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| **Senior Nurse: Clinical Practice - Full Self and Peer Assessment** |
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| **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 |

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| 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. **A \*senior nurse is a RN employed on the senior nurse MECA and/or in a designated role with a focus on management, professional advice, education, policy and/or research.** **Note: A ‘Full Performance Review’ includes completion and assessment of a senior level portfolio and is a component of the portfolio requirements; it is not equivalent to a full portfolio submission****Process:**1. All Domains must be completed and must include a comment of endorsement in Section 3 by the Charge Nurse / Nurse Manager for the level of practice
2. The completed portfolio is handed into the Nurse Coordinator-PDRP who allocates a PDRP Assessor
3. For nurses employed in the primary/NGO/ARC sector, if possible the complete portfolio is assessed by an PDRP Assessor in the clinical area
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| **Information on completing the self assessment\**** NCNZ requires examples to clearly and completely answer the competency indicator with an explanation and actions of how you demonstrate this in your day to day practice
* 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 performance review/peer assessment must be completed by the manager or a RN with delegated authority
* The peer assessor must be a registered nurse and be familiar with the practice of the nurse and be able to provide examples of how day to day practice meets the competency indicators. The peer assessor must be on the same level of practice or above or be a senior nurse.
* If the manager completes the assessment but is not a RN, another RN must **also** assess the nurse.
* In some primary/NGO/ARC organisations, the employer may also require a separate performance review.
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| * **NCNZ Competencies**
* *The part in italics is a guide to help you answer the competency. Depending on your role, only some of it may be applicable.*
* Please note the term ‘health consumer’ has been used. This includes any recipient of health care and/or services e.g. clients, residents, turoro.

***For Designated Senior Nurse - Answers and examples must demonstrate how evidence based practice has been applied to and improve outcomes for patients and service delivery.*** ***All references (where required) must be in APA format. Refer PDRP Information Handbook*** | * **(1) Self Assessment**
* **Provide an example of how you meet the competency indicator. Explain the link between the competency and the context of your role.**

***Senior Nurse level practice includes knowledge, skills and evidence of clear examples:*** * ***Supporting colleagues***
* ***Leadership & management of innovation & change***
* ***Influence the quality of nursing practice service delivery in your directorate or organisation.***

***The self-assessment must demonstrate an understanding of how the delivery of nursing care relates to National Health Strategies and either the District Health Board Annual Plan or Statement of Intent or the employing organisations goals and objectives with links to the wider socio-political health climate.*** | * **(2) Peer Assessment**
* **Provide an example of how you believe the nurse has met each competency.**
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| **Domain One: Professional responsibility****All senior nurses must complete a self and peer assessment against all of the competencies in Domain One.** |
| * 1. Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical and relevant legislated requirements.

*Identify legislation, professional, ethical codes, guidelines or policies and describe how they relate to your practice. How do these documents guide and impact on how you practice? What do you do to make sure you and others abide by them?* |  |  |
| * 1. Demonstrates the ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice.

*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 e.g. 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 services. What do you do or how does your role assist with addressing health disparities?*  |  |  |
| * 1. Demonstrates accountability for directing, monitoring and evaluating nursing care that is provided by enrolled nurses (ENs) and others.

*Describe the difference in RN and EN scope of practice and what this means in your work context and how this impacts on the process of Direction & Delegation. (Unregulated workers do not have a Scope of Practice - 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 e.g.: Mental Health Support Workers, Cultural Practitioners, Health Care Assistants, all RNs must demonstrate understanding of these requirements. For HS nurses (including those in MHAIDS), evidence of completing the* ***e-learning*** *package should be included in the portfolio/PDR.*  |  |  |
| * 1. Promotes an environment that enables health consumer safety, independence, quality of life, and health.

*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. Describe what actions reduce risk, promote safety and wellbeing, improve patient outcomes and quality of life e.g. the prevention of cross infection, falls prevention, self-harm, suicide, impacts of behaviours, 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.

*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. How do you ensure your own culture or beliefs or those of others do not impact negatively on patients? Reflect on an occasion when you consulted with tangata whaiora/whanau and adapted your usual practice.*  |  |  |
| **Domain Two – Management of Nursing Care****Senior nurses involved in direct health consumer care must complete a self and peer assessment against all of the competencies in Domain Two.**  |
| 2.1 Provides planned nursing care to achieve identified outcomes.*An outcome is something that is expected to happen as a result of your planned care e.g. pain is reduced, wound heals, health consumer self-manages their condition. Think about the steps taken to achieve the expected outcome (discharge is not an expected outcome without reference to cause of admission) and the influencing factors that can impact on the plan e.g. patient acuity, skill mix, health consumer’s functional level, health literacy, MDT processes, and comprehensive assessments..* |  |  |
| 2.2 Undertakes a comprehensive and accurate nursing assessment of clients in a variety of settings.*Describe expert level of knowledge and skill when applying assessment components needed to give an accurate clinical picture in management of the complex patient.*  |  |  |
| 2.3 Ensures documentation is accurate and maintains confidentially of information.*How do you ensure that your observations are recorded adequately? Describe the documentation standard and organisation requirements that address accuracy and confidentiality of information. How you safeguard access to private electronic data/IT? What can be the challenges?* |  |  |
| 2.4 Ensures the health consumer has adequate explanation of the effects, consequences and alternatives of proposed treatment options.*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. Describe how you apply these elements to care of the health consumer when this is challenging?* |  |  |
| 2.5 Acts appropriately to protect oneself and others when faced with unexpected health consumer responses, confrontation, personal threat or other crisis situations.*What happened, what was the risk, to whom, what did you do and why did you do it? Describe what guided your actions?* |  |  |
| 2.6 Evaluates health consumer’s progress towards expected outcomes in partnership with clients.*Describe the importance of evaluation and partnership. How do you do this to support improved outcomes? What were the challenges?*  |  |  |
| 2.7 Provides health education appropriate to the needs of the health consumer within a nursing framework.*What was the nursing framework you applied? 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.*Reflection is about reviewing and evaluating practice experience. How do you do this to inform and change your practice and support colleagues?*  |  |  |
| 2.9 Maintains professional development*NCNZ Continuing Competency requirements are met as per the professional development record (PDR).Core Competencies and area-specific competency requirements are maintained. It is sufficient to say ‘Evidence of meeting this is in my PDR’.* |  |  |
| **Domain Three: Interpersonal Relationships****Senior nurses involved in direct health consumer care must complete a self and peer assessment against all of the competencies in Domain 3** |
| 3.1 Establishes, maintains and concludes therapeutic interpersonal relationships with health consumers.*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? Identify the codes and guidelines that can help with understanding and compliance?* |  |  |
| 3.2 Practices nursing in a negotiated partnership with the health consumer where and when possible.*Nurses work in partnership with health consumers to ensure their needs and goals are met where possible.* *Describe the factors important in establishing and maintaining a partnership in your area of practice and give an example of when this was challenged your resourcefulness.*  |  |  |
| 3.3 Communicates effectively with health consumers and members of the health care team (HCT).*Effective communication occurs when your message is understood and there are no misunderstandings. Describe the differences between communicating with adults, children, people with hearing or language difficulties. How do you use tools, styles or approaches to optimise your communication with both patients and the HCT ?* |  |  |
| **Domain Four: Interprofessional Healthcare & Quality Improvement** **All senior nurses must complete a self and peer assessment against all of the competencies in Domain Four.** |
| 4.1 Collaborates and participates with colleagues and members of the health care team (HCT) to facilitate and coordinate care.*Collaboration is working together to achieve shared goals. Think about the skills needed when working with others to positively influence care outcomes.* |  |  |
| 4.2 Recognises and values the roles and skills of all members of the health care team in the delivery of care.*Consider the HCT members’ skills, knowledge and roles. Describe the value and contribution of team members and colleagues you work most closely with and the impact this has on patient outcomes. How do you show them that you appreciate their contribution to health consumer care?*  |  |  |
| * 1. Participates in quality improvement activities to monitor and improve standards of nursing

*Provide an example of a quality initiative in which you have participated, describe the process and describe how this initiative has had a positive impact on health consumer care or service delivery.**Key words: health consumer safety, reducing errors, efficiency, effectiveness, systems, processes, outcomes, audit.* |  |  |
|  | **Additional comments:****Signature:****Date:** | **Statement of Support:****Signature:****Date:** |
| **(3) Line / Nurse Manager** comments:(if they have not completed peer assessment above) to include confirmation that the nurse is consistently practicing at expert level and meets all the indicators at expert level and is influencing quality of service delivery in the directorate or organisation: |
| Name: | Signature: | Date: |