

Portfolio Preparation Guidebook



**Professional Development
& Recognition Programme**

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Introduction

Portfolios provide a framework for assessing competencies, determining the level of practice, achievement of skills and learning experiences of nurses.

The portfolio is defined as a focused purposeful collection of the nurse's work that demonstrates evidence of traditional and non-traditional sources of learning, progress and achievement over time.

The portfolio can provide a practitioner with evidence of:

- Reflection on academic and clinical experiences
- Continuing professional development and life long learning
- Decisions about the quality of work,
- Effective critical thinking skills,
- Reflection on professional and personal growth
- Responsibility for learning and development of skills necessary of a critical reflective practitioner

(Klenowski 2002).

Counties Manukau District Health Board (CMDHB) Professional Development and Recognition Programme (PDRP) is accredited by the Nursing Council of New Zealand (NCNZ) to meet the competency assessment component of the Health Practitioners Competency Assurance (HPCA) Act (2003).

Snapshot of the Health Practitioners Competency Assurance Act (2003)

- The HPCAA is about public safety. Its purpose is to protect the health and safety of members of the public by providing mechanisms to ensure the life long competence of health practitioners
- The HPCAA builds on the framework created by earlier legislation, in particular the Medical Practitioners Act 1995. All the major concepts of the Medical Practitioners Act 1995 have been carried forward into the HPCAA, adjusted where necessary to generic terms to provide a framework that can apply to all health practitioners not just doctors
- The Act incorporates the basic principles of ongoing competence and the separation of the registration process from the disciplinary process. The Act also continues provisions for the declaration of protected quality assurance activities that were previously contained in the Medical Practitioners Act 1995. (Ministry of Health 2007)

The Nursing Council of New Zealand (NCNZ) has developed a national framework for PDRP's in an effort to ensure consistency and transportability between DHBs. CMDHB reflects this framework and the implication of this is that any nurse who works for

CMDHB and is compliant with the programme will not be audited by the NCNZ when applying for an annual practicing certificate.

Aims

The aims of CMDHB's PDRP for nurses:

- Ensure that all nursing staff maintain a professional portfolio that contains competency evidence of their practice in compliance with the Nursing Council of NZ competencies.
- Validate levels of practice
- Promote effective evidence-based quality nursing care
- Recognises nursing professional achievement
- Maintains a fair and transparent process
- Maintenance of NCNZ accreditation status

Competency Evidence

A portfolio includes many different types of evidence. While single items of evidence may demonstrate aspects of practice or learning, demonstration of professional competency requires a range of evidence accumulated over time and gathered into a coherent argument (Cambell, Melenzyer & Nettles, 2000).

The purpose of the evidence is to provide tangible evidence that will demonstrate a specific achievement or outcome. Health care professionals are committed to integrating the latest research evidence into their day-to-day practice in order to deliver the best possible treatment outcomes. Evidence-based practice involves consideration of the best available evidence and practice guidelines, as well as how these fit with the needs and values of the client and the available clinical expertise (Sackett, Strauss & Richardson, 2000).

Objective and subjective evidence can also be obtained from colleagues, clients and managers and through reflective practice.

What is quality evidence?

Evidence becomes quality evidence when it is the most accurate and tangible evidence from a range of primary and secondary sources that is available at that time and over a period of time.

Primary evidence refers to evidenced supplied by the nurse from direct practice and secondary refers to evidence from a secondary source such as the manager or colleagues.

The evidence needs to:

- Demonstrate currency and contemporary practice
- Contain a reflective or evaluative component
- Meet the standards/competency identified
- Be validated by others
- Be accumulated over time and in a range of circumstances

Portfolio development can be identified as influential in developing staff attitudes to evidence-based practice, professional accountability, and application of theory to practice and responsiveness to change (Stuart, 2004). These outcomes, however, are only achieved if integrated into broader organisational systems that support progressive staff development in a range of associated knowledge, skills and attitudes.

How to put together your portfolio

If you have just joined CMDHB, you have 12 months to submit your first full portfolio. However, you could be subject to audit by the NCNZ within those 12 months.

Presentation

- Please ensure that your portfolio is presented in a suitable folder, that the pages are named and numbered.
- **DO NOT** place original Annual Practising Certificate, other certificates or documents in this folder. Your professional development activities should be recorded and verified on the template provided or in your own format.

Acknowledging the work of others:

- You are required to submit your own original work, and to provide complete references for any copied material or ideas (including material from the word wide web). Failure to acknowledge copied material or ideas will be investigated and depending on the extent and significance, may result in a request for re-submission of all or part of the portfolio.
- In extreme cases of proven dishonesty the Nursing Council may be notified that the requirements for the portfolio have not been met. A performance management process may be initiated and disciplinary action taken for unacceptable behaviour or falsifying records (refer to CMDHB HR Discipline and Dismissal Policy).

Once you have submitted a portfolio, you will commence on a three year assessed liner cycle before your next full portfolio is due. Each year you have annual requirements to fulfil that will build into your full portfolio.

Annual requirements:

• Annual Requirements Check list
• Performance Appraisal/Review with new goals set including Annual NCNZ Competency assessment for your scope of practice
• Professional Development Activities
• One piece of original work per year demonstrating level of practice towards portfolio from the * options

You will find a pack for your annual requirements on the PDRP website.

Full three yearly portfolio requirements:

Requirement Check List
Application form
Letter of endorsement of practice level
Curriculum Vitae
Performance Review including self assessment NCNZ Competencies
Professional Development Activities including Mandatory Training
Annual Practice Evidence: First year evidence: Title: Assessment Document Second year evidence: Title: Assessment Document Third year evidence: Title: Assessment Document

You will find a pack for your full portfolio requirements on the PDRP website.

Full portfolio Requirement Check lists

Application Form:

Ensure that all the relevant sections are completed as your portfolio will not be assessed if the application form is not complete.

Letter of endorsement (Generic Pathway)

The letter of endorsement is for proficient and expert applications only. Your CN or delegated other should complete this letter for you and you should include it in the portfolio. Examples of these letters are on the PDRP website.

Curriculum Vitae

You can include your own format of your CV or use the template provided.

Performance Review

This must be no more than 12 months old, and must be signed by your line manager. It must include the goals that have been identified for your professional development.

Self Assessment NCNZ Competencies

You should include your self assessment form which has been verified at your performance review by your CN or delegated other. You should give examples of evidence to demonstrate your competence and if this is included in your portfolio, you should list the page number.

Professional Development Activities

The Council has an expectation that all nurses will continue to learn and maintain their competence. You are responsible for seeking opportunities to learn and maintain your competence in the interests of client care. You need to choose activities to meet your needs in the context of your practice. These activities may be within your work environment or within an educational context. Your professional development must be relevant to your practice as a nurse. Your professional development may be taken as whole days or hours and/or you can undertake a variety of different learning activities such as degree papers, short courses, seminars, conferences, or in-service education.

Journal reading may be considered a professional development activity if it takes place within a formal framework e.g. a journal club, a presentation to colleagues or to inform an education or quality improvement process. Evidence of what has been learnt from this activity must be supplied. Meetings may be considered a professional development activity if they have an educational focus and appropriate documentation is supplied (NCNZ, 2007).

Evidence of level of practice

You should include one piece of work for each of the three years your portfolio reflects demonstrating your level of practice in those years. Your level of practice may have changed during this time as and as long as your whole

portfolio reflects the level you are applying for it is acceptable to include evidence that may be at a lower level for previous years.

Examples of this evidence are:

Generic Pathway:

- Evident of cultural safety is required throughout your portfolio
 - Referenced Care Plan/case Study/Exemplar/Pathway
 - Leadership skills
 - Education contribution to service
 - Quality initiative contribution to service
 - Project involvement
 - Clinical nursing procedures, process development
 - An example of your involvement in the development of a Patient information leaflet
 - Committee involvement e.g. policy development committee
 - Summary of involvement in professional organisations
 - Summary of preceptoring relationships
 - Summary of mentoring and coaching relationships
 - Publishes article or presentation (Expert)
 - Business case proposal (Expert)

Senior Pathway

- Evident of cultural safety is required throughout your portfolio
 - Referenced Care Plan/case Study/Exemplar/Pathway
 - Nursing Leadership Activities
 - Educational Contribution to Service Delivery
 - Implementation and support of Evidenced Based Practice
 - Research Activities
 - Quality Project Initiative Contribution to Nursing/Service Delivery
 - Policy Development and Review
 - Involvement in Committees at Local or National Level
 - Involvement in Nursing Professional Organisations
 - Interviewing, Mentoring and Coaching Relationships
 - Performance Management
 - Risk Management
 - Compliant Management
 - Communication Strategies
 - Publishes Article or Conference Presentation

- Business Case Proposal
- Ti Kanga Best Practice reflection on implementation into practice

This list is not exhaustive and is a guide only.

How to write a referenced exemplar

Definition of an exemplar:

An exemplar is a "story about your clinical practice that conveys something memorable or something important, significant, or that comes to mind periodically. " It is "a story about a patient that that conveys something you remember as important or significant and illustrates your clinical practice."

(Patricia Hooper-Kyriakidis 2003)

An exemplar is a reflection about a critical incident in which you feel your intervention really made a difference in the patient outcome, either directly or indirectly (by helping other staff/clinicians). It may be:

1. An incident that went unusually well
2. An incident in which there was a breakdown (things did not go as planned)
3. An incident that is very ordinary or typical
4. An incident that you think captures the true essence of what nursing is about
5. An incident that was particularly demanding

You should include the following in your exemplar:

1. Context (shift, date, time of day, resources)
2. A detailed description of what happened
3. Why the event is important to you
4. What your concerns were at the time
5. What you were feeling at the time of the event and after the event
6. What, if anything, you found demanding at the time
7. How you made you patient care decisions or solved the identified problems
8. How you communicated and collaborated with the patient, the family, and/or other members of the healthcare team
9. How you demonstrated at least one of the following qualities of caring, compassion, empathy, patience, ability to cope, self-esteem, sense of humour, trust/faith, camaraderie, knowledge/learning and openness to change
(<http://www.jordanhospital.org/body.cfm?id=289>).

How to write a case study

A case study provides professional nursing reflection on a particular patient case. The focus of a case study review is to formally review that case highlighting how the case was managed from a nursing perspective and most importantly to demonstrate your competence.

You should provide a clear description of the patient or clinical episode from **your current practice** that you have chosen. There should be evidence of the link between the health assessment and the treatment planning process.

You should clearly describe the rationale behind the nursing care provided and the treatment given. You should also include the outcome of the treatment and nursing care provided and how the patient responded to these.

Your case study should demonstrate your reflection on this case including what you have learned and what you could do differently in relation to your nursing care.

- How to present your case study:

Your case study should reflect the positives of the case. Avoid critical language or anything that may identify your colleagues.

- Maintaining patient confidentiality:

Describe the patient's medical history and their demographics including the socioeconomic determinants of health.

Discuss the systemic assessment and the patho-physiological basis for the presenting symptoms. Include the diagnostic investigations ordered, the reasons for these and the results. Investigate the medical condition, the diagnosis and the impact for the patient.

- Nursing Assessment:

Provide a detailed description of what happened with this patient in the clinical episode.

Provide a detailed description of the nursing assessment and subsequent care planning.

- Nursing Care:

Describe the nursing care provided and the rationale behind it.

How did the patient respond to the treatment and nursing care?

- Nursing Evaluation:

Was the nursing care effective?

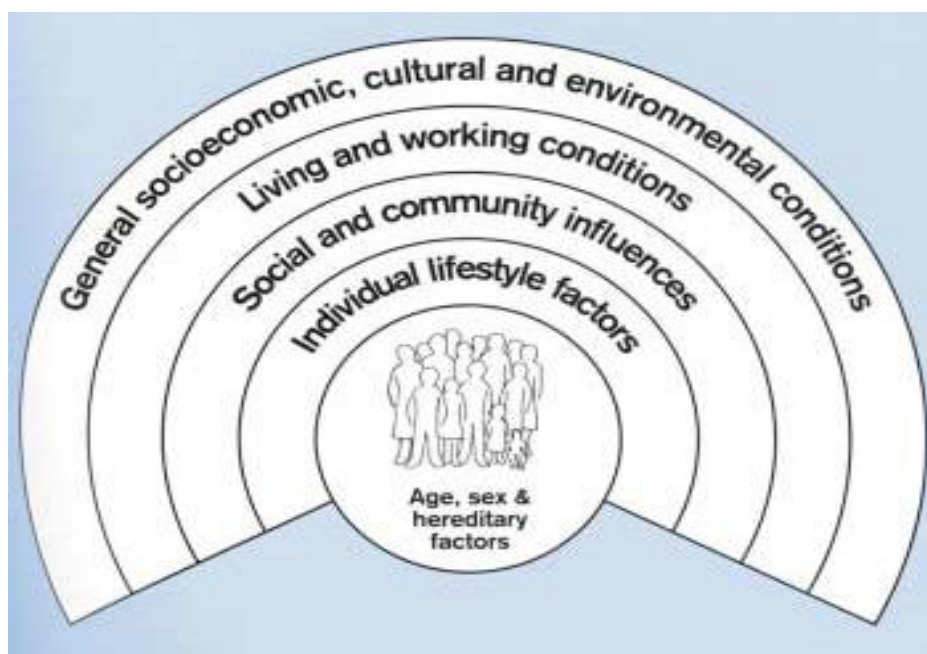
Did it provide the best outcome for this patient?

Reflect on your nursing practice describing what you have learned and what you could do differently in the future.

Confidentiality must be maintained throughout your case study. The persons mentioned should not be recognisable through your descriptions.

This should be your own original work; any evidence from other sources must be fully referenced.

A layered model of the socioeconomic determinants of health



(Dahlgren and Whitehead (1991) *Model of the social and economic determinants of health* in Public Health Advisory Committee 2004, p 6.)

How to write up a project

Some examples of projects could include:

- An auditing process you have been involved in
- Policy and procedure development you have been involved in
- Developing new processes for your area of practice (i.e. a new patient referral system, developing new documentation)
- Piloting of new equipment
- Practice development project
- Quality Improvement project

Should include:

- The drivers for this project e.g. why, what, who
- The objectives
- What was the process for this project and a reflection on your role
- The outcome of this project and service contribution
- Any feedback on your performance and describe your professional growth from your involvement
- If it still ongoing, state this, and comment on what stage it is at

Writing up an Education & Teaching Sessions

You should include:

- The rationale behind why you chose this subject and for whom
- The objectives for this teaching session
- How did you deliver this session and reflection on your involvement
- Handouts (if any)
- References
- A summary of the teaching session
- Feedback form from your target audience of the comments
- Session outcomes including the service contribution

Summarise this session by stating what the target audience was (i.e. patient & family, student nurses), a description of what the session was about, why it was necessary to give this session, and a conclusion

Cultural safety

Cultural safety is a New Zealand term unique to nursing education. It was born from the Maori experience of poor health care and evolved over twelve years against a backdrop of bicultural development. The Treaty of Waitangi provides the framework for its progression, which emphasises shifting power in the health care arena from nurses and midwives to those receiving care. Once this transfer of power has occurred, the recipients of care are empowered to define what culturally safe practice is (<http://www.pearsoned.co.nz>). Cultural safety needs to be evident throughout your portfolio.

A Cultural safety Tool Kit.

The Treaty of Waitangi principals of partnership, participation and protection power over/to and with

- Not accepting the status quo but challenging societal assumptions
- Not demeaning, disempowering and diminishing others choices
- Respecting difference and nursing in a way that is regardful of it
- Not assuming you know best but asking the client what they need in order to get well

- Nor making judgements about others' lifestyles because it differs from yours, as this stereotypes and results in victim blaming
- Empowering others, advocating and having an holistic approach
- Recognising the influence of social, economic and political determinants of health
- Knowing your own journey, what you believe in and how this may be different to others
- Accepting that your way of knowing may not be the only correct way
- Recognising that nursing is a culture which makes it different to the consumers
- Recognising that language and communication are used to subtly construct the reality of and for the client, e.g. "discontinuance" as opposed to "non compliant"
- Safety first but recognising that cultural safety is just as important as physical, mental, gender and emotional safety
- Reflecting on your practice

(Hughes & Farrow, 2007)

Optional Portfolio Evidence

To support your application you can add optional pieces of evidence to your portfolio. Suggestions for optional evidence could be:

- Education Session:
 - Feedback from participants
 - Feedback on your performance
- Skills assessments:
 - Assessment of practical skills e.g. Clinical Competency Assessment Toll (CCAT)
- Practical Skills Assessments following clinical education e.g. IV, ECG etc
- Feedback from clients, whanau, colleagues etc
- Career Plan
- Reflection on your experience of developing your portfolio - what have you learned and what impact will it have on your practice?

What is evidenced based practice?

An evidence-based approach to clinical practice aims to deliver appropriate care in an efficient manner to individual patients. The process includes the integration of research evidence, clinical expertise and the interpretation of patient's needs and perspectives in making decisions. Nursing care involves a wide range of interventions and therefore draws on a diverse evidence base (including for example, evidence from psychology, sociology, and public health). Individual nurses need to develop key skills in order to access and use evidence appropriately in clinical practice and, where evidence is not available, to make considered decisions (Craig & Smyth, 2002).

The term 'evidence-based practice' has only been used in nursing vocabulary since the early 1990's, but as a profession we have endeavoured to deliver care based on the best available evidence for many years. This has been facilitated through publications, policy and practice developments (le May, 1999).

What is reflection?

Reflective nursing practice refers to the ongoing evaluation of the way we undertake our nursing practice. Reflection has the potential to help nurses to develop and learn from their practice. The emphasis of reflective practice remains on helping to develop and challenge your knowledge, skills and values.

Price (2004) states that "Reflection and critical thinking are transferable skills which learners are expected to develop in clinical practice. Such skills enable practitioners to understand themselves and others and to solve problems" It is an active, conscious process. Reflection is often initiated when the individual practitioner encounters some problematic aspect of practice and attempts to make sense of it.

Ruth-Sahd (2003) describes that "in the broadest sense, reflective practice is a means of self-examination that involves looking back over what has happened in practice in an effort to improve or encourage professional growth" she further states that "it is an imaginative, creative, nonlinear, human act in which educators and students recapture their experience, think about it, and evaluate it." Reflective nursing practice is by no mean a new way of thinking about and evaluating our practice.

Dewey (1933) introduced the idea of reflective practice more than 60 years ago and this concept has grown. Dewey (1933) defined reflection as "An active persistent and careful consideration of any belief or supposed form of knowledge in the light of the grounds that support it and the further conclusion to which it tends."

Reflection for the purposes of writing a summary is more in terms of retrospective thinking on a situation, and the care you delivered, incorporating the above mentioned themes.

Your level of practice: competent, proficient or expert is measured against the definitions of level of practice listed below. Your annual evidence may demonstrate a progression to the level of practice applied for in the full portfolio and therefore your evidence may represent a range of levels, providing the overall sum of the portfolio reflects the level applied for.

Definitions of Levels of Practice.

- Enrolled Nurse

Enrolled Nurses practise under the direction of a Registered Nurse or Midwife to implement nursing care for people who have stable and predictable health outcomes in situations that do not call for complex nursing judgement. The responsibilities of the Enrolled Nurse include assisting clients with the activities of daily living, recognising the changing needs of clients and performing delegated interventions from the nursing or midwifery care plan (NCNZ, 2004).

- Nurse Assistants

Nurse Assistants assist registered nurses to deliver nursing care to individuals in community, residential and hospital settings. They reform delegated interventions from the nursing care plan to provide care and comfort for individuals groups, assist and support clients with activities of daily living, observe and report changes in individual/group conditions and behaviours, safeguard dignity and promote independence and health and safety. The Nurse Assistant does not undertake independent nursing assessments or plan and evaluate nursing interventions. Nurse Assistants may be required to practise in a specific area based on their practicing certificate (NCNZ, 2004).

- Registered Nurses

Registered nurses utilise knowledge and complex nursing judgement to assess health needs and provide care, and to advise and support people to manage their health. They practice independently and in collaboration with other health professionals, perform general nursing functions and delegate to and direct Enrolled Nurses and Nurse Assistants. They provide comprehensive nursing assessments to develop implement and evaluate an integrated plan of health care, and provide nursing interventions that require substantial scientific and professional knowledge and skills. This occurs in a range of settings in partnership with individuals, families, whanau and communities. Registered Nurses may practise in a variety of clinical contexts depending on their educational preparation and practice experience. Registered Nurses may also use this expertise to manage, teach, evaluate and research nursing practice. There will be conditions placed on the scope of practice of some Registered Nurses according to their qualifications or experience limiting them to a specific area of practice (NZNC, 2004).

Enrolled Nurse/Nurse Assistant (Generic pathway)
 (The term client means patient, client, family, whanau, community)

Competent	Proficient	Expert
<p>Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe.</p> <p>Under the direction of the Registered Nurse, contributes to assessment, planning, delivery and evaluation of nursing care.</p> <p>Applies knowledge and skills to practice.</p> <p>Has developed experiential knowledge and incorporates evidence-based nursing.</p> <p>Is confident in familiar situations.</p> <p>Is able to manage and priorities assigned client care/workload appropriately.</p> <p>Demonstrates increasing efficiency and effectiveness in practice.</p> <p>Responds appropriately in emergency situations.</p>	<p>Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines culturally safe.</p> <p>Has an in-depth understanding of Enrolled Nurse/Nurse assistant practice.</p> <p>Utilises broad experiential knowledge and evidence-based knowledge to provide care.</p> <p>Contributes to the education of Enrolled Nurses/Nurse Assistant students, new graduate Enrolled Nurses/Nurse Assistants, care givers/healthcare assistants, competent and proficient Enrolled Nurses/Nurse Assistants.</p> <p>Acts as a role model and leader to their peers.</p> <p>Demonstrates increased knowledge and skills in a specific clinical area.</p> <p>Is involved in service, professional or organisational activities.</p> <p>Participates in change.</p>	<p>Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines culturally safe.</p> <p>Demonstrates advancing knowledge and skills in a specific clinical area within the Enrolled Nurse/Nurse Assistant scope.</p> <p>Contributes to the management of changing workloads.</p> <p>Gains support and respect of the health care team through sharing of knowledge and making a demonstrated positive contribution.</p> <p>Undertakes any additional responsibility within a clinical/quality team, e.g. resource nurse, health and safety representative, etc.</p> <p>Actively promotes understanding of legal and ethical issues.</p> <p>Contributes to quality improvements and change in practice initiatives.</p> <p>Acts as a role model and contributes to leadership activities.</p>

Registered Nurse (Generic pathway)

(The term client means patient, client, family, whanau, community)

Competent	Proficient	Expert
<p>Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe.</p> <p>Effectively applies knowledge and skills to practice.</p> <p>Has consolidated nursing knowledge in their practice setting.</p> <p>Has developed a holistic overview of the client.</p> <p>Is confident in familiar situations.</p> <p>Is able to manage and prioritise assigned client care/workload.</p> <p>Demonstrates increasing efficiency and effectiveness in practice.</p> <p>Is able to anticipate a likely outcome for the client with predictable health needs.</p> <p>Is able to identify unpredictable situations, act appropriately and make appropriate referrals.</p>	<p>Participates in changes in the practice setting that recognise and integrate the principals of Te Tiriti o Waitangi and cultural safety.</p> <p>Has a holistic overview of the client and practice context.</p> <p>Demonstrates autonomous and collaborative evidence based practice.</p> <p>Acts as a role model and a resource person for other nurses and health practitioners.</p> <p>Actively contributes to clinical learning for colleagues.</p> <p>Demonstrates leadership in the health care team.</p> <p>Participates in changes in the practice setting.</p> <p>Participates in quality improvements in the practice setting.</p> <p>Demonstrates in-depth understanding of the complex factors that contribute to client health outcomes.</p>	<p>Guides others to apply the principals of Te Tiriti o Waitangi and to implement culturally safe practice to clients.</p> <p>Engages in Post Graduate level education (or equivalent).</p> <p>Contributes to speciality knowledge.</p> <p>Acts as a role model and leader.</p> <p>Demonstrates innovative practice.</p> <p>Is responsible for clinical learning/development of colleagues.</p> <p>Initiates and guides quality improvement activities.</p> <p>Initiates and guides changes in the practice setting.</p> <p>Is recognised as an expert in her/his area of practice.</p> <p>Influences at a service, professional or organisational level.</p> <p>Acts as an advocate in the promotion of nursing in the health care team.</p> <p>Delivers quality client care in unpredictable challenging situations.</p> <p>Is involved in resource decision making/strategic planning.</p> <p>Acts as leader for nursing work unit/facility.</p>

National Framework for Nursing Professional Development & Recognition Programmes and Designated Role Titles. (2005) Report to the National Nursing Organisations from the National Professional Development & Recognition Programmes Working Party. New Zealand.

Where to go for help

- CMDHB library
- PDRP website on the SouthNET
- Nurse Educators (see page 22)
- NCNZ website - www.ncnz.org.nz
- Google scholar - www.google.com

Recommended Reading:

Professional Portfolios, Evidence of competency for nurses and midwives. Andre & Heartfield. Churchill Livingstone.

Assessment

Assessment should take no longer than 8 weeks (2 months) although exceptional circumstances may occur to delay the process in which case, the applicant needs to be notified of the delay. Portfolio due dates and allowances are back dated to the date of the last successful application/submission date.

First submission date is when the portfolio is first reviewed by the assessor. After the second submission for assessment, if criteria are not met, the application will be declined.

Assessment Process

The following steps are taken:

1. Upon receipt of a PDRP portfolio application, the date of submission is entered into *One-Staff™*
2. The portfolio and all evidence will be reviewed against the competencies outlined in PDRP application form: Criteria for assessment
3. The candidate will be provided with constructive written and verbal feedback using the PDRP: Assessment memo
4. The original copies of the completed assessment memo & criteria for assessment form are given to the applicant and photocopies sent to Human Resources for filing

Assessment of Annual Evidence of Level of Practice
Generic Pathway

Name of applicant:	
Date of submission:	Level of practice applied for:

Evidence Requirements	Assessor's Comments
Why was this piece of work undertaken? Was the rationale for the work identified e.g. incidents, Practice, workforce, service and/or Professional development.	
Who were the stakeholders?	
What were the objectives? Are they clearly stated?	
How was the piece of work achieved? Is the process taken to develop this work and the nurses involvement clearly explained? Were the objectives met?	
Are the outcomes and recommendations identified? E.g. service contribution, changes in practice, quality improvements and/or enhancement to patient care. Describe evidence of professional growth?	

<p>Feedback on performance. May be included if appropriate e.g. education sessions etc.</p>	
<p>Additional Comments:</p>	

<p>Level of Practice demonstrated in this piece of evidence: Competent Proficient Expert</p>
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<p>Assessors Name: Designation: Signature: Date Assessed:</p>

Portfolio Application Assessment Generic Pathway

From:	
To	
Date:	

Evidence	Included/ Complete Y / N / NA		
Requirement Check List			
Application form signed by your Nurse Manager/MW			
Letter of endorsement of level of practice from your Nurse Manager/MW (Proficient/Expert Only)			
Curriculum Vitae			
Performance Review including portfolio self assessment NCNZ Competencies			
Professional Development Activities including Mandatory Training			
One piece of work demonstrating level of practice: First year evidence: Title: Assessment document: Second year evidence: Title: Assessment document: Third year evidence: Title: Assessment document:			
Presentation Presented in a folder, page numbers, date and name included on all pieces			

of work.			
Confidentiality Colleagues, client and organisations confidentiality maintained.			

Conclusion and additional comments:

Date your portfolio is next due, unless otherwise negotiated:	
Assessors Signature:	

Appeals process

The applicant may initiate this process at any stage of the assessment process by making contact with the Nurse Co-ordinator, Professional Development. Necessary and appropriate action will be taken to resolve the issue/s. Unresolved disagreement relating to assessment of portfolios will be discussed with the Director of Nursing (DoN). The final decision for any unresolved conflict rests with the DoN.

Reward and recognition for proficient and expert levels of practice

In addition to contractually agreed entitlements, PDRP Badges are available for the recognition of these levels of practice and are obtained from the Nurse Co-ordinator, PDRP. Presentation of the badges and certificates will be made within the ward/unit. With consent, selected items from portfolios may be published on the PDRP website in CMDHB's SouthNet and the CMDHB website.

Nurse Educator Assessor list

Names	Location	Ph Contact	Email address
Anna Munnoch	NE Emergency Dept	93-8659 Ext 7445	AMunnoch@middlemore.co.nz
Anne Goddard	NE Burns & Plastics	93-8180 Ext 2318	AGoddard@middlemore.co.nz
Anne Wroe	NE – Bureau/Projects	021 2739490 Extn 7619	WroeA@middlemore.co.nz
Bev McClelland	Acting Nurse Leader for Education & Professional Development	021 512 314 Ext 2446	BMcClelland@middlemore.co.nz
Carol Pretswell	NE Spinal Unit	93-8136 Ext 4275	CPretswell@middlemore.co.nz
Cate Fleckney	NE Emergency Paeds	93-8960 Ext 7529	Cfleckney@middlemore.co.nz
Christine Millar (secondment)	NE Neonatal Unit	93-8007 Ext 8170	millarc@middlemore.co.nz
Claire Sherring	NE Intensive Care Unit	93-8212 Ext 8821	CSherring@middlemore.co.nz
Elizabeth Pillay	NE Public Health Nursing 95 Wiri St, Manukau	Ext 2561 021 585 729	EPillay@middlemore.co.nz
Danielle Farrell	NE Perioperative	021 590 132 Ext 8773	Dmfarrell@middlemore.co.nz
Dee Gordon	NE Orthopaedics	Ext 8695 021 590 208	dsgordon@middlemore.co.nz
Denise Black	NE Tiaho Mai	Ext 8930	DCBlack@middlemore.co.nz
Doreen Mak	NE Older People, AT & R	Ext 2934 021 652 503 *3965	dmak@middlemore.co.nz
Elizabeth Milner (Liz)	NE District Nursing C/- Home Health Care , Orakau Rd	021 784 544 Ext 2380	EMilner@middlemore.co.nz
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Policy: Professional Development & Recognition Programme (PDRP)

Purpose

The purpose of this policy is to ensure that the PDRP for nurses is achievable, understood and managed in a fair consistent and culturally appropriate manner, across all clinical services of Counties Manukau District Health Board (CMDHB).



Note: This policy must be read in conjunction with the PDRP Operational Manual.

Scope

This policy is applicable to all CMDHB staff working as nurses and those in Primary Health who have agreed to participate.

Policy

Principals

The Professional Development & Recognition Programme is a framework that supports a competency assessment and professional development pathway at CMDHB. CMDHB PDRP is an accredited programme by the Nursing Council of New Zealand (NCNZ) and thus ensures that nurses are not required to submit a portfolio to the council, for auditing purposes, when applying for Annual Practising Certificates.

The aims of the PDRP are to:

- Ensure that all nursing staff maintain a professional portfolio that contains evidence of their competent practice in compliance with the Nursing Council of NZ competencies.
- Validate levels of practice
- Promote effective evidence-based quality nursing care
- Recognises nursing professional achievement
- Maintains a fair and transparent process
- maintenance of NCNZ accreditation status

The PDRP process includes:

- Support and guidance regarding the programme and professional development
- Clearly defined levels of practice with competencies/standards of practice described as competent, proficient, accomplished (EN) and expert (RN)
- Development of a professional development plan
- Annual performance review

Professional Development and level advancement:

- Nurses develop through processes of education, evidence based practice, supervision, preceptorship, clinical practice and reflection
- Changes in levels of practice are agreed with the professional nursing leader and the nurse educator (NE), on successful completion of a portfolio for that level
- Behavioural practice that does not support the level awarded will lead to a formal review
- Failure to complete the requirements of the PRDP will be performance managed by the nurse manager, NE and professional nursing leader

Approval and review of the programme:

Governance is provided to the programme by CMDHB's Nurse Professional Development Forum (NPDF). The aim of the forum is to provide a round-table where users of the programme can participate in the process of review and development of the pathways & associated operational components

In keeping with CMDHB's Clinical Board policy, all policies associated with this programme will be reviewed via the Nurse Professional Development Forum bi annually. Participants of the programme will be surveyed no less than five yearly for feedback purposes. Audits of processes relating to the implementation of the programme will be undertaken on a regular basis facilitated by the Nurse Co-ordinator, PDRP or appropriate delegate/s.

Associated Documents

Other documents relevant to this policy are listed below:

NZ Legislation	HPCA Act (2003)
CMDHB Clinical Board Policies	Framework for Educational Development
NZ Standards	Nursing Council of New Zealand competencies for registered and enrolled nurses
Organisational Procedures	CMDHB PDRP for Midwives
Other related documents	CMDHB PDRP Operational Manual Nurses MECA PSA Settlement

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Definitions

Terms and abbreviations used in this document are described below:

Term/Abbreviation	Description
PDRP	Professional Development & Recognition Programme
CMDHB	Counties Manukau District Health Board
MECA	Multi-Employer Collective Agreement

Nursing Council of New Zealand

Recertification programme (audit) requirements

The Council has an expectation that all nurses will keep evidence of their continuing competence.

Up to 5% of individual practitioners will be randomly selected for the recertification programme (audit) each year. Nurses on approved professional development and recognition programmes will be excluded from the audit. If you are selected the Council will require you to submit:

The following three types of evidence must be supplied to satisfy audit requirements.

1. Evidence of your practice hours, (a minimum of 450 hours in the last three years), verified by your employer.

The evidence could be a letter from your employer, or a certificate of service or a pay slip that must show the actual hours you have worked in the past year.

Evidence of practice hours is to be signed by your employer and the name, designation, address and telephone number of the person providing the verification included.

2. Evidence of professional development hours, (a minimum of 60 hours in the last three years) verified by your employer or nurse educator.

This must include a summary of the actual hours, signed by your employer or educator to confirm your participation.

This person is to include his or her name, designation, address and phone number.

It must include an explanation of what you have learnt from these activities.

You may submit the record of your professional development hours. A template is available on the NCNZ website.

3. Evidence of assessment of competence

Two of the following three methods of assessment of your practice against all the competencies for your scope of practice. Please note that new competencies have been introduced. These competencies are to be used for assessment of continuing competence from August 2006.

3.1 Self assessment

This must be against all of the Nursing Council's competencies. We suggest you use the competence assessment form on our website, or a work-based form if it includes all the competencies.

The assessment is to be dated and signed by you.

The assessment must provide comment for each competency.

It must be signed by a nurse. That nurse is to provide an address and phone number.

3.2 Assessment by a senior nurse*

This must be against all of the Nursing Council's competencies.

The assessment must provide comment for each competency.

The assessment is to be dated.

It is to be completed by a senior nurse (not a medical or other health practitioner).

That nurse must describe his or her position and provide an address and phone number.

*This could be a performance appraisal if it covers all of the new Nursing Council competencies for your scope of practice.

3.3 Peer assessment or peer review

This must be against all of the Nursing Council's competencies.

The assessment must provide comment for each competency.

The assessment is to be dated.

It is to be completed by a nurse (not a medical practitioner or other health practitioner).

That nurse must describe his or her position and provide an address and phone number.

What is peer review?

Peer review has been included as an option for nurses who practise in isolation. Nurses are expected to participate in regular peer review activities and may submit evidence of their competence from more than one source (i.e. more than one peer) as one method of assessment. Peer review is an activity that occurs with one or more peers, who review aspects of a nurse's practice. It could include a review of documentation, observation of practice or discussion about a practice issue. It must provide a full description of the type of activity, the number of hours involved and the other practitioners involved. The assessment must include examples of how you performed and include the feedback you were given. This review must be detailed enough to demonstrate that you are competent in your area of practice. Each of the Nursing Council's competencies for your scope of practice must be assessed. The review must be dated. It must be signed by the nurse(s) who carried out the review. That nurse(s) must provide contact details.