### Proficient 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>
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<tbody>
<tr>
<td>Name:</td>
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<tr>
<td>APC number and expiry date:</td>
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<td>Department and Directorate or workplace:</td>
<td>Department:</td>
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<td>Employee number:</td>
<td>Level on PDRP:</td>
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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 requirements 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 explanation or action 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 an RN or an RN who has delegated responsibility and 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.
### Self-Assessment

**Domain One: Professional Responsibility**

1.1 Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical and relevant legislated requirements.

1. **Identify one professional,**
2. **one ethical and**
3. **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 and**
4. **how you assisted a colleague to comply with one of these requirements.**

**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. What specific advice or education have you given to a colleague?**

*Use example in PDRP Information Handbook – p.17.*

### Peer Assessment

**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?**

Nurses must then answer the second part of the competency to identify “how” they have assisted a colleague to comply with one of these.

***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 – p. 36-37 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.
### 1.2 Demonstrates the ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice.

1. **Identify the principles of the Treaty of Waitangi /Te Tiriti o Waitangi**
2. & describe how you apply each of them to your practice
3. **including references** from Tikanga or NCNZ guidelines to demonstrate appropriateness.

This competency is about the Treaty and its relevance to the health of Māori, which is more specific than cultural safety. *Reference documents* that help you know what appropriate practice is eg 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 – p.38**

### 1.3 Demonstrates accountability for directing, monitoring and evaluating nursing care that is provided by enrolled nurses (ENs) and others.

1. **Describe the differences in accountability and responsibility for the RN, EN and unregulated health care worker**
2. and how this impacts on the process of direction or delegation
3. **including references to NCNZ guidelines.**

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.) Reference 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, all RNs must demonstrate understanding of these requirements.

- Does the nurse describe the differences between accountability & responsibility?
- Do they demonstrate understanding the requirements of direction and delegation by giving an example of practice that shows “how” this impacts on the process?
- Do they provide a reference
### 1.4 Promotes an environment that enables patient safety, independence, quality of life, and health.

1. **Describe an environmental issue or problem that was affecting patient safety, independence or quality of life and**
2. **what you did to minimise the risk or problem.**

*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 and it must be about a problem or issue**
- **Does this example meet the criteria of the competency?**
- **If there is more than one example – look at the example that meets the criteria.**
- **Does the key example identify the problem:**
  - 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.

1. **Describe how you practice in a manner that the patient determines as being culturally safe,**
2. **how you advocated for a patient to ensure their needs were met and**
3. **what you learnt from this experience.**

*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 three parts. If the example meets 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.”**
- **Required to identify “what they learnt” from the experience**

This makes giving feedback to the nurse really clear and generally they come to the meeting prepared with what is required to complete answering the example for the competency.
**Domain Two: Management of Health Care**

2.1 Provides planned nursing care to achieve identified outcomes.

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<td><strong>1.</strong> Identify an expected outcome</td>
<td><strong>EXAMPLE:</strong> 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 as the example and identify a specific planned outcome.</td>
</tr>
<tr>
<td><strong>2.</strong> then describe how you plan your care to achieve this using evidence based knowledge and</td>
<td>- The nurse needs to provide discussion if the influencing factors</td>
</tr>
<tr>
<td><strong>3.</strong> including the patient acuity and/or other factors that influence your plan.</td>
<td>- Does the nurse demonstrate that practice is evidence based by providing a reference.</td>
</tr>
<tr>
<td><strong>4.</strong> Please provide a reference for the evidence used.</td>
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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 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.

2.2 Undertakes a comprehensive and accurate nursing assessment of clients in a variety of settings.

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<tr>
<td><strong>1.</strong> Describe a comprehensive and accurate assessment you completed that required a combination of direct patient assessment and physiological or other clinical parameters</td>
<td><strong>Nurses must indicate the components of the assessment.</strong></td>
</tr>
<tr>
<td><strong>2.</strong> that demonstrates advanced clinical judgement.</td>
<td>- Does the nurse identify components of the assessment?</td>
</tr>
<tr>
<td><strong>3.</strong> Consider the assessment components needed to give an accurate clinical picture. These components may include vital signs, weight, fluid balance, blood glucose level, frequency/duration/intensity of signs/symptoms, mental health assessment. Think about why this is proficient rather than competent level practice.</td>
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- Does the nurse identify components of the assessment?
  - Gives an holistic overview
  - Demonstrates critical thinking of the features of the assessment
  - Applies this to decision making to the plan of care and demonstrate advanced 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.

1. **Describe how and why you ensure your documentation is accurate and**
2. **how you assisted a colleague to comply with maintaining confidentiality of information.**

   *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 you safeguard access to private electronic data/IT? What specific advice or education have you given to a colleague?*

### 2.4 Ensures the client has adequate explanation of the effects, consequences and alternatives of proposed treatment options.

**Describe how you proactively resolved a problem to enable your patient to have adequate explanation of the effects, consequences and alternatives of a proposed treatment option.**

*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.*

1. **What was the issue with this and how did you resolve it?**

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

1. **Describe your actions during an unexpected situation,**
2. **how you managed the situation and**
3. **what you learnt from the experience.**

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

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**DOCUMENTATION:**

*What might some of the legislation be that the nurse will discuss?*

*How will you know this is Proficient rather than Competent?*

*Does the nurse identify policies and guidelines that guide practice?*

*Is there critical thinking and analysis of issues*

*Does this meet the criteria for Proficient practice*

**INFORMED CONSENT.**

*Is the problem or issue with the informed consent process identified?*

- Do they say “how” they have resolved the issues?
- Do they indicate what the elements are that were applied to resolve the issue?
- Do they say what documents guides practice?
- Has the loop been closed through appropriate sharing of information?
- Has the patient been empowered to make an informed decision?

**Frequently nurses are omitting to include – what has been learnt from the experience? This must be written at the level the nurses has applied for.**

*They simply cannot say they “I learnt a lot.”*
<table>
<thead>
<tr>
<th>2.6 Evaluates client’s progress toward expected outcomes in partnership with clients.</th>
<th>Does the nurse describe “evaluation of care” in their clinical context?</th>
</tr>
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<tbody>
<tr>
<td>1. Describe what evaluation of care is,</td>
<td>Eg., Evaluation of care is to continually reflect on the patients 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.</td>
</tr>
<tr>
<td>2. how you achieve this in partnership with patients</td>
<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>
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<tr>
<td>3. and give an example of how your practice or patient care changed as a result of an evaluation.</td>
<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>
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Think about the importance of evaluation and partnership. How do you do this, how and why was care altered as a result?

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<tr>
<th>2.7 Provides health education appropriate to the needs of the client within a nursing framework.</th>
<th>Does the nurse provide a specific time when they have provided education for the patient.</th>
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<tbody>
<tr>
<td>1. Describe an example of education you gave to a patient,</td>
<td>• Did they Assess the patient’s readiness?</td>
</tr>
<tr>
<td>2. how you evaluated its appropriateness and</td>
<td>• Did they Diagnose (discuss) with the patient the appropriate method to provide education?</td>
</tr>
<tr>
<td>3. what you learnt from this experience.</td>
<td>• Did they Plan how they would present the education? What resources did they use?</td>
</tr>
<tr>
<td>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 and what was your learning?</td>
<td>• Did they Implement the plan? How did they do this?</td>
</tr>
<tr>
<td></td>
<td>• Did they Evaluate the appropriateness of the education?</td>
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<tr>
<th>2.8 Reflects upon, and evaluates with peers and experienced nurses, the effectiveness of nursing care.</th>
<th>What are the various ways nurses reflect upon practice – the example must be specific to their own practice and “how” they do this – not the teams or others practice. Refer Reflective Writing Rubric.</th>
</tr>
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<tbody>
<tr>
<td>Describe how you reflect upon and evaluate your practice with peers and experienced nurses and what you have learnt about effective nursing care as a result of this process.</td>
<td>- The nurse must identify HOW this now informs &amp; changes their practice</td>
</tr>
<tr>
<td>Reflection is about reviewing and evaluating practice experience. How do you do this to inform and change your practice and what was your learning?</td>
<td>- AND what have they learnt?</td>
</tr>
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</table>
2.9 Maintains professional development.
   NCNZ Continuing Competency requirements are met.
   Complete the professional development record template as required including evidence of maintenance of area-specific competencies. Education of others is evidenced.

   NB: EDUCATION SESSION
   - The Education Session lesson plan has been included as evidence of the education of others.
   - The Education Session PPT and/or presentation notes have been included and there is a reference list – to demonstrate practice is evidence based.
   - The Education Session evaluations have been included as validation of the education delivered to others.

   Evidence of meeting this is in my Professional Development Record.
   Professional Development Record has been validated by Nurse Educator/Charge Nurse/Nurse Manager.

   NB: Please make sure you make a note of the date of the presentation – it needs to have been presented in the last 12 months.

Domain Three: Interpersonal Relationships

3.1 Establishes, maintains and concludes therapeutic interpersonal relationships with clients.
   1. Describe how you establish, maintain and conclude therapeutic interpersonal relationships
   2. and the challenges associated with maintenance of professional boundaries in your area of practice.

   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? What are the specific issues that can make this challenging?

   1. Describe the therapeutic relationship and all parts. This is about the patient relationship.
   2. Then give an example of when this was challenging with maintenance of professional boundaries. This can be patient/nurse; nurse to colleague or patient to patient.
### 3.2 Practises nursing in a negotiated partnership with the client where and when possible.

1. **Describe how you negotiated a partnership with a patient to increase their independence**

2. **that challenged your resourcefulness.**

Nurses work in partnership with patients to ensure their needs and goals are met where possible.

Think about the factors that can make establishing and maintaining a partnership in your area of practice more challenging e.g. patient’s functional level, disease process, health literacy and the actions required to overcome this.

<table>
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<tr>
<th>Does the nurse describe what partnership looks like?</th>
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<tr>
<td>- Do you see meaningful dialogue</td>
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<tr>
<td>- Do they indicate they use tools and mechanism to support positive engagement with the patient</td>
</tr>
<tr>
<td>- Do they say what effective communication looks like</td>
</tr>
<tr>
<td>- “How” have they shown the patients’ needs and goals have been met</td>
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<tr>
<td>- What were the issues that needed to be taken into account?</td>
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### 3.3 Communicates effectively with clients and members of the health care team.

Describe how you use different communication techniques to communicate effectively with patients and members of the health care team when this is challenging.

Effective communication occurs when your message is understood and there are no misunderstandings. Consider the challenges that can occur. How do you use tools or approaches to optimise your communication with both patients and the health care team to overcome these (e.g. style of language)?

<table>
<thead>
<tr>
<th>This is about the nurse discussing themselves and “how” they apply tools of effective communication.</th>
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</thead>
<tbody>
<tr>
<td>1. Describe “how” they use different communication techniques</td>
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<tr>
<td>2. When was this a time that this was challenging</td>
</tr>
<tr>
<td>3. What techniques did they use?</td>
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<tr>
<td>4. “How” did the nurse optimise communication with both the patient and health care team to OVERCOME the challenges.</td>
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**ISOBAR – is often made reference to….**
### Domain Four: Interprofessional Healthcare & Quality Improvement

#### 4.1 Collaborates and participates with colleagues and members of the health care team to facilitate and coordinate care.

**Describe how you support students, beginning practitioners or new staff members to facilitate care.**

Collaboration is working together to achieve shared goals. Think about the skills needed when supporting 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?

#### 4.2 Recognises and values the roles and skills of all members of the health care team in the delivery of care.

1. **Give an example of valuing the role and skill of a non-nursing member of the health care team and**
2. **describe the effect on the team when all members are valued.**

Consider the health care team members’ skills, knowledge and roles. Think about the value and contribution of team members and the colleagues you work most closely with. **Consider the implications of this.**

- **Have you closed the loop by discussing the implications?**

#### 4.3 Participates in quality improvement activities to monitor and improve standards of nursing.

**Give an example of a quality initiative that you have participated in and describe the positive impact it had on nursing practice or service delivery.**

Key words: patient safety, reducing errors, efficiency, effectiveness, systems, processes, outcomes, audit. Think about your role in the initiative and the effect on patient outcomes through improved care, processes or delivery of service.

There absolutely MUST be a quality initiative stated here –

- **Proficient – do not necessarily need to lead – refer levels of practice again**
- **Expert – definitely need to lead.**

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

<table>
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<tr>
<th>Additional comments:</th>
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(3) Charge Nurse/ Nurse Manager comments (if they have not completed peer assessment above) to include confirmation that the nurse is consistently practicing at proficient level and meets all the indicators at proficient level:

The nurse manager or charge nurse must make a comment in this section.

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Is there a REFERENCE LIST? – Please remember there must be references to acknowledge source of information and to demonstrate practice is evidence based (NCNZ, 2007, Competencies for registered nurses).


Any questions, please do not hesitate to contact me.

Regards.

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Kahikatea. MidCentral Health.  
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"The expert was once a beginner."