

Aotearoa Collaborative PDRP

Senior Nurse / Designated Senior 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 role of nursing competencies to protect and meet the health needs of the population of Aotearoa New Zealand

Checklist:

Minimum PDRP Evidential Requirement:

All documentation below are required at the time of submission, missing documentation may result in your PDRP not being accepted		✓ when completed
1. Manager Endorsement	Manager complete & sign	<input type="checkbox"/>
2. Nurse Declaration	Applicant complete & sign	<input type="checkbox"/>
3. CV		<input type="checkbox"/>
4. Annual Practicing Certificate (APC)	From Nursing Council website	<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. Appropriately experienced peer domain statements	From the last 12 months; Statement to support validation of competency	<input type="checkbox"/>
10. CNM/NM/ND supporting statement of competency	From the last 12 months: Statement to support validation of competency	<input type="checkbox"/>
11. Performance appraisal ("Part A")	From previous 12 months	<input type="checkbox"/>

Note: If written about a teaching session or quality improvement package include it within your portfolio to validate what you have written about under the competencies.

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) (Applicants/ nurses name)
his/her _____ PDRP
(level of PDRP submitting)

Signature _____ Date _____
Designation: _____
E-,mail: _____ Phone #: _____

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.
(Print name)
Signature _____ Date _____
Designation: _____

Nurses Declaration

Name on APC

Position: Workplace:

APC number Employee number

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

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

Contact Phone details

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 of up to eight weeks is required for assessment.

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

Signature: Date:

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 (eg. courses, workshops)	Date Completed	Reflection on PD	Hours

Total:
Validated either by someone who can verify your attendance, or certificate or organisational education record
Name: _____ Designation: _____ Date: _____
Signature: _____

Tip: Indicators are located under the competencies that relate to all senior nurses and direct client care. These indicators can help you understand the information you are required to include. To access indicators, click on the level desired and then click the drop-down arrow.

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

For senior nurses completing management, education, policy and research

NCNZ does not provide indicators for the adjusted competencies under domain 2 & 3

For all senior nurses: Include evidence of leadership that is relates to your senior nurse job descriptors throughout the competencies

DOMAIN ONE: PROFESSIONAL RESPONSIBILITY 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.
Domain one completed by all senior nurses
Self Assessment
1.1 Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional ethical and relevant legislated requirements. <input type="checkbox"/> Demonstrates knowledge of, and accesses, policies and procedural guidelines that have implications for practice.
Practice Example:
1.2 Demonstrates the ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice. indicators
Practice Example:
1.3 Demonstrates accountability for directing, monitoring and evaluating nursing care that is provided by enrolled nurses and others. indicators
Practice Example:
1.4 Promotes an environment that enables client safety, independence, quality of life, and health. indicators
Practice Example:
1.5 Practices nursing in a manner that the client determines as being culturally safe. indicators
Practice Example:
Domain One: Professional Responsibility Peer statement supporting validation of competency. The nurse consistently meets the NCNZ <u>level</u> of practice competencies, and the examples provided by the nurse are a true and accurate reflection of their practice. YES <input type="checkbox"/> NO <input type="checkbox"/>

Peer statement provider

Name:

Date:

APC No:

Email:

Statement:

Signature:

Designated position:

- DSNs in management, education, policy or research (indirect patient care) must still meet NCNZ competencies and continuing competence requirements (standard requirements). These nurses are exempt from those competencies in domain two (management of nursing care) and domain three (interpersonal relationships) that only apply to clinical practice. They are to use the competencies from Domains 2 and 3 that best align with their specific role.
- DSN practising in direct care and in management, education, policy and/or research must meet both sets of competencies in domains 2&3. This does not mean submitting 2 portfolios but provision of evidence for the relevant competencies for current practice.
- The following table provides guidance as to the appropriate NCNZ competencies to be used by DSN.

Note: these are only suggestions; each senior nurse must select the competencies appropriate to their role.	Role examples:
Clinical/Clinical management (<i>direct patient care</i>)	Clinical Nurse Specialist, Clinical Nurse Educator Charge Nurse, Clinical Nurse Manager
Management (<i>non-clinical/ indirect patient care</i>)	Nurse Manager, Unit Manager, Director of Nursing
Research (<i>non-clinical/ indirect patient care</i>)	Practice Research Nurse, Academic Research Nurse
Education (<i>non-clinical/ indirect patient care</i>)	Academic Educator, Non-Clinical Educator
Policy (<i>non-clinical/ indirect patient care</i>)	Nurse Consultant, Nurse Advisor

DOMAIN TWO: MANAGEMENT OF NURSING CARE

This domain contains competencies related to client assessment and managing client care, which is responsive to clients' needs, and which is supported by nursing knowledge and evidence based research.

Domain two: select the section most appropriate for your role.

Although nurses involved in management, education, research and policy making are exempt from being assessed against the direct client care competencies in domain two, they are required to provide evidence of how they contribute to the management of care.

Domain Two: Management

Self Assessment

2.1 Promotes an environment that contributes to ongoing demonstration and evaluation of competencies.

Practice Example

2.2 Promotes a quality practice environment that supports nurses' abilities to provide safe, effective and ethical nursing practice.

Practice Example

2.3 Promotes a practice environment that encourages learning and evidence-based practice

Practice Example

2.4 Participates in professional activities to keep abreast of current trends and issues in nursing.

Practice Example

Domain Two: Education

Self Assessment

2.1 Promotes an environment that contributes to ongoing demonstration and evaluation of competencies.

Practice Example

2.2 Integrates evidence-based theory and best practice into education activities.

Practice Example

2.3 Participates in professional activities to keep abreast of current trends and issues in nursing.

Practice Example

Domain Two: Policy

Self Assessment

2.1 Utilises research and nursing data to contribute to policy development, implementation and evaluation.

Practice Example

2.2 Participates in professional activities to keep abreast of current trends and issues in nursing.

Practice Example

Domain Two: Research

Self Assessment

2.1 Promotes a research environment that supports and facilitates research mindedness and research utilization.

Practice Example:

2.2 Supports and evaluates practice through research activities and application of evidence-based knowledge.

Practice Example:

2.3 Participates in professional activities to keep abreast of current trends and issues in nursing.

Practice Example:

Domain Two: Direct Client care

Self Assessment

2.1 Provides planned nursing care to achieve identified outcomes.

[indicators](#)

Practice Example:

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

[indicators](#)

Practice Example:

2.3 Ensures documentation is accurate and maintains confidentiality of information.

[indicators](#)

Practice Example:

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

[indicators](#)

Practice Example:

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

[indicators](#)

Practice Example:

2.6 Evaluates client's progress toward expected outcomes in partnership with clients.

[indicators](#)

Practice Example:

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

[indicators](#)

Practice Example:

2.8 Reflects upon, and evaluates with peers and experienced nurses the effectiveness of nursing care.

[indicators](#)

Practice Example:

2.9 Maintains professional development.

[indicators](#)

Practice Example:

Domain Two: Management of Nursing Care. Peer statement supporting validation of competency.

The nurse consistently meets the NCNZ level of practice competencies, and the examples provided by the nurse are a true and accurate reflection of their practice.

YES

NO

Peer statement provider

Name:

Date:

APC No:

Email:

Statement:

Signature:

DOMAIN THREE: INTERPERSONAL RELATIONSHIPS

This domain contains competencies related to interpersonal and therapeutic communication with clients, other nursing staff and interprofessional communication and documentation.

Domain Three: Complete in Management , Education, Policy, Research

Although nurses involved in management, education, research and policy making are exempted from being assessed against the direct client care competencies in domain three, they are required to provide evidence of how they contribute to interpersonal relationships.

Self Assessment

3.1 Establishes and maintains effective interpersonal relationships with others, including utilizing effective interviewing and counselling skills and establishing rapport and trust.

Practice Example:

3.2 Communicates effectively with members of the health care team, including using a variety of effective communication techniques, employing appropriate language to context and providing time for discussion.

Practice Example:

Domain Three: Complete by Direct Client Care

Self Assessment

3.1 Establishes, maintains and concludes therapeutic relationships with client.

[indicators](#)

Practice Example:

3.2 Practises nursing in a negotiated partnership with the client where and when possible.

[indicators](#)

Practice Example:

3.3 Communicates effectively with clients and members of the health care team

[indicators](#)

Practice Example:

**Domain Three: Interpersonal Relationships.
Peer statement supporting validation of competency.**

The nurse consistently meets the NCNZ level of practice competencies, and the examples provided by the nurse are a true and accurate reflection of their practice.

YES

NO

Peer statement provider

Name:

Date:

APC No:

Email:

Statement:

Signature:

DOMAIN FOUR: INTERPROFESSIONAL HEALTH CARE & QUALITY IMPROVEMENT

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.

Domain Four completed by all senior nurses

Self Assessment

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

[indicators](#)

Practice Example:

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

[indicators](#)

Practice Example:

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

[indicators](#)

Practice Example:

**Domain Four: Interprofessional Health care and Quality Improvement
Peer statement supporting validation of competency.**

The nurse consistently meets the NCNZ level of practice competencies, and the examples provided by the nurse are a true and accurate reflection of their practice.

YES

NO

Peer statement provider

Name:

Date:

APC No:

Email:

Statement:

Signature:

Complete with Manager at time of appraisal

Performance Objectives for the next 12 months: <i>(These can be related to Job Description performance indicators or professional development and career planning as agreed by the Nurse and Manager).</i>		
Objectives	Plan for achievement	Timeframe

Manager's Comments:

Mandatory training completed per organisation
 Annual Appraisal completed _____
(date annual appraisal completed)

Nurse Manager:

Print name:

Signature:

Role: **Contact**
Details:

Date: **APC #:**

Nurse's Comments:

Nurse:

Print name:

Signature:

Role: **Contact**
Details:
Date: **APC #:**

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	Yes / No

Tick (✓) Met/Not Met.

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

Use only the box's applicable to the portfolio assessing

Domain 1: Professional Responsibility	Self-Assessment		
	Met	Not Met	MFE
1.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Domain 2: Management	Self-Assessment		
	Met	Not Met	MFE
2.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Domain 2 : Management of Nursing Care	Self-Assessment		
	Met	Not Met	MFE
2.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Domain 2: Education/ Research	Self-Assessment		
	Met	Not Met	MFE
2.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Domain 2 : Policy	Self-Assessment		
	Met	Not Met	MFE
2.1	<input type="checkbox"/>	✓	<input type="checkbox"/>
2.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Domain 3: Interpersonal Relationships	Self-Assessment		
	Met	Not Met	MFE
3.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Domain 3 : Management/ Education/ Policy/ Research	Self-Assessment		
	Met	Not Met	MFE
3.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Domain 4: Interprofessional Health Care	Self-Assessment		
	Met	Not Met	MFE
4.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Domain	Peer Evidence	
	Met	Not Met
1	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>

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 Statement /CNM/NM/ND Statement of competency
- 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 documentation completed by Nurse Co-ordinator PDRP)

ASSESSMENT OUTCOME			
<input type="checkbox"/>	All criteria met	<input type="checkbox"/>	Further evidence required. To be supplied by (date)
<input type="checkbox"/>		<input type="checkbox"/>	All criteria met with further evidence supplied
<input type="checkbox"/>		<input type="checkbox"/>	Submission Withdrawn

Assessor Summary:

.....meets the definition of Senior nurse as reflected in practice example.

PDRP Assessor Signature:

Date:

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