

Portfolio Assessors Handbook



Professional Development & Recognition Programme

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Portfolio Assessor Training

Learning Outcomes

1. Describe sources and types of evidence and assessment methods
2. Discuss the required assessment requirements
3. Analyse assessment material against NCNZ & CMDHB/PDRP competency assessment requirements
4. Demonstrate fair and equitable assessment skills and understand appeals process
5. Demonstrate the principles of giving constructive feedback
6. Demonstrate awareness of the policies, procedures and documentation relating to the PDRP

Introduction

Portfolios provide a framework for assessing competencies, determining the level of practice and the achievement of skills and learning experiences of nurses (Klenowski 2002).

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 (Klenowski 2002). At CMDHB it is about professional standards and development and recognition of achievement.

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).

Snapshot of the Health Practitioners Competency Assurance Act (HPCA) (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.
- Important key protections are in place, with provisions that will ensure that:
 - Only health practitioners who are registered under the new Act will be able to use the titles protected by the Act or claim to be practising a profession that is regulated by the Act; and
 - Registered health practitioners will not be permitted to practise outside their scopes of practice; and
 - Registration authorities will be required to certify that a practitioner is competent to practise in their scope of practice when they issue an annual practising certificate; and
 - Certain activities will be restricted and will only be able to be performed by registered health practitioners.

(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 is an accredited NCNZ programme. The implication of this is that any nurse, who works for CMDHB and has completed an approved portfolio, will not be audited by the NCNZ when applying for an annual practicing certificate. However, nurses who are new to a department or the organisation and have not yet submitted and approved portfolio could be subject to audit.

Assessment Process

Assessment will be undertaken using the criteria defined for each level of practice and the PDRP assessment documentation available on the PDRP Website, SouthNet.

Nurse Educators (NEs) who have completed assessor training¹ in assessment will undertake assessment of criteria. Where there is no nurse educator employed for the area, the portfolio can be submitted to the Nurse Co-ordinator Professional Development or the Nurse Leader, Education and Professional Development who will allocate one to carry out the assessment. Assessment of portfolios for registered nurses in designated senior positions will be undertaken by the Clinical Nurse Director/s that have completed assessor training¹.

Incorporated within the generic pathway of the PDRP will be:

Evidence of the level of practice:

Year One & Two	Year Three - Full Portfolio
<ul style="list-style-type: none"> Performance Appraisal/Review with new goals set including Annual NCNZ Competency assessment for your scope of practice 	<ul style="list-style-type: none"> Performance Appraisal/Review with new goals set including portfolio self assessment NCNZ Competency for your scope of practice (current year for full portfolio)
<ul style="list-style-type: none"> Professional Development Activities including mandatory Training Attendance 	<ul style="list-style-type: none"> Professional Development Activities including mandatory Training Attendance
<ul style="list-style-type: none"> Annual Practice Evidence: One piece of original work per year demonstrating level of practice towards portfolio from the * options 	<ul style="list-style-type: none"> Annual Practice Evidence: One piece of original work per year demonstrating level of practice towards portfolio from the * options <i>(Three pieces of original work should be included in your portfolio, one piece of original work from each year)</i>
	<ul style="list-style-type: none"> Requirement check list Application form signed by your Nurse Manager/MW/NE (or delegated nurse) Letter of endorsement of practice level from your Nurse Manager/MW (or delegated nurse) (Prof/Expert) Self Assessment against NC Competencies CV
	<ul style="list-style-type: none"> Professional Development Activities (60 hours over three years)

¹ This includes completion of study on assessment (including theory and practice), undertaken in any recognised tertiary institution/organisation or within CMDHB.

Once the assessment process has begun, the process will be completed by the primary assessor unless agreed by the Nurse Co-ordinator, Professional Development or the Nurse Leader, Education and Professional Development.

In addition to verbal feedback, written feedback will be given using PDRP's template "assessment memo", available on the PDRP Website, SouthNet. Certification will be as per the programmes' template "PDRP certificate", available on the PDRP Website, SouthNet.

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.

Staff are required to submit their own original work, and to provide complete references for any copied material or ideas (including material from the worldwide web). Failure to acknowledge copied material or ideas will be investigated and depending on the extent and significance, may result in any or all of the following range of actions: 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).

Non compliance with the PDRP is a performance management issue and is managed by the manager, nurse leader and human resources.

Annual assessment

At performance review, the CN/Nurse manager will use the annual check list to ensure all requirements are met. The annual piece of evidence of level of practice is assessed by the NE using the annual assessment documentation and feedback is given.

Three yearly full portfolio assessment:

Process to assess competent and proficient levels of practice:

The following steps are taken:

1. Upon receipt of a PDRP portfolio application, enter date of submission into *One-Staff™*
2. Ensure all evidence has been supplied as outlined in the PDRP application form
3. Review the portfolio
4. Assess the evidence against the requirements outlined in PDRP application form, the assessment documentation and the levels of practice
5. Provide constructive written and verbal feedback using the PDRP: Assessment document
6. The original copies of the completed assessment document & criteria is given to the applicant and a copy sent to Human Resources for filing:
'The mail room, health Alliance, Penrose' marked 'Private & Confidential', for filing. All copies should be in alphabetical order.

Table Four: PDRP Assessment Process for Expert and Senior Nursing Applications

Generic Pathway	Senior Pathway
Competent & Proficient	
Assessed by the NE and discussed with the line manager	Assessed by the CND ² . Interview with Clinical Nurse Director or appropriate other ³
Accomplished/Expert applications only	
Assessed by the NE & discussed with the CND/line manager	

Senior Pathway

Interview for validation of expertise

The purpose of the interview for senior applications is to:

Identify opportunities for professional development

Facilitate consistency of applications, following the interview if an applicant wishes to lodge an appeal, it should be made to the DoN.

Administrative processes for senior applications

Portfolio, completed application form (inclusive self assessment of competencies) forwarded to CND and the CND reviews portfolio⁵

² Portfolios may be assessed by the Nurse Co-ordinator or designated others if requested by the CND or in the absence of a CND.

³ "Appropriate other/s' participating within the interview process are negotiated and agreed with the applicant & Clinical Nurse Director. In the event agreement is not reached, a compromise will be put forward by the Nurse Co-ordinator, Professional Development.

Contact applicant and negotiate interview date and appropriate participants

Administrative processes for all Expert applications

Application discussed with the line manager to confirm the expert level is agreed

Completed portfolio submitted to the NE for assessment

Assessment outcomes discussed with the line manager and CND

Line manager & CND recognises and rewards the applicant

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.

Appeals process

The applicant may initiate this process at any stage of the assessment process by making contact with the Nurse Co-ordinator, PDRP. 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.

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?	
Feedback on performance. May be included if appropriate e.g. education sessions etc.	
Additional Comments:	

Level of Practice demonstrated in this piece of evidence: Competent Proficient Expert

Assessors Name: Designation: Signature: Date Assessed:

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:	

One Staff Data

It is the responsibility of the assessor to update the information on One Staff.

- The date the portfolio was received for assessment should be recorded on the Pfolio Sub line.
- Once the portfolio has been assessed the date it was assessed should be entered on the Pfol aprov line.
- The pathway (generic or senior) and level achieved should be entered on the PDRP Path line e.g. "Generic prof".
- The next date the portfolio is due to be submitted should be recorded on the Pfolio Due line.

Personnel Options

Personnel User Fields | Course Categories | Course User Fields | Course Credit Types | Course Instructors | Course Locations

Labels:
State:
Zip Code:

Include Fields:
Rep. Writer Add Text
Add Date

Text Field Definitions

	Label	Default
31	Text 31	
32	PDRP Path	
33	Pfolio Due	
34	Pfolio Sub	
35	PDRP allow NO	
36	Pfol aprov	
37	Text 37	
38	Text 38	
39	Text 39	

Date Field Definitions

	Label	Default
1	D/Lic exp	
2	2	
3	Suplastatt	
4	Preceptor	
5	ProfBdyexp	
6	6	
7	7	
8	8	
9	9	

OK Cancel Help

PDRP Path = generic or senior pathway

Pfolio Due = when a portfolio is next due to be submitted

Pfolio Sub = the date when the portfolio was submitted

PDRP allow = should the allowance be paid (Generic Proficient
& Expert only)

Pfol aprov = the date the assessment of the portfolio took
place

Moderation

Moderation ensures consistency and accuracy in the assessment of portfolios.

The PDRP portfolio moderation process is designed to:

- Ensure fair and equitable assessment across the DHB
- Provide objectivity of assessment where there is complexity *or* uncertainty that the portfolio meets the requirements of the PDRP
- Support assessors can verify new assessor's skills and recommendations

Moderation can be carried out by experienced assessors who have completed assessor training: Open Polytechnic 4098/11551 *or* the Portfolio Assessment training at CMDHB *or* equivalent.

Assessors should have one in eight portfolios moderated. The moderation report should be discussed between the assessor and the moderator and a copy should be sent to the Nurse Co-ordinator, PDRP.

Moderation Report

Name of Moderator:

Name of Primary Assessor:

Assessment	Met/Not Met	Comments
Portfolio		
Evidence presented for all items		
Is evidence sufficient		
Assessment		
Assessment judgements made in accordance with the evidence guidelines		
Feedback is fair, consistent, and encouraging		

Item	Comment:

Overall Comments:

Signature of moderator:	
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Please return a copy to the Nurse Co-ordinator, Professional Development – CTEC
(This form can be found on the PDRP website in the administration documents folder)

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Assessor Validation Process.

New assessors should have their first five portfolio assessments validated using the advisors report.

Please liaise with your allocated advisor to arrange for your five portfolio assessments.

Once you have independently assessed the portfolio, please ask you advisor to review your assessment and return the forms to the address below.

You can then assess portfolios at competent and proficient on the generic pathway. Expert portfolios should be assessed by experienced assessors and discussed with the Nurse Manager and CND.

Advisor Report

Name of Advisor:

Name of supervised Assessor:

Date:

Assessment		
Criteria	Met/not met	Comment
Assessment judgements made in accordance with the evidence guidelines		
Feedback is fair, consistent, and encouraging		
Overall Comments:		

Signature of Advisor:	
Signature of Assessor:	

Please return a copy to the Nurse Co-ordinator, Professional Development - CTEC

Definitions of the 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 and 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).

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Enrolled Nurse/Nurse Assistant (Generic pathway)

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

Competent	Proficient	Accomplished
<p>Under the direction of the Registered Nurse, contributes to assessment, planning, delivery and evaluation of nursing care.</p> <p>Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe.</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>

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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.

Definition of Competence

“Competence is the combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse.” (NCNZ 2007)

Competency Evidence

A portfolio requires 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, Melenyzer & Nettles, 2000).

The purpose of the evidence is to provide tangible data 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.

When reviewing portfolios the evidence need to:

- Demonstrate currency and contemporary practice
- Contain a reflective or evaluative component
- Meet the standards/competency identified
- Be validated by others

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- 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.

The evidence requirements for portfolios are stated in the guidelines on the application forms for the generic pathway and in the assessment criteria for senior nurse pathway.

Ways to present evidence:

Portfolio evidence can be presented in a number of ways. It could be:

- Written
- Verbal
- Poster
- CD/Audio tape
- Presentation

When the evidence is presented in a non-written format, the assessment will follow the guidelines and the feedback will be recorded on the memo.

Portfolio Preparation

There is a Portfolio Preparation Guidebook available on the PDRP website for nurse's compiling their portfolio's which offers guidance and examples of how to write exemplar and case studies etc, what evidence based practice and reflection are and much more. The guidebook also describes how the portfolio should be presented for assessment.

Professional Development Activities

Professional development must be relevant to practice. Professional development may be taken as whole days or hours and/or can be undertaken in a variety of different learning activities such as degree papers, short courses, seminars, conferences, or in-service education.

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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).

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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	EMMilner@middlemore.co.nz
Emma Hamilton	NE New Grads	Ext 8312	Emma.hamilton@middlemore.co.nz
Jacky Watkins	NE Gastro	Ext 8039	jwatkins@middlemore.co.nz
*Janine Horsfall	NE Primary Health Care	021 683 915	JHorsfall@middlemore.co.nz
*Janice Stickland	NE Emergency Care and Adult Short Stay Unit	93-8107 Ext 7443	JStickland@middlemore.co.nz
Japhet Vailoces	NE – Medicine c/o Ward 6	93-8353 Ext 6323	vailocJ@middlemore.co.nz
Kathryn McWatt	NE Haematology c/- Ward 5	93-8897 Ext 2445	Mcwattk@middlemore.co.nz
Kathy Moore	NE Mental Health Services	Ext 8930	KAMoore@middlemore.co.nz
Kathy Ogilvy	NE Women's Health, B Floor	93-9177 Ext 2025	KOgilvy@middlemore.co.nz
*Kim Marshall	NE CCU/SDU/Cardiac Cath Lab	93-8070 Ext 2962	KEMarshall@middlemore.co.nz
Leanne Given	NE Radiology	93 8620 Ext 2970	GivenL@middlemore.co.nz
Melanie Lanigan	NE Kidz First/Inpatient	93-9049 Ext 7145	mjlanigan@middlemore.co.nz
Michael (Micky) Harris	NE Mental Health Services	93-9066 Ext 2942	HarrisM@middlemore.co.z
Moeata Hughes	NE General Surgical	93-8811 Ext 8811	MHughes@middlemore.co.nz
Mohana Varughese	NE Renal Services	938055 Ext 9106	varughm@middlemore.co.nz
*Sandra Ryan (Sandy)	NE Manukau Super Clinic	93-8980	SZRyan@middlemore.co.nz

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		Ext 4935	
Swasthie Amichand	NE Respiratory	93-8965 Ext 6322	samichand@middlemore.co.nz
TBA	NE Gynaecology – Ward 6	Ext 8434	

* Advisors

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

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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.

Professional Development
& Recognition Programme

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

Professional Development & Recognition Programme

References

MOH (2000) *The new Zealand Health Strategy*. Wellington.

MOH (2001) *Disability Strategy*. Wellington.

Nursing Council of New Zealand (2005) *Framework for the approval of professional development and recognition programmes to meet the continuing competence requirements for nurses*. Wellington: Nursing Council of New Zealand.

Nursing Council of New Zealand (2005). *Competencies for registered nurse, scopes of practice*. Wellington: Nursing Council of New Zealand.

Nursing Council of New Zealand (2005). *Competencies for nurse assistant and the enrolled nurse*. Wellington: Nursing Council of New Zealand.

Nursing Council of New Zealand (2005). *Competencies for nurse practitioner scopes of practice*. Wellington: Nursing Council of New Zealand.

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

Professional Development & Recognition Programme

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.

Professional Development & Recognition Programme

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.

References

Cambell D., Melenzyer B & Nettles D. 2000. Portfolio and performance assessment in teacher education. Allyn & Bacon, Needham Heights

Klenowski, V., 2002. Developing Portfolios for Learning and Assessment. Routlage, Falmer, London.

Ministry of Health. 2006. Health Practitioners Competency Assurance Act 2003.

Sackett, D L., Strauss S E, Richardson W. 2000. Evidence-based medicine: How to practice and teach evidence-based medicine. Churchill Livingstone, London

Stuart, C. 2004. The use of portfolios in clinical evidence to influence student learning in midwifery education. Birth Issues 13(4) 121-127

Recommended Reading

Professional Portfolios Evidence of Competency for nurses and midwives. Kate Andre & Marie Heartfield. Churchill Livingstone. Elseveir Australia 2007



Portfolio Application Generic Pathway

Requirements Check List

Name:
Area of work:

Please read the portfolio preparation guide for information on the following:

Evidence	Page Number
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	



Portfolio Application form

Applicant Name:

(Print)

Area of Practice:

Declaration:

I declare that the evidence submitted is my own work. Where I have used evidence from other sources, I have acknowledged this. (see page 9 in the portfolio preparation Guide)

Nurses signature:

Confirmation of level of practice

Discuss your application level with your Nurse Manager and Nurse Educator and obtain their agreement before submitting your portfolio. Applications will not be processed with out this agreement.

Name	Signature
Nurse Manager's/MW:	
Nurse Educators:	

Date:

Department/ward:

A letter of endorsement is required for Proficient and Expert applications.

Assessors details:

Name:

Designation:

Signature:

Date portfolio received:

First Assessment Date:

Second Assessment Date:

Date Approved:

Date Returned:

OneStaff data updated:

Date:

Moderated

YES NO



Letter of Endorsement

Nurse Manager Name	
Title & Area of Practice	

Please circle the level of practice application you are supporting:

Proficient	Expert
-------------------	---------------

(Sarah to edit).

Nurse Managers Signature:	
Nurse Educators Signature:	



Curriculum Vitae Template

Name:

Profile:

Education:

Career History: *in chronological order:*

<i>Role Title</i>	<i>Dates</i>
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Responsibilities:

Achievements:

<i>Role Title</i>	<i>Dates</i>
-------------------	--------------

Responsibilities:

Achievements

<i>Role Title</i>	<i>Dates</i>
-------------------	--------------

Responsibilities:

Achievements

Published Articles or Presentations



Performance Development Review- Section A

Performance Development Review Framework and Organisational Values

Reviewee's Name:	
Reviewee's Position:	
Review Period:	
Reviewer's Name:	
Reviewer's Position:	

This is the Standard Performance Review template



Delete not applicable

For the next 12 months my reviewer and I agree to use the following processes to support my performance and my learning and development:

Processes we'll use: (select from list)	Key people who will be involved:	How often this will happen:	Additional agreements we have made:
<i>Formal Annual Review</i>	<i>Insert names of reviewer, professional advisor etc.</i>	<i>Insert month of review</i>	<i>Peer feedback from: Insert names</i>
<i>Clinical Supervision</i>	<i>Insert name of Clinical Supervisor</i>	<i>Insert frequency (e.g. monthly)</i>	<i>Insert details, e.g. Refer to supervision agreement</i>
<i>Interim reviews</i>	<i>Insert names</i>	<i>Insert frequency (e.g. 3 monthly, 6 monthly)</i>	<i>Insert details</i>
<i>Work progress meetings (one on one with manager)</i>	<i>Insert names</i>	<i>Insert frequency (e.g. monthly, weekly)</i>	<i>Insert details</i>
<i>Formal coaching sessions</i>	<i>Insert names</i>	<i>Insert frequency</i>	<i>Insert details</i>
<i>Other process</i>	<i>Insert names</i>	<i>Insert frequency</i>	<i>Insert details</i>

REVIEWEE & REVIEWER AGREEMENT

We agree to work together using these processes to enhance the performance of the reviewee. We will:

- Define and clarify performance expectations
- Plan performance objectives
- Review achievements
- Seek feedback from each other regularly
- Meet the learning needs identified in this review by actively pursuing the development opportunities.

Signed: _____
(Reviewee)

(Reviewer)



MY CONTRIBUTION - Enacting the values: care, professionalism, teamwork, innovation, responsibility, partnership ...

Rate how well the reviewee performed in each area by typing an **X**.

... making Counties Manukau DHB a great place to work		My own self-reflection					Not observed	My reviewer's reflection					Comments and/or learning needs identified	
<i>"People" means anyone you come into contact with in your work. This could be a team-mate, colleague, internal customer, patient, client, family/whanau or external customer.</i>		Developing confidence			Strong role model	Developing confidence				Strong role model				
		←	1	2	3	4	5	←	1	2	3	4	5	<i>Optional</i>
Care & Respect <i>We will treat people with respect and dignity, valuing individual and cultural differences and diversity</i> <ul style="list-style-type: none"> • Supports colleagues • Shows appropriate concern for needs of others • Is sensitive and compassionate • Respects the uniqueness of others • Acts in ways that promote the safety of self & others. • Upholds the rights of people to be fully informed about choices and to make an informed decision. 	Is a good listener													
	Takes time with people													
	Encouraging people to develop alternative viewpoints													
	Takes care and pride in our work environment													
	Shows courtesy and respect for peoples' preferences, values and needs.													



... making Counties Manukau DHB a great place to work <i>"People" means anyone you come into contact with in your work. This could be a team-mate, colleague, internal customer, patient, client, family/whanau or external customer.</i>		My own self-reflection					Not observed	My reviewer's reflection					Comments and/or learning needs identified	
		Developing confidence		Strong role model				Developing confidence		Strong role model				
		←-----→					←-----→					Optional		
		N/A	1	2	3	4	5	1	2	3	4	5		
Professionalism <i>We will always act with integrity and embrace the highest ethical standards.</i> <ul style="list-style-type: none"> • Pursues a standard of excellence • Takes personal responsibility for own actions and behaviour • Knows the context we work in • Maintains personal integrity • Follows best practice , policies, protocols and practices • Proactively follows up on own development needs and learning opportunities. • Works within own professional code of conduct 	Thinks ahead and plans													
	Enacts agreed decisions with integrity.													
	Follows through on commitments in a timely way, keeping all informed in times of delay.													
	A high standard of personal appearance and address (approach)													
	Responds to peoples' needs appropriately and with effective results.													
	Seeks constructive feedback to help reflect on learning and development needs													
	Is abreast and updated on defined specialist area of work & relevant developments.													
	Takes on challenging tasks													
	Champions improvements in people's access to services and information.													
	Works to achieve self-set goals													



<p>... making Counties Manukau DHB a great place to work</p> <p><i>“People” means anyone you come into contact with in your work. This could be a team-mate, colleague, internal customer, patient, client, family/whanau or external customer.</i></p>		My own self-reflection					My reviewer’s reflection					Comments and/or learning needs identified
		Developing confidence ←————→ Strong role model N/A 1 2 3 4 5					Not observed ←————→ Developing confidence Strong role model 1 2 3 4 5					
Innovation <i>We will constantly seek and strive for new ideas and solutions</i> <ul style="list-style-type: none"> Continuously finds ways to do things better Recognises and rewards new approaches and ventures Takes appropriate risks in fostering innovation Thinks outside the square Constructively challenges the status quo, applying appropriate critical thinking Is a role model & leader for innovation in service delivery 	Actively participates in quality projects											
	Contributes solutions											
	Brings different perspectives											
Teamwork <i>We will achieve success by working together, and valuing each other’s skills and contributions</i> <ul style="list-style-type: none"> Positively engages in team activities & processes Involves others in decisions affecting them Respects and encourages constructive differences in views and opinions Is open minded about ways to generate team success 	Communicates ideas											
	Giving team based objectives and rewards											
	Listens and responds to others in a way that leads to constructive outcomes.											
	Uses communication that is clear and appropriate to the audience.											
	Resolves conflicts constructively											



... making Counties Manukau DHB a great place to work <i>"People" means anyone you come into contact with in your work. This could be a team-mate, colleague, internal customer, patient, client, family/whanau or external customer.</i>		My own self-reflection					My reviewer's reflection					Comments and/or learning needs identified
		Developing confidence ←————→ Strong role model N/A 1 2 3 4 5					←————→ Developing confidence Strong role model Not observed 1 2 3 4 5					
Responsibility <i>We will use and develop our capabilities to achieve outstanding results, and take accountability for our individual and collective actions</i> <ul style="list-style-type: none"> • Delivers on commitments • Adopts a genuine customer service ethic • Supports & models the CMDHB values • Ensures that our services deliver outstanding quality • Turns mistakes into learning opportunities • Demonstrates a positive work ethic • Takes responsibility for actions 	Continually benchmarks against the best we can find											<i>Optional</i>
	Explores alternatives before acting											
	Knows when to call for support											
	Delivers results in a timely manner											



... making Counties Manukau DHB a great place to work <i>"People" means anyone you come into contact with in your work. This could be a team-mate, colleague, internal customer, patient, client, family/whanau or external customer.</i>		My own self-reflection					My reviewer's reflection					Comments and/or learning needs identified		
		Developing confidence		Strong role model			Not observed	Developing confidence		Strong role model				
		N/A	1	2	3	4		5	1	2	3	4	5	Optional
Partnership <i>We will work alongside & encourage others in health & related sectors to ensure a common focus on, & strategies for achieving health gain & independence for our population</i> <ul style="list-style-type: none"> • Listens to our customers and responds to their needs • Actively seeks information from people about their needs. • Works in a way that shows awareness of partnership obligations under the Treaty of Waitangi • Works in a way that shows sensitivity to cultural complexity in the workforce & patient population • Works to reduce inequality in health among our communities 	Sets the expectation that information will be sought from people about their needs													
	Designs strategies to reduce inequality in health among our communities.													
	Leads the reduction in inequality in health among our communities													



Performance Development Review- Section B

Key tasks and objectives

MY CONTRIBUTION – Results delivered in the past year

Rate how well the reviewee performed in each area by typing an X.

Part 1

Key tasks and measurements/outcomes as outlined on my Position Description	My own self-reflection						My reviewer's reflection						Comments and/or learning needs identified <i>Optional</i>
	Developing confidence			Strong role model			Not observed	Developing confidence			Strong role model		
	N/A	1	2	3	4	5		1	2	3	4	5	
Key task 1													
• Measure/Outcome 1													
• Measure/Outcome 2													
• Measure/Outcome 3													
Key task 2													
• Measure/Outcome 1													
• Measure/Outcome 2													
• Measure/Outcome 3													



Key tasks and measurements/outcomes as outlined on my Position Description	My own self-reflection						Not observed	My reviewer's reflection						Comments and/or learning needs identified <i>Optional</i>
	Developing confidence			Strong role model				Developing confidence			Strong role model			
	N/A	1	2	3	4	5		1	2	3	4	5		
Key task 3														
• Measure/Outcome 1														
• Measure/Outcome 2														
• Measure/Outcome 3														
Key task 4														
• Measure/Outcome 1														
• Measure/Outcome 2														
• Measure/Outcome 3														
Key task 5														
• Measure/Outcome 1														
• Measure/Outcome 2														
• Measure/Outcome 3														



Part 2

Priority focus areas and objectives				Reviewee's reflections (including learning needs identified)	Reviewer's reflections (including learning needs identified)
	Achieved	Part achieved	Not achieved		
Objective:					
Key Steps:					
Measurement:					
Objective:					
Key Steps:					
Measurement:					
Objective:					
Key Steps:					
Measurement:					
Objective:					
Key Steps:					
Measurement:					



Priority focus areas and objectives				Reviewee's reflections (including learning needs identified)	Reviewer's reflections (including learning needs identified)
	Achieved	Part achieved	Not achieved		
Objective: Key Steps: Measurement:					
Objective: Key Steps: Measurement:					
Objective: Key Steps: Measurement:					

Individual Development Plan
Summary of learning and development planned for review year:



Performance Development Review- Section C

FINAL COMMENTS

Reviewee's overall comments:

Reviewer's overall comments:



Final Sign Off on completion of process

Service Manager or GM _____ Date: _____

Reviewer _____ **Date:** _____

Reviewee _____ Date: _____

Next annual review to be held: _____ **Date:** _____

Signed off copies to be given to :
The Reviewee
The Reviewer for informal and formal review
Staff Service Centre for personnel file



Portfolio Self Assessment NCNZ Competency Registered Nurse Scope of Practice

Take this completed form to your performance review for discussion. Please list sufficient comments under each domain to substantiate the assessment. Evidence can be used from your Professional Development & Recognition Programme portfolio or your clinical practice. Where the reporting manager is not a nurse, the Nursing Council Competencies should be verified by the Professional Nurse Leader e.g. CND.

Name:	
Date:	

Competency	Comment	Verified by professional nurse leader	Page Number (in Portfolio)
Domain One: Professional Responsibility			
1.1 Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical and relevant legislative requirements.			
1.2 Demonstrates the ability to apply the principals of the treaty of Waitangi/Te o Waitangi to nursing practice.			
1.3 Demonstrates accountability for directing, monitoring and evaluating nursing care that is provided by nurses and others.			
1.4 Promotes an environment that enables client safety, independence, quality of life, and health.			
1.5 Practices nursing in a manner that the client determines as being culturally safe.			



Competency	Comment	Verified by professional nurse leader	Page Number (in Portfolio)
Domain Two: Management of Nursing Care			
2.1 Provides planned nursing care to achieve identified outcomes.			
2.2 Undertakes a comprehensive and accurate nursing assessment of clients in a variety of settings.			
2.3 Ensures documentation is accurate and maintains confidentiality of information.			
2.4 Ensures the client has adequate explanation of the effects, consequences and alternatives of proposed treatment options.			
2.5 Acts appropriately to protect oneself and others when faced with unexpected client responses, confrontation, personal threat or other crises situations.			
2.6 Evaluates client's progress towards expected outcomes in partnership with clients.			
2.7 Provides health education appropriate to the needs of the client within a nursing framework.			
2.8 Reflects upon, and evaluates with peers and experienced nurses, the effectiveness of nursing care.			
2.9 Maintains professional development.			



Competency	Comment	Verified by professional nurse leader	Page Number (in Portfolio)
Domain Three: Interpersonal Relationships			
3.1 Establishes, maintains and concludes therapeutic interpersonal relationships with client.			
3.2 Practices nursing in a negotiated partnership with the client where and when possible.			
3.3 Communicates effectively with clients and members of the health care team.			

Competency	Comment	Verified by professional nurse leader	Page Number (in Portfolio)
Domain Four: Interprofessional Health Care & Quality Improvements			
4.1 Collaborates and participates with colleagues and members of the health care team to facilitate and coordinate care.			
4.2 Recognises and values the roles and skills of all members of the health care team in the delivery of care.			
4.3 Participates in quality improvement activities to monitor and improve standards of nursing.			

Name	Signature	Date

P. Impey
10/07



Professional Development Activities (60 hours over three years)

Date	Activity (title of session, course, conference etc)	Explain what you learnt from this activity	Hours Spent	Manger or educator's comments and sign off

(Based on the Nursing Council of New Zealand activities document 2007)



Evidence of Practice x3

Year 1

Year 2

Year 3