SENIOR NURSE

MANAGEMENT

**ASSESSMENT REPORT for PORTFOLIO**

**Name of nurse** ......………………………………**Workplace** ……………………………..

**Name of Assessor**……...................................... **Date of Assessment**…...………………

**1**. Verified minimum of 450 hours of nursing practice in the last 3 years Yes /No

**2**. A minimum of 60 hours of education in last 3 years Yes / No

**3**. Evidence of reflective statements Yes / No

**4**. Current APC Yes / No

**5**. Working within scope of conditions of practise (if applicable) Yes / No

Record with (✓) the assessment ranking: Met/Not Met Note: ✓ can be copied and pasted into the relevant column.

Please delete the section(s) not applicable to this submission eg research section in Domain Two & Three

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Domain 1 : Professional Responsibility** | **1st Met** | **Ref. to.** | **1st Not Met** | **3rd Met** | **Ref. to** | **3rd Not Met** |
| **1.1** Accepts responsibility for ensuring that his/ her nursing practice and conduct meets the standards of the professional, ethical and relevant legislated requirements. |  |  |  |  |  |  |
| **1.2** Demonstrates the ability to apply the principles of the Treaty of Waitangi/ Te Tiriti o Waitangi to nursing practice**.** |  |  |  |  |  |  |
| **1.3** Demonstrates accountability for directing, monitoring and evaluating nursing care that is provided by Enrolled Nurses and others ( unregulated caregivers) |  |  |  |  |  |  |
| **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 |  |  |  |  |  |  |
| **Domain 2 : Management of Nursing Care - Management** | **1st Met** | **Ref. to** | **1st Not Met** | **3rd Met** | **Ref. to** | **3rd Not Met** |
| **2.1** Promotes an environment that contributes to ongoing demonstration and evaluation of competencies. |  |  |  |  |  |  |
| **2.2** Promotes a quality practice environment that supports nurses’ abilities to provide safe, effective and ethical nursing practice. |  |  |  |  |  |  |
| **2.3** Promotes a practice environment that encourages learning and evidence-based practice. |  |  |  |  |  |  |
| **2.4** Participates in professional activities to keep abreast of current trends and issues in nursing. |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Domain 3.Interpersonal relationships –**  **Management/ Education/Policy Development/Research** | **1st Met** | **Ref. to** | **1st Not Met** | **3rd Met** | **Ref. to** | **3rd Not Met** |
| **3.1** Establishes and maintains effective interpersonal relationships with others, including utilising effective interviewing and counselling skills and establishing rapport and trust |  |  |  |  |  |  |
| **3.2** Communicates effectively with members of the health care team, including using a variety of effective communication techniques, employing appropriate language to context and providing adequate time for discussion |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **4. Inter-professional Health Care and Quality Improvement** | **1st Met** | **Ref to** | **1st Not Met** | **3rd Met** | **Ref**  **to** | **3rd Not Met** |
| **4.1** Collaborates and participates with colleagues and members of the health care team to facilitate and co-ordinate care |  |  |  |  |  |  |
| **4.2** Recognises and values the roles and skills of all of the health care team in the delivery of care |  |  |  |  |  |  |
| **4.3** Participates in quality improvement activities to monitor and improve standards of nursing**.** |  |  |  |  |  |  |

**Additional evidence required** Yes **/** No

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 Senior Nurse Management, Education, Policy Development or Research competent level of practice.

I did not identify any professional, cultural, ethical, or legal concerns or other practice issues in the evidence provided **Yes /No**

**OR**

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

Issue resolved and portfolio approved (relevant documentation completed by assessor) **Yes /No**

**OR**

Issue not resolved and portfolio not approved (relevant documentation completed by Nurse Co-ordinator PDRP) **Yes /No**

**Assessor to PDF this form AND upload directly UNDER Feedback Section in e Portfolio and cc via attachment to Nurse Co-ordinator PDRP**

**PDRP Assessor: Printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**­­­­­­­­­­­­­­­Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

****