

# Aotearoa Collaborative PDRP

## Enrolled Nurse

### Introduction:

This PDRP is based on the minimum requirements outlined in the National Framework and Evidential Report 2017 and is for use by any nurse associated with any of the collaborative PDRP programmes across New Zealand. Contact your PDRP Nurse Co-ordinator/ Educator to find out if this is the correct document for you.



*This design represents animals related to New Zealand's sea, land and sky: manta (freedom and beauty), shark (strength and protection), kiwi (generosity) and waka (journey).  
Image courtesy of artist GiErre (May 2019)*

This design can be related to the journey and collaboration of nurses across Aotearoa New Zealand to develop a national PDRP. The graphics within the design acknowledge the place of tāngata whenua and represent the Aotearoa Collaborative PDRP Enrolled Nurse

## Checklist:

### Minimum PDRP Evidential Requirements:

All documentation below is required at the time of submission, missing documentation may result in your PDRP not being accepted		✓ when completed and in folder
<b>My full name is:</b>		
<b>Date of submission:</b>		
1. Manager Endorsement	Manager complete & sign	<input type="checkbox"/>
2. Nurse Declaration	Applicant complete & sign	<input type="checkbox"/>
3. CV	Required for proficient and accomplished only	<input type="checkbox"/>
4. Annual Practicing Certificate (APC)	From Nursing Council website Please write APC number here:	<input type="checkbox"/>
5. Hours of practice:	Verification of 450 hours of practice over last 3 years, validated by either a senior nurse or a letter from the employer	<input type="checkbox"/>
6. Record of Professional Development Hours (PD Hours)	60 hours of professional development over last three years, validated either by signature or someone who can verify your attendance, or organisational education record	<input type="checkbox"/>
7. Reflections on Professional Development	A statement for each PD activity or a short reflection on three key activities attended	<input type="checkbox"/>
8. Self-assessment	From the last 12 months: one specific practice example for each competency	<input type="checkbox"/>
9. Peer/ senior nurse assessment	From the last 12 months: one specific practice example for each competency.	<input type="checkbox"/>
10. Performance appraisal	From previous 12 months	<input type="checkbox"/>

**Note:** If completing a Proficient or Accomplished Level portfolio and you have Not written about the level of practice evidence in your self-assessment for the previous 12 months practice, you will need to write about it separately.

**Proficient Level** of practice to demonstrate (evidence can be from the previous 3 years)

- Participation in practice change or quality initiative
- Teaching and/or preceptorship
- In-depth understanding of patient care and care co-ordination within scope of practice.

**Accomplished Level** of practice to demonstrate (evidence can be from the previous 3 years)

- Contribution to quality improvement and change process
- Engagement and influence in professional activities
- In-depth understanding of patient care and care coordination as with in scope of practice, and the ability to identify changes in patient health status and actions the appropriately.

**Resources:**

Nurse Executives of New Zealand (April 2017) *National Framework and Evidential Requirements: New Zealand Nursing Professional Development & Recognition Programmes for Registered and Enrolled Nurses*

Nursing Council of New Zealand (2012) *Competencies for Registered Nurses*. Wellington: Author

Nursing Council of New Zealand (2012) *Competencies for Enrolled Nurses*. Wellington: Author

Health Quality & Safety Commission NZ (2015) *Open for Better Care*. Wellington: Author

**Acknowledgements:**

National Nursing PDRP Committee members

## Manager Endorsement

Statement that the line manager, or an equivalent senior nurse with whom the nurse has a professional relationship (when the manager is not a nurse), supports the level of practice the nurse is applying for. This support must be in writing. The statement must not be unduly withheld.

I \_\_\_\_\_ support \_\_\_\_\_ in submitting  
(Print name and designation) (Applicants/ nurses name)

His / her \_\_\_\_\_ PDRP  
(Level of PDRP submitting)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Designation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Note:

If submitting PDRP and a month has passed since receiving managers endorsement, have the below section completed by your manager.

I \_\_\_\_\_ confirm my continued support of the above submission.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Designation: \_\_\_\_\_

## Nurses Declaration

Name on APC: .....

Position(s): ..... Workplace(s): .....

APC Number: ..... Employee Number: .....

Ethnicity: Please mark the space or spaces which apply to you

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="radio"/> New Zealand European | <input type="radio"/> Māori             | <input type="radio"/> Chinese        |
| <input type="radio"/> Other European       | <input type="radio"/> Cook Island Māori | <input type="radio"/> Indian         |
| <input type="radio"/> Samoan               | <input type="radio"/> Niuean            | <input type="radio"/> African        |
| <input type="radio"/> Pacific Peoples      | <input type="radio"/> Tokelauan         | <input type="radio"/> Latin American |
| <input type="radio"/> Asian                | <input type="radio"/> Fijian            | <input type="radio"/> Middle Eastern |
| <input type="radio"/> South East Asia      | <input type="radio"/> Tongan            |                                      |
| <input type="radio"/> Other: _____         |   |                                      |

Contact Phone Number: .....

Email address(s): .....

Current PDRP Level (*if applicable*): ..... **Application for Level:** .....

### Declaration and Consent:

- I declare the attached portfolio contains my own work
- I declare at the time of submission of this portfolio, I am not the subject of any performance management process or NCNZ competence review.
- Confidentiality will be maintained throughout the Portfolio to ensure patients, family/whanau, community and colleagues are not identifiable.
- I give consent for the assessor(s) to take my portfolio off site for the purposes of assessment and recognise that my portfolio may be selected for internal/external moderation
- I understand the assessor(s) may need to contact me or my peers/manager for additional evidence if not adequately supplied.
- I understand a timeframe is required for assessment dependent on organisation

I declare that the above statements are truthful, and this portfolio is an accurate description of my previous 3 years practice.

Signature: ..... Date: .....

## Level of practice definitions:

PLEASE ENSURE THAT YOU ARE REFLECTING THE NURSES LEVEL OF PRACTICE INTO YOUR APPRAISAL OR REVIEW

### Definition of Competent Enrolled Nurse:

- Under the direction of the RN, contributes to assessment, planning, delivery and evaluation of nursing care
- Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe
- Applies knowledge and skills to practice
- Has developed experiential knowledge and incorporates evidence-based nursing
- Is confident in familiar situations
- Is able to manage and prioritise assigned client care/workload appropriately
- Demonstrates increasing efficiency and effectiveness in practice
- Responds appropriately in emergency situations

### Definition of Proficient Enrolled Nurse:

- Utilises broad experiential and evidence-based knowledge to provide care
- Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe
- Has an in-depth understanding of enrolled nurse practice.
- Contributes to the education and / or preceptorship of enrolled nurse students, new graduate EN, care givers/healthcare assistants, competent and proficient EN
- Acts as a role model to their peers
- Demonstrates increased knowledge and skills in a specific clinical area
- Is involved in service, professional or organisational activities
- Participates in change

### Definition of Accomplished Enrolled Nurse:

- Demonstrates advancing knowledge and skills in a specific clinical area with the enrolled nurse scope
- Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the clients determine is culturally safe
- Contributes to the management of changing workloads
- Gains support and respect of the health care team through sharing of knowledge and making a demonstrated positive contribution
- Undertakes an additional responsibility within a clinical/quality team, e.g. resource nurse, health and safety representative, etc.
- Actively promotes understanding of legal and ethical issues
- Contributes to quality improvements and change in practice initiatives
- Acts as a role model and contributes to leadership activities

**Reference: National Framework and Evidential Requirements: New Zealand Nursing Professional Development & Recognition Programmes for Registered and Enrolled Nurses (March 2017). Report developed through joint sponsorship of Nurse Executives of New Zealand and New Zealand Nurses' Organisation (NZNO).**

## Record of Professional Development (PD) / Education Hours

This may include organisational mandatory / essential requirements (as per employment agreement).

Related to the relevant area of practice

Include either: a statement, for each PD activity (describing the difference the learning has made to your nursing practice) or a short reflection on three key activities attended (note: this is more in-depth than a ‘statement’).

Include what you learned and how you have incorporated that learning into practice.

**Note:** Please **total** all professional development hours, check to make sure you have at least 60 hours in the past 3 years

PD Activity (e.g. courses, workshops)	Date Completed	Reflection on PD	Hours
<b>Total:</b>			
Validated either by someone who can verify your attendance, or certificate or organisational education record			
Name: _____ Designation: _____ Date: _____			
Signature: _____			

Tip: Suggestions and indicators are located under each competency to help you understand the information you are required to include at each level. To access suggestions and indicators, click on the level desired and then click the drop-down arrow.

Note: If using the suggestions and indicators pick one point only, as you are only required to have one example per competency

<b>DOMAIN ONE: PROFESSIONAL RESPONSIBILITY</b>	
This domain contains competencies that relate to professional, legal and ethical responsibilities and cultural safety. These include being able to demonstrate knowledge and judgement and being accountable for own actions and decisions, while promoting an environment that maximises patients' safety, independence, quality of life and health.	
<b>Self-Assessment</b>	<b>Appraiser / Peer</b>
<b>1.1</b> Accepts responsibility for ensuring that his /her nursing practice and conduct meet the standards of the professional ethical and relevant legislated requirements.	
<a href="#">Competent suggestions &amp; indicators</a> <a href="#">Proficient suggestions &amp; indicators</a> <a href="#">Accomplished suggestions &amp; indicators</a>	
Practice Example:	Practice Example:
<b>1.2</b> Demonstrates the ability to apply the principles of the Treaty of Waitangi /Te Tiriti o Waitangi to nursing practice.	
<a href="#">Competent suggestions &amp; indicators</a> <a href="#">Proficient suggestions &amp; indicators</a> <a href="#">Accomplished suggestions &amp; indicators</a>	
Practice Example:	Practice Example:
<b>1.3</b> Demonstrates understanding of the enrolled nurse scope of practice and the registered nurse responsibility and accountability for direction and delegation of nursing care.	
<a href="#">Competent suggestions &amp; indicators</a> <a href="#">Proficient suggestions &amp; indicators</a> <a href="#">Accomplished suggestions &amp; indicators</a>	
Practice Example:	Practice Example:
<b>1.4</b> Promotes an environment that enables health consumer safety, independence, quality of life, and health.	
<a href="#">Competent suggestions &amp; indicators</a> <a href="#">Proficient suggestions &amp; indicators</a> <a href="#">Accomplished suggestions &amp; indicators</a>	
Practice Example:	Practice Example:
<b>1.5</b> Participates in ongoing professional and educational development.	
<a href="#">Competent suggestions &amp; indicators</a> <a href="#">Proficient suggestions &amp; indicators</a> <a href="#">Accomplished suggestions &amp; indicators</a>	
Practice Example:	Practice Example:
<b>1.6</b> Practises nursing in a manner that the health consumer determines as being culturally safe.	
<a href="#">Competent suggestions &amp; indicators</a> <a href="#">Proficient suggestions &amp; indicators</a> <a href="#">Accomplished suggestions &amp; indicators</a>	
Practice Example:	Practice Example:
<b>DOMAIN TWO: MANAGEMENT OF NURSING CARE</b>	

This domain contains competencies related to health consumer assessment and providing nursing care, which is responsive to the needs of the health consumer when working under the direction of a registered nurse.	
Self-Assessment	Appraiser/ Peer
<b>2.1</b> Provides planned nursing care to achieve identified outcomes.	
<a href="#">Competent suggestions &amp; indicators</a> <a href="#">Proficient suggestions &amp; indicators</a> <a href="#">Accomplished suggestions &amp; indicators</a>	
Practice Example:	Practice Example:
<b>2.2</b> Contributes to nursing assessments by collecting and reporting information to the registered nurse.	
<a href="#">Competent suggestions &amp; indicators</a> <a href="#">Proficient suggestions &amp; indicators</a> <a href="#">Accomplished suggestions &amp; indicators</a>	
Practice Example:	Practice Example:
<b>2.3</b> Recognises and reports changes in health and functional status to the registered nurse or directing health professional.	
<a href="#">Competent suggestions &amp; indicators</a> <a href="#">Proficient suggestions &amp; indicators</a> <a href="#">Accomplished suggestions &amp; indicators</a>	
Practice Example:	Practice Example:
<b>2.4</b> Contributes to the evaluation of health consumer care.	
<a href="#">Competent suggestions &amp; indicators</a> <a href="#">Proficient suggestions &amp; indicators</a> <a href="#">Accomplished suggestions &amp; indicators</a>	
Practice Example:	Practice Example:
<b>2.5</b> Ensures documentation is accurate and maintains confidentiality of information.	
<a href="#">Competent suggestions &amp; indicators</a> <a href="#">Proficient suggestions &amp; indicators</a> <a href="#">Accomplished suggestions &amp; indicators</a>	
Practice Example:	Practice Example:
<b>2.6</b> Contributes to the health education of health consumers to maintain and promote health.	
<a href="#">Competent suggestions &amp; indicators</a> <a href="#">Proficient suggestions &amp; indicators</a> <a href="#">Accomplished suggestions &amp; indicators</a>	
Practice Example:	Practice Example:
<b>DOMAIN THREE: INTERPERSONAL RELATIONSHIPS</b>	
This domain contains competencies related to interpersonal communication with health consumers, other nursing staff and inter-professional communication and documentation.	
Self-Assessment	Appraiser/ Peer
<b>3.1</b> Establishes, maintains and concludes therapeutic interpersonal relationships.	
<a href="#">Competent suggestions &amp; indicators</a> <a href="#">Proficient suggestions &amp; indicators</a> <a href="#">Accomplished suggestions &amp; indicators</a>	
Practice Example:	Practice Example:
<b>3.2</b> Communicates effectively as part of the health care team.	
<a href="#">Competent suggestions &amp; indicators</a> <a href="#">Proficient suggestions &amp; indicators</a> <a href="#">Accomplished suggestions &amp; indicators</a>	
Practice Example:	Practice Example:
<b>3.3</b> Uses a partnership approach to enhance health outcomes for health consumers.	



<a href="#">Competent suggestions &amp; indicators</a> <a href="#">Proficient suggestions &amp; indicators</a> <a href="#">Accomplished suggestions &amp; indicators</a>	
Practice Example:	Practice Example:
<b>DOMAIN FOUR: INTERPROFESSIONAL HEALTH CARE &amp; QUALITY IMPROVEMENT</b> 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 interprofessional activities of the team.	
<b>Self-Assessment</b>	<b>Appraiser/ Peer</b>
<b>4.1</b> Collaborates and participates with colleagues and members of the health care team to deliver care.	
<a href="#">Competent suggestions &amp; indicators</a> <a href="#">Proficient suggestions &amp; indicators</a> <a href="#">Accomplished suggestions &amp; indicators</a>	
Practice Example:	Practice Example:
<b>4.2</b> Recognises the differences in accountability and responsibilities of registered nurses, enrolled nurses and health care assistants.	
<a href="#">Competent suggestions &amp; indicators</a> <a href="#">Proficient suggestions &amp; indicators</a> <a href="#">Accomplished suggestions &amp; indicators</a>	
Practice Example:	Practice Example:
<b>4.3</b> Demonstrates accountability and responsibility within the health care team when assisting or working under the direction of a registered health professional who is not a nurse.	
<a href="#">Competent suggestions &amp; indicators</a> <a href="#">Proficient suggestions &amp; indicators</a> <a href="#">Accomplished suggestions &amp; indicators</a>	
Practice Example:	Practice Example:

<b>Peer Reviewer (if applicable)</b>	
<b>Print name:</b>	
<b>Signature:</b>	
<b>Role:</b> .....	<b>APC</b>
<b>Number:</b> .....	
<b>Date:</b> .....	<b>Cell Phone Number:</b> .....
<b>Contact Email:</b>	
.....	

**Complete with Manager at time of appraisal**

**Performance Objectives for the next 12 months:** *(These can be related to Job Description performance indicators or professional development and career planning as agreed by the Nurse and Manager).*

Objectives	Plan for achievement	Timeframe

**Manager's Comments:**

- Mandatory training completed per organisational requirements
- Annual Appraisal completed \_\_\_\_\_  
(date annual appraisal completed)

**Nurse Manager:**

**Print name:**

**Signature:**

**Role:** ..... **Contact Number:** .....

**Date:** ..... **APC Number:** .....

**Contact email:**.....

**Nurse's Comments:**

**Nurse:**

**Print name:**

**Signature:**

**Role:** ..... **Contact Cell No**  
:

**Contact email:**  
.....

**Date:** .....

# PDRP Assessors Assessment Tool

*To be completed by PDRP Assessor*

- Manager Endorsement Yes / No
- Nurses Declaration Yes / No
- Reflections on Professional Development activities Yes / No
- Verified minimum of 60 days (450hours) of nursing practice in the last 3 years Yes / No
- A minimum of 60 hours of education in last 3 years Yes / No
- Current APC Yes / No
- CV (not required at the competent level) Yes / No
- Applicant meets Level of Practice applied (delete not applicable) Proficient / Accomplished

*Tick (✓) Met/Not Met.*

*Note: If Not Met request further evidence, once received and meets requirements indicate by ticking (✓) MFE (met with further evidence)*

Domain 1: Professional Responsibility	Self-Assessment			Appraisal / Peer		
	Met	Not Met	MFE	Met	Not Met	MFE
1.1						
1.2						
1.3						
1.4						
1.5						
1.6						

Domain 3: Interpersonal Relationships	Self-Assessment			Appraisal / Peer		
	Met	Not Met	MFE	Met	Not Met	MFE
3.1						
3.2						
3.3						

Domain	Self-Assessment	Appraisal / Peer
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Domain	Self-Assessment	Appraisal / Peer
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	Met	Not Met	MFE	Met	Met	Not Met
2.1						
2.2						
2.3						
2.4						
2.5						
2.6						

	Met	Not Met	MFE	Met	Not Met	MFE
4.1						
4.2						
4.3						

## PDRP Assessor Declaration

This declaration verifies that assessment of this PDRP portfolio has been based on evidence provided at the time of submission.

The evidence (based on the Nursing Council competencies) considered for this assessment was:

- Self & Appraisal/Peer Assessments
  - Other (optional e.g. reflection/QI project/feedback forms)
  - Further evidence sought

Assessors comments regarding further evidence sought:

## PDRP Assessor Declaration

I ..... declare that the evidence provided meets the Nursing Council of New Zealand PDRP requirements.

### Assessor Summary:

- I did not identify any professional, cultural, ethical, legal, confidentiality or other practice issues in the evidence provided

OR

- I did identify a professional, cultural, ethical, legal, confidentiality or other practice issue in the evidence provided, which was discussed with Nurse Co-ordinator PDRP. The outcome from this discussion was:

- Issue resolved, and portfolio approved (relevant documentation completed by assessor)

OR

- Issue not resolved, and portfolio not approved (relevant communication / documentation completed by Nurse Co-ordinator PDRP)

**ASSESSMENT OUTCOME**

<input type="checkbox"/>	All criteria met	<input type="checkbox"/>	Further evidence required (see over). To be supplied by ..... (date)	<input type="checkbox"/>	All criteria met with further evidence supplied	<input type="checkbox"/>	Submission Withdrawn
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**Assessor Summary:**

**PDRP Assessor Signature:** ..... **Date:**

.....

**Assessor's APC Number:** .....

**Please retain your workbook and associated documentation, as these may be required for audit and moderation purposes**