

# **Nurse Entry to Practice (NETP)**



## **Secondary Care Graduate Nurse Handbook**

**2010**

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## **Aim of the Programme**

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This programme gives the Graduate Nurse a time of transition within a supportive environment, where knowledge and clinical skills can be consolidated while integrating the principles of the Treaty of Waitangi into practice, promoting equity of outcomes for Māori.

During this time, nursing and decision-making skills, priority setting and time management can be developed. The programme will also facilitate practice in a culturally safe manner with all client groups.

It is an intensive learning time. Confidence and competence will be nurtured within the practice setting, and the application of knowledge and skills will aid development as a Registered Nurse. This enables the graduate to practice safely, effectively and confidently.

This transition involves:

- working within a new team and becoming an effective team member
- learning to cope with undertaking shift work
- developing workload planning & priority setting
- integrating theory into practice
- working under pressure
- mastering a variety of technical skills
- accepting responsibility and accountability for actions
- identifying further skills and educational needs
- demonstrating the ability to practice in a culturally safe manner

## **Channel of Support**

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Should you have any concerns or queries, please approach your:

- Preceptor – unless there are issues relating directly to them or you feel uncomfortable talking to them
- Clinical Nurse Manager (CNM)
- Nurse Coordinator, Graduate Nurse Programme
- Nurse Educator (NE)

**Te Puna Hauora** is a Māori health service based at Tauranga Hospital. It is made up of a dedicated team of experienced and qualified Māori and non Māori health workers and registered nurses and able to access all health services in the hospital.

**Te Pou Kokiri** is a Māori health speciality based at Whakatane Hospital. The team works alongside health professionals to ensure effective delivery of services through Mana Tupuna – Ancestral, Mana Atua – Spiritual, Mana Whenua – Land and Mana Tangata - Physical.

## **Graduate Nurse Assessments and Programme Criteria**

The criteria set by the BOPDHB to attain the Graduate Nurse Programme Certificate are:

### **Formative/Summative:**

- Complete 12 months of practice within the BOPDHB including
  - one 12 month placement **or**
  - two six month rotations
- Attend all Graduate Nurse Study Days (unless notice has been given that the Graduate Nurse is on annual leave or unable to attend due to ill health etc). **If you are unable to attend the study day due to illness you must contact your CNM & the Nurse Coordinator, Graduate Nurse Programme.** Absences from study days will be referred back to the CNM
- Complete, within the first 6 months, the BOPDHB Generic Orientation Manual
- Complete the relevant area specific Core Clinical Competency Workbooks
  - 1<sup>st</sup> six months Graduate Nurse Level
  - 2<sup>nd</sup> six months Graduate & Competent Nurse Level
- In partnership with Preceptor and CNM, using the 'Graduate Nurse Placement Assessment Form' undertake a
  - 3-4 month evaluation
  - 9-10 month evaluation**Submit a copy to Nurse Coordinator Graduate Nurse Programme**
- Complete total of 16 hours (8 hours each 6 months) of professional development
  - Document evidence of hours on 'Graduate Nurse's Professional Development' form**Submit a copy to Nurse Coordinator Graduate Nurse Programme**

### **Summative:**

- Submit one reflective writing
  - showing critical thinking and advancement in practice through reflection as per the attached assessment criteria

This will be a component of your assessment at competent level of practice as it will contribute to your Professional Portfolio (10% to be cross-marked by a NE)

**Submit the work for assessment and feedback, by due date to Nurse Coordinator Graduate Nurse Programme**

- Submit one case study
  - showing evidence of comprehensive understanding, critical thinking and articulation of a specific patient case and the

writers involvement in care as per the attached marking/  
assessment criteria

This will be a component of your assessment at competent level of practice as it will contribute to your Professional Portfolio (10% to be cross-marked by a NE)

**Submit the work, by due date to Nurse Coordinator Graduate Nurse Programme**

- Complete the Professional Development and Recognition Programme (PDRP) Portfolio for advancement to Competent level
  - this is an ongoing assessment utilising information gained through the first year of practice and the formative and summative assessments

**Submit the portfolio by due date to PDRP Coordinator**

### **Non Achievement:**

It is the BOPDHB's intention to make available to the Graduate Nurse support and resources to ensure that they have the ability to achieve the criteria of the programme.

Should clinical or professional issues arise during the year, or where the Graduate Nurse is showing signs of not achieving outcomes, then this will be managed in accordance with organisation performance management process with the involvement of the CNM and Nurse Coordinator Graduate Nurse Programme.

- Processes
  - CNM to arrange a meeting with the Graduate Nurse to discuss issues or concerns
  - If further action is required, the Nurse Coordinator Graduate Nurse Programme and/or a NE may be brought in to assist with performance development
  - Should the issues continue, then a formal professional development plan will be negotiated and signed off by the CNM and the Graduate Nurse
  - If issues are ongoing, refer to Policy 3.50.0 (Protocol 21- Performance Development) for usual organisation procedures

Should the Graduate Nurse wish to make an appeal, then a Human Resource advisor will be recommended.

## **First Year Programme Objectives**

On completion of this programme the Graduate Nurse will be able to:

- apply developed knowledge and skills in their nursing care and other ward or department responsibilities
- promote and demonstrate effective teamwork
- accept responsibilities and accountabilities for action
- demonstrate a commitment to ongoing professional development
- display an attitude that enables safe, confident and competent nursing practice
- demonstrate the ability to apply the principles of the Treaty of Waitangi to nursing practice

## **Responsibilities of the Graduate Nurse**

- completes 12 months of practice within the BOPDHB
- attends all Graduate Nurse study days rostered to them
- identifies with preceptors/NE/CNM and/or Nurse Coordinator Graduate Nurse Programme own areas of required learning and participates in learning opportunities
- completes 8 hours of professional development each six months for goal setting and assessment, peer support and/or cultural support (total 16 hours over 12 months)
- works and liaises with their designated preceptor
- completes required 'Generic Nursing Orientation' workbook
- works towards and completes 'Core Clinical Competency' workbook (one per placement) at required level
- submits one reflective writing and one case study as per programme criteria
- completes formal written self review at 3-4 months and 9-10months
- establishes a professional portfolio for progression to 'competent' level on the PDRP, as per certificate criteria
- provides evaluation and feedback to the Nurse Coordinator Graduate Nurse Programme so quality improvements can be made

## **Responsibilities of Preceptor**

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- provides introduction to work area, colleagues and policies, protocols and standards
- assists with setting of objectives and facilitates meeting these
- helps the Graduate Nurse identify learning opportunities and experiences
- identifies with NE/CNM and/or Nurse Coordinator Graduate Nurse Programme own areas of required learning and participates in learning opportunities
- utilises the 'Generic Nursing Orientation' Workbook
- provides timely informal feedback & regular written assessment & feedback as per the formative/summative assessment requirements
- assists the Graduate Nurse to complete the requirements of the 'Core Clinical Competency' workbook
- following the initial clinical orientation a further 8 hours (each six months) is spent goal setting, assessing knowledge and skill progress, peer and cultural support with the Graduate Nurse
- provides formal written feedback at 3-4 months and 9-10 months

## **Responsibilities of the Clinical Nurse Manager**

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- ~ works with the Nurse Coordinator Graduate Nurse Programme to identify and assign preceptors for the Graduate Nurses
- ~ roster preceptor and Graduate Nurse on same shifts and sharing the same load for the orientation period
  - two six month rotations (first rotation - four weeks, second rotation - two weeks)
  - one 12 month placement - six weeks
- ~ provides an environment for learning and development
- ~ provides opportunity for the Graduate Nurse and preceptor to meet off the ward to discuss professional development
  - 8 hours each 6 months
  - paid time
- ~ ensures roster enables attendance at Graduate Nurse designated study days
- ~ provides formal written feedback at 3-4 months and 9-10 months
- ~ provides support for Graduate Nurse and preceptor
- ~ feedbacks to Graduate Nurse on progress made
- ~ formally hands over Graduate Nurse to the CNM of their next rotation

## **Responsibilities of the Nurse Coordinator – NETP**

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- works with the CNM's & NE's to identify nurses that will be asked to be the Graduate Nurse preceptors
- ensures all Graduate Nurses have a named designated preceptor (who has completed a preceptorship training programme) prior to commencement of placements
- monitors rosters to ensure that orientation to clinical area matches that required as per the Graduate Nurse Programme policy
- ensures that the preceptor and Graduate Nurse are released for 16 hours for peer support, critical reflection, cultural support and professional development
- organises and facilitates study days throughout the first year of practice
- provides a safe environment for learning and discussion on issues during study days
- facilitates a transition from student nurse to accountable Graduate Nurse
- sets expected outcomes for the 1<sup>st</sup> year of practice with the Graduate Nurse
- assists with identifying education needs through the nurses feedback
- seeks regular feedback from the Graduate Nurse and the preceptor on progress & development
- provides regular feedback to Graduate Nurse & preceptor on progress & development
- is available to preceptors for 1 - 1 collegial support, guidance, leadership & assistance
- liaises with last years graduates and establishes peer partners
- strives to ensure completion of Graduate Nurse competent level assessment within 12 months of joining programme

### **Notes**

## **Responsibilities of the Nurse Educators**

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- Works with the Nurse Coordinator Graduate Nurse Programme to identify Preceptors for the Graduate Nurses
- Provides clinical supervision to Graduate Nurses as required
- Assists with Graduate Nurse programme education & clinical teaching as required/requested
- Provides support to preceptors as needs are identified
- Assists the Graduate Nurse to set measurable objectives
- Facilitates learning opportunities for the Graduate Nurse to meet objectives
- Identifies individual & group needs for on-going education
- Assists with assessment/sign offs of core clinical competencies
- Provides support to preceptors with objective setting & evaluation

## **Programme Coordinator contact details**

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Nurse Coordinator - Nurse Entry to Practice Programme & Expansion  
Programme (NETP/E Programme)  
Practice Development Team  
4<sup>th</sup> Floor  
Tauranga Hospital

Phone: (07) 579 8134  
Pager: 1425

### **Notes**

## Graduate Nurse Programme Orientation

### Learning Centre – Hathor House Tauranga Hospital

#### **Week 1**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Friday</b>
<p>Hospital Orientation Day</p> <p>See information from human resources for times/venue</p>	<p>Nursing Orientation Day</p> <p>See information from human resources for times/venue</p>	<p>AM Health &amp; Safety</p> <p>PM IV calculations/ Commence IV workbooks</p> <p>See information from human resources for times/venue</p>	<p>Restraint Minimisation and Manual Handling</p> <p>See information from human resources for times/venue</p>

#### **Week 2**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>
<p>Work with Educator/Nurse Coordinator &amp; commence area orientation, Graduate Nurse workbook and expectations</p> <p>Whakatane Hospital – Perioperative Services Negotiate time</p>	<p>Commence in department/shared workload with same preceptor for 6 weeks</p>	<p>See ward roster</p>	<p>Graduate Nurse Study Day Learning Center, Tauranga Hospital</p>

## **Assessment 1**

### **REFLECTIVE WRITING**

There is no word limit for this piece of academic writing, however, it is expected that the writing shows confidentiality has been maintained and an advancement in your practice through reflection.

The following will also help and support when completing this piece of work. For further information, it is encouraged that contact with the Graduate Nurse Co-ordinator, or the PDRP Co-ordinator is made.

1. Reflective practice provides a structured and analytical tool on which to review practice as a means to recognise professional growth in practice and/or identify ways to improve practice.
2. When reflecting on practice it is essential that details that may identify a particular client, colleague or situation are not included. The goal of reflective practice is to be able to illustrate critical thinking and skilled nursing practice. Reflective practice needs to focus on reason, analyse and decision making, which take into account both nursing practice and the wider situation.
3. In order to remove any possible recognition of the situation, identifying the nursing practice in a more general sense is a useful place to start e.g. emotional, social, understanding disease and implications on lifestyle or ethical issue. Using the nursing practice as the central point will help to remove individuals from the situation and protect privacy and confidentiality of all those involved.
4. There are a range of reflective models and these are referenced at the end. Please refer to the model at the end of these reflective practice guidelines.
6. Reflective practice does not have a word limit. It is as long as it needs to be to critique the practice situation.
7. Experience has shown that reflection on a range of practice situations can demonstrate the extent of a nurse's practice. The reflection should include knowledge based on evidence to support clinical decision making. The following suggestions may help to identify what to reflect on:
  - Reflection on working in partnership with clients within the Consumer Code of Rights, principles of the Treaty of Waitangi and culturally safe practice.
  - Reflection on responding to/ managing crisis / unexpected events.

- Reflection on role, workload management, interaction with the health team, client education, medication management.
- Reflection on ethical / professional / cultural and / or social issues.
- Reflection about situations that went well
- Reflection about situations where there may be new or alternative ways of doing things.

Identification of the source of knowledge needs to be referenced through reflective practice and listed at the end e.g. Informed Consent Policy for DHB, NZNO Code of Ethics, Health and Disability Commission Consumer Code of Rights.

All work must be referenced, but the system you choose is an option. e.g. APA.

8. Some of these practice situations may overlap with one another and are likely to meet a number of criteria, rather than just one.
9. Before reflecting on practice, confidentiality must be adhered to. This applies to:
  - Both clients/consumers/whānau/communities, as well as health team members/staff.
  - Confidentiality not only requires protecting the name of individuals/groups<sup>1</sup>, but also their locality/specific unique situation eg. a high profile media case which could lead to their identity/ a particular community that may be identified within the context of the story.
  - Consider professional implications before disclosing information about practice or that of others that could be regarded as inappropriate (*please seek guidance if unsure*)
- 10 PDRP Coordinator, Nurse Coordinator Graduate Nurse Programme or a PDRP assessor can provide support and feedback.

Two different types of reflective frameworks and a list of available resources have been attached; see below, from both Tauranga and Whakatane Hospital's.

**PLEASE NOTE:** 10% of reflective writing will also be read and assessed by one of the Nurse Educators.

## NETP/E Reflective Writing Assessment Criteria

**Graduate Nurse:**..... **Date:**.....

<b>Assessor Evaluation</b>	<b>Assessor comments to support graduates ongoing professional development</b>
<p><i>Writing presented in a structured and professional manner</i></p> <p>Is there evidence of:</p> <ul style="list-style-type: none"> <li>• Structured writing includes introduction, body and conclusion</li> <li>• Correct grammar, structured sentences and paragraphing</li> <li>• Utilisation of reflective framework/model</li> <li>• Referencing eg APA (within text and reference list)</li> </ul>	
<p><i>Demonstrates safe nursing practice</i></p> <p><i>Effective application of nursing knowledge to clinical practice</i></p> <p>Is there evidence of safe nursing practice through demonstration, understanding and application of:</p> <ul style="list-style-type: none"> <li>• Policies / protocols / guidelines</li> <li>• Legislative frameworks</li> <li>• Standards of practice</li> <li>• Ethical frameworks</li> </ul> <p>Evidence of applying theory to practice</p>	
<p><i>Reflection</i></p> <p>Does the graduate consider and demonstrate evidence of reflection on:</p> <ul style="list-style-type: none"> <li>• Ethical, legal and professional issues in nursing practice</li> <li>• Previous assumptions and knowledge prior to reflecting</li> <li>• New knowledge gained through reflection</li> <li>• How application of the reflective process has developed or enhanced their nursing practice</li> </ul>	

**General Comments**

**Assessor:**.....

**Date:**.....

# REFLECTIVE PRACTICE



## **Introduction to Practice**

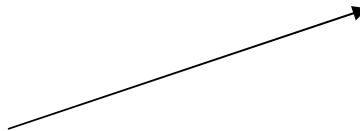
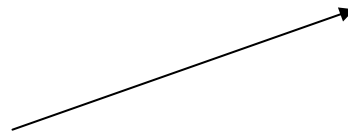
- Identify key features of event /practice concentrate on practice management NOT personal details ie client / colleague / whanau /community
- Give background / relevant details that impacted on practice management eg: support / resources available.
- Relate yourself to identified practice eg new experience, team leader, community, new to area, enrolled nurse



## **Exploration of Practice**

- What was your role?
- What actions did you take? – include not just what you did, but also the rationale for your actions
- Did previous experiences have an impact on your actions?
- What were you trying to achieve?
- Identify knowledge used
- What were the challenges? - identify how / why you worked through these
- Were there broader issues? eg professional, cultural, social, ethical – if so identify how / why you worked through these

## WRITING MODEL



## **Reflection**

- How has the decisions you made in managing this practice impacted on you, your practice, others? eg colleagues, client, whanau etc?
- Has your management of this practice had a wider impact? eg identified a quality improvement initiative?
- Did you learn anything – if so what?
- Have you considered another way to manage this practice?
- Has your practice changed in any way?

## **Knowledge / Evidence Based Practice**

- Support knowledge used throughout the process with references

### **Points to remember:**

- Reflect on **YOUR** practice – NOT others
- Confidentiality - reflect on practice, NOT client / colleague /whanau/community
- Reflect on practice that demonstrates continuing competency
- Ensure reflection is current within 3 years

## Driscoll's (2000) Model of Reflection

### What?: Returning to the situation

- What is the purpose of returning to this situation?
- What exactly occurred?
- What did you see? What did you do?
- What was your reaction?
- What did other people do? E.g. colleague, patient, relative
- What do you see as key aspects of this situation?

### So what?: Understanding the context

- What were you feeling at the time?
- What are you feeling now? Are there any differences and, if so, why?
- What were the effects of what you did (or did not do)?
- What good emerged from the situation e.g. for self, others?
- What troubles you, if anything?
- What were your experiences in comparison to your colleagues?
- What are the main reasons for feeling differently from your colleagues?

### Now what?: Modifying future outcomes

- What are the implications for you?
- What needs to happen to alter the situation?
- What are you going to do about the situation?
- What happens if you decide not to alter anything?
- What might you do differently if faced with a similar situation again?
- What information do you need to face a similar situation again?
- What are your best ways of getting information about the situation should it arise again?

Driscoll J (2000) *Practising clinical supervision*. Edinburgh: Balliere Tindall

**For further reflective practice frameworks or models see the PDRP site or discuss with the Graduate Nurse Coordinator**

## **Reflective practice books held in the BOPDHB libraries**

**Ghaye, T, & Lillyman, S. (2000) *Effective clinical supervision: the role of reflection*. Wiltshire:UK.**

- Tauranga Hospital Library (21770)

**Ghaye, T, & Lillyman, S. (2007) *Effective clinical supervision: the role of reflection*. (2<sup>nd</sup>. Ed.). Wiltshire:UK.**

- Whakatane Hospital Library (21770)

**Milligan, K. & Neville, S. (1999). *Exemplars from practice : a collection of work*. Christchurch Polytechnic: Christchurch.**

- Whakatane Hospital Library: Nursing Collection (21312)

**Westberg, J. & Jason, H. *Fostering reflection and inviting feedback : helping others learn from experience*.Springer: New York**

- Tauranga Hospital Library (25329)

**Street, A. (2009) *From image to action : reflection in nursing practice*. Deakin University: Geelong.**

- Tauranga Hospital Library (28425);

- Whakatane Hospital Library: Nursing Collection (21641)

**Johns, C. (2004). *Becoming a reflective practitioner*. Blackwell: Oxford.**

Tauranga Hospital Library (30577)

- Whakatane Hospital Library: Nursing collection (24996)

**Johns, C, & Freshwater, D. (Eds). (2004) *Transforming nursing through reflective practice*. Blackwell: Oxford.**

- Whakatane Hospital Library: Nursing collection (20215)AM 19/08/2004

**Johns, C, & Freshwater, D. (Eds). (2005) *Transforming nursing through reflective practice*. (2<sup>nd</sup>. Ed.). Blackwell: Oxford.**

- Whakatane Hospital Library: Nursing collection (24335)

**Johns, C. (2002). *Guided reflection : advancing practice*. Blackwell: Oxford.**

- Whakatane Hospital Library: Nursing collection (22203)

**Walsh, M. (1998). *Models and critical pathways in clinical nursing: conceptual frameworks for care planning*. Bailliere Tindall: UK**

- Whakatane Hospital Library: Nursing Collection (21327)

**Thomson, S. (1997). *Nurse teachers as researchers: a reflective approach*. Arnold: London.**

- Whakatane Hospital Library: Nursing Collection (20249)

**Hudson, R. & Richmond, J. (1994). *Unique and ordinary : reflections on living and dying in a nursing home : an essential text for all nurses and health care workers involved in caring for dying people in nursing homes or other health care settings*. Ausmed: Melbourne**

- Tauranga Hospital: Pod 1D (7873)

**Further requests can be discussed with the Librarians at both Tauranga and Whakatane Hospitals**

## **Assessment 2**

### **CASE STUDY**

**The aim of this case study is to assess the Graduates Nurse's ability:**

- to evaluate and critique the physical and social sciences underlying a patho-physiological condition and treatment as experienced by a client in the relevant speciality area
- to assess the meaning of this condition and treatment for the client
- to review and apply current knowledge and literature in evaluating the management of this client

#### **Social Knowledge**

- Explore the scientific basis of this client's condition and treatment
- Examine any contributing factors from the client's background and lifestyle that may have led to his/her requiring care and hospitalisation
- Review the rationale for the management of this condition

#### **Nursing Knowledge**

- Discuss how this client's condition and or their treatment will or has affected their lifestyle and that of their families
- Review the nursing management of this client in the light of current knowledge and practice. Use practice protocols and guidelines to evaluate the care this client received
- Discuss how the principles of the Treaty of Waitangi were applied into the nursing practice
- Discuss how the nursing practice was undertaken in a manner that the client determines as being culturally safe
- Where possible organise to visit/phone their client at their home, 2-3 weeks following discharge. Review the client's perception of their hospitalisation and treatment during this recovery phase

#### **Other Considerations**

- Refer to the BOPDHB documentation policy (6.8.1) and audit the case notes against the standards for documentation. Do the case notes comply with the minimum standard of documentation eg no gaps, all entries legible, dated and signed etc
- Is there a discharge plan? Did it commence at the time of admission? Is it clear what type of support the patient needs at home and did this occur? Eg personal care, home help, district nurse. What was the Graduate Nurses involvement with the discharge planning?
- Has the patient been referred appropriately to the specialist nurses? Is there evidence of patient education? What part, if any, did the Graduate Nurse take in referring patient to the specialist nurses?

#### **Confidentiality**

- As a Registered Nurse, you are obliged to adhere to the Health Information Privacy Code. In accordance with this, no information

contained within this case study will identify clients / consumers / whanau / communities as well as health team members/staff. Confidentiality requires not only protecting the name of individuals / groups but also their locality / specific unique situation e.g. a high profile media case which could lead to their identity / a particular community that may be identified within the context of the reflection. (Northern Districts MECA regional PDRP, 2005).

For further information relating to confidentiality please refer to page 3 in the Northern Districts Regional Professional Development and Recognition Programme Registered Nurse Competencies – Competent

**PLEASE NOTE:** 10% of Case Studies will be cross marked by one of the Nurse Educators.

***A reminder, if this is going to be part of your portfolio for advancement within the PDRP, the case study must reflect your involvement throughout the patient's health care journey.***

**Notes**

### **NETP/E Case Study Assessment Criteria**

**Graduate Nurse:..... Date:.....**

Assessment Criteria	Assessor comments to support graduates ongoing professional development
<p><b>1.1 Demonstrates understanding of the clinical basis of the client's condition and treatment by:</b></p> <ul style="list-style-type: none"> <li>• Articulating the patient history, current illness and care requirements utilizing an assessment framework</li> <li>• Critically analyzing the treatment and technology requirements</li> <li>• Providing explanations of altered pathophysiology or psychopathology state</li> <li>• Explaining in-depth clinical nursing knowledge</li> </ul>	
<p><b>1.2 Explores the impact of the condition and treatment on the client and significant others:</b></p> <ul style="list-style-type: none"> <li>• Explains understanding of individual client and their specific responses.</li> <li>• Identifies the implications of individual lifestyle factors</li> <li>• Articulates understanding and application of the principles of the Treaty of Waitangi</li> <li>• Applies principles of cultural safety in nursing practice.</li> </ul>	
<p><b>1.3 Evaluates the nursing management of the client demonstrating current nursing knowledge, practice and literature:</b></p> <ul style="list-style-type: none"> <li>• Utilises procedures and practice guidelines, including policies and protocols that support practice</li> <li>• Recognises and applies evidence based practice surrounding chosen treatments</li> <li>• Evidence of wide range of reading to support knowledge development and case study</li> <li>• Utilises current literature to evaluate nursing practice</li> <li>• Makes recommendations to enhance nursing practice and self development through use of reflective framework/model</li> </ul>	
<p><b>1.4 Constructs and presents assignment in an academic manner:</b></p> <ul style="list-style-type: none"> <li>• Structured writing includes introduction, body and conclusion</li> <li>• Correct grammar, structured sentences and paragraphing</li> <li>• Utilisation of reflective framework/model</li> <li>• Use of APA referencing (within text and reference list)</li> </ul>	

**Comments:**

**Assessor:**..... **Date:**.....

## **Assessment 3:**

### **Professional Portfolio**

The Professional portfolio will be completed in conjunction with the Professional Development & Recognition Programme. Refer to the Professional Development and Recognition Programme Manual, August 2006.

The purpose of the Professional Development & Recognition Programme (PDRP) is to provide a competency based assessment process which allows registered nurses to progress through the career pathway. There is an expectation that the nurse will move through from Graduate Nurse Level to Competent Nurse by the end of the first year of practice. The PDRP has a moderation process and all assessors are regularly re-assessed to ensure that they are competent to undertake assessment of portfolios. Should there be a 'non achievement' with the application for advancement, an appeal process is available. Please refer to the PDRP Process for submission timeline and appeal process. Repetitive practice leads to practice wisdom, as they gain as much experience as they can to consolidate theory into practice.

**NOTE: This assessment will be completed within 12 months of commencing on the NETP Programme**

#### **PORTFOLIO GUIDELINES**

The evidence to be included in portfolios incorporates NCNZ requirements for Competency Based Practising Certificates and includes:

- 3-4 month **and** 9-10 month self, preceptor and Clinical Nurse Manager assessment
- CV – this is optional
- Record of verified nursing practice (450 hours or 60 days in last 3 years)
- Verified record of professional development, including your learning from the NETP study days (and any additional professional development activities you have attended), including organisational certification
- Reflective writing and case study undertaken within NETP
- Evidence of area specific clinical competencies – 1<sup>st</sup> placement Graduate Nurse level, 2<sup>nd</sup> placement Graduate Nurse and Competent level. If not rotating – Graduate and Competent levels
- Completed orientation manual
- Copy of the Competent Level PDRP Workbook

#### **Portfolio Assessment Process**

- Assessments of competent level portfolios submitted by Graduate Nurses on the NETP will be completed within 12 months of commencing on the programme
- All portfolios should be submitted to the PDRP Coordinator to be distributed for assessment
- Each portfolio will be assessed by one assessor. This does not preclude some DHBs from choosing to have more than one assessor per portfolio
- All new assessors are to have their first 6 portfolios cross marked (assessed by a second assessor)
- Māori have the option of being assessed by Māori
- A face-to-face discussion may occur as part of the assessment process for all levels. This may be instigated by the applicant or the assessor
- Assessors will be allocated by the PDRP Coordinator or Nurse Coordinator Graduate Nurse Programme with the applicant having the right to decline the assessor (maximum of 2 choices)

### **Appeal Process:**

- There are considered to be two appeal processes, one is an appeal on process, the other an appeal on outcome
- The DON or designate will be notified of all appeals
- The applicant may wish to notify NZNO of the appeal
- Appeals are to be made to the PDRP Coordinator in writing within 14 days, and will be complete within 28 days of receipt of notification
- If there is no resolution the DON is to be involved
- The appeal outcome will be advised to the applicant in writing
- If the PDRP Coordinator has been an assessor then a designate will be appointed by the DON to carry out a review of the portfolio under appeal

### **Professional Development**

From initial registration onwards there is an expectation that nurses will demonstrate how they continue to learn and maintain their competence.

- You are responsible for seeking opportunities to learn and to maintain the level of your competence in the interests of client care
- Your professional development must be relevant to your practice as a registered nurse
- You should choose activities to meet your needs in the context of your practice, or where you plan to practice. These may be within your work area or with an education institution. This is the basis of effective career planning

The PDRP framework reflects the Nursing Council of New Zealand Requirements for Competence-Based Practising Certificates and the base-line competencies for entry to the register of nurses adapted to suit local needs.

## **Professional Portfolios**

A professional portfolio is a record of professional nursing practice and development in the current area and scope of practice

This is a personal collection of evidence in relation to each of the competencies/criteria within the domains of the PDRP framework

It is created by a continuing process that involves reflecting on and recording your practice and ongoing education

The Graduate Nurse is responsible for ensuring that the information recorded in their portfolio is accurate and up to date

For PDRP assessments, the portfolio also includes the relevant generic competency workbook and any area specific requirements

It should include anything that demonstrates competency at a particular level

**Professional Development Form – Graduate Nurse**  
**16 hours over the 12 month period of the NETP – 8 hours per 6 months**

<b>Date:</b>		<b>Time:</b>	
<b>Graduate:</b>		<b>Preceptor:</b>	

**Learning objectives set prior to professional development time:**

**Learning outcomes:**

<b>Length of session</b>	
<b>Session Verification</b> (signature of Preceptor):	

**On completion of this form, please photocopy and send a copy to:**  
Nurse Coordinator - NETP/E Programme, 4<sup>th</sup> Floor, Tauranga Hospital



**Bay of Plenty District Health Board**  
**Graduate Nurse Assessment Form**

**Graduate Name:** \_\_\_\_\_

**Preceptor Name:** \_\_\_\_\_

**CNM Name:** \_\_\_\_\_

**Work Area:** \_\_\_\_\_

**APC Number:** \_\_\_\_\_

**Assessment Date:** \_\_\_\_\_

3-4 Month or 9-10 Month

### **Graduate Nurse's Self Review guidelines and responsibilities**

- Self review is a professional responsibility. Honest assessment of your practice against Nursing Council Competencies ensures consumer safety and maintains professional credibility
- Be prepared when you meet with your preceptor, when undertaking your self review consider: WHAT, WHY, HOW and WHEN – provide an example to verify your practice
- Reflect on your strengths and areas that you see as needing to be developed
- Acknowledge your successes and achievements
- Consider your performance over the whole time under review

### **Clinical Nurse Manager/Preceptor's guidelines and responsibilities**

- From your initial interaction during the graduate's orientation make yourself familiar with this assessment tool
- Consider making notes against the competencies of what the graduate is doing relating to them as you work together
- Prior to meeting with the graduate at 3-4 months and 9-10 months you should have feedback prepared to discuss with them
- Look at the competent level definition – this is the level of practice the Graduate Nurse is striving to attain within 12 months of practice
- In conjunction with the graduate it is very important to provide them with constructive feedback:
  - identify areas for further development - as appropriate give an example
  - acknowledge their successes and achievements – give examples to verify this
  - when writing, your comments need to be precise, objective & factual – remember others may read this
  - give your opinion only, unless the graduate gives permission do not discuss it with others – this is apart from the CNM & Nurse Coordinator Graduate Nurse Programme
- Consider the graduate's performance over the whole time under review

**Reference:** Ministry of Health (2002). Toward Clinical Excellence. An introduction to clinical audit, peer review and other clinical practice Improvement activities. Wellington: New Zealand. This document is available on the M.O.H. website: <http://www.moh.govt.nz>

**Definition of Graduate Registered Nurse:**

- Provides nursing care for the patient using knowledge and skills gained from an undergraduate programme.
- Develops relationships with patients to implement the Treaty of Waitangi and ensures cultural safety in the practice setting.
- Requires a high level of guidance and coaching.
- Is consolidating knowledge and developing clinical skills.
- Is applying theory to practice.
- Is aware of emergency procedures.

**Definition of Competent Registered Nurse:**

- Demonstrates competence in clinical skills, managing routine care and beginning to recognise recurring themes relevant to the area of practice.
- Develops partnerships with patients that implement the Treaty of Waitangi and ensures cultural safety in the practice setting.
- Seeks guidance and support as required when providing care for clients with more complex needs.
- Responds appropriately in emergency situations.
- Demonstrates sound ability in relevant technical skills.
- Has developed effective time management skills and prioritises work appropriately.
- Is proactive in seeking professional development opportunities for themselves and others.

These definitions have been developed regionally to describe the overall aspects of a level of practice and reflect the National Framework for Nursing Professional Development and Recognition Programmes definition of Competent RN practice.

**DOMAIN ONE: Professional Responsibility**

<p align="center">Competency</p> <p>1.1 Accepts responsibility for ensuring that his/her nursing practice and conduct meets the standards of the professional, ethical and relevant legislated requirements.</p>	<p><b>Graduate:</b></p>
<p>1.2 Demonstrates the ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice.</p>	<p><b>Preceptor:</b></p>
	<p><b>CNM:</b></p>
	<p><b>Graduate:</b></p>
	<p><b>Preceptor:</b></p>
	<p><b>CNM:</b></p>

<p>1.3 Demonstrates accountability for directing, monitoring and evaluating nursing care that is provided by nurse assistants, enrolled nurses and others.</p>	<p><b>Graduate:</b></p>
	<p><b>Preceptor:</b></p>
	<p><b>CMN:</b></p>
<p>1.4 Promotes an environment that enables client safety, independence, quality of life and health.</p>	<p><b>Graduate:</b></p>
	<p><b>Preceptor:</b></p>
	<p><b>CNM:</b></p>

<p>1.5 Practices nursing in a manner that the client determines as being culturally safe.</p>	<p><b>Graduate:</b></p>
	<p><b>Preceptor:</b></p>
	<p><b>CNM:</b></p>
<p><b>Improvement and learning opportunities</b></p>	

<b>Domain Two – Management of Nursing Care</b>	
Competency	
2.1 Provides planned nursing care to achieve identified outcomes.	<b>Graduate:</b>
	<b>Preceptor:</b>
	<b>CNM:</b>
2.2 Undertakes a comprehensive and accurate nursing assessment of clients in a variety of settings.	<b>Graduate:</b>
	<b>Preceptor:</b>
	<b>CNM:</b>

<p>2.3 Ensures documentation is accurate and maintains confidentiality of information.</p>	<p><b>Graduate:</b></p>
	<p><b>Preceptor:</b></p>
	<p><b>CNM:</b></p>
<p>2.4 Ensures the client has adequate explanation of the effects, consequences and alternatives of proposed treatment options.</p>	<p><b>Graduate:</b></p>
	<p><b>Preceptor:</b></p>
	<p><b>CNM:</b></p>

2.5 Acts appropriately to protect oneself and others when faced with unexpected client responses, confrontation, personal threat or other crisis situations.	<b>Graduate:</b>
	<b>Preceptor:</b>
	<b>CNM:</b>
2.6 Evaluates client's progress toward expected outcomes in partnership with clients.	<b>Graduate:</b>
	<b>Preceptor:</b>
	<b>CNM:</b>

<p>2.7 Provides health education appropriate to the needs of the client within a nursing framework.</p>	<p><b>Graduate:</b></p>
	<p><b>Preceptor:</b></p>
	<p><b>CNM:</b></p>
<p>2.8 Reflects upon, and evaluates with peers and experienced nurses, the effectiveness of nursing care.</p>	<p><b>Graduate:</b></p>
	<p><b>Preceptor:</b></p>
	<p><b>CNM:</b></p>

<p>2.9 Maintains professional development.</p>	<p><b>Graduate:</b></p>
	<p><b>Preceptor:</b></p>
	<p><b>CNM:</b></p>
<p><b>Improvement and learning opportunities</b></p>	

**DOMAIN THREE - Interpersonal relationships**

<b>Competency</b>	<b>Graduate:</b>				
3.1 Establishes, maintains and concludes therapeutic interpersonal relationships with client.	<b>Preceptor:</b>				
	<b>CNM:</b>				
	3.2 Practices nursing in a negotiated partnership with the client where and when possible.				
<b>Graduate:</b>					
<b>Preceptor:</b>					
<b>CNM:</b>					

3.3 Communicates effectively with clients and members of health team.	<b>Graduate:</b>
	<b>Preceptor:</b>
	<b>CNM:</b>
<b>Improvement and learning opportunities</b>	

**DOMAIN FOUR: Interprofessional health care & quality improvement**

<b>Competency</b>			
4.1 Collaborates and participates with colleagues and members of the health care team to facilitate and coordinate care.	<b>Graduate:</b>		
	<b>Preceptor:</b>		
	<b>CNM:</b>		
4.2 Recognises and values the roles and skills of all of the health care team in the delivery of care.	<b>Graduate:</b>		
	<b>Preceptor:</b>		
	<b>CNM:</b>		

4.3 Participates in quality improvement activities to monitor and improve standards of nursing.	<b>Graduate:</b>
	<b>Preceptor:</b>
	<b>CNM:</b>
<b>Improvement and learning opportunities</b>	

***Enjoyable aspects of Role***

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What are the most enjoyable aspects of your role? ***Graduate nurse to complete then discuss with preceptor and Clinical Nurse Manager***

	<b>Role Aspects</b>
<b>1</b>	
<b>2</b>	
<b>3</b>	

***Role Frustrations***

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What are the least enjoyable aspects of your role, plus what would make them better? ***Graduate nurse to complete then discuss with preceptor and Clinical Nurse Manager***

	<b>Frustrations/least enjoyable aspects</b>	<b>What would make them better?</b>
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Graduate Nurse summary:**

**Graduate Nurse Name & Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Preceptor summary:**

**Preceptor Name & Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Clinical Nurse Manager Summary:**

**CNM Name & Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SEND A COPY TO: Nurse Coordinator – NETP/E Programme, 4<sup>TH</sup> Floor, TAURANGA HOSPITAL. A copy will be sent to HR to go onto the graduate's personal file**

## **Assessment Timeline Guide**

<b><i>Assessment...</i></b>	<b><i>Due by...</i></b>	<b><i>Responsibility...</i></b>	<b><i>Copy to...</i></b>
Oral medication test and practical 6 week catch-up	Within 4 weeks of commencement 6 weeks after commencing in ward/unit	Graduate Nurse, preceptor Graduate Nurse and CNM	CNM, Human resources
Organisational orientation manual IV workbook and practical	Within 3 months of commencement Within 3 months of commencement	Graduate Nurse, CNM, Preceptor Graduate Nurse, CNM, Preceptor	CNM, Human resources CNM, Human resources
Graduate Nurse 3-4 month placement assessment	April 10 <sup>th</sup> - May 10 <sup>th</sup> 2010	Graduate Nurse, Preceptor and CNM	Nurse Coordinator Graduate Nurse Programme, Human Resources
Reflective writing	June 18 <sup>th</sup> 2010	Graduate Nurse	Nurse Coordinator Graduate Nurse Programme for assessment
Attend Oral and IV Analgesia	24 <sup>th</sup> May - 28 <sup>th</sup> July 16 <sup>th</sup> 2010	Graduate Nurse, CNM	CNM
Area specific core clinical competencies - Graduate nurse level	With 6 months of commencement	Graduate nurse, preceptor	CNM
Professional development hours (first 6 months)	July 1 <sup>st</sup> 2010	Graduate Nurse, CNM, Preceptor	Nurse Coordinator Graduate Nurse Programme
Case Study	16 <sup>th</sup> August 2010	Graduate Nurse	Nurse Coordinator Graduate Nurse Programme for assessment
Attend CV/PICC Line management	August 17 <sup>th</sup> - October 22 <sup>nd</sup> 2010	Graduate Nurse, CNM	CNM
Graduate Nurse 9-10 month placement assessment	September 1 <sup>st</sup> - October 1 <sup>st</sup> 2010	Graduate Nurse, Preceptor and CNM	Nurse Coordinator Graduate Nurse Programme
Professional development hours (second 6 months)	November 30 <sup>th</sup> 2010	Graduate Nurse, CNM	Nurse Coordinator Graduate Nurse Programme
Area specific core clinical competencies	With 11 months of commencement		CNM
PDRP Portfolio submission	October 26 <sup>th</sup> 2010	Graduate Nurse	PDRP Coordinator

**Note: The Graduate Nurses has the responsibility to be proactive in achieving the programme requirements. The CNM, preceptor and Nurse Coordinator- Graduate Nurse Programme are responsible to support and assist in this being achieved.**