Assessor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Portfolio Assessment START Time ………… FINISH Time …………

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| --- | --- | --- | --- | --- |
| **EVIDENCE REQUIRED**  Please put the evidence in your portfolio in the order below. This assessment tool should be at the very front. All documents must be copies of the originals.  **ONLY THE DOCUMENTS LISTED GO INTO YOUR PORTFOLIO FOLDER** | | **✓**  **MET** | | **COMMENTS** |
| **Yes** | **No** |
| 1. | **Application Letter** – Signed |  |  |  |
| 2. | **Role Description** – One Page ONLY |  |  |  |
| 3. | **Copy of APC** – FRONT & BACK (Printout from NCNZ Website) |  |  |  |
| 4. | **Full Self and Peer Assessment** – LESS than 12 months old and signed off by both the Nurse and the Peer Assessor. **MUST INCLUDE** **Comment of Endorsement** either by the Charge Nurse or Nurse Manager and be Signed |  |  |  |
| 5. | **Education Session** – N/A for Competent Portfolio |  |  |  |
| 6. | **Evidence of Practice Hours** – 450 Hours or More in last 3 Years |  |  |  |
| 6a | **Verified Practice Hours** – Signed by Charge Nurse or Nurse Manager |  |  |  |
| 7 | **Professional Development & Career Plan (PDCP)** – LESS than 12 months old |  |  | Date Completed: |
| 7a | **PDCP** Signed by both the Nurse and the Charge Nurse or Nurse Manager |  |  |  |
| 8 | **Nursing Performance Appraisal** **(NPA)** – Confirms Scope & Level of Practice |  |  | Date Completed: |
| 9. | **NPA** Signed by the Charge Nurse or Nurse Manager |  |  |  |
| 9a | Verified **Professional Development Record** - Signed |  |  |  |
| 10. | **3 Reflections** – Most RECENT Education Sessions |  |  |  |
| 11. | **CORE Competency** – Current or Plan for Completion attached |  |  |  |
| 11a | **CORE Competency** Verified by Charge Nurse or Nurse Manager/Educator |  |  |  |
| 12 | **Curriculum Vitae (CV)** (Optional) |  |  |  |
| **EVIDENCE REQUIRED** | | **✓**  **MET** | | **COMMENTS** |
| **Yes** | **No** |
| 1.1 | Identifies one professional, one ethical and one legislated requirement and describes how practice and conduct meets each of them. |  |  |  |
| 1.2 | Identifies the four principles and describes application to practice. |  |  |  |
| 1.3 | Describes principles of direction or delegation. |  |  |  |
| 1.4 | Promotes a safe environment for health consumers. |  |  |  |
| 1.5 | See section 8 above. |  |  |  |
| 1.6 | Modified practice to be more culturally appropriate. |  |  |  |
| 2.1 | Identifies expected outcome and describes plan of care. |  |  |  |
| 2.2 | Identifies tool, describes use and reporting to RN. |  |  |  |
| 2.3 | Recognises change(s) and why reporting to RN is required. |  |  |  |
| 2.4 | Describes evaluation of care and contribution. |  |  |  |
| 2.5 | Documentation is accurate and use of information technology maintains confidentiality of information. |  |  |  |
| 2.6 | Describes education given and evaluation of appropriateness. |  |  |  |
| 31. | Establishes, maintains and concludes therapeutic interpersonal relationships and maintains professional boundaries. |  |  |  |
| 3.2 | Communicates effectively with the HCT. |  |  |  |
| 3.3 | Works with health consumers to achieve goals. |  |  |  |
| 4.1 | Collaborates with HCT to deliver care. |  |  |  |
| 4.2 | Describes differences in accountability of RN, EN and unregulated worker. |  |  |  |
| 4.3 | Describes accountability of working with a non-RN. |  |  |  |
| **Portfolio meets NCNZ Competency requirements and competent EN level performance indicators:** | | **Yes** | **No** |  |
| **Reason if not yet met:** | | | | |
| **Additional Comments:**  **Name of Portfolio Assessor: Signature: Date: Level of Assessor’s PDRP:**  **NCNZ Registration Number:** | | | | |