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| Regional-PDRP-logohigher res | **Competent Enrolled Nurse Guidelines** **Workbook** |

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| **Name of Applicant:** | **Practice Area:**(please write out in full)**Organisation:** |
| **Contact Details:***Email and Mobile Number* |
| **Annual Practising Certificate Number and Expiry:** | **Employee Number:** |
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| **Ethnicity** *select which applies to you* |
| **€** New Zealand European | **€** Māori | **€** Samoan |
| **€** Cook Island Maori | **€** Tongan | **€** Niuean |
| **€**  Chinese | **€** Indian | **€** Other *please state*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| ***Circle one of the following****:***New Applicant Resubmission**  |
| **Signed two weeks prior to submission** |
| **□** | I support\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to apply for **EN Competent** PDRP*Line Manager Name:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email and Phone contact details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **□** | I have met with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PDRP applicant) as their Resource Person or PDRP team member prior to submitting their portfolio*Name:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Area:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: Date: |
|  | **Please Note: Incomplete Portfolios will be returned to applicant for amendment** |
| **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. PDRP Document Review Project Team. |
| **Disclaimer:*** The PDRP RN Competent 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
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**Level of Practice Definitions: The Competent Enrolled Nurse (EN):**

* Under the direction of the RN, **contributes** to assessment, planning, delivery and evaluation of nursing care
* **Develops partnerships** with clients that implement Te Tiriti o Waitangi in a manner which the clients determines is culturally safe
* **Applies** knowledge and skills to practice
* Has **developed** experiential knowledge and incorporates evidenced-based nursing
* Is **confident** is familiar situations
* Is able to **manage and prioritise** assigned client care/workload appropriately
* **Demonstrates** increasing efficiency and effectiveness in practice
* **Responds appropriately** in emergency situations

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.*

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| **Evidential Requirements Checklist – Competent EN** |
|  | **Applicant Name:** | **Applicant to complete** | **Assessor to complete****(Documents Sighted)** |
| 1. | **Annual Practising Certificate** Printout from NCNZ Website, or copy of current APC (front and back ) | □ | □ |
| 2. | **Hours of Practice**Evidence of 450 hours of practice. **To be verified by Charge Nurse/Nurse Manager** validated in /Performance appraisal or Record of Practice Hours report/form. | □ | □ |
| 3. | **Performance Appraisal and / or peer review** Evidence must be against NCNZ Competencies, on organisational documentation, and completed within the last 12 months. how the nurse meets the competency in day to day practice. Appraiser is to be a Registered Nurse.**Self-Assessment**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. Must be verified by a Registered Nurse | □  | □ |
| 4. | Professional Development Hours of Professional DevelopmentEvidence must be within the last 3 years and show at least 60 hrs. This may include organisational mandatory / essential requirements (as per employment agreement). Professional development hours record/evidence of **attendance to be verified**. This is to be related to your practice area. | □ | □ |
| 3x reflections on Professional DevelopmentThis is to be related to your practice area. Include either: A short reflection for each course or activity **OR** three key professional development activities (describing the difference the learning has made to you nursing practice) | □ | □ |
| 5. | Verification that application of EN Competent Level discussed with Manager or an Equivalent Senior Nurse  | □ | □ |
| 6. | I agree for my portfolio and associated documentation to be removed from PDRP office for assessmentAll steps will be taken to maintain the safety and privacy of the portfolio by the designated assessor. You may request the return of your portfolio at any time. | Yes / No |  |
| 7. | **Returning of your Portfolio**Your portfolio will be returned via internal mail for **CDHB** Nurses. **Otherwise**Via your organisations PDRP coordinator and mail systems |  |  |
| 8. | **Internal and External Moderation of Portfolios**The PDRP requires portfolios to be moderated to maintain consistency and objectivity of the process. One in every 10 portfolios will be reviewed by one of the PDRP Assessors who will moderate the original assessor(s) of your portfolio. All new assessors will have their assessments moderated initially.As a region external moderation takes place as per the PDRP policy to ensure consistency.The moderation process does not affect the outcome of your assessment. Your portfolio may be selected for this process. Do you understand and agree to the Moderation Process? | *Yes / No* |  |
| 9. | **Practice Discussion if requested by applicant**Applicant may request a practice discussion | □ |  |
| **Please Note: Incomplete Portfolios will be returned to applicant for amendment.** |

**Assessment Process**

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. **Evidence submitted after this timeframe may affect dates of acknowledgement/entitlement** (Any extra evidence from the appraiser i.e. Line Manager/CNS/CNM will not affect dates).

* **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**

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.

**The decision of the Appeals Panel is final and binding.**

**Confidentiality and Personal Declaration**

**Confidentiality**

1. As an Enrolled Nurse, you are obliged to adhere to the Health Information Privacy Code. Any evidence is to refrain from identifying patients/clients/consumers/whānau/health team members/staff or communities.
2. Thank you cards and letters from patients are **not** acceptable pieces of evidence.
3. **Breaches of confidentiality within a portfolio will result in the portfolio being returned to the applicant for amendment. This may impact on the time frames for assessment (and payment dates if applicable).**
4. Consider professional implications before disclosing information about your practice or that of others that could be regarded as inappropriate.
5. The portfolio is a personal document and the information it contains is private and confidential, all assessors are required to respect this expectation. However, the assessor has an ethical and legal responsibility to refer any identified issue of unsafe practice to the PDRP Coordinator in the first instance.
6. All portfolios for assessment will be kept within a locked cabinet or office within the organisation.
7. Portfolios assessed outside of the organisation (with the consent of the applicant) will be the responsibility of the assessor. All due care will be taken to ensure confidentiality and protection of the portfolio.

**Personal Declaration (to be signed within two weeks prior to submission)**

1. I declare that my portfolio contains my own work, or, where I have submitted joint work, I have fairly and accurately described my personal contribution.
2. I declare that if others are identified/identifiable in the enclosed work, I have sought their permission for inclusion.
3. I declare that the included evidence relates to practice situations, which have occurred in the previous three years, and relate to my current scope of practice.
4. I understand that my portfolio may be audited for purposes of authentication.
5. I understand that my portfolio may be submitted for internal moderation by the PDRP Team or by an external moderator.
6. I understand my portfolio may be assessed by a new assessor and the moderation process will take place.
7. I understand that none of my work will be used for any other purpose unless it has my specific consent.
8. The assessor has an ethical and legal responsibility to refer any identified issue of unsafe practice within my portfolio to their PDRP Coordinator in the first instance.
9. I understand that my manager may be approached for further evidence or confirmation of my level of practice.
10. **I declare that I am NOT currently under Performance Management review or being investigated by NCNZ for any reason**

**By signing I understand the information I have read and declare the information I have given in this application is true and correct.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Professional Development Record** |
| ***For use by organisations that do not have an organisational 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. |
| **Date** | **Title of Education Activity** | **Hours** | **Educator/ Manager verification or****Certificate of Attendance included**  | **Reflection on professional development completed** (3 required)**Yes/No** |
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| **Total Hours** (over last 3 years) |  |  |
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| **Verification of attendance by Nurse Educator or Manager** **(Verify Original Certificates sighted)**  |
| **Signed:** | **Date:** |
| **Print Name:** | **Designation:** |
| **Contact Details:** |

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| **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 consumers’ 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. |
| * Demonstrates knowledge of relevant legislation pertaining to the delivery of health consumer care.
* Ensures practice is within the scope of practice and adheres to legislated requirements and relevant ethical codes, policies and procedural guidelines.
* Accepts responsibility for actions and decision making within the enrolled nurse scope of practice.
* Identifies breaches of law that occur in practice and reports them to the registered nurse/manager.
 |
| **Competency 1.2** - Demonstrates the ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice |
| * Understands the Treaty of Waitangi/Te Tiriti o Waitangi and its relevance to the health of Maori in Aotearoa/New Zealand
* Demonstrates knowledge of differing health and socio-economic status of Maori and non-Maori
* Applies the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice
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| **Competency 1.3** - Demonstrates understanding of the enrolled nurse scope of practice and the registered nurse responsibility and accountability for direction and delegation of nursing care |
| * Recognises and acts in accordance with the enrolled nurse scope of practice, organisational policy and own level of competence.
* Demonstrates understanding of the registered nurse’s role to direct, delegate, monitor and evaluate nursing care.
* Consults with the registered nurse to ensure that delegated tasks and responsibilities are commensurate with own level of competence.
* Seeks guidance from a registered nurse when encounters situations beyond own knowledge, competence or scope of practice.
 |
| **Competency 1.4** - Promotes an environment that enables health consumer safety, independence, quality of life, and health.  |
| * Identifies and reports situations that may impact on the safety of health consumers or staff.
* Adjusts the physical and social environment in order to maximise health consumer wellbeing.
* Adheres to standards and procedures related to restraint minimisation, infection control, safe handling, pressure area prevention and the administration of medicines.
* Initiates appropriate interventions in emergency situations.
* Supports the right of health consumers to maintain independent lifestyles with dignity in their own environment.
 |
| **Competency 1.5** – Participates in ongoing professional and educational development |
| * Undertakes regular review of own practice by engaging in reflection and identifying ongoing learning needs.
* Takes responsibility for own professional development and maintenance of competence.
* Takes opportunities to learn with others contributing to health care.
 |
| **Competency 1.6 -** Practices nursing in a manner that the health consumer determines as being culturally safe. |
| * Demonstrates ability to provide culturally safe care to meet health consumers’ individual needs, beliefs and values.
* Reflects on own practice and values that impact on cultural safety.
* Takes opportunities to gain feedback from health consumers to determine own practice is culturally safe.
* Avoids imposing prejudice on others and reports any observed occurrences of prejudice to the registered nurse.
* Appropriately challenges practices that compromise health consumer safety, rights, privacy or dignity
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| **Domain 2: Provision of Nursing Care****This domain contains competencies related to assessment and provision of nursing care for health consumers when working under the direction of a registered nurse**. |
| **Competency 2.1 -** Provides planned nursing care to achieve identified outcomes**.** |
| * Contributes to the development of care plans in collaboration with the registered nurse and health consumers, and clarifies responsibilities for planned care with the registered nurse.
* Promotes independence while assisting health consumers to undertake activities of daily living, such as nutrition, hydration, elimination, mobility, social functioning and personal hygiene.
* Uses nursing knowledge and problem solving skills when carrying out professional responsibilities.
* Prioritises and manages time.
* Carries out procedures competently and safely.
* Administers nursing interventions and medications within legislation, codes, scope of practice and according to prescription, established organisational policy and procedures.
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| **Competency 2.2 -** Contributes to nursing assessments by collecting and reporting information to the registered nurse. **New Competency by Nursing Council - NOT ASSESSED FOR ENs IN RESTRICTED SCOPE** |
| * Completes assessment tools as delegated by the registered nurse.
* Uses a range of data gathering techniques including observation, interview, physical examination and measurement.
* Assists with routine examinations and routine diagnostic investigations.
* Applies understanding of the different developmental stages of the life span.
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| **Competency 2.3 -** Recognises and reports changes in health and functional status to the registered nurse or directing health professional. **New Competency by Nursing Council - NOT ASSESSED FOR ENs IN RESTRICTED SCOPE** |
| * Observes for changes in health consumers’ health and functional status in the course of nursing practice.
* Communicates observations to the registered nurse and appropriate members of the health team.
* Reports changes in health status in a timely manner and is aware of procedures for responding to concerns which are escalating in the health care setting.
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| **Competency 2.4** - Contributes to the evaluation of health consumer care. |
| * Monitors and documents progress towards expected outcomes.
* Contributes to the review of care plans in collaboration with the registered nurse.
 |
| **Competency 2.5 -** Ensures documentation is accurate and maintains confidentiality of information. |
| * Observes, reports, records and documents health status.
* Records information in a systematic way that is in line with organisational policy and procedures.
* Ensures written communication is comprehensive, logical, legible, clear and concise, using only accepted abbreviations.
* Maintains confidentiality of documentation/records and interactions with others.
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| **Competency 2.6** - Contributes to the health education of health consumers to maintain and promote health **New Competency by Nursing Council - NOT ASSESSED FOR ENs IN RESTRICTED SCOPE** |
| * Provides accurate and culturally appropriate education to health consumers or groups to maintain or promote health in consultation with the registered nurse.
* Determines consumer understanding by seeking feedback on information given.
* Demonstrates an understanding of how health and disease are affected by multiple and interconnected factors.
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| **Domain 3: Interpersonal Relationships****This domain contains competencies related to interpersonal communication with health consumers, their families/whanau and other nursing and healthcare staff.** |
| **Competency 3.1** - Establishes, maintains and concludes therapeutic interpersonal relationships. |
| * Establishes rapport and trust with the health consumer and or family/whanau.
* Demonstrates respect, empathy and interest in the health consumer.
* Is able to establish relationships and communicate effectively and culturally appropriately with health consumers.
* Appropriately terminates therapeutic relationships.
* Understands therapeutic relationships and professional boundaries.
 |
| **Competency 3.2** -. Communicates effectively as part of the health care team. **New Competency by Nursing Council - NOT ASSESSED FOR ENs IN RESTRICTED SCOPE** |
| * Communicates orally and in writing appropriately and effectively.
* Demonstrates understanding of the need for different communication styles and approaches in different situations.
* Engages with colleagues to give and receive constructive feedback that enhances service delivery to health consumers.
* Contributes to a positive working environment.
 |
| **Competency 3.3** - Uses a partnership approach to enhance health outcomes for health consumers. **New Competency by Nursing Council - NOT ASSESSED FOR ENs IN RESTRICTED SCOPE** |
| * Understands and applies the principles of a recovery centred approach to nursing care within different health care settings.
* Understands the impact of stigma and discrimination on health outcomes for health consumers and is able to implement nursing interventions that enhance fairness, equality and self-determination.
* Understands and uses the resources in the health consumer’s community to improve health outcomes.
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| **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. |
| * Understands and values the roles, knowledge and skills of members of the health care team in relation to own responsibilities.
* Supports the therapeutic activities of other team members in the provision of health care.
* Provides other members of the team with accurate and relevant information to assist in decision making and provision of care.
* Contributes to discussion related to nursing practice, systems of care planning and quality improvement.
 |
| **Competency 4.2** - Recognises the differences in accountability and responsibilities of registered nurses, enrolled nurses and healthcare assistants. **New Competency by Nursing Council - NOT ASSESSED FOR ENs IN RESTRICTED SCOPE** |
| * Clarifies enrolled nurse role and responsibilities in the context of health care settings.
* Acts as a resource and role model for nurse students and health care assistants.
* Prioritises the delivery of nursing care to health consumers as guided by the registered nurse.
* Co-ordinates provision of care by health care assistants within the team as delegated by the registered nurse.
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| **Competency 4.3** - Demonstrates accountability and responsibility within the health care team when assisting or working under the direction of a registered health professional who is not a nurse. **New Competency by Nursing Council - NOT ASSESSED FOR ENs IN RESTRICTED SCOPE** |
| * Understands the enrolled nurse role and boundaries in relation to the scopes of practice of other registered health professionals.
* Practises within legislative requirements, organisation policy and refers issues outside scope to a registered nurse supervisor.
* Works under the direction of an identified health professional and reports observations, changes in health status and escalates concerns to that health professional.
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