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| <b>Applicant Name:</b>   | <b>Practice Area:</b> (Please write out in full) |
| <b>Organisation:</b>   |  |
| <b>Contact Email:</b>  |  |
| <b>Mobile number:</b>  |  |
| <b>Annual Practising Certificate Number:</b>   | <b>Employee Number:</b>                          |
| <b>Expiry date:</b>  |  |
| <b>Ethnicity</b> <i>select which applies to you</i>  |  |
| <input type="checkbox"/> Chinese <input type="checkbox"/> Māori <input type="checkbox"/> Samoan<br><input type="checkbox"/> Cook Islands Māori <input type="checkbox"/> New Zealand European <input type="checkbox"/> Tongan<br><input type="checkbox"/> Indian <input type="checkbox"/> Niuean <input type="checkbox"/> Other ( <i>please state</i> ) _____   |  |
| <b>Please tick which applies</b>   |  |
| <input type="checkbox"/> New applicant <input type="checkbox"/> Resubmission   |  |
| <b>Declaration and Consent</b>   |  |
| <ul style="list-style-type: none"> <li>• I declare the attached portfolio contains my own work.</li> <li>• I declare at the time of submission of this portfolio, I am not the subject of any performance management process or NCNZ competence review.</li> <li>• Confidentiality will be maintained throughout the Portfolio to ensure patients, family/whanau, community, and colleagues are not identifiable.</li> <li>• I give consent for the assessor(s) to take my portfolio off site for the purposes of assessment and recognise that my portfolio may be selected for internal/external moderation.</li> <li>• I understand the assessor(s) may need to contact me or my peers/manager for additional evidence if not adequately supplied.</li> <li>• I understand a timeframe is required for assessment dependent on organisation.</li> </ul> |  |
| <b>I declare that the above statements are truthful, and this portfolio is an accurate description of my previous three years practice.</b>  |  |
| Signature: _____ Date: _____   |  |
| <b>Signed by Line Manager two weeks prior to submission:</b>   |  |
| I support _____ to apply for <b>RN Expert</b> PDRP.  |  |
| Line Manager Name: _____   |  |
| Email: _____ Phone: _____  |  |
| Signature: _____ Date: _____   |  |

## Levels of Practice Definitions: The Expert Registered Nurse (RN)

- Is recognised as an **expert** and role model in her/his area of practice
- **Guides** others to apply the principles of Te Tiriti o Waitangi and to provide culturally safe care to clients
- **Engages in clinical learning** for self and provides clinical learning opportunities for colleagues
- **Contributes** to specialty knowledge and **demonstrates innovative** practice
- **Initiates and guides** quality improvement activities and changes in the practice setting
- **Delivers quality** client care in unpredictable challenging and/or complex situations
- **Demonstrates** successful leadership within a nursing team unit/facility
- **Advocates** for the promotion and integrity of nursing within the health care team
- Is **involved** in resource decision making/strategic planning
- **Influences** at a service, professional or organisational level

## Submission Information:

- Please read carefully and ensure that all sections are completed accurately and appropriately.
- Documentation is to be a **maximum of three years old except where annual requirements are specifically stated.**
- All documentation should be appropriately named, signed and dated.
- You need to provide one clinical example of practice in your performance appraisal (peer/senior nurse review) against the Nursing Council New Zealand Competencies.
- All evidence submitted should be your own work or if in collaboration, permission and sign off sought from the third party.
- Your portfolio should show examples of 'best practice' at all times.
- Those involved in your portfolio submission may be approached to assist during the assessment process by providing additional evidence or confirmation.

**N.B.** Should you be practicing in an Expanded Practice Role or in Management, Education, Research or Policy, please access the appropriate supplementary competencies workbook.

## Evidential Requirements Checklist – Expert RN

|  | Applicant Name:  | Applicant to complete    | Assessor to complete<br>Docs sighted |
|--|--|--------------------------|--------------------------------------|
| <b>1</b>   | <b>Annual Practising Certificate</b><br>Printout from NCNZ Website, or copy of current APC (front and back)  | <input type="checkbox"/> | <input type="checkbox"/>             |
| <b>2</b>   | <b>Hours of Practice</b><br>Evidence of 450 hours of practice to be <b>verified by Charge Nurse/Nurse Manager/HR Dept</b> – validated in Performance appraisal or Record of Practice Hours report/form verified (signed and dated) from your organisation.   | <input type="checkbox"/> | <input type="checkbox"/>             |
| <b>3</b>   | <b>Current CV</b><br>Providing work and education history  | <input type="checkbox"/> | <input type="checkbox"/>             |
| <b>4</b>   | <p><b>Performance Appraisal and/or peer appraisal/competence assessment</b><br/>Evidence must be against NCNZ Competencies, on organisational documentation, and completed within the last 12 months. All competencies must have an example of how the nurse meets the competency in day to day practice at the level applied. Peer Appraiser is to be a Registered Nurse.</p> <p><b>Self-Assessment</b><br/>Evidence must be against NCNZ Competencies, on organisational documentation, and completed within the last 12 months and from your current practice area. All competencies must have an example of how the nurse meets the competency in day to day practice at the level applied<br/>Competencies must be verified by a Registered Nurse who is a designated Senior Nurse; or a peer RN with approval from Line Manager of current workplace.<br/>The PA (self-assessment) should contain evidence from the last 12 months. If sections 7, 8, 9, 10 and 11 were completed over 12 months ago then a separate piece of evidence or statement would be needed.</p> | <input type="checkbox"/> | <input type="checkbox"/>             |
| <b>5</b>   | <p><b>Professional Development</b><br/><u>Hours of Professional Development</u><br/>Evidence must be within the last 3 years and show at least 60 hours. This may include organisational mandatory/essential requirements (as per employment agreement).<br/>Professional development hours record/evidence <b>of attendance to be verified.</b></p>   | <input type="checkbox"/> | <input type="checkbox"/>             |
|  | <p><u>Three reflections on Professional Development</u><br/>This is to be related to your practice area.<br/>Include either: A short reflection for each course or activity <b>OR</b> three key professional development activities (describing the difference the learning has made to you nursing practice)</p>  | <input type="checkbox"/> | <input type="checkbox"/>             |
| <b>6</b>   | <b>Verification that application of Expert Level discussed with Manager or an Equivalent Designated Senior Nurse</b>   | <input type="checkbox"/> | <input type="checkbox"/>             |
| <p><b>NB.</b> If the following level of practice evidence (7, 8, 9, 10 and 11) is met within the standard requirements (e.g. PA, self-assessment and senior nurse/peer review), then no additional evidence is required. If it is not then separate evidence should be provided to support Expert level of practice. Evidence must be obtained and signed by your Line Manager of your current workplace</p> |  |                          |                                      |

|  |  |   |                          |
|--|--|---|--------------------------|
| 7  | <p><b>The integration of the acquired nursing knowledge into nursing practice demonstrated throughout the portfolio.</b><br/>Please state where evidence is found:</p>   | <input type="checkbox"/>                                    | <input type="checkbox"/> |
| 8  | <p><b>Expert knowledge and application of expert practice to care of the complex patient and/or clinical leadership in care coordination.</b><br/>May include, but not limited to e.g., reflection of: Complex patient, or family situation, clinical leadership role or situation.<br/>Please state where evidence is found:</p>  | <input type="checkbox"/>                                    | <input type="checkbox"/> |
| 9  | <p><b>Contribution to specialty knowledge or innovation in practice and the change process in quality improvement activities</b><br/>May include, but not limited to: e.g., quality project, practice improvement<br/>Please state where evidence is found:</p>  | <input type="checkbox"/>                                    | <input type="checkbox"/> |
| 10   | <p><b>Active engagement and influence in wider service, professional or organisational activities. Advocacy for nursing needs to be shown (this could be an attestation)</b><br/>May include, but not limited to e.g., contributing member of committee, multidisciplinary or nursing group<br/>Please state where evidence is found:</p>  | <input type="checkbox"/>                                    | <input type="checkbox"/> |
| 11   | <p><b>Responsibility for learning and / or development of colleagues</b><br/>May include but not limited to, evidence that education has been developed and delivered.<br/>Please state where evidence is found:</p>   | <input type="checkbox"/>                                    | <input type="checkbox"/> |
| 12   | <p><b>I agree for my portfolio and associated documentation to be removed from PDRP office for assessment</b><br/>All steps will be taken to maintain the safety and privacy of the portfolio by the designated assessor.<br/>You may request the return of your portfolio at any time.</p>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                          |
| 13   | <p><b>Returning of your Portfolio</b><br/>Your portfolio will be returned via internal mail for Health NZ/Te Whatu Ora Nurses, otherwise via your regional organisations PDRP Coordinator and mail systems</p>   |   |                          |
| 14   | <p><b>Internal and External Moderation of Portfolios</b><br/>The PDRP requires portfolios to be moderated to maintain consistency and objectivity of the process. The portfolio will be reviewed by one of the PDRP Assessors who will moderate the original assessor(s) of your portfolio. The moderation process does not affect the outcome of your assessment.<br/>Your portfolio may be selected for this process.<br/>Do you understand and agree to the Moderation Process?</p> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                          |
| 15   | <p><b>Practice Discussion if requested by applicant</b><br/>Applicant may request a practice discussion</p>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                          |
| <p><b>Please Note:</b> Incomplete Portfolios may be returned to applicant for amendment as per the Te Kāhui Kōkiri Mātanga regional policy</p> |  |   |                          |

## Assessment Process

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The assessment will be carried out as soon as possible and should take no longer than 10 weeks.

It is not unusual for your assessor(s) to contact you for clarification or for extra evidence before a decision is made. This contact is generally by phone, but you may request a meeting.

When your portfolio assessment has been completed, you will be contacted with the decision, which will be one of the following:

### Decisions

- **Endorsement of Progression**

This means criteria for the applied level have been successfully met.

- **Reserved Decision**

This means that the assessor is confident that you are practising at the level you have applied for, but further documented evidence is needed. You are given a timeframe of **6 weeks** to provide this.

- **Non-Progression**

This means that your assessor is confident that the criteria for that level have not yet been met. Guidelines may have not been adhered to or there are clear gaps in evidence that prevent a fair decision. Your assessor will clearly tell you which areas require further development and make some suggestions. If you wish to appeal the decision or the process, this procedure is outlined on the website or in the PDRP Policy.

### NCNZ Reporting

Details of your PDRP application are loaded onto our database to assist with our reports to Nursing Council to remove you from their audit process.

## Appeals

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All applicants will have feedback from their assessment, if you disagree with the decision, you should write a letter of appeal to the PDRP Coordinator. The appeal should be lodged within 7 working days of the decision using an Appeal Notification Form (A6). On receipt of this letter, the PDRP Coordinator will request two new assessors to re-assess the portfolio.

The new assessors will not be told of the original outcome. If the decision by the new assessors is that you have been unsuccessful, you may decide to continue with the appeal. An Appeals Panel will be formed and those present will interview you and the assessors. On completion of this process, a written report outlining recommendations will be sent to you with copies to the PDRP Assessors, PDRP Advisory Committee and the Nurse Coordinator - PDRP.

#### Reference:

Nurse Executives of New Zealand Inc. (10 April 2017). National Framework and Evidential Requirements. New Zealand Nursing Professional Development & Recognition Programmes for Registered and Enrolled Nurses.

#### Disclaimer:

- The PDRP RN Guideline document is current at the time of printing and is subject to regular review. It is bound by the constraints of Nursing Council of New Zealand (NCNZ) and NZNO with regard to legislative or employment changes.
- All efforts will be made to publicise significant changes, however any concerns or issues may be raised with the PDRP Advisory Committee.
- Ethnicity Data is only collected for the purposes of Nursing Workforce Development and PDRP. Data will not be shared for any other purpose

## Professional Development Record

You are required to demonstrate at least 60 hours professional development in the previous three (3) years. Please complete this form if you **do not** have an organisational education transcript or if the education is not recorded by your organisation.

| Date                                   | Title of Education Activity | Hours | Educator/Manager verification |
|--|-----------------------------|-------|-------------------------------|
|  |                             |       | <input type="checkbox"/>      |
|  |                             |       | <input type="checkbox"/>      |
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|  |                             |       | <input type="checkbox"/>      |
|  |                             |       | <input type="checkbox"/>      |
| <b>Total Hours</b> (over last 3 years) |                             |       |                               |

### Verification of attendance by Nurse Educator or Manager

(Verify Original Certificates sighted)

|                         |                     |
|-------------------------|---------------------|
| <b>Signed:</b>          | <b>Date:</b>        |
| <b>Print Name:</b>      | <b>Designation:</b> |
| <b>Contact Details:</b> |                     |

## Competencies and Indicators (tick ONE indicator only)

### Domain 1: Professional Responsibility

This domain contains competencies that relate to professional, legal and ethical responsibilities and cultural safety. These include being able to demonstrate knowledge and judgement and being accountable for own actions and decisions, while promoting an environment that maximises health consumer safety, independence, quality of life and health.

**Competency 1.1** - Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical and relevant legislated requirements.

- Provides leadership to colleagues in meeting the standards of the professional, ethical and relevant legislated requirements.
- Monitors and ensures that the team is managing health care within the ethical dimensions of activities such as policy and audit.
- Role models ethical principles in own practice and provides education, facilitation to encourage discussions/debate on legislated requirements in this area
- Intervenes when care/practice is compromised by unsafe or potentially unsafe practices whilst maintaining professionalism

**Competency 1.2** - Demonstrates the ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice

- Collaborates with others to ensure the principles of the Treaty of Waitangi/Te Tiriti o Waitangi are applied to nursing practice and facilitates skilled professionals to educate colleagues on how to integrate processes appropriate for Māori. For example whānau hui, karakia, whakawhanaungatanga
- Guides others in the application of Treaty of Waitangi principles, to ensure the integration of appropriate and safe processes for Maori
- Developing approaches and policies to ensure all team members have an understanding of Tikanga Maori to enhance the effectiveness of the care provided within the practice environment

**Competency 1.3** - Demonstrates accountability for directing, monitoring and evaluating nursing care that is provided by enrolled nurses and others

- Acts as a role model and provides leadership to colleagues, for directing, monitoring and evaluating nursing care that is provided by enrolled nurses and others.
- Involved in the evaluation of the competence of others.
- Assists in the growth, competence, and confidence of colleagues through the delegation of work assigned to them
- Acts as a role model and coach by ensuring delegation/direction is effectively managed and critiqued
- Promotion of a safe staffing environment through the prioritisation of care, effective time management and team motivation
- Coaches and supports the nursing team to provide safe patient care through the evaluation of patients with multiple needs

**Competency 1.4** - Promotes an environment that enables health consumer safety, independence, quality of life, and health.

- Acts as a resource and guides colleagues in complex situations to maximise health consumer safety, independence and quality of life and health
- Acts as a resource for the development of safe practice skills and provides clear insight and facilitates collective responsibility
- Acts as a role model and leader in risk management, including knowledge and promotion of safe practice of medication administration, evidence based treatments and interventions
- Is actively involved in resource role for ensuring safe environments, e.g. Infection control link nurse, health and safety/environmental safety, restraint minimisation/de-escalation, CPR instructor

**Competency 1.5** - Practices nursing in a manner that the health consumer determines as being culturally safe

- Takes a lead role in the implementation of culturally safe practice to meet health consumers individual needs, beliefs and values
- Coaches colleagues to respond to the individual needs, beliefs and values of health consumers in complex situations
- Role models education and coaching of health team members to ensure culturally appropriate communication and information is used to ensure an effective outcome for the health consumer
- Guides others to access resources/education that assist in understanding of cultural differences (e.g. beliefs, gender, sexual orientation or disability) and the impact beliefs and values can have on own practice
- Anticipates health consumers' social, cultural, spiritual, physical, emotional and/or intellectual needs and role models the identification of suitable resources
- Contributes to strategies that influence changes in practice to avoid the imposition of prejudice on others and provides advocacy when prejudice is apparent

**Domain 2: Management of Nursing Care**

**This domain contains competencies related to health consumer assessment and managing health consumer care, which is responsive to the health consumer/health consumers' needs, and which is supported by nursing knowledge and evidence based research.**

**Competency 2.1** - Provides planned nursing care to achieve identified outcomes.

- Provides planned holistic nursing care to achieve identified outcomes for health consumers with complex needs, guiding colleagues in planning and delivery of care
- Acts as a resource and leads opportunities for teaching and coaching colleagues in the planning of holistic nursing care
- Role models and coaches others in the application of evidence based knowledge, judgement and decision making in the planning of individualised, holistic, and complex health consumer care.
- Provides evidence that verifies a lead role in the transfer of care (e.g. transfer, shift handover, discharge communicating patient/community outcomes/ response/changes) in consultation with the patient their family/whanau and the health team
- Coaches and supports colleagues in the management of patients with multiple/complex needs

**Competency 2.2** - Undertakes a comprehensive and accurate nursing assessment of health consumers in a variety of settings.

- Leads and acts as a resource in the comprehensive and accurate nursing assessment of the health consumer with complex needs
- Role models expert practice/advanced assessment and enquiry skills with the complex health consumer, educating, coaching and supporting health team members in the use of appropriate assessment tools and methods
- Demonstrates use of critical analysis, reflection, advanced/expert diagnostic and enquiry skills and clinical knowledge in own nursing practice and communication to the health care team
- Recognised by other nurses as being skilled in nursing assessment, self-auditing and measuring effectiveness of own assessment and coaching skills
- Implements and coaches others in the use of advanced skills in clinical and social assessment, physical examination and diagnostic reasoning

**Competency 2.3** - Ensure documentation is accurate and maintains confidentiality of information.

- Demonstrates accurate, legible and objective documentation that maintains confidentiality in line with organisational policies, guiding others to document information necessary for continuity of care and recovery
- Takes a lead role in reviewing documentation compliance in line with organisational policies in the practice setting
- Role modelling, education and coaching of colleagues to ensure documentation consistently meets legislative and organisational documentation standards
- Demonstrates expertise and research strategies in developing documentation based on best practice
- Prepares and analyses achievement of documentation standards for the service



**Competency 2.4** - Ensures the health consumer has adequate explanation of the effects, consequences and alternatives of proposed treatment options.

- Provides role modelling, education, coaching, and support of health team members to ensure that organisational consent process is met
- Is a recognised leader within the service providing in-depth knowledge and clinical over view of the treatment resources within the organisation available to health consumers
- Takes a lead role and coaches colleagues in effective communication techniques that enable health consumers to make informed treatment choices

**Competency 2.5** - Acts appropriately to protect oneself and others when faced with unexpected health consumer responses, confrontation, personal threat or other crisis situations

- Actively manages and coaches colleagues to respond to unexpected health consumer responses, confrontation, personal threat or other crisis situations
- Able to use expert knowledge to anticipate potential crises and initiate early interventions to pre-empt or prevent
- Applies expert knowledge in anticipating changes to health consumer health status, including education, coaching and support of colleagues
- Management of a critical or unexpected event, and initiation of changes and/or education for emergency management
- Provide evidence that verifies skilful leadership in emergency situations supporting skill development of less experienced colleagues
- Manages an unstable situation until resolved setting priorities and delegating appropriately as required

**Competency 2.6** - Evaluates health consumer's progress toward expected outcomes in partnership with health consumers.

- Provides leadership to colleagues when evaluating progress in partnership with health consumers, and revises/audits nursing care to ensure expected outcomes are met
- Takes a lead role in facilitating inter professional team decision making in partnership with health consumers to support best possible outcomes.
- Provides nursing leadership/collaborative approach in guiding and supporting others to evaluate the effectiveness of the health consumer's response to prescribed treatments and interventions in collaboration with the health consumer.

**Competency 2.7** - Provides health education appropriate to the needs of the health consumer within a nursing framework.

- Provides and facilitates an inter-professional approach to health consumer health education to meet the complex needs of Māori and other health consumers
- Provides leadership to colleagues in the coordination/development of education that is appropriate to the health consumer's needs, and evaluates the effectiveness of this with the health consumer
- Arranges/coordinates programmes to enhance health education appropriate to the needs of health consumers within the service
- Development/revision and implementation of patient education and/or health promotion resources

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

- Coaches and supports colleagues to reflect and evaluate their management of patients with multiple/complex needs
- Contributes towards the effective management of the service, including evaluation of its effectiveness within the wider community
- Facilitation/coordination of formal and informal debriefing processes, assisting colleagues to reflect and evaluate the effectiveness of nursing care
- Explores evidence based practice and decision-making to facilitate the growth and development of own and others practice
- Explores evidence-based practice and decision-making to lead the growth and development of others practice
- Contributes to nursing strategies at a local/regional/national level

**Competency 2.9** - Maintains professional development

- Contribution to nursing at a local regional/national level e.g. committee involvement at organisational/regional/national committees, working parties etc
- Provides leadership and mentoring for other staff members encouraging them to participate in professional development
- Provide evidence that verifies formal education that is evidence-based to extend nursing practice

**Domain 3: Interpersonal Relationships**

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

**Competency 3.1** - Establishes, maintains and concludes therapeutic interpersonal relationships with health consumer.

- Role models and coaches others to establish, maintain and conclude therapeutic interpersonal relationships with health consumers with complex needs
- Role modelling/coaching of negotiation of therapeutic partnership with the health consumer, ensuring input of family/whanau as appropriate
- Role modelling of professional boundaries and application to nursing practice, including education, coaching and support of team members in complex situations
- Provides leadership that enhances constructive working relationships with a strong commitment toward self-care
- Coaches others in the resolution of complex issues
- Challenge service strategies that do not demonstrate respect, empathy and interest in health consumer or health consumer groups

**Competency 3.2** - Practices nursing in a negotiated partnership with the health consumer where and when possible.

- Facilitates large and/or broad-scope patient/whanau discussions, achieving positive outcomes and actions
- Coaches less experienced colleagues to understand and practice effective facilitation of therapeutic interpersonal relationships with health consumers
- Role models/coaches colleagues in effective advocacy skills, ensuring appropriate support and representation for health consumers

**Competency 3.3** - Communicates effectively with health consumers and members of the health care team.

- Role models a variety of effective communication techniques. Is skilled in presenting complex information effectively with patients/health consumers, families/whanau and colleagues
- Proactively models behaviours that support effective team functioning. Is a skilled communicator and problem solver and facilitates collaborative collegial relationships.
- Leadership role in communication and collaboration with health consumer and health team members, including advocacy for and promotion of nursing within the health care team
- Demonstrates advanced negotiation skills achieving effective outcomes and resolutions

## Domain 4: Interprofessional Health Care and Quality Improvement.

This domain contains competencies to demonstrate that, as a member of the health care team, the nurse evaluates the effectiveness of care and promotes a nursing perspective within the interprofessional activities of the team.

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

- Provides leadership that enhances collaborative working relationships and strong interpersonal interactions between members of the health care team
- Facilitates group discussions as a means to promote cohesive care and motivate others to plan/achieve positive outcomes for health consumer/service.
- Role models and coaches colleagues in information sharing for care coordination, implementation of change, and problem solving, and recognises team diversity
- Provides leadership through effective communication and networking to assist health consumers with complex needs to progress through the continuum of care (e.g. referrals, transfers, discharges)
- Demonstrates collaboration in research/changes to practice relevant to area

**Competency 4.2** - Recognises and values the roles and skills of all members of the health care team in the delivery of care.

- Provides leadership to colleagues in identification and access of appropriate health care team members and culturally appropriate services to maximise health consumer outcomes
- Actively coordinates the skills of all members of the team to provide practice innovations that are evidence based
- Provides mentoring and role modelling to colleagues by promoting and facilitating their engagement in the delivery of inter-professional health care
- Provides evidence of involvement and leadership and influence in service/organisation/professional issues

**Competency 4.3** - Participates in quality improvement activities to monitor and improve standards of nursing.

- Researches, promotes and distributes findings that to inform and improve changes to nursing practice
- Evidence of leadership, development and implementation of the service plan and quality improvement projects within your area of practice, demonstrating significant improvement in health consumer outcomes
- Initiates and guides quality monitoring and auditing processes demonstrating continuous improvement within area of practice
- Takes a lead role in planning, implementing and evaluating evidence based quality improvement activities to improve standards of nursing
- Engages with Māori and other key stakeholders to identify appropriate processes for their participation in quality improvement
- Creates an environment in which innovative ideas and suggestions are encouraged