|  |  |  |  |
| --- | --- | --- | --- |
| Name of Nurse |  | Workplace |  |
| Name of Assessor |  | Date of Assessment |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Verified minimum of 450 hours of nursing practice in the last 3 years | Yes | ☐ | No | ☐ |
| * A minimum of 60 hours of education in the last 3 years | Yes | ☐ | No | ☐ |
| * Evidence of reflective statements | Yes | ☐ | No | ☐ |
| * Current APC | Yes | ☐ | No | ☐ |
| * Working within scope of conditions of practice (if applicable) | Yes | ☐ | No | ☐ |
| Record the assessment ranking by clicking on: **Met** or **Not Met** ☒   * If competence met but evidence found elsewhere, please fill in ‘**refer to**’ column to index evidence * If competencies not met, use ‘**PDRP Request for additional evidence 1st party template and/or PDRP Request for additional evidence 3rd party template only’** | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Domain 1: Professional Development** | **1st Party evidence** | | | **3rd Party Evidence** | | |
| **Met** | **Refer**  **to** | **Not**  **Met** | **Met** | **Refer**  **to** | **Not**  **Met** |
| **1.1** Demonstrates the ability to meet the standards of the professional, ethical and relevant legislated requirements. Provides **guidance to colleagues1** | ☐ |  | ☐ | ☐ |  | ☐ |
|  | | |  | | |
| **1.2** Demonstrates the ability to apply the principles of the Treaty of Waitangi/ Te Tiriti o Waitangi to nursing practice and **supports others2** to integrate processes appropriate for Maori. For example whanau hui, karakia, whakawhanaungatanga | ☐ |  | ☐ | ☐ |  | ☐ |
|  | | |  | | |
| **1.3** Demonstrates accountability for directing, monitoring and evaluating nursing care that is provided by enrolled nurses and others (unregulated caregivers). Provides **guidance to colleagues** | ☐ |  | ☐ | ☐ |  | ☐ |
|  | | |  | | |
| **1.4** Identifies and responds to complex situations that impact on the physical and social environment to maximise client safety, independence and quality of life and health | ☐ |  | ☐ | ☐ |  | ☐ |
|  | | |  | | |
| **1.5** Demonstrates ability to provide culturally safe practice to meet clients3 individual needs, beliefs and values  **Guides colleagues** to access resources to meet the individual needs, beliefs and values of clients. For example religious support, interpreters | ☐ |  | ☐ | ☐ |  | ☐ |
|  | | |  | | |

1. Guidance to Colleagues – provides advice and support on legal, ethical and professional responsibilities
2. Supports Others – provides advice and support on legal, ethical and professional responsibilities
3. Clients – patient/family/whanau/consumer/community/client/tangata Whaiora (consumer of health)

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| **Domain 2: Management of Nursing Care** | **1st Party evidence** | | | **3rd Party Evidence** | | |
| **Met** | **Refer**  **to** | **Not**  **Met** | **Met** | **Refer**  **to** | **Not**  **Met** |
| **2.1** Provides planned holistic nursing care (eg. Te Whare Tapa Wha) to achieve identified outcomes for Maori and other clients with complex needs, which is evidence based  **Guides colleagues** in planning and delivery of care | ☐ |  | ☐ | ☐ |  | ☐ |
|  | | |  | | |
| **2.2** Conducts a comprehensive and accurate nursing assessment of clients with complex needs | ☐ |  | ☐ | ☐ |  | ☐ |
|  | | |  | | |
| **2.3** Demonstrates accurate, timely legible and objective  documentation and maintains confidentiality in line with organisational policies  **Guides others** to document information necessary for continuity of care and recovery | ☐ |  | ☐ | ☐ |  | ☐ |
|  | | |  | | |
| **2.4** Ensures the client has adequate explanation of the effects,  consequences and alternatives of proposed treatment options **Guides and supports colleagues4** to use information and culturally appropriate communication to enable clients to make informed choices | ☐ |  | ☐ | ☐ |  | ☐ |
|  | | |  | | |
| **2.5 Acts as a role model5** in responding to situations of unexpected client responses, confrontation, personal threat or other crisis situations | ☐ |  | ☐ | ☐ |  | ☐ |
|  | | |  | | |
| **2.6** Evaluates client’s progress toward expected outcomes in partnership with clients  Advocates on behalf of the client with complex needs with the inter-professional team | ☐ |  | ☐ | ☐ |  | ☐ |
|  | | |  | | |
| **2.7** Provides and **supports others** in the provision of the client within a nursing framework to meet the complex needs of Maori and other clients | ☐ |  | ☐ | ☐ |  | ☐ |
|  | | |  | | |
| **2.8** Uses and **supports others** to use reflective processes to explore their clinical and cultural decision-making and actions Nursing care reflects evidence base | ☐ |  | ☐ | ☐ |  | ☐ |
|  | | |  | | |
| **2.9** Contributes to clinical learning and is proactive in seeking professional development opportunities to extend own and nurse colleagues practice which is evidence based | ☐ |  | ☐ | ☐ |  | ☐ |
|  | | |  | | |

1. Guides – provides advice and support on different aspects of management of nursing care based on evidence based knowledge and experience
2. Role Model – leads by example demonstrating expert knowledge and practice in relation to legal, ethical and professional responsibility

|  |  |  |  |  |  |  |
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| **Domain 3: Interpersonal Relationships** | **1st Party evidence** | | | **3rd Party Evidence** | | |
| **Met** | **Refer**  **to** | **Not**  **Met** | **Met** | **Refer**  **to** | **Not**  **Met** |
| **3.1** Establishes, maintains and concludes therapeutic interpersonal relationships with the client with complex needs | ☐ |  | ☐ | ☐ |  | ☐ |
|  | | |  | | |
| **3.2** Acts as a **resource to others** to negotiate care partnership with client with complex needs | ☐ |  | ☐ | ☐ |  | ☐ |
|  | | |  | | |
| **3.3** Uses a range of communication skills to communicate effectively with clients and members of the health team | ☐ |  | ☐ | ☐ |  | ☐ |
|  | | |  | | |

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| **Domain 4: Inter-Professional Health Care and Quality Improvement** | **1st Party evidence** | | | **3rd Party Evidence** | | |
| **Met** | **Refer**  **to** | **Not**  **Met** | **Met** | **Refer**  **to** | **Not**  **Met** |
| **4.1** Demonstrates ability, **and supports others**, when assisting clients\* to progress through the continuum of care (eg referrals, transfers, discharges) | ☐ |  | ☐ | ☐ |  | ☐ |
|  | | |  | | |
| **4.2** Demonstrates **and shares with colleagues**, knowledge of health care team and culturally appropriate services in the delivery of care | ☐ |  | ☐ | ☐ |  | ☐ |
|  | | |  | | |
| **4.3** Initiates discussions relating to quality and risk issues Contributes to change processes to improve standards of nursing care | ☐ |  | ☐ | ☐ |  | ☐ |
|  | | |  | | |

Assessor must request this using PDRP **Request for additional evidence 1st party template and /or PDRP Request for additional evidence 3rd party template only**

# PDRP Assessor Declaration

This declaration verifies that assessment of this PDRP portfolio has been based on evidence provided

at the time of submission.

I­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare that the evidence in the portfolio meets the Midland Regional PDRP requirements for proficient level of practice.

# Assessor Summary:

|  |  |
| --- | --- |
| ☐ | I did not identify any professional, cultural, ethical, or legal concerns or other practice issues in the evidence provided |
| **OR** | |
| ☐ | I did identify a professional, cultural, ethical or legal concerns or other practice issues in the  evidence provided which was discussed with Nurse Coordinator PDRP. The outcome from this discussion was: |
| ☐ | Issues resolved and portfolio approved (relevant documentation completed by assessor) |

**OR**

* Issue not resolved and portfolio not approved (relevant documentation completed by Nurse Coordinator PDRP)

**PDRP Assessor:** **Designation:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Further evidence required for the following competencies: | | YES | ☐ | NO | ☐ |
| 1st Party Evidence |  |  |  |  |  |
| 3rd Party Evidence |  |  |  |  |  |
| **Assessor Evidence:** *Only use this summary box for blinder (b) portfolios OR for documenting additional verbal evidence for b and electronic (e) portfolios. Place feedback for e portfolios directly into feedback section in e portfolio.* | | | | | |
|  | | | | | |

**PDRP Assessor signature: Date:**