-assessment or what I have seen in practice?**

Both, assessment can be from:

- Direct observation of practice
- An interview and discussion of nursing care in different scenarios
- Evidence in self-assessments on examples of practice
- Reports from other nurses or health professionals.

(NCNZ 2011)

## **What if I can't complete the peer assessment?**

If you can't complete the peer assessment because you do not know what to write or how to write it, please seek advice from an experienced peer assessor. Being able to give feedback on areas of practice requiring development is an expected part of professional behaviour (NCNZ 2011).

## **What do I do if I don't think the competencies are met?**

- In practice itself - Discuss your concerns with your manager. Managers should not delegate assessments when there are concerns with the performance of the nurse being assessed.
- How self-assessment is written - Discuss why you believe it doesn't meet the requirements with the nurse concerned. Being able to give feedback on practice including writing self-assessments is an expected part of professional behaviour.

To apply to the PDRP or maintain a PDRP level, nurses must be consistently meeting the competencies for that level.

Nurses whose practice does not meet this need to either regress to an appropriate level on the PDRP and/or have a plan developed to enable them to meet the requirements.

'Performance management' is separate from the PDRP process.

## **What is the difference between a peer assessment and the portfolio assessment?**

While the generic principles of assessment are the same, there is a distinct difference between the process of peer assessment and portfolio assessment.

- The Peer Assessment is completed by or delegated by the manager to a nurse with the same Scope of Practice and on the same or higher level PDRP, as that being applied for or maintained. It is an assessment of practice and therefore the assessor must be familiar with the practice of the nurse being assessed.

- Portfolio Assessment can be done by any nurse who meets the criteria for being a portfolio assessor. It is assessment of the evidence in the portfolio only. They may not know the practice and in order for objective assessment to occur, any knowledge of the practice must be suspended.

**What if I disagree with the choice of peer assessor and/or the peer assessment?**

If the nurse being assessed disagrees with the choice of peer assessor, they must negotiate with their manager for an alternative assessor before the PR commences. The peer assessor should not be a close personal friend or relative of the nurse being assessed. A high level of professionalism is expected of the peer assessor and any conflict of interest declared and another assessor chosen.

**Can more than 2 people complete the peer assessment?**

Peer assessments should usually be done by one person; however they can be completed by a second person (who must also be delegated by the line manager). When more than one person has completed the peer assessment, the details of each assessor must be included and it is clear who has done which part of the assessment.

**Are there examples of self and peer assessments?**

The examples below are of assessments against the proficient RN indicators that demonstrate either:

- a) does not meet the requirements
- b) just meets the requirements
- c) are well written assessments

Proficient RN performance indicator: Identify one professional, one ethical and one legislated requirement ..... and how you assisted a colleague to comply with one of these requirements.

**Example A:**

Self-assessment (a) I am aware of the professional, ethical and legislated requirements, such as the HPCA Act and NCNZ Code of Conduct and organisational policies and ensure my practice abides by these.

*The self-assessment (a) above does not provide a description of how the nurse ensures their practice meets the requirements or how they assist others with compliance. This answer does not meet NCNZ requirements.*

Peer assessment (a) Nurse X practices professionally and ethically at all times.

*The peer assessment (a) above does not provide an example of how the assessor knows the competency is met so does not meet NCNZ requirements. Statements such as 'see above', 'meets the competency', or 'agreed' are unacceptable.*

**Example B:**

Self-Assessment (b) the requirements most relevant to my practice are the HPCA Act, (legislation) the NCNZ Code of Ethics (ethical) and the Post Anaesthetic Care Unit (PACU) policies and guidelines (professional). The latter includes patient assessment and discharge from the Post Anaesthetic Care Unit. I ensure my practice conforms to the requirements for example patients have to meet the discharge criteria before I can send them to the ward or the unit. I believe understanding leads to better compliance and therefore have provided a number of education in-services on topics related to legislation and policy. Examples of these are contained in my portfolio

*This self-assessment (b) just meets the requirements. The nurse identified some relevant legislation, guidelines and policies, explains how they comply with and apply the contents and how they assist others with compliance by education but it is somewhat lacking in content.*

Peer Assessment (b) Nurse X demonstrated her compliance with professional, ethical and legislated requirements when she explains the requirements to students and new staff. She has provided a number of in-services on related topics to the staff in PACU

*The peer assessment (b) above explains how the assessor knows the nurse meets the competency, so is acceptable.*

**Example C:**

Self-assessment (c) The requirements most relevant to my practice are the HPCA Act, the Privacy Act, the Code of Health and Disability Services Consumers Rights, (legislated) Nursing Council Code of Ethics (ethical) the NZNO Perioperative Nurses College (PNC) standards (professional) and the organisational and area specific policies and guidelines. The latter includes patient assessment and discharge from the Post Anaesthetic Care Unit (PACU). I ensure I have read and understood them and ensure my practice conforms to the requirements for example patients have to meet the discharge criteria before I can send them to the ward or the unit. I am professional in my interactions and communications and use the ISBAR tool when discussing concerns with medical colleagues. I also ensure I am up to date with my Core Competencies and utilise the E learning packages available to us (see evidence in my PDR). I am secretary of the PNC which keeps me informed of the latest trends and guidelines in PACU nursing I believe understanding leads to better compliance and therefore have provided a number of education in-services on topics related to

legislation, policy and standards of care in PACU. Examples of these are contained in my portfolio.

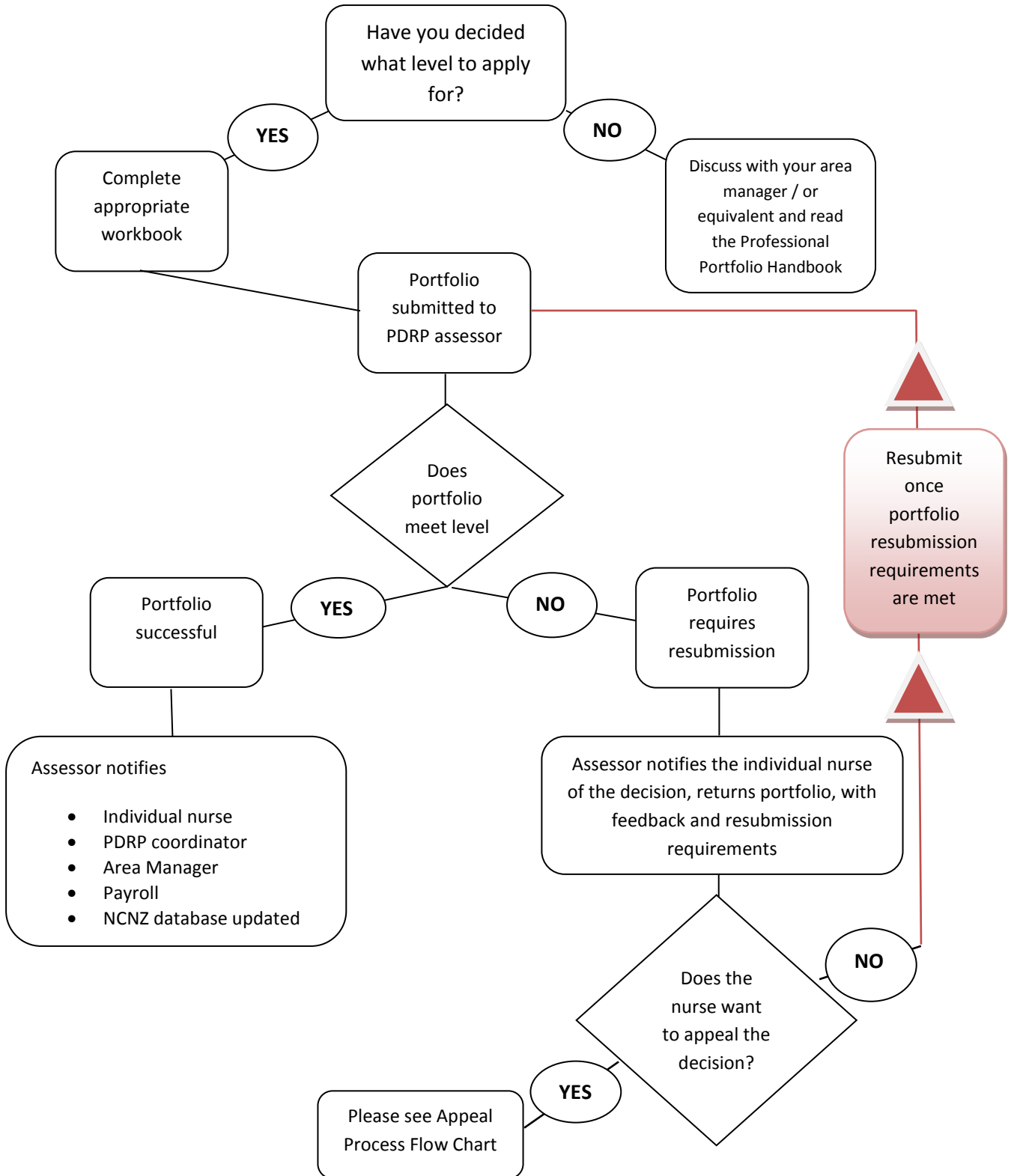
*This self-assessment (c) clearly and completely answers the indicator with specific examples and is a comprehensive explanation of how the nurse meets it*

Peer Assessment (c) Nurse X explicitly demonstrates her compliance with professional, ethical and legislated requirements when she precepts students and new staff and explains the requirements to them. The in-services she describes were extremely well researched and of great value to the staff in PACU. Education of others is one of her strengths and she has indicated an interest in developing her career in this direction. This is reflected in her PD plan.

*The peer assessment (c) clearly and explicitly explains how the assessor knows the nurse meets the competency. This assessment also provides constructive feedback on the in-services and includes comments on her strengths and areas for development and is a well written peer assessment.*



## SUBMISSION & ASSESSMENT OF PORTFOLIO FLOWCHART



## **MODERATION**

Moderation is a quality process that ensures assessments are valid, fair and consistent

- Every portfolio will be fully cross-assessed by another PDRP assessor
- New portfolio assessors will have at least their first five (5) portfolios initially cross-assessed to check their assessment skills
- External moderation of a section of portfolios annually by PDRP Co-ordinators' from an outside Hospital with a recognised PDRP programme.

### **Key Tasks of Moderation:**

- To monitor validity, reliability, consistency, accuracy and fairness of the standard of the assessment
- To consider the assessor recommendations from the portfolios assessed
- To address issues raised in assessor recommendations
- To make recommendations if level requirements are not met
- To consider recognition of prior learning (RPL) of external portfolios (if not from NCNZ approved organisation)

## **APPEAL PROCESS**

If the application is unsuccessful, the individual nurse can appeal the decision.

A letter stating the reasons for appealing must be sent to the Principal Nurse within 10 working days of the date of the assessment letter. A copy of the original portfolio must accompany the letter.

An independent panel should be used to reconsider the decision.

This panel will be made up of:

- A senior nurse from Boulcott Hospital who is a qualified assessor and who did not conduct the initial assessment
- An elected worker representative
- A designated representative appointed by the Principal Nurse

This panel will meet within one month of notification from the applicant to review the decision.

The appeal panel's responsibility is to deal fairly with an individual's complaint and to test whether or not the requirements to appoint the person to the level have been met.

The panel only considers portfolio evidence as originally submitted. **Portfolios must not be altered after original submission.**

The appeal panel arranges to interview the applicant, original assessors and anyone else they feel is relevant. An employee may choose to be accompanied by an advocate e.g. union delegate and / or support person e.g. friend, staff member.

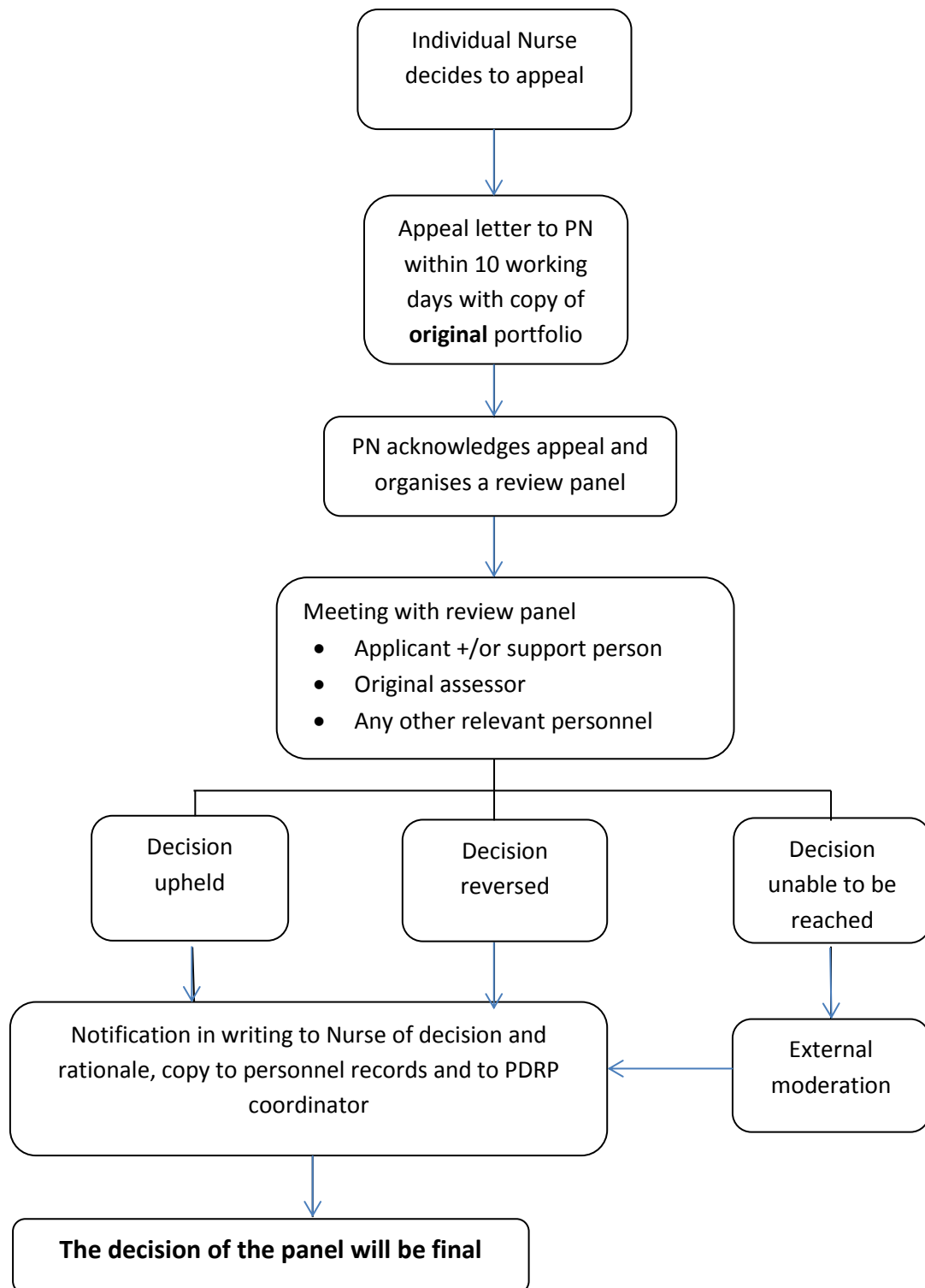
The appeal panel will consider the applicant's original portfolio, the assessment tool from the original assessment and the applicant's statement in regard to the appeal. The panels' aim is to decide if the original decision is to be upheld or not. If it is upheld, the panel will advise the applicant what is required for progression to occur.

The applicant is given the decision with supporting evidence in writing within 1 month of the appeal hearing.

**The decision of the appeal panel will be final.**

If a decision is unable to be reached the portfolio will be sent, with the Nurse's consent, for external moderation.

## APPEAL PROCESS FLOWCHART



## PERFORMANCE MANAGEMENT PROCESS

Performance management and disciplinary processes are managed separately from the PDRP process.

Refer Policies & Procedures Boulcott Hospital – Management Manual

- 2.01.09, 2.01.09a - Disciplinary Process
- 2.01.10 – Performance Evaluation
- 2.01.18,2.01.18a – Code of Conduct
- 2.01.19,2.01.19a – Notification of Competence concerns to NZNC
- 2.12.02,2.12.02a – Management Performance Reviews

If a staff member with a Portfolio at an established level, whose practice is not reflecting her/his approved level of practice, the Area Manager must:

- Notify the Boulcott Hospital PDRP Co-ordinator and the Principal Nurse

If applicable a performance development plan is agreed on by the Nurse and Area Manager.

Performance issues should have been identified prior to the annual performance review meeting.

- If the deficits **are** addressed prior to the annual performance review meeting, the endorsement process for that Level can proceed within the meeting.
- If the deficits **are not** addressed prior to the annual performance review meeting, the endorsement process for that Level will be placed “on hold” and the manager may contact the Boulcott Hospital PDRP Coordinator, to discuss options regarding level of practice.

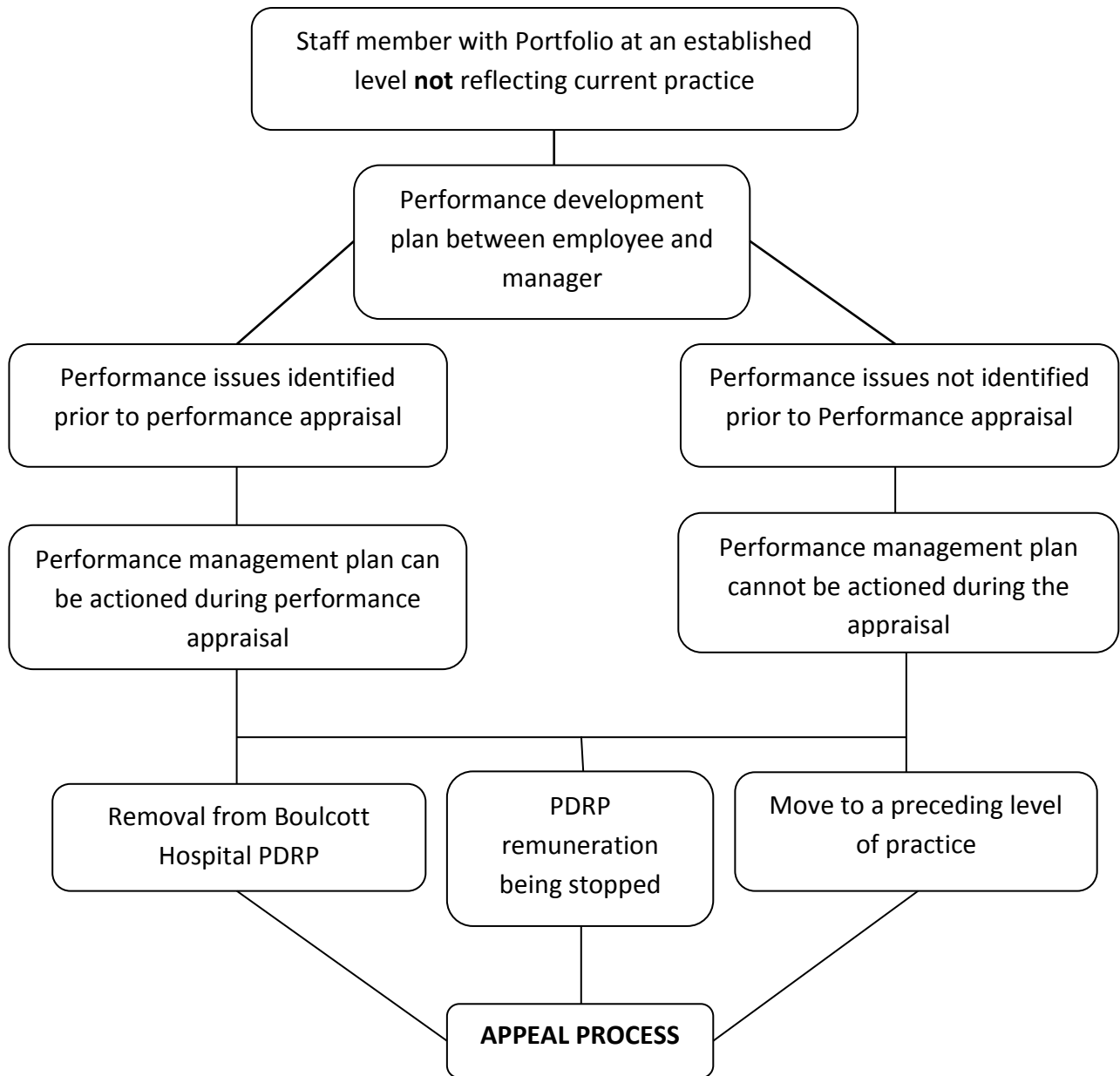
When a level of practice is **not** endorsed through the performance review process and following appropriate organisational performance management processes, the manager **may** contact the PDRP coordinator to discuss options, which may include (but are not limited to) the nurse:

- Being removed from the Boulcott Hospital PDRP register
- PDRP remuneration being stopped
- An individual may choose or be advised to move to a preceding level e.g. move from proficient to competent – **See moving to preceding level of practice.**

Notification of outcome must be made to the PDRP coordinator.

If a nurse does not meet the competent level of practice the Area Manager must notify the Principal Nurse to discuss options of further management.

## PERFORMANCE MANAGEMENT FLOWCHART



## **SECTION FOUR**

### **– PDRP Co-ordinator & Assessor roles -**

#### **ROLE OF PDRP COORDINATOR**

The PDRP coordinator role has been established to demonstrate Boulcott Hospital's commitment to nursing Professional Development and Recognition Programme (PDRP).

To assess a portfolio, the assessor must be an RN/EN and have:

- unit standards from the New Zealand Qualifications Authority workplace assessor training or its equivalent such as
- evidence of undertaking a preceptor programme or clinical teaching programme which includes learning on assessment and/or
- an adult teaching certificate or diploma and/or
- experience as a nurse lecturer in an approved undergraduate nursing programme and/or
- demonstrated equivalency of any of the above.

(NCNZ 2011)

PDRP Coordinator duties:

- Undertakes a leadership role within the committee, to direct and oversee the delivery of the entire PDRP at Boulcott Hospital.
- Will establish the agenda and take the responsibility for ensuring the meeting is minuted and will chair quarterly PDRP committee meetings (or more frequently if required).
- Is responsible for ensuring all documentation and information, provided by the committee and made available to staff, is based on current legislative requirements and is evidenced based and recommended best practice.
- Is responsible for ensuring the electronic PDRP register, data collection and compilation of external reports regarding register of successful applicants to the programme and changes/resignations to the Nursing council is maintained and to keep payroll/personnel up-to-date with any changes.
- Is responsible for ensuring appropriate PDRP education programmes are available for all nursing staff, and will assist the PDRP Assessors in the delivery of such.

- Will assist in the delivery of PDRP education sessions and the assessment of portfolios.
- Will ensure that the committee and staff remain abreast of changes and advancements in the programme.
- Will be the liaison person with Nursing Council and management on any issues.
- Will be responsible for ensuring regular information regarding the PDRP is submitted for the Boulcott Hospital 'Heartbeat' newsletter.
- Is responsible for ensuring a quarterly report is provided. The PDRP Coordinator will collate and present a summary of findings back to the PDRP Committee and Principal Nurse.
- Will assist any staff member who needs assistance developing their portfolio, and who has been unable to reach the required level under the PDRP Assessors guidance.
- Is responsible for maintenance and delivery of the programme in an electronic format.
- Will lead onsite documentation/policy/process reviews.
- Will attend the National & Regional PDRP Conference / meetings where possible or arrange another committee member to attend.
- Demonstrate commitment to own professional development through on going learning and development.
- Will participate in a yearly role review with the Principal Nurse.
- Maintains a confidential file of completed assessments and moderated assessments.

**Internal relationships:** Principal Nurse, Area Managers, other PDRP Assessors, Nurse Educators.

**External relationships:** National PDRP Body, Nursing Council of NZ, NZNO, other hospital PDRP coordinators.



## ROLE OF PDRP ASSESSOR

### The PDRP Assessor:

- Assists the co-ordinator in the development and management of PDRP for nursing staff.
- Shall attend an appropriate course upon taking up the position, and as required throughout their service in this role.

To assess a portfolio, the assessor must be an RN/EN and have:

- unit standards from the New Zealand Qualifications Authority workplace assessor training or its equivalent such as
- evidence of undertaking a preceptor programme or clinical teaching programme which includes learning on assessment and/or
- an adult teaching certificate or diploma and/or
- experience as a nurse lecturer in an approved undergraduate nursing programme and/or
- demonstrated equivalency of any of the above.

(NCNZ 2011)

- Assists new nurses within six weeks of commencement of their employment, ensuring that the staff member:
  - Understands the PDRP process.
  - Receives a copy of the PDRP Handbook.
  - Is aware of how to gain access to the electronic PDRP.
  - Has the transferability process completed for those who already have a portfolio.
- Liaises with the Co-ordinator and /or the relevant area manager if a staff member is struggling with elements of the PDRP process.
- Assists to identify level of practice and the necessary evidence required in preparing portfolio.
  - Ensures the staff member understands the re-submission process.
  - Encourages the staff member to review the PDRP Manual policies & procedures.
  - Assesses the staff member's Portfolio prior to submission to confirm they meet PDRP criteria.
- Assist with, and contributes to, the review of the policies and procedures, to ensure current evidence based practice.

- Assists with the quarterly clinical audit under the leadership of the PDRP co-ordinator.
- Attends committee meetings on a quarterly basis (or more frequently if required) and feeds back to area meetings where possible.
- Maintains communication and networks with other Assessors.
- Will attend the Regional and/or National PDRP conference/meetings where possible
- Demonstrate commitment to own professional development through on-going learning and development.
- Will participate in a yearly role review with the PDRP Coordinator.

## SECTION FIVE

### – Guidelines for reflections

#### REFLECTIVE PRACTICE

##### What is reflective Practice?

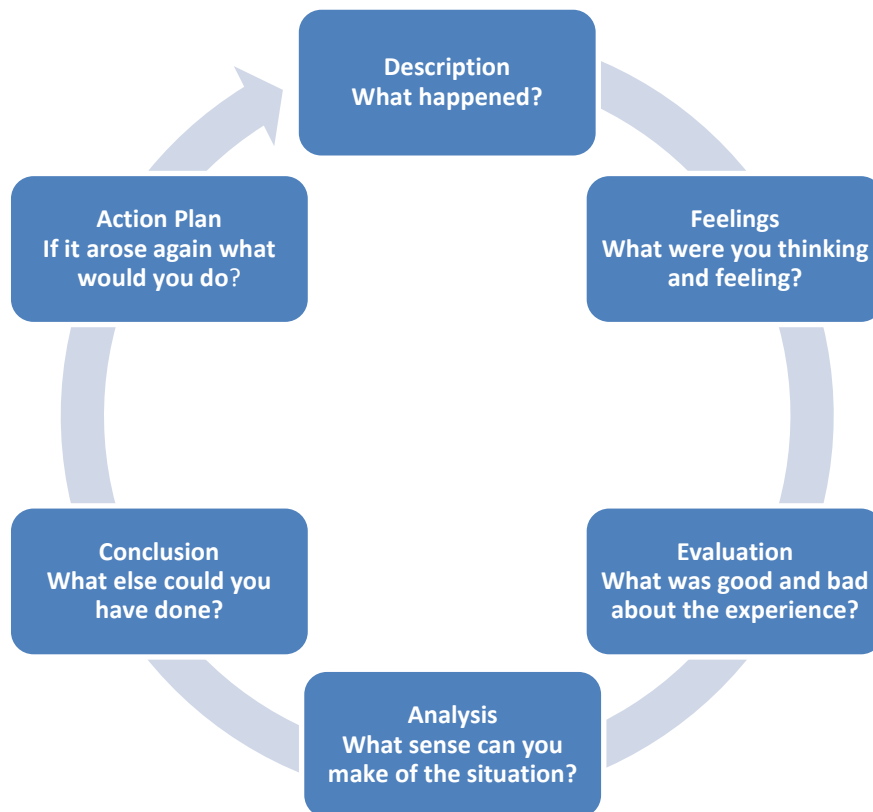
*“Reflective practice is a way of learning that involves using personal experience as a basis from which to identify and understand the knowledge that is developed from and used in practice.” Kate Andre & Marie Hartfield. 2011*

*Engaging in reflective practice is associated with the improvement in quality of care, stimulating personal and professional growth, and closing the gap between theory and practice. (HBDHB PDRP Handbook)*

When reflecting on your practice it is essential that details that may identify a particular client, colleague or situation are not included. Confidentiality must be adhered to for all parties.

The goal of reflective practice is for you to be able to illustrate your critical thinking and skilled nursing practice.

There are a range of reflective models that may be used; we have provided **The Gibbs Reflective cycle** (Gibbs et al 1988) to give you an idea of the process of reflection.



This cycle encourages a clear description of the situation, analysis of feelings, evaluation of the experience and analysis to make sense of the experience to examine what you would do if the situation arose again.

Your reflective practice needs to focus on how you reason, analyse, and make decisions, which takes into account both nursing practice and the wider situation. Reflective practice needs to capture the features of practice for the level that is being applied for, (refer to the definition of practice for the level you are applying for.)

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.

Reflective writing may represent more than one practice situations and meet a number of Nursing Council Competencies.

The following suggestions may help you identify what to reflect on:

- Working in partnership with clients with the consumer code of rights, principles of the treaty of Waitangi and culturally safe practice.
- Responding to/managing crisis/unexpected events.
- Your role, workload management, interaction with the health team, client education, medication management.
- Ethical/professional/cultural and/or social issues.
- Situations that went well
- Situations where there may be new or alternative ways of doing things

## SECTION SIX

### -Cultural Safety & Tiriti of Waitangi -

#### INTRODUCTION TO CULTURAL SAFETY

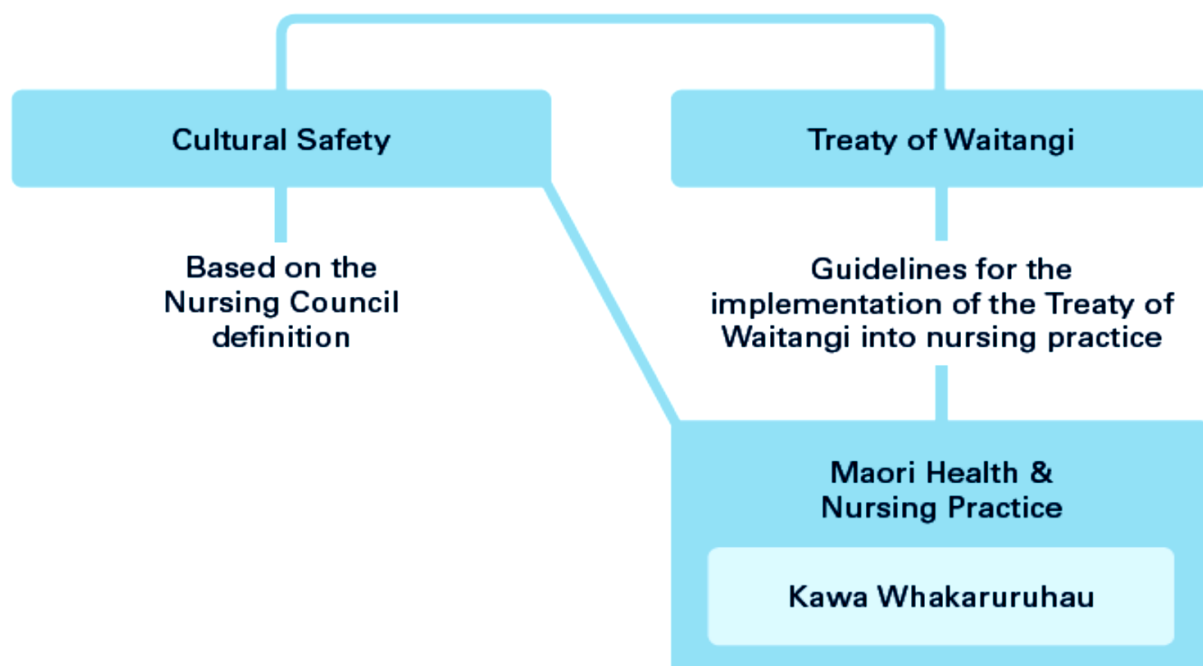
“Nurses work with the social realities of people, many of whom do not have their own ‘cultural information’. Therefore, knowledge and skills are required to work with behaviours that result from a series of sophisticated social and personal events. The Code of Health and Disability Services Consumer Rights (2009) states that “every consumer has the right to be provided with services that take into account the needs, values and beliefs of different cultural, religious, social and ethnic groups including the needs, values and beliefs of Maori”. Cultural safety requires that all human beings receive nursing services that take into account all that makes them unique.”

*Nursing Council of New Zealand. (2011). Guidelines for Cultural Safety, the Treaty of Waitangi and Maori Health in Nursing Education and Practice. Wellington, NZ, Nursing Council of New Zealand.*

At Boulcott Hospital our purpose is “to provide appropriate training and information to staff to produce a culturally safe environment for patients”

*Boulcott Hospital Policy & Procedures: Provision of Cultural Service Support Service Manual 3.01 / 3.01a / 3.01b*

Figure 1: Model for the teaching of cultural safety, the Treaty of Waitangi and Maori health in nursing programmes



*Nursing Council of New Zealand. (2011). Guidelines for Cultural Safety, the Treaty of Waitangi and Maori Health in Nursing Education and Practice. Wellington, NZ, Nursing Council of New Zealand.*

## CULTURAL SAFETY PRINCIPLES

### PRINCIPLE ONE

Cultural safety aims to improve the health status of New Zealanders and applies to all relationships through:

- 1.1 An emphasis on health gains and positive health outcomes
- 1.2 Nurses acknowledging the beliefs and practices of those who differ from them. For example, this may be by:
  - Age or Generation
  - Gender
  - Sexual Orientation
  - Occupation and Socioeconomic Status
  - Ethnic Origin or Migrant Experience
  - Religious or Spiritual Belief
  - Disability.

### PRINCIPLE TWO

Cultural safety aims to enhance the delivery of health and disability services through a culturally safe nursing workforce by:

- 2.1 identifying the power relationship between the service provider and the people who use the service. The nurse accepts and works alongside others after undergoing a careful process of institutional and personal analysis of power relationships
- 2.2 empowering the users of the service. People should be able to express degrees of perceived risk or safety. For example, someone who feels unsafe may not be able to take full advantage of a primary health care service offered and may subsequently require expensive and possibly dramatic secondary or tertiary intervention
- 2.3 preparing nurses to understand the diversity within their own cultural reality and the impact of that on any person who differs in any way from themselves
- 2.4 applying social science concepts that underpin the art of nursing practice. Nursing practice is more than carrying out tasks. It is about relating and responding effectively to people with diverse needs in a way that the people who use the service can define as safe.

## PRINCIPLE THREE

Cultural safety is broad in its application:

- 3.1 recognising inequalities within health care interactions that represent the microcosm of inequalities in health that have prevailed throughout history and within our nation more generally<sup>5</sup>
- 3.2 addressing the cause and effect relationship of history, political, social, and employment status, housing, education, gender and personal experience upon people who use nursing services
- 3.3 accepting the legitimacy of difference and diversity in human behaviour and social structure
- 3.4 accepting that the attitudes and beliefs, policies and practices of health and disability service providers can act as barriers to service access
- 3.5 concerning quality improvement in service delivery and consumer rights.

<sup>5</sup> *Kearns, R. (1996). Unpublished paper presented to the PHA Conference in Auckland, NZ.*

## PRINCIPLE FOUR

Cultural safety has a close focus on:

- 4.1 understanding the impact of the nurse as a bearer of his/her own culture, history, attitudes and life experiences and the response other people make to these factors
- 4.2 challenging nurses to examine their practice carefully, recognising the power relationship in nursing is biased toward the provider of the health and disability service
- 4.3 balancing the power relationships in the practice of nursing so that every consumer receives an effective service
- 4.4 preparing nurses to resolve any tension between the cultures of nursing and the people using the services
- 4.5 understanding that such power imbalances can be examined, negotiated and changed to provide equitable, effective, efficient and acceptable service delivery, which minimises risk to people who might otherwise be alienated from the service<sup>6</sup>.

An understanding of self, the rights of others and legitimacy of difference should provide the nurse with the skills to work with all people who are different from them.

<sup>6</sup> *Durie, M. (1994). Whaiora: Maori health development. Auckland, NZ: Oxford University Press.*

## CULTURAL SAFETY LEARNING OUTCOMES

The expected outcome of nursing education will be registered nurses who will practise in a culturally safe manner, as defined by the recipients of their care. Therefore, the learning outcomes for cultural safety education are that they:

- (a) Examine their own realities and the attitudes they bring to each new person they encounter in their practice;
- (b) Evaluate the impact that historical, political and social processes have on the health of all people; and
- (c) Demonstrate flexibility in their relationships with people who are different from themselves.

In relation to the NZNC Competencies to Practice nurses need to demonstrate how cultural safety and in particular Maori cultural safety & health needs are met.

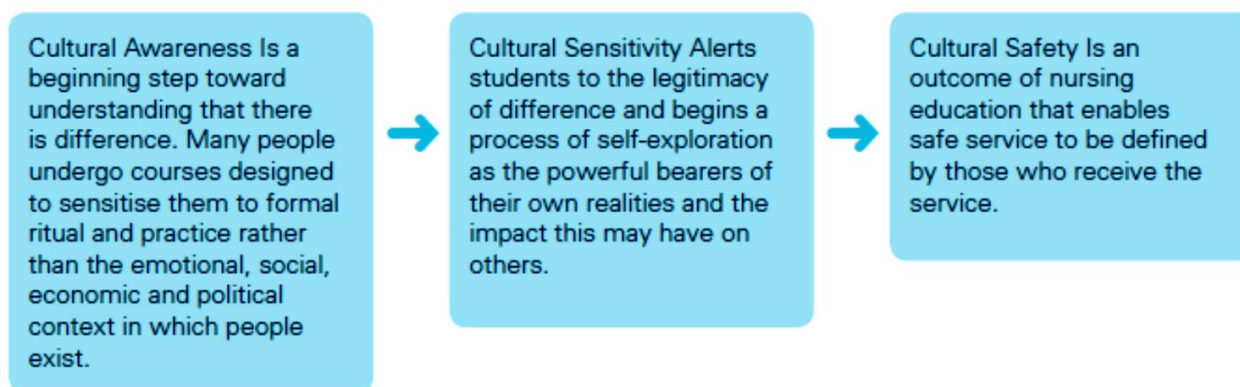
The following guidelines are given to help nurses in demonstrating their competence in practice under the four domains.

### Reference

*Tikanga responsiveness PDRP Guidelines indicators – see below:*

*The Maori patient in your practice Guidelines on Maori Cultural Competencies for Providers ACC*  
[http://www.acc.co.nz/PRD\\_EXT\\_CSMP/groups/external\\_providers/documents/guide/wcm2\\_020645.pdf](http://www.acc.co.nz/PRD_EXT_CSMP/groups/external_providers/documents/guide/wcm2_020645.pdf)

Figure 2: The process toward achieving cultural safety in nursing practice<sup>4</sup>



*Nursing Council of New Zealand. (2011). Guidelines for Cultural Safety, the Treaty of Waitangi and Maori Health in Nursing Education and Practice. Wellington, NZ, Nursing Council of New Zealand.*



## INTRODUCTION TO THE TREATY OF WAITANGI

*“The articles of the Treaty of Waitangi contains the principles of kawanatanga (the governance principle that recognizes the right of the Crown to govern and make laws for the common good) and tino rangatiratanga ( which allows Maori self – determination). In 1988 the Royal Commission on Social Policy described the principles of partnership, protection and participation inherent within the Treaty of Waitangi. The principles of the Treaty of Waitangi form the basis of interactions between nurses and Maori consumers of the services they provide.”*

*Nursing Council of New Zealand. (2011). Guidelines for Cultural Safety, the Treaty of Waitangi and Maori Health in Nursing Education and Practice. Wellington, NZ, Nursing Council of New Zealand.*

## TREATY OF WAITANGI PRINCIPLES

### PRINCIPLE ONE

Tino rangatiratanga enables Maori self- determination over health, recognizes the right to manage Maori interests and affirms the right to development, by;

- 1.1 Enabling Maori autonomy and authority over health
- 1.2 Accepting Maori ownership and control over knowledge, language and customs and recognising these as taonga
- 1.3 Facilitating Maori to define knowledge and worldviews and transmit these in their own ways
- 1.4 Facilitating Maori independence over thoughts and action, policy and delivery, and content and outcome as essential activities for self-management and self-control.

### PRINCIPLE TWO

Partnership involves nurses working together with Maori with the mutual aim of improving health outcomes for Maori by:

- 2.1 acting in good faith as Treaty of Waitangi partners
- 2.2 working together with an agreed common purpose, interest and cooperation to achieve positive health outcome
- 2.3 Not acting in isolation or unilaterally in the assessment, decision making and planning of services and service delivery. Ensuring that the integrity and wellbeing of both partners is preserved.

## **PRINCIPLE THREE**

The nursing workforce recognizes that health is a taonga and acts to protect it by:

- 3.1 Recognises that Maori health is worthy of protection in order to achieve positive health outcomes and improvement in health status
- 3.2 Ensuring that health services and delivery are appropriate and acceptable to individuals and their families and are under-pinned by the recognition that Maori are a diverse population.
- 3.3 Facilitating wellbeing by acknowledging beliefs and practices held by Maori.
- 3.4 Promoting a responsive and supportive environment.

## **PRINCIPLE FOUR**

The nursing workforce recognizes the citizen rights of Maori and the rights to equitable access and participation in health services and delivery at all levels through;

- 4.1 Facilitating the same access and opportunities for Maori as there are for Non-Maori
- 4.2 Pursuing equality in health outcomes.

## ***TREATY OF WAITANGI LEARNING OUTCOMES***

The expected outcome for nursing education will be that registered nurses will be active Treaty of Waitangi partners as Crown agents. Therefore the learning outcome is that nurses will:

- (a) Critically analyse the treaty of Waitangi and its relevance to the health of Maori in Aotearoa/New Zealand
- (b) Demonstrate the application of the principles of the Treaty of Waitangi to nursing practice.

## MAORI HEALTH

*“The health status of Maori is a documented concern of Maori people, health professionals and the government. Historically deficit explanations for the status of Maori health put the onus of addressing health issues onto Maori. Health status, however, is the result of the negative experiences by Maori of colonisation processes, which resulted in a loss of cultural beliefs and practices and the Maori language.”*

*To respond in an effective and efficient manner nurses need to develop their knowledge, skills and practice to work effectively with Maori to achieve positive health outcomes and health gains.*

*Nursing Council of New Zealand. (2011). Guidelines for Cultural Safety, the Treaty of Waitangi and Maori Health in Nursing Education and Practice. Wellington, NZ, Nursing Council of New Zealand.*

For further information go to:

<http://www.nursingcouncil.org.nz/download/97/cultural-safety11.pdf>

Listed are a number of websites which may provide you with further information:

**Maori health**      <http://www.maorihealth.govt.nz/>

**Waitangi Tribunal**      <http://www.waitangi-tribunal.govt.nz/>

**Treaty of Waitangi**      <http://www.waitangi-tribunal.govt.nz/treaty/>

**English and Maori versions**

<http://www.waitangi-tribunal.govt.nz/treaty/maori.asp>

<http://www.waitangi-tribunal.govt.nz/treaty/english.asp>

**Independent Maori health websites**

<http://www.maorihealth.govt.nz/moh.nsf/fa3e60120be90f70cc25719100711ad4/01621d4836ed64c5cc2571bd006827ad?OpenDocument>

**SECTION SEVEN**

***-Portfolio Templates -***



## TEACHING PLAN

*Topic:*

*Date:*

*Venue:*

*Length of Session:*

*Intended Audience:*

*Equipment Required:*

*Objectives:*

*Expected Learning Outcomes:*

*Key Points:*

*Evidence Based Practice (e.g. articles, references, handbooks etc.)*

*Name of Presenter/Designation:*

*Signature of Presenter/Date:*



## TEACHING EVALUATION – INFORMAL

*Informal teaching is an unplanned opportunity to teach one of more staff in an informal environment e.g. procedure at the bed side, equipment setup etc.*

*Presenter:*

*Date:*

*Topic:*

<i>In your opinion the presenter</i>	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>
<i>Prepared well for the session</i>			
<i>Has a good knowledge of the subject</i>			
<i>Presents the material in a clear and well organised manner</i>			
<i>Demonstrates enthusiasm for the subject</i>			
<i>Is clearly audible</i>			
<i>Stimulates me to think and take interest in the subject</i>			
<i>Creates a positive environment for the learner</i>			

*Outline how this teaching has helped you to improve or develop your practice*

*General comments:*

*Evaluator Name/Signature:*



## TEACHING EVALUATION – FORMAL

Formal teaching is a planned teaching session to a number of staff, using a teaching plan, set venue, available resources and an evaluation.

Presenter: \_\_\_\_\_ Date: \_\_\_\_\_

Work Place: \_\_\_\_\_

CRITERIA FOR EVALUATION	OBSERVED	
	YES	NO
<i>Prior to commencing the teaching session identify the knowledge / skill of the learner(s)</i>		
<i>Structures the session to facilitate understanding on the part of the learner(s)</i>		
<i>Appropriately identifies self and topic</i>		
<i>Attempts to establish rapport with learner(s)</i>		
<i>Clearly states objectives</i>		
<i>Skill / knowledge demonstrated</i>		
<i>Uses appropriate questioning points</i>		
<i>Emphasizes and reiterates important points</i>		
<i>Uses teaching aids competently and appropriately to provide variation and choice</i>		
<i>Provides and uses appropriate resources</i>		
<i>Speaks clearly</i>		
<i>Allows time, encourages questions, identifies need for clarification and identifies problem areas</i>		
<i>Provides strategies for the learner(s) to practice a skill or demonstrate knowledge or understanding</i>		
<i>Assesses achievement of objectives</i>		

**GENERAL COMMENTS:**

**Name/Signature Evaluator:** \_\_\_\_\_

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

## SECTION EIGHT

### GLOSSARY

#### GLOSSARY

<b>Abstract</b>	A brief, comprehensive summary of a study
<b>Accountability</b>	Accepting our rights & responsibilities of conduct & behaviour to our clients, peers, self, profession & organisation
<b>Advanced Nursing Practice</b>	Are Registered Nurses who receive specialised training that allows them to practice independently and/or in partnership with Doctors.
<b>Assessment</b>	A systematic process by which a decision is made by an assessor about the competence of an individual
<b>Assessment Process</b>	The measurement of evidence against particular criteria
<b>Authentic</b>	Honest reflection and attributable to the individual
<b>Case Study</b>	A case study gives an in-depth look at an individual patient. In nursing, case studies, focus on a specific patient and provides information about their symptoms, medical history and diagnosis.
<b>Competence</b>	The combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse <sup>6</sup> and is demonstrated by meeting the NCNZ competencies / standards for nurses
<b>Competencies</b>	Sets of attributes with pre-set standards, required to execute nursing practice
<b>Complex</b>	A client with a complex condition – involved, complicated, co-morbidities
<b>Compliance</b>	The assessment and reporting process, which provides Boulcott Hospital with assurances of legislative requirements being met
<b>Consistency</b>	Uniform & reliable practice and / or assessment

<sup>6</sup> Nursing Council of New Zealand. (2007). Competencies for registered nurses.



<b>Domain</b>	A domain of practice is a cluster of competencies that have similar intents, functions and meanings (Benner, 1984)
<b>Ethical Practice</b>	Professional practice based on moral values, conduct and principles
<b>Evaluation</b>	The means by which the effectiveness of a programme and outcomes is measured, taking into account the views of those affected by the process
<b>Evidence Based Practice (EBP)</b>	‘Evidence-based practice (EBP) is an approach to health care wherein health professionals use the best evidence possible, i.e. the most appropriate information available, to make clinical decisions for individual patients...It involves complex and conscientious decision making based not only on the available evidence but also patient care is individualised and ever changing and involves uncertainties and probabilities.’ <sup>7</sup>
<b>Evidence in Portfolio</b>	Objective and subjective information that forms the basis of a portfolio. Portfolio evidence may take different forms including statements, documents, and recordings, that demonstrate and support the achievements and claims.
<b>Exemplars</b>	An exemplar is a story of a real patient that is told in order to illustrate a nurse’s practice. An exemplar is written in the first person. It describes in detail a particular situation that includes the nurse’s thoughts, feelings, intentions, actions, critical thinking and decision - making process.” (UMHS Professional Development Framework website)
<b>Indicators</b>	The competencies in each domain have a number of key generic examples of competence performance called indicators. These are neither comprehensive nor exhaustive; rather they provide examples of evidence of competence. The indicators are designed to assist the assessor when using his/her professional judgement in assessing the attainment of the Competencies.
<b>Moderation</b>	A process reviewing consistency, relevance and fairness of assessments
<b>Performance appraisal</b>	A formal process between the employee and employer/manager of defining expectations, reviewing performance and planning

<sup>7</sup> Mckibbon KA. Evidence based practice. Bull Med Libr Assoc. 1998 Jul;86(3):396-401.

	goals for future
<b>Personal Professional Profile (Portfolio)</b>	An individual's assembly of evidence, which demonstrates and supports knowledge, skills, experience and achievement
<b>Professional Development and Recognition Programme (PDRP)</b>	Competence based programme that assesses nursing practice against competencies, recognises level of practice, and supports on-going professional development.
<b>Preceptor</b>	A nurse who has undertaken a formal preceptor training programme, who assists a beginning practitioner / student nurse or a nurse changing areas to achieve a level of practice
<b>Professional Development</b>	An individual's informal and formal education, which contributes to knowledge, skills, experience and achievement
<b>Reflective Practice</b>	A process where each nurse critically analyses his/her own clinical decision making, clients interactions and the consequences of his/her nursing actions as a means of improving practice (Royal New Zealand Plunket Society, 2003)
<b>Research</b>	Activities which foster the spirit of enquiry, the concern for ideas and their application, the confidence to investigate and solve problems, and the recognition of the advancing nature of knowledge and practice.
<b>Role Model</b>	A nurse who exemplifies an aspect of professional practice that is emulated by less experienced colleagues
<b>Scope of Practice</b>	Defines the boundaries of clinical practice with which the Registered & Enrolled Nurse may provide care.
<b>Standards of Practice</b>	Formal guidelines that set an acceptable level of quality for programmes or performance
<b>Transferability of Portfolio</b>	The ability to transfer from one practice setting to another within the same programme that gives recognition of competence
<b>Validity</b>	The extent that a measurement tool measures that which is purports to measure – that is actually happened or is practised as stated

## SECTION NINE

### REFERENCES & ACKNOWLEDGEMENTS

The Authors would like to acknowledge the following sources:

- **Nursing Council of New Zealand**
  - Guidelines for Competence Assessment (Feb 2011)
  - Competencies for the enrolled nurse scope of practice( April 2010)
  - Framework for the Approval of Professional development and recognition programs to meet the continuing competence requirements for nurses. (Revised Aug 2013)
  - Professional Development and Recognition Programme Approval Tool (July 2011)
  - Competencies for Registered Nurses (October 2009)
  - Guidelines for Competence Assessment (Feb 2011)
  - Guidelines for Cultural Safety, the Treaty of Waitangi and Maori Health in Nursing Education and Practice (July 2011)
  - Guidelines: Professional Boundaries (June 2012)
  - Guidelines: Code of Conduct (June 2012)
  
- **Boulcott Hospital** organization wide policies & Procedures
  
- **ACC**
  - Guidelines on Maori Cultural Competencies for Providers.
  
- **NZNO**
  - NZNO Professional development and Recognition Programme (PDRP). Evidential Requirements Working Party Report (Nov 2009)
  - NZNO PDRP for Primary Health Care Nurses (Aug 2011)
  
- **National Nursing Organisations NZ**
  - National Framework for nursing professional Development & Recognition Programmes & Designated Role Titles. Report to the National Nursing organisations from the National professional Programmes working party: reviewed & updated Dec 2005
  
- **Professional Development and Recognition Programmes (PDRP)**
  - Wairarapa/Hutt Valley DHB 2014 – 2016 handbook
  - Capital Coast DHB 2012
  - Lakes District DHB
  - Canterbury DHB 2012
  - Hawkes Bay DHB 2012 Handbook and Resource Manual
  - Southern Cross Hospitals
  - West Coast DHB

- Northern Districts Regional Guidelines for preparing your portfolio (2007)

- **Publications**

- From Novice to Expert. Excellence and Power in Clinical Nursing Practice. Patricia Benner.1984
- Nursing and Midwifery Portfolios. Evidence of continuing competence. Kate Andre & Marie Heartfield. , 2<sup>nd</sup> edition 2011

***We wish to thank Andrea Adams RN for the compilation and editing of all documents related to the PDRP at Boulcott Hospital***

**Authors: Yvonne Richardson RN, Sandra Benson RN, Karen Hall RN. 2014.**