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| **Competent Registered Nurse: Full Self and Peer Assessment** | |
| **Details of nurse completing self-assessment:** | **Details of nurse completing peer assessment** |
| Name: | Name: |
| APC number and expiry date: | APC Number & expiry date: |
| Department and Directorate or workplace: | Department/Directorate/Workplace: |
| Employee number: | Level on PDRP: |
| Role Title this assessment relates to: | Email address: |
| Practice hours: minimum 450 hours /60 days in last three years **MET / NOT MET** | |
| Learning hours: minimum 60 hours in the last 3 years **MET / NOT MET** | |
| **Date and or review period:** | |
| Completion of this document meets the 3 yearly requirements to complete two forms of assessment against the Nursing Council of New Zealand (NCNZ) competencies for an RN. **Note: A ‘Performance Review’ is a component of the portfolio requirements; it is not equivalent to a full portfolio submission.**  **Process:**   1. All Domains must be completed and include a comment of endorsement in section 3 by the CN / Nurse Manger for the level of practice. 2. Completed portfolios are handed into the Nurse Educator - PDRP on the first working day of the month February through to November. 3. For nurses employed in the primary/NGO/ARC sector, if possible the complete portfolio is assessed by an assessor in the clinical area then a copy of the complete portfolio is sent to the appropriate PDRP Coordinator. | |
| **Information on completing the self-assessment\***   * The key performance indicators of competencies are written in bold underneath the Nursing Council of New Zealand RN competency. Each must be answered. * Answers must clearly and completely answer the indicator with an example or explanation of how practice meets or achieves the indicator, NCNZ requires answers to include an example of how your day to day practice meets the indicator. * All answers and examples must be from the current area of practice and be less than 12 months old.   **Information on completing the peer assessment\***   * The peer assessment can be completed by the manager or an RN the manager has delegated this responsibility to. * The peer assessor must be familiar with the practice of the nurse and provide examples of how day to day practice meets the indicators. The peer assessor must be practicing at the same level or above of the nurse submitting a PDRP. NCNZ requires peer assessors to include a specific example of how you know the nurse being assessed meets the competency indicator. * NCNZ requires peer assessors to include an example of how you know the nurse being assessed meets the indicator. As this is also the performance review for HHS nurses, feedback on practice and comments on their strengths and areas for development are also required. * In some primary/NGO/ARC organisations, the employer may also require a separate performance review. | |

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| The NCNZ competency is written in normal font.  Please do NOT answer this.  **The Competency Indicator (CI) is written in bold – Please answer this** **including an example or explanation of how your practice meets or achieves the indicator.**  *The part in italics is a guide to help you answer the CI.*  Please note the term ‘health consumer’ has been used. This includes any recipient of health care and/or services e.g. patients, clients, consumers, residents, turoro. | **(1) Self Assessment** | **(2) Peer Assessment** |
| **Domain One: Professional Responsibility** | | |
| * 1. Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical and relevant legislated requirements.   **Identify one professional, one ethical and one legislated requirement most relevant to your area of practice and describe how you ensure that your nursing practice and conduct meets each of them.**  *Identify (name) what professional, ethical, legislation, codes, guidelines, or policies relate to your practice. How do these documents guide and impact on how you practice? Reading them is insufficient evidence, evidence of putting them into practice is required.* |  |  |
| * 1. Demonstrates the ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice.   **Identify the four principles of the Treaty of Waitangi /Te Tiriti o Waitangi and describe how you apply each of them to your practice.**  *This competency is about the Treaty and its relevance to the health of Māori, which is more specific than cultural safety. Refer to documents that help you know what appropriate practice is e.g., Tikanga Māori Guidelines or NCNZ Cultural Safety, Treaty of Waitangi and Māori Health Guidelines, Standards of Practice for Mental Health Nursing in Aotearoa,* *Whāia Te Ao Mārama 2018 to 2022: The Māori Disability Action Plan. Ensure your practice examples include your direct application of the principles, rather than simply referring to other service.*  (Māori language (Te Reo) uses macrons to place emphasis on vowels – please use where appropriate when writing words in Te Reo). |  |  |

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| * 1. Demonstrates accountability for directing, monitoring and evaluating nursing care that is provided by enrolled nurses (ENs) and others.   **Describe the differences in accountability and responsibility for the RN, EN and unregulated health care worker and how this impacts on the process of direction or delegation.**  *Describe the difference in RN and EN scope of practice and what this means in your work context. (Unregulated workers do not have a scope of practice their practice is determined by their role description and NCNZ guidelines.) Refer to NCNZ guidelines for direction and delegation and/or organisational policy to answer this performance indicator. Even if you do not actually work with ENs or unregulated workers e.g. Health Care Assistants, Mental Health Support workers, or Cultural Practitioners, all RNs must demonstrate understanding of these requirements. For HHS nurses (including nurses working in MHAIDS), evidence of completing the* ***e-learning*** *package Principles of Delegation should be included in the portfolio/PDR.* |  |  |
| * 1. Promotes an environment that enables health consumer safety, independence, quality of life, and health.   **Describe how you promote a physical environment that is safe for health consumers.**  *Environment in this indicator refers to the health consumer’s physical location, the structures and objects that impact on this and the risk associated with these. Consider what actions reduce risk, promote safety and wellbeing e.g. the prevention of cross infection, falls prevention, self-harm, suicide, impacts of behaviour, co-morbid conditions, maintenance of skin integrity, nutrition, and hydration.* |  |  |
| * 1. Practices nursing in a manner that the health consumer determines as being culturally safe.   **Describe how you modified your care to practice in a manner that the health consumer determined as being culturally safe.**  *Culture includes, but is not restricted to: age, gender, sexual orientation, occupation and socioeconomic status, ethnic origin or migrant experience, religious or spiritual belief and disability. Reflect on an occasion when you consulted with tangata whaiora/whanau/ health consumer and adapted your usual practice to more appropriately meet a health consumer’s cultural needs. Note: allowing family to be present is not sufficient evidence.* |  |  |

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|  | **Domain Two: Management of Nursing Care** |  |
| 2.1 Provides planned nursing care to achieve identified outcomes.  **Identify an expected outcome then describe how you plan your care to achieve this for your health consumer including the factors that influence your plan.**  **(Please ensure you provide a reference for the Evidence Based Practice).**  *An outcome is something that is expected to happen as a result of your planned care e.g. pain is reduced, wound heals, how the health consumer self-manages their condition. Think about the steps taken to achieve the expected outcome (discharge may not be an expected outcome without reference to cause of admission), and the influencing factors that can impact on the plan e.g. health consumer acuity, skill mix, health consumer’s functional level and health literacy, MDT processes and comprehensive assessments.* |  |  |
| 2.2 Undertakes a comprehensive and accurate nursing assessment of health consumers in a variety of settings.  **Describe a comprehensive and accurate assessment you completed that required a combination of direct health consumer assessment and physiological or other clinical parameters.**  *Consider the assessment components needed to give an accurate clinical picture. These components may include vital signs, weight, fluid balance, EWS, blood glucose level, frequency/duration/ intensity of signs/symptoms, mental health assessment.* |  |  |
| 2.3 Ensures documentation is accurate and maintains confidentially of information.  **Describe how you ensure your documentation is accurate and your use of information technology (IT) maintains confidentiality.**  *Identify (name) the relevant codes, documentation standards and organisation requirements that ensure your observations are recorded adequately and confidentiality of information is maintained.*  *How you safeguard access to private electronic*  *data/IT?* |  |  |
| 2.4 Ensures the health consumer has adequate explanation of the effects, consequences and alternatives of proposed treatment options.  **Describe how you ensure your health consumer has adequate explanation of the effects, consequences and alternatives of your interventions.**  *Informed consent is a process rather than a one-off event. The essential elements of this process are effective communication, full information, and freely given, competent consent. How do you apply these elements to your health consumer care?* |  |  |
| 2.5 Acts appropriately to protect oneself and others when faced with unexpected health consumer responses, confrontation, personal threat or other crisis situations.  **Describe your actions to protect yourself, your health consumer and/or other colleagues during an unexpected situation including asking for appropriate assistance.**  *What happened, what was the risk, to whom, what did you do and why did you do it? What guided your actions? this must include asking for appropriate assistance.* |  |  |
| 2.6 Evaluates health consumer’s progress towards expected outcomes in partnership with health consumers.  **Describe what evaluation of care is and how you achieve this in partnership with health consumers.**  *Think about the importance of evaluation and partnership. How do you do this? Describe what the key elements of partnership look like.* |  |  |
| 2.7 Provides health education appropriate to the needs of the health consumer within a nursing framework.  **Describe an example of education you gave to a health consumer or family/whanau or significant other and how you evaluated its appropriateness.**  *What framework did you use? What did you teach them? How did you do this in a way that was appropriate? What did you do to ensure that they understood?* |  |  |
| 2.8 Reflects upon, and evaluates with peers and experienced nurses, the effectiveness of nursing care.  **Describe how you reflect upon and evaluate care with peers and experienced nurses and why this is an important part of practice.**  *Reflection is about reviewing and evaluating practice experience. How do you do this to inform and change your practice?* |  |  |
| 2.9 Maintains professional development  **Complete the professional development record (PDR) template as required including evidence of maintenance of area-specific competencies and HHS Core Competencies (if applicable).** | *Evidence for this competency/indicator is on the PDR. It is sufficient to say ‘Evidence of meeting this is in my PDRP’.* |  |
|  | **Domain Three : Interpersonal Relationships** |  |
| 3.1 Establishes, maintains and concludes therapeutic interpersonal relationships with health consumers.  **Describe how you establish, maintain and conclude therapeutic interpersonal relationships and maintain professional boundaries.**  *This competency is about therapeutic relationships and boundaries rather than communication. A therapeutic relationship differs from a personal relationship or friendship. The relationship is guided by professional boundaries, practice and organisational codes. What has to happen to create and maintain a therapeutic relationship and how do you achieve a formal ending to the relationship?* |  |  |
| 3.2 Practices nursing in a negotiated partnership with the health consumer where and when possible.  **Describe how you negotiate a partnership with a health consumer to support their independence.**  *Nurses work in partnership with health consumers to ensure their needs and goals are met where possible.*  *Think about the factors important in establishing and maintaining a partnership in your area of practice?* |  |  |
| 3.3 Communicates effectively with health consumers and members of the health care team (HCT).  **Describe a variety of communication techniques you use to communicate effectively with health consumers and members of the HCT.**  *Effective communication occurs when your message is understood and there are no misunderstandings. Consider the differences between communicating with adults, children, people with hearing or language difficulties. How do you use tools or approaches to optimise your communication with both health consumers and the HCT (e.g. style of language)?* |  |  |

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| **Domain Four: Interprofessional Healthcare & Quality Improvement** | | |
| 4.1 Collaborates and participates with colleagues and members of the health care team (HCT) to facilitate and coordinate care.  **Describe how you collaborate with students, beginning practitioners or new staff members to facilitate care.**  *Collaboration is working together to achieve shared goals. Think about the skills needed when working with others, teaching and precepting and discuss how this positively influences care outcomes.* |  |  |
| 4.2 Recognises and values the roles and skills of all members of the health care team in the delivery of care.  **Give an example of valuing the role and skill of a non-nursing member of the HCT and describe the effect on the team when all members are valued.**  *Consider the HCT members’ skills, knowledge and roles. Think about the value and contribution of team members and the colleagues you work most closely with.* |  |  |
| * 1. Participates in quality improvement activities to monitor and improve standards of nursing.   **Explain why participation in quality improvement processes is important and give an example of one in which you have participated.**  *Key words: health consumer safety, reducing errors, efficiency, effectiveness, systems, processes, outcomes, audit.* |  |  |
|  | **Additional comments:**  Signature:  Date: | **Statement of Support:**  Signature:  Date: |
| **(3) Line Manager** comments:(if they have not completed peer assessment above) to include confirmation that the nurse is consistently practicing at competent level and meets all the indicators at competent level: | | |
| Name: | Signature: | Date: |