## Competent Registered Nurse: Full Self and Peer Assessment

<table>
<thead>
<tr>
<th>Details of nurse completing self-assessment:</th>
<th>Details of nurse completing peer assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
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<tr>
<td>APC number and expiry date:</td>
<td>APC number &amp; expiry date:</td>
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<tr>
<td>Department and Directorate or workplace:</td>
<td>Department</td>
</tr>
<tr>
<td>Employee number:</td>
<td>Level on PDRP:</td>
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<tr>
<td>Signature:</td>
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</table>

**Role Title this assessment relates to:**

**Practice hours:** minimum 450 hours / 60 days in last three years  **MET / NOT MET**

**Education 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 requirement to complete two forms of assessment against the Nursing Council of New Zealand (NCNZ) competencies for an RN.

**Process:**
- a) All sections must be completed.
- b) Once completed, this document is added to the portfolio.
- c) For nurses, the complete portfolio is assessed by a PDRP assessor with knowledge of the clinical area.
- d) For nurses employed in the primary/NGO/ARC sector, if possible the complete portfolio is assessed by an assessor in the sector.

**Information on completing the self-assessment**
- NCNZ requires all examples must clearly and completely answer the competency indicator with an example of how 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 must be completed by the manager or a RN who must be familiar with the practice of the nurse.
- If the manager completes the assessment but is not a RN, another RN must also assess the nurse.
- NCNZ requires peer assessors to include an example of how you know the nurse being assessed meets the competency indicator.
- In some primary/NGO/ARC organisations, the employer may also require a separate performance review.
- The peer assessor must be on the same level or above on the PDRP or be a senior nurse.
### (1b) Self Assessment

Please note the term ‘patient’ has been used. This includes any recipient of health care and/or services e.g. clients, consumers, residents, turoro.

Please ensure you maintain patient confidentiality.

### (2b) Peer Assessment

<table>
<thead>
<tr>
<th>Domain One: Professional Responsibility</th>
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<tbody>
<tr>
<td>1.1 Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical and relevant legislated requirements.</td>
</tr>
<tr>
<td>Identify (name)</td>
</tr>
<tr>
<td>• one professional,</td>
</tr>
<tr>
<td>• one ethical and</td>
</tr>
<tr>
<td>• one legislated requirement most relevant to your area of practice</td>
</tr>
<tr>
<td>• and describe how you ensure that your nursing practice and conduct meets each of them.</td>
</tr>
</tbody>
</table>

Consider what 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.

The nurse MUST name a document that is most relevant to their practice.

Eg., Health Practitioners Competence Assurance [HPCA] Act 2003 and does the nurse then describe “how” it is relevant to practice. The HPCA is the Act that contains regulations to support and guide the various Council appointed by the Act to govern groups of Health Professionals.

PROFESSIONAL DOCUMENT – is this identified (named correctly) & “how” it guides practice?

ETHICAL DOCUMENT – is this identified (named) & “how” it guides practice?

LEGISLATION – is this identified (named) & “how” it guides practice?

*** Peer assessor must provide a specific example for one document – either professional, ethical or legislation.

When marking – refer to the pamphlet in the PDRP Information Book – to ensure content of the examples are factually correct. Many nurses are naming the documents incorrectly eg.

- NZNO publishes the Code of Conduct – this is an incorrect statement.
- HPCA issues the Annual Practicing Certificate – this is factually incorrect.
1.2 Demonstrates the ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice.

Identify the three 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. CCDHB Tikanga Māori guidelines or NCNZ Cultural Safety, Treaty of Waitangi and Māori Health Guidelines. Ensure your practice examples include your direct application of the principles, rather than simply referring to other services.

This example is exclusively about the care of the Māori health consumer / whānau.

There are two parts to this answer and a reference must be provided.

Reference definition – PDRP Workbook – Nursing Council of New Zealand

<table>
<thead>
<tr>
<th>1.3 Demonstrates accountability for directing, monitoring and evaluating nursing care that is provided by enrolled nurses (ENs) and others.</th>
<th>Does the nurse describe the differences between accountability &amp; responsibility?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe the differences in accountability and responsibility for the RN, EN and unregulated health care worker</td>
<td>Do they demonstrate understanding the requirements of direction and delegation by giving an example of practice that shows “how” this impacts on the process?</td>
</tr>
<tr>
<td>and how this impacts on the process of direction or delegation.</td>
<td>Do they provide a reference</td>
</tr>
<tr>
<td>Consider 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 to answer this performance indicator. Even if you do not actually work with ENs or unregulated workers, all RNs must demonstrate understanding of these requirements. For HHS nurses, evidence of completing the e-learning package should be included in the portfolio/PDR.</td>
<td></td>
</tr>
</tbody>
</table>
1.4 Promotes an environment that enables patient safety, independence, quality of life, and health.

**Describe how you promote a physical environment that is safe for patients.**

Environment in this indicator refers to the patient’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, maintenance of skin integrity, nutrition and hydration.

**EXAMPLE**

- There only needs to be ONE example
- Does this example meet the criteria of the competency indicator?
- If there is more than one example – look at the example that meets the criteria.
  - Is there evidence of the actions taken?
  - Does the nurse close the loop on promoting a safe environment?

1.5 Practices nursing in a manner that the patient determines as being culturally safe.

- **Describe how you modified your care**
- **to practice in a manner that the patient 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 adapted your usual practice to more appropriately meet a patient’s cultural needs. Note: allowing family to be present is not sufficient evidence.

**This competency has three distinct parts and nurses must provide an example to answer all parts.**

- **Describe “how” you modified your care**
- **To practice in a manner the patient determined as being culturally safe**
- **Reflect on this occasion when you adapted your practice**

If the example meets only part of the competency – note this on the comments section and then indicate what part is missing.

- Use the wording from the competency – for eg., “require reflection of “how” you adapted your usual practice to more appropriately meet the cultural needs of the patient.”
## 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 patient**
- **including the factors that influence your plan.**

An outcome is something that is expected to happen as a result of your planned care e.g. pain is reduced, wound heals, patient self-manages their condition.

Think about **and discuss** the steps taken to achieve the expected outcome and the influencing factors that can impact on the plan e.g. patient acuity, skill mix, patient's functional level and health literacy.

**EXAMPLE:** has the nurse given the patient an identity to provide some individualisation. Must also note - Name changed to maintain patient confidentiality.

Generally nurses will set the scene by identifying a patient, their condition and the area of the plan of care they will provide and identify a specific expected outcome

- the nurse needs to clearly describe “how” they plan care to achieve the expected outcome for the patient
- The nurse needs to provide discussion of the influencing factors

### 2.2 Undertakes a comprehensive and accurate nursing assessment of clients in a variety of settings.
- **Describe a comprehensive and accurate assessment you completed that**
- **required a combination of direct patient 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, PAR score, blood glucose level, frequency/duration/intensity of signs/symptoms, mental health assessment.

**Nurses must indicate the components of the assessment.**
- **Does the nurse identify components of the assessment?**
  - Does the nurse give an holistic overview
  - Are the components of the assessment clearly identified and discussed “how” they inform the care plan
  - Is there evidence of critical thinking of the other clinical parameters
  - Applies this to decision making to the plan of care and demonstrate clinical judgement
  - Closes the loop with the rationale for the decisions made during the assessment.
### 2.3 Ensures documentation is accurate and maintains confidentiality of information.
- **Describe how you ensure your documentation is accurate and**
- **your use of information technology (IT) maintains confidentiality.**

How do you ensure that your observations are recorded adequately? Consider the documentation standard and organisation requirements that address accuracy and confidentiality of information. How do you safeguard access to private electronic data/IT?

### 2.4 Ensures the client has adequate explanation of the effects, consequences and alternatives of proposed treatment options.
- **Describe how you ensure your patient 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 patient care?

### 2.5 Acts appropriately to protect oneself and others when faced with unexpected client responses, confrontation, personal threat or other crisis situations.

**Describe your actions to protect yourself, your patient and/or other colleagues during an unexpected situation.**

What happened, what was the risk, to whom, what did you do and why did you do it? What guided your actions?

### DOCUMENTATION:
- **What might some of the legislation be that the nurse will discuss?**
- **Does the nurse identify organisation policies and guidelines that guide practice?**
- **Does the example demonstrate Competent RN level of practice**

### INFORMED CONSENT.
- **Does the nurse discuss the elements applied to the Informed Consent process?**
- **Do they say “how” they apply these elements to patient care?**
- **Has the loop been closed through appropriate sharing of information?**
- **In the example - has the patient been empowered to make an informed decision?**

The nurse may discuss what documents guide practice – but this is not mandatory.

The example must show the nurse has taken some initiative
- **Applied assessment skills to the event**
- **Called for assistance as appropriate**
- **Been aware of own level of knowledge and skill**
- **Have they discussed what they did and why?**
- **Have they identified what guided their actions?**
### 2.6 Evaluates client’s progress towards expected outcomes in partnership with clients.

- **Describe what evaluation of care is and how you achieve this in partnership with patients.**

  *Think about the importance of evaluation and partnership. How do you do this?*

<table>
<thead>
<tr>
<th>Does the nurse describe “evaluation of care’ in their clinical context?</th>
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<tbody>
<tr>
<td><em>Eg., Evaluation of care is to continually reflect on the patient’s health status, monitor progress towards agreed planned outcomes, apply tools and components of assessment to support this, responsiveness to interventions and to identify improvement and/or deterioration to the patient’s health condition.</em></td>
</tr>
<tr>
<td>The nurse may reference the evaluation tool applied (Nursing Process, ADPIE) and/or they may choose to discuss audits of practice and/or MDT meetings as forms of evaluating care. However – it is not mandatory to have a reference.</td>
</tr>
<tr>
<td>Has the remainder of the question been answered – can you see evidence of partnership within the example and discussion of why care was altered as a result of evaluation.</td>
</tr>
</tbody>
</table>

### 2.7 Provides health education appropriate to the needs of the client within a nursing framework.

- **Describe an example of education you gave to a patient or family/whanau or significant other and how you evaluated its appropriateness.**

  *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?*

<table>
<thead>
<tr>
<th>Does the nurse provide a specific time when they have provided education for the patient and have they identified this through application of a nursing framework?.</th>
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<tbody>
<tr>
<td><em>- Did they Assess the patient’s readiness?</em></td>
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<tr>
<td><em>- Did they Diagnose (discuss) with the patient the appropriate method to provide education?</em></td>
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<tr>
<td><em>- Did they Plan how they would present the education? What resources did they use?</em></td>
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<tr>
<td><em>- Did they Implement the plan? How did they do this?</em></td>
</tr>
<tr>
<td><em>- Did they Evaluate the appropriateness of the education?</em></td>
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<tr>
<td><em>Some nurses discuss the teach-back method and provide a reference – this is not mandatory and often the nursing framework is implied rather than made obvious.</em></td>
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</table>

### 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?*

<table>
<thead>
<tr>
<th>What are the various ways nurses reflect upon practice</th>
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<tbody>
<tr>
<td><em>- the example must be specific to their own practice and “how” they do this – not the teams or others practice. Refer Reflective Writing Rubric.</em></td>
</tr>
<tr>
<td><em>- The nurse must identify HOW this now informs &amp; changes their practice and why this is important / what have they learnt?</em></td>
</tr>
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</table>
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 PDR’.

Domain Three: Interpersonal Relationships

<table>
<thead>
<tr>
<th>3.1 Establishes, maintains and concludes therapeutic interpersonal relationships with clients.</th>
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</thead>
<tbody>
<tr>
<td>• Describe how you establish, maintain and conclude therapeutic interpersonal relationships and maintain professional boundaries.</td>
</tr>
<tr>
<td>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?</td>
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<table>
<thead>
<tr>
<th>3.2 Practices nursing in a negotiated partnership with the client where and when possible.</th>
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<tbody>
<tr>
<td><strong>Describe how you negotiate a partnership with a patient to support their independence.</strong></td>
</tr>
<tr>
<td>Nurses work in partnership with patients 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?</td>
</tr>
</tbody>
</table>

|  | Does the nurse describe all parts of the therapeutic relationship and discuss the patient relationship? |
|  | Does the nurse weave “how” they maintain professional boundaries within this? |

**Does the nurse describe what partnership looks like?**

- Do you see meaningful dialogue
- Do they indicate they use tools and mechanism to support positive engagement with the patient
- Do they say what effective communication looks like
- “How” have they shown the patients’ needs and goals have been met
- What were the issues that needed to be taken into account to support independence?

3.3 Communicates effectively with clients and members of the health care team (HCT).

- Describe a variety of communication techniques you use to communicate effectively with
  - patients 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 patients and the HCT (e.g. style of language)?

This is about the nurse discussing their own communication style and “how” they apply tools of effective communication.

1. Describe “how” they use different communication techniques
2. What techniques did they use?
3. “How” did the nurse optimise communication with both the patient and health care team to ensure there was no misunderstanding and the message was understood

ISOBAR – is often made reference to....

<table>
<thead>
<tr>
<th>Domain Four: Interprofessional Healthcare &amp; Quality Improvement</th>
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<tbody>
<tr>
<td>4.1 Collaborates and participates with colleagues and members of the health care team (HCT) to facilitate and coordinate care.</td>
</tr>
<tr>
<td>- Describe how you collaborate with students, beginning practitioners or new staff members to facilitate care.</td>
</tr>
</tbody>
</table>

Collaboration is working together to achieve shared goals. **Think about the skills needed when working with others to positively influence care outcomes.**

Does the nurse discuss their role as a preceptor, teaching to support new practitioners and/or student nurses?

Does the nurse describe “how” they do this to work together towards a shared goal?
- Does the nurse discuss what the shared goal looks like?
- Do they close the loop by discussing “how” this positively influences care outcomes.

<table>
<thead>
<tr>
<th>4.2 Recognises and values the roles and skills of all members of the health care team in the delivery of care.</th>
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<tbody>
<tr>
<td>- Give an example of valuing the role and skill of a non-nursing member of the HCT and</td>
</tr>
<tr>
<td>- describe the effect on the team when all members are valued.</td>
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</table>

Has the nurse closed the loop by discussing the implications?

(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).
4.3 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: patient safety, reducing errors, efficiency, effectiveness, systems, processes, outcomes, audit.

<table>
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<tr>
<th>Additional comments:</th>
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**There absolutely MUST be a quality initiative stated here –**

- Again – there must be the closing of the loop and discussion of “how” this initiative has improved care, processes or delivery of the service.

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**Additional comments:**

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<th>Signature:</th>
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<td>Date:</td>
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**(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:

**Your Charge Nurse / Nurse Manager must write a comment to support your application for Competent RN PDRP**

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<thead>
<tr>
<th>Name:</th>
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<tr>
<td>Signature:</td>
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</table>
(4a) **HHS nurses** - Line Manager with responsibility for budget to endorse progression to, or maintenance of RN competent level:  (please circle below)

(4b) **Primary, NGO and ARC Sector**: Line Manager with responsibility for budget (if applicable and/or PDRP related allowances apply) to endorse progression to, or maintenance of, RN competent level:  (please circle below)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No (Reason/s must be given:)</th>
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</table>

Name:  
Signature:  
Date:  

(5) **HHS only**:  
A PDRP portfolio includes completion and assessment of a portfolio and all associated documentation.  
- **CCDHB**: PR document is scanned and emailed to HR Records.  
The completed portfolio is assessed by one assessors in the clinical area then a copy of the application letter and the portfolio assessment tool is scanned and sent: professional.development@ccdhb.org.nz or a copy mailed to Director of Nursing & Midwifery Administrator, Level 11 Grace Neill Block, Capital and Coast DHB, Private Bag 7902, Wellington,  
or contact  
  - **MidCentral DHB**: The Nurse or Line Manager must update HRIS/Yourself with the date of the Performance Review or contact Kathryn Fraser,kathryn.fraser@midcentraldhb.govt.nz | DDI (06) 350 9146  
  - **Whanganui DHB**: Margaret Gosnell, margaret.gosnell@wdhb.org.nz | DDI 348 3164 DD 8164 | CP (02) 108 719895  

(6) **Primary, NGO and ARC Sector only**: If possible the portfolio is assessed in the clinical area and then a copy* of the portfolio is sent to:  
Director of Nursing & Midwifery Administrator, Level 11 Grace Neill Block, Capital and Coast DHB, Private Bag 7902, Wellington.  

*Please do not send any original documents.