



*West Coast District Health Board*  
*Te Poari Hauora a Rohe o Tai Poutini*

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

With an additional

# **Expansion Pathway**

# **Programme Handbook 2011**

Name: .....

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## **ACKNOWLEDGMENTS**

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The Lakes District Health Board who assisted with developing action learning sets;

To Capital and Coast District Health Board who assisted with the Process for Programme Performance Issues.

The West Coast District Health Board Graduate Nurse Advisory Committee for the Expansion programme who have provided professional oversight.

The programme has been adapted to ensure content covered is relevant for the PHO and NGO sectors and has been expanded in line with the Health Workforce New Zealand (HWNZ) NETP Expansion programme specifications.

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Acting Director of Nursing and Midwifery  
West Coast District Health Board

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## **1. VISION OF THE WEST COAST DHB**

The 2006 year was a time of considerable change for the West Coast DHB with the adoption of the vision (West Coast DHB, 2006, p.3): “To be the New Zealand centre of excellence for rural health services”. This is described as the provision of the best mix of services to meet the needs of West Coast people, to the highest possible standard, through effective leadership. Part of working towards excellence in the delivery of rural health services, is assisting other District Health Boards to achieve excellence also (Personal communication, Kevin Hague, 3 November 2006).

A supportive learning environment is required to transition effectively from nursing student to competent registered nurse and beyond. Aligning with the vision of the West Coast DHB is a proposed training centre for rural excellence (fig. 1). The shaded areas identify where graduate nurses on the NETP/Expansion Programme fit in the academic pathway in rural nursing.

Following the introduction of the NETP Expansion framework by HWNZ and the NCNZ in September 2008, the WCDHB appointed a NETP Expansion Coordinator who with the Nurse Consultant entered into a consultation process with the PHO, NGO and Iwi providers to inform them about this new initiative and to ascertain their interest in employing new graduate registered nurses directly into the community nursing sector. The NETP Expansion Coordinator and the Nurse Consultant developed this pathway in consultation with the nurse educators and practice managers. It is anticipated that all registered nurses within the West Coast DHB undertaking these NETP programmes will participate in both generic and community specific content within the programme.

## **2. THE WEST COAST DHB**

The West Coast DHB is the most sparsely populated DHB in the country extending from Karamea in the north, to Haast in the south. This is approximately equal to the distance between Auckland and Wellington. The base hospital is in Greymouth with smaller health services located in Buller, Reefton and Hokitika. Just over half of West Coasters live within 60 minutes travel of a secondary hospital facility. The West Coast experiences twice the national average rainfall accounting for the ‘tropical feel’ of the lush landscape. Bad weather slips and traffic accidents can close our arterial routes: Arthur’s, Haast and Lewis Passes. Weather can also disrupt fixed wing and helicopter emergency flights.

Life expectancy for people on the West Coast is lower than the life expectancy for other New Zealanders. Heart disease, cancer and respiratory diseases are the leading causes of morbidity and mortality on the West Coast. Diabetes, mental illness, dental disease and injuries are also significant causes of morbidity and mortality (West Coast DHB, 2005).

Maori on the West Coast make up approximately 9% of the population, compared with the national average of 15%. As elsewhere in New Zealand, their health statistics are poorer than non-Maori West Coasters and the West Coast DHB is committed to reducing health inequalities between Maori and non-Maori. The West Coast DHB acknowledges the special relationship between Maori and the Crown in response to the Treaty of Waitangi and is committed to fulfilling those responsibilities (West Coast DHB, 2005).

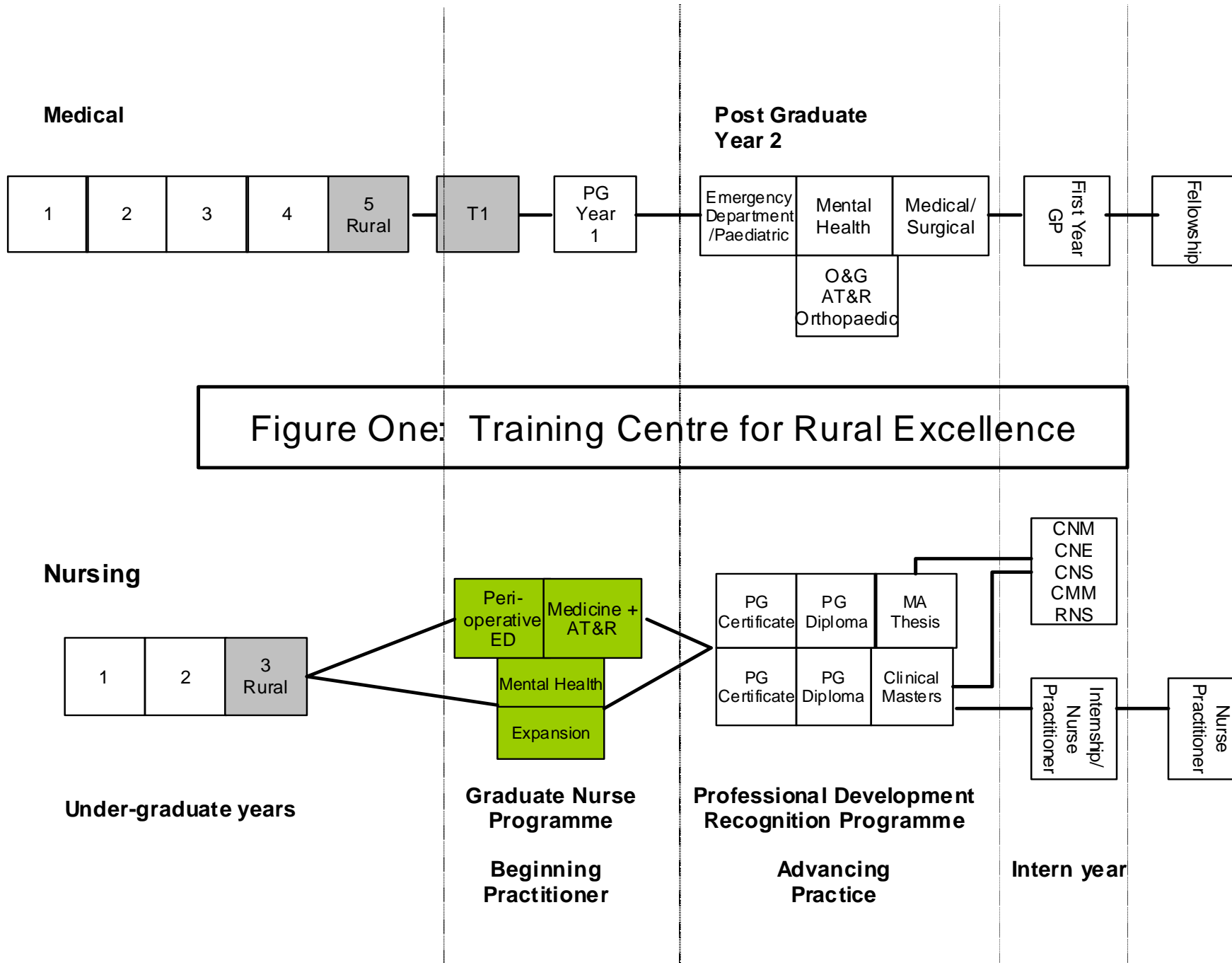


Figure One: Training Centre for Rural Excellence

### **3. NURSING PHILOSOPHY OF THE WEST COAST DHB**

Professional nursing is the art of determining and meeting human responses to actual and potential health issues. Nurses utilise nursing knowledge, reflective practice and professional judgment to provide competent holistic care including health promotion, maintenance and restoration, preventative care, rehabilitation and care of the terminally ill, within a rural context. The uniqueness of nursing lies in the characteristic quality of caring that underpins the interactions of the therapeutic relationship and nursing care. This care is competently and skilfully performed, comforting, anticipating and protective of the person's needs. Intrinsic in this relationship is respect of human rights and recognition of the most appropriate environment in partnership with the individual and their family/whanau or in groups and where appropriate with other health professionals.

Nurses are accountable for the care they provide and therefore have a responsibility to be aware of attitudes, culture, knowledge and skills they bring to their practice. Practice rests on the body of nursing knowledge consolidated and expanded, through continuing education and scientific enquiry. Undertaking an analysis of nursing practice through research and quality activities is essential to the refinement of nursing practice.

Nurses actively promote a professional culture that supports, constructively challenges and develops the practice of each nurse.

### **4. OVERVIEW OF THE PROGRAMME**

Welcome to the West Coast District Health Board (West Coast DHB) Nurse Entry to Practice (NETP) Programme within the secondary care setting, with an Expansion Pathway for entry to working in the PHO, NGOs, Iwi sector arms.

This programme is designed to assist the graduate nurse to become an active contributing member of the interdisciplinary team and to develop the clinical skills required for independent nursing practice within a rural environment.

The programme builds upon the graduate nurse's undergraduate education with the expectation that he/she will take responsibility for his/her own learning, continuing competence and professional development, utilising appropriate resource people and reference material.

The new graduate programme is supported by the preceptors, Clinical Nurse Managers (CNMs), Associate Director of Nursing: Clinical Practice Development (ADON CPD), Clinical Nurse Specialists (CNSs), Clinical Nurse Educators (CNEs) and other nursing colleagues who will assist the graduate nurse to progress through the programme. The Director of Nursing and Midwifery (DON&M) is the sponsor of the programme. In addition, a Graduate Nurse Advisory Committee provides professional oversight and support for the programme.

At the end of their first year of nursing practice the graduate nurse is expected to achieve competent level on the Regional Professional Development Recognition Programme (PDRP).

The inclusion of rural nursing practice into the 2009 programme represents an intention to offer a programme of study that better supports the needs of the WCDHB, PHO and NGO, Iwi client population. The rural component was offered for the first time in 2007 as a pilot and was evaluated throughout the year by the graduate nurses, Graduate Nurse Advisory Committee and staff of the West Coast District Health Board for its applicability and relevance for new graduate entry to rural practice.

The rural focus is built on foundation research undertaken in New Zealand in the early 2000's and will include the Distinctive Rural Competencies (Jones & Ross, 2003) as well as the Orientation to Rural Practice Tool (Maw, Echhoff & London, 2002). The Distinctive Rural Competencies comprise four main themes with a number of corresponding sub-themes. The four main themes are related to isolation and distance; availability of back up; management of the professional and personal self in a smaller community; nurse/client relationships; and independence and interdependence with other health professionals. These main themes will guide the learning for the new nurse graduate in their respective practice placements.

At the completion of the NETP programme within secondary care and the NETP Expansion programme the registered nurse will be appraised against the Nursing Council of New Zealand's (NCNZ) Competencies for the Registered Nurse scope of practice (2004) and will have experienced rural nursing practice and the complexity of that practice, both for the nurse and client/family/whanau. Twenty competencies for the Registered Nurse scope of practice are described by the NCNZ under four domains of practice: professional responsibility; management of health care; interpersonal relationships; inter-professional health care and quality improvement.

The learning takes place, through five main avenues. First, orientation to WCDHB; secondly, orientation to rural nursing practice and the context of this practice; thirdly, introduction to the outcomes for the new nurse graduate programme and the setting up of preceptorship with clinical placement preceptors; fourthly, introduction to the programmes learning objectives; and finally how all of these avenues link together to offer the new nurse graduate an effective programme of learning that includes a rural focus.

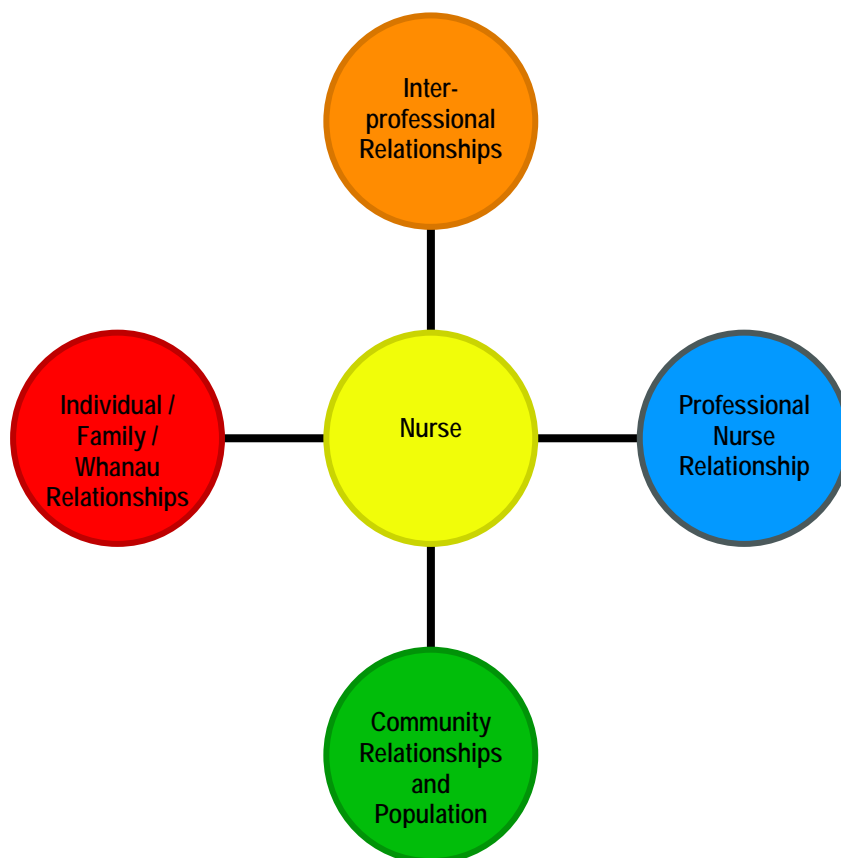
The new graduate programme will support the nurses in their collective and independent learning experiences. A number of questions will be posed to stimulate learning and a list of recommended readings and associated web links will be included. The study process will complement the learning aims related to the clinical practice placements.

The programme is based on the philosophy that the geographical, social and economic context in which people live are to be considered and understood when providing health services in the rural sector. This philosophy guides the content of this programme of study, and therefore the graduates will undertake (with guidance and facilitation) a community profile and assessment of the health related issues concerning the population groups. It is from undertaking such a project (as a group) that graduates will come into contact with the people and data that will assist them to develop an in-depth understanding of the services and health issues that relate to the people of their community. As the graduates work as a group on this project there will be an opportunity to team-build while critically evaluating their individual and collective attributes. Graduates will each receive informal and formal feedback from the facilitator to assist with their learning.

Innovative learning models will be established to promote the programme objectives in the emergency department, medical and peri-operative practice placements and for the expansion arm; in the community setting. These models will include follow-through of clients. In the emergency and peri-operative environments the graduate nurse will follow a client from initial diagnosis to hospitalisation, management of procedures and the nursing care, through to rehabilitation and discharge. In the medical placement the graduate nurse will follow a client with a chronic illness through their ongoing involvement with the health services and develop a greater understanding of the implications of such an experience for clients and their family/whanau. The graduates undertaking the expansion arm of the programme will follow through their primary health care/chronic disease management journey. During and at the completion of each clinical practice placement, the new graduate's progress will be assessed. A full evaluation will occur at the end of the programme considering progressive appraisals and satisfactory achievement of course outcome requirements.

The NCNZ Competencies for the Registered Nurse scope of practice and the framework for professional practice in a rural context (Fig. 1) will guide this programme.

**Fig. 1: Framework for professional practice in a rural context**  
**Building Relationships for Graduate Nurses which are guided by Nursing Council of New Zealand competencies, NETP framework and the Distinctive Rural Competencies (Jones & Ross 2003).**



The framework for professional practice in a rural context requires the graduate nurse to build relationships within the profession of nursing as well as to demonstrate their practice as a professional. The graduate nurse's practice is focused on an individual's or a group's/communities health issue thus the graduate must develop strategies to manage the complexities that can eventuate. The availability of a preceptor will facilitate and support the new graduate's practice as they gain the confidence to practice competently in the specialty of rural health care. The graduate's practice is not isolated from other disciplines and therefore they will need to build relationships with other disciplines and groups. Likewise, the practice of a graduate nurse situated in a community is guided or directed by a set of values and beliefs; the graduate nurse is required to practice competently within these settings and contexts.

In summary, the new graduate programme provides education, learning opportunities and a rural practice environment that is safe and supportive. Graduate nurses will develop competence and confidence to deliver high quality care, integrating cultural awareness into their practice. The importance of ongoing learning and reflection, which is fostered in the programme, will encourage innovation, enthusiasm and a commitment to rural nursing.

Consultation has been undertaken with the PHO/NGO and Iwi providers to ensure that the content of the expansion arm of the programme is aligned to their service areas.

## **5. PROGRAMME AIM**

The aim of the NETP and NETP Expansion programme is to provide a safe and supportive environment in which the graduate nurse is effectively socialised into the role of the competent registered nurse (RN). The RNs on this programme will be working within a rural context. Graduate nurses are involved in a variety of learning experiences, which facilitate the application of theory to practice and further develop confidence and effectiveness in nursing practice; independence in clinical reasoning / decision making and acceptance of responsibility as a RN. The programme meets Health Workforce New Zealand (HWNZ) programme specifications.

## **6. PROGRAMME OBJECTIVES**

During the first year of clinical practice the graduate nurse will further develop knowledge, skills and experience to:

- Act professionally within the rural practice context to provide for the health and wellbeing of rural people.
- Incorporate the principles of Te Tiriti o Waitangi /Treaty of Waitangi and cultural safety into their nursing practice.
- Complete the requirements of the NETP and the NETP Expansion programme by the end of the programme.
- Continue to meet the Nursing Council of New Zealand competencies for the Registered Nurse scope of practice.
- Practice in a manner that aligns with the distinctively rural competencies.
- Develop sound clinical decision making skills to advance practice.
- Apply nursing knowledge appropriately in their practice.
- Attain the competent RN level on the Regional PDRP.

- Meet the objectives outlined in the WCDHB/PHO, NGO Registered Nurse position descriptions.

In achieving these objectives, the new graduate nurse will be able to:

- Effectively assess, plan, implement, evaluate and document nursing care in accordance with client needs, nursing knowledge, available evidence and professional standards.
- Be accountable for their standard of professional practice and for the utilization of the policies, procedures and standards of the WCDHB/PHO, NGO (for expansion programme participants).
- Build effective relationships with the community, clients/families/whanau, intra and inter-professional teams.
- Practise safely, confidently and competently as a Registered Nurse.

## ***ELIGIBILITY***

For new graduate to be eligible for HWNZ funding, the new graduate will:

- Hold a nursing degree from a three year New Zealand nursing programme accredited by the Nursing Council of New Zealand; awarded no longer than one year prior to commencement on the NETP programme.
- Hold a registration with the Nursing Council of New Zealand within the Registered Nurse scope of practice, in good standing (i.e. have no restrictions on that registration that would negatively impact on their ability to participate in their placement / rotations in the NETP/ NETP Expansion programme).
- Be a New Zealand citizen or permanent resident.
- Hold a current annual practicing certificate.
- Be currently employed as a registered nurse within a District Health Board/PHO, NGO sectors.
- Be currently employed at a minimum of 0.8 FTE employment (32 hours/week).
- Have not practised as a registered nurse for longer than six months before starting on the NETP / NETP Expansion programmes.
- Complete the programme within a maximum of twelve months. While funding for any new graduate will not exceed twelve months, the DHB is able to consider extending the timeframe for completing the NETP/ NETP Expansion programme requirements in cases of illness or other individual special circumstances.

## ***TIMEFRAME***

The NETP/ Expansion Programmes are run over a 52-week period (including annual leave entitlement). Programme participants are employed by the WCDHB as permanent Registered Nurses 0.8 FTE or 1.0 FTE, with the NETP/Expansion Programme running over 52 weeks in the first year of their employment.

## **CLINICAL COMPONENT**

The NETP / Expansion comprises of at least 1300 clinical hours; this includes 20 shared workload days at the beginning of the first placement and 10 shared workload days at the commencement of the second placement. At the discretion of the services and the ADON Clinical Practice Development, the graduate may choose one clinical rotation instead of two. In this situation the graduate, is entitled to 30 shared workload days.

The clinical component is usually divided into two placements with an equal amount of time spent in each of the allocated placements. Graduate nurses will be rostered to work across all shifts specific to the pathway they undertake. Night duty will be included at the discretion of the clinical charge nurse, as the graduate nurse becomes familiar with his/her role and area of work.

## **PROVIDER ELIGIBILITY**

The West Coast District Health Board is approved by NCNZ against the nursing standards for the NETP HWNZ specifications. West Coast District Health Board participates in Nursing Council audit processes on a regular basis. The programme has been expanded to meet the NETP Expansion programme specifications (HWNZ) in 2009 and has been accredited by the Nursing Council of New Zealand in March 2009.

## **7. CLINICAL COMPETENCIES**

Graduate nurses are required to achieve all relevant clinical competencies as specified in their competency workbooks. These competencies are designed to expose the graduate nurse to skills relevant to their first year of practice within the hospital environment, and to assist the graduate nurse in linking theory to practice.

Assessment of these competencies can be undertaken by the following people: the preceptor, the CNM, the CNE/CNS/RNs and practice nurses in the graduate's area, and a senior staff nurse or CNS whose scope of practice falls within the guidelines of the competency.

It is anticipated that graduates will achieve all competencies in the clinical environment. Graduates are expected to develop an ongoing learning contract and discuss any real or potential issues related to the achievement of the programme with the ADON Clinical Practice Development.

## **8. CLINICAL SUPPORT**

**Clinical support** is provided throughout the programme by preceptors, CNMs, CNEs, CNSs, NMs and RNs, Practice Nurses and then ADON CPD.

**Preceptorship** is an educational relationship intended to provide role modelling, clinical support, clinical teaching and socialisation into the work environment.

The preceptor role is pivotal in guiding the graduate nurse throughout the clinical placements during the programme.

Preceptors are experienced Registered Nurses who have undertaken a two day preceptor workshop offered in conjunction with CPIT. They are invited to undertake

this role and have expressed an interest in supporting new graduate nurses within the DHB/NGO/PHO sectors. They will work closely with the graduate nurse to assist them with the application of knowledge, clinical reasoning and skill development, providing constructive feedback, and facilitating critical and reflective practice to enable further practice development.

All graduate nurses are required to enter into a learning contract with the ADON CPD. The purpose of the learning contract is to ensure the preceptor and the graduate nurse are aware of the responsibilities and commitment (both personal and professional) associated with the learning/teaching relationship and that this relationship is recognised.

During the first 20 days of the graduate's first clinical placement the preceptor and the graduate nurse will work together, sharing a caseload of increasing complexity. The graduate will commence with an expected RN workload supported by the preceptor. As they gain confidence in the new roles the preceptor will gradually resume their own case load while continuing to be a resource for the graduate. On the commencement of the second clinical placement, there will be 10 shared workload days for the graduate to work with the preceptor. The preceptor and graduate nurse are continually supported by all other members of the nursing team. For further information about preceptorship, please refer to the West Coast DHB Preceptorship Handbook.

**The CNM / CNE / Practice Nurse Manager** will ensure that appropriate learning experiences are made available and will monitor the progress of the Graduate Nurse during the clinical placement.

**The CNM / CNE community / Practice Nurse** is available to assist the Graduate Nurse develop knowledge and skills underpinning the programme.

**The ADON CPD** leads the programme across the DHB/PHO/NGO sectors providing support for Graduate Nurses, Preceptors, CNMs, CNEs / Nurse Specialists / Practice Nurses.

The role includes:

- Recruitment and selection of new graduates.
- Planning and facilitation of ongoing placements / rotations for new graduates in conjunction with clinical services.
- Liaison and monitoring of new graduates / clinical preceptors
- Co-ordination of clinical education.
- Mediation and relationship management between preceptor, new graduate and the clinical service.
- Record keeping, programme evaluation and collaboration with Programme Co-ordinator colleagues in other DHBs/PHOs, NGOs and within the Clinical Training Agency.

**The Director of Nursing and Midwifery** provides professional oversight of the NETP and NETP Expansion programmes and chairs the Graduate Nurse Advisory Committee.

## ***NURSING ENTRY TO PRACTICE PROGRAMME CO-ORDINATORS***

### **Vicki McGhie**

Interim NETP Coordinator  
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***While the ADON CPD is in the Acting DONM role, Vicki McGhie holds responsibility for the ADON CPD role within the NETP/Expansion Programme***

## ***ADDITIONAL SUPPORT***

### **Chris Black**

Clinical Nurse Educator  
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### **Cheryl Hutchison**

Clinical Nurse Educator (Community)  
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### **Karyn Kelly**

Associate Director of Nursing:  
Clinical Practice Development (ADON CPD)

Acting Director of Nursing and Midwifery  
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karyn.kelly@westcoastdhb.org.nz

## **9. LEARNING CONTRACT**

Three learning contracts are required throughout the programme.

The purpose of this learning contract is to:

- Specify the knowledge, skills, attitudes and values to be acquired by the learner.
- Support the learning process and provide learning opportunities to the graduate nurses.

Two of these will be between the graduate nurse and the preceptor (one in each clinical placement). The purpose of these learning contracts is as identified in pages 11 and 12 of this booklet.

Although not legally binding, the learning contract is a contract of good faith and supports the preceptorship relationship. It is a joint responsibility to sign the learning contract.

An initial learning contract will also be negotiated between the graduate nurses and the ADON CPD during orientation. This contract identifies the expectations for the theory component of the programme.

## **10. CLINICAL APPRAISALS**

Formative appraisals will be undertaken at 3, 6 and 9 months to monitor progress and provide feedback in relation to expected NETP and NETP Expansion programme outcomes. The CNM will gain feedback from the preceptor for the initial performance appraisal; the remainder of the appraisals will be undertaken by the CNM. This is considered to be an opportunity to review how the graduate nurse is progressing, and to make some definite plans/commitments for further development.

Prior to undertaking these appraisals the graduate nurse is required to formulate goals and objectives considering his/her performance.

Each formative appraisal will contain the graduate nurse's goals and general progress. In the second clinical placement a final summative appraisal is undertaken prior to the completion of the programme.

All appraisals are copied twice. The original is kept on the nurse's file, at the Payroll Office or with their primary employer. The graduate nurse will keep a copy and a copy will be sent to the ADON CPD.

## **11. REFLECTION SESSIONS**

Preceptors facilitate critical and reflective practice within the workplace environment. The programme also allows for the preceptors and graduate nurse to reflect on practice during their development days.

In addition, a minimum of one rostered hour per month will be provided with the ADON CPD for reflection on their practice and to discuss their progress and any issues arising. Discussion for reflection is also available as required with CNEs and practice nurses.

A register will be kept for guided reflection sessions and attendance will be entered on the training database.

## **12. ACTION LEARNING SETS**

Action learning sets are a key feature of the DHB/PHO/NGOs in the region. Action learning sets (ALS) are concerned with working on real problems, focusing on learning and then action.

*Action learning is reflection-on-action.* It provides structured learning within an environment of challenge and support. The aim of reflective practice - according to the literature (Powell 1989, Schon 1983) is to advance one's thinking at a conceptual level, and thus be better able to change, at a professional, social and political level. ALS in the new graduate context extends this potential learning experience by providing a facilitated structure, to understand what underpins 'situations' in practice. Through a group process graduates and facilitators form a learning relationship based on action learning principles (Mills, 2005).

*Action learning sets are a problem based learning tool.*

Conceptualisation of the "know-how" knowledge required to understand the practice experience is facilitated through the use of open questioning techniques. This group process based on both personal and group based values is the mechanism for bridging the theory-practice gap... process facilitated reflection-on-action. ALS within the NETP/NETP Expansion is described as a 'tool'.

It is important to consider its theoretical origins and links to nursing in the broader context. The group work is entitled "*Reflection-on-action: nursing with head and heart*". It is the facilitator's intent to incorporate and role model connectedness with the client as part of the set work. We are concerned with acknowledging the context of the nursing environment here at West Coast DHB/PHO/NGOs and indeed globally. The strategy in this case was to balance both the development of technical skill and the development of the emancipatory practitioner (Kitson et al., 1998).

Graduate nurses face challenging working environments. It is difficult to maintain a continuous learning process within a programme where many settings, roles and specialties are involved. Savage (1995) suggests that current changes in health care provide opportunities for growth and development in nursing practice, while simultaneously exposing threats to the core philosophy of 'caring' that nursing espouses.

The graduates in the action learning sets are recognizing the difference between 'living' values and beliefs and those that are espoused. Graduates work through a values clarification process whereby the question is asked "do my actions match my beliefs?" This practice development strategy is an example of sustainable development of the advancing practitioner. Reflection-on-action coupled with values based 'measuring sticks' are powerful tools for the development of practice.

**Practice development is ...**

**"... a continuous process of improvement towards increased effectiveness in client-centred care. This is brought about by helping health care teams to develop their knowledge and skills and to transform the culture and context of care. It is enabled and supported by facilitators committed to systematic rigorous continuous processes of emancipatory change that reflect the perspectives of service users."**

**(McCormack & Garbett, 2002)**

## **13. THE COMPLAINTS PROCESS FOR THE GRADUATE NURSE**

### **WHERE DO I GO?**

### **WHAT DO I DO?**

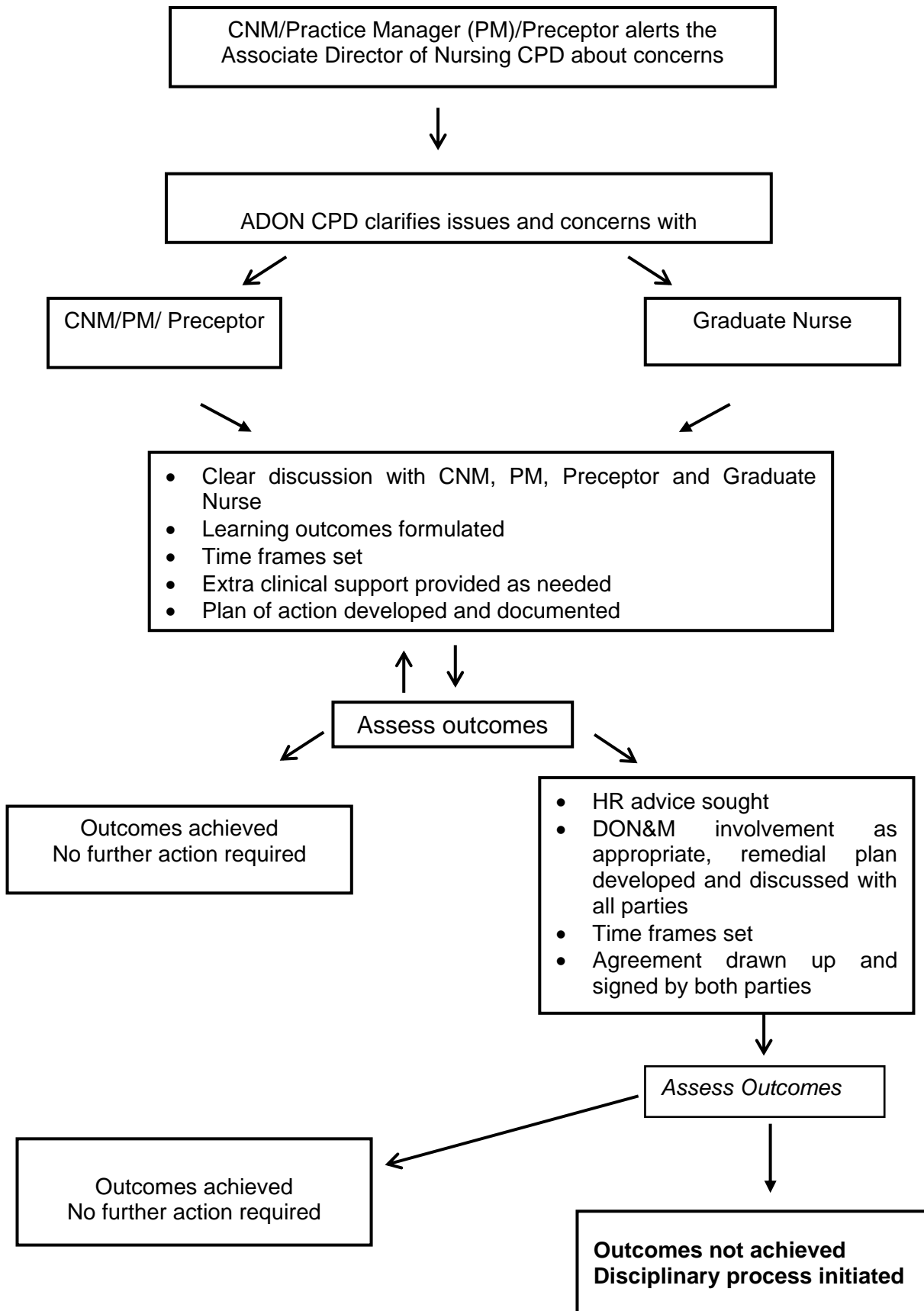
#### **If I am having trouble with:**

- **A nursing colleague.**
- **My preceptor.**
- **Another member of staff.**
- **A client and/or family member.**

Listed below are the generic guidelines we strongly recommend you follow in relation to reporting a complaint. It is important to remember that open communication is essential and that if difficulties develop they should be dealt with as soon as possible.

- Talk to the person/people involved.
- If the problem is not related to your preceptor, in confidence discuss the problem with your preceptor.
- If the problem remains, discuss it with your CNM / practice manager (include your preceptor, if appropriate). Strategies will be worked out collectively on how to best approach the problem.
- Discuss the problem with the ADON CPD and together work out strategies on how to best deal with the problem. You may want to do this on your own or with your preceptor present.
- If the issue is related to your preceptor, discuss this with the ADON CPD.
- Keep a file note about what has been decided and discussed throughout the whole process.

# 14. GUIDELINES FOR SUPPORTING THE GRADUATE NURSE WHO IS NOT ACHIEVING THE REQUIREMENTS OF THE PROGRAMME



## 15. ANNUAL LEAVE

The graduate nurse is entitled to annual leave according to the District Health Boards/NZNO Multi-Employer Nursing/Midwifery Collective Agreement and the PHO/NGO employment contractual processes. **Annual Leave is negotiated with the CNM/Practice Manager/NGO Manager and it must be planned well in advance.** Shift work can be very physically demanding and we strongly recommend that some annual leave be taken prior to the second placement.

## 16. PROGRAMME COMPLETION CRITERIA

On completion of the programme the Graduate Nurse will be presented with a Certificate of Professional Nursing Practice. To complete the programme successfully the participants will:

- Complete a minimum of 1300 clinical hours.
- Attend a minimum of 85% of the theory component of the programmes (e.g. study days).
- Complete all mandatory training and area specific orientation books.
- Have satisfactory formative clinical appraisals at 3, 6 and 9 months, and a satisfactory summative performance appraisal having achieved all areas of goal setting at the end of the programme.
- Achieve each of the programme assessments.
- Develop and submit a professional portfolio that attains competent level on the WCDHB Professional Development Recognition Programme – providing evidence of reflection on their own clinical practice and demonstrating self-awareness.

## 17. GRADUATE NURSE ADVISORY GROUP

The West Coast DHB Graduate Nurse Advisory Committee meets quarterly and provides a forum for nursing input from key stakeholders into the NETP and NETP Expansion Programmes.

A current Graduate Nurse will be invited onto the group each year

Your representative is: \_\_\_\_\_

Contact details: \_\_\_\_\_

\_\_\_\_\_

## 18. EVALUATION OF THE PROGRAMME

Evaluation of the programme occurs by two methods.

- A national programme evaluation – this involves questionnaires and interviews of all involved
- Locally by ADON CPD, the Graduate Nurses, Preceptors, CNEs, CNMs, Practice Managers and NGO manager and other contributors to the programme.

## 19. PROGRAMME ASSESSMENTS

Assessment approaches developed for this programme will be based on the stated outcomes.

**Graduates are required to complete all pieces of assessment to an appropriate standard by the end of the programme:**

Assessment	Due date	Outcome
<p><b>Assessment 1</b> Completion of MIV Theory and Checklist (Medication and intravenous therapy competence)</p> <p>Basic CPR</p>	<p>23 February 2011</p> <p>31 January 2011</p>	<p>Achieved/ Not Achieved</p> <p>Achieved/ Not Achieved</p>
<p><b>Assessment 2</b> <b>Community profile (Group Project)</b></p> <p>Part 1: Develop a plan for undertaking a community assessment (Maximum of one page)</p> <p>Part 2: Write up of community assessment and identification of health needs (Limit 5,000 words)</p> <p>Part 3: Working in pairs give a presentation of community profile to peers and community members (30 minute time limit)</p>	<p>Due July 2011</p> <p>July 2011 study day</p>	<p>Achieved/Not Achieved</p>

<p><b>Assessment 3</b>  <b>Client journey</b>  Part 1: Write up of client journey (choose medical or peri-operative or community client) (Limit 5,000 words)</p> <p>Part 2: Presentation of client journey to colleagues (30 minute time limit)</p>	<p>September 2011  Date to be advised</p>	<p>Achieved/Not  Achieved</p>
<p><b>Assessment 4</b>  <b>Action learning set</b>  Part 1: Presentation of the issue and plan</p> <p>Part 2: Follow-up presentation</p>	<p>During a study day:  to be negotiated</p>	<p>Achieved/Not  Achieved</p>
<p><b>Assessment 5</b>  Orientation books</p>	<p>Within 8 weeks of  orientating to clinical  area</p>	<p>Achieved/Not  Achieved</p>
<p><b>Assessment 6</b>  Quality project or poster  presentation</p>	<p>26 October 2011</p>	<p>Achieved/Not  Achieved</p>
<p><b>Assessment 7</b>  Completion of Competent portfolio</p>	<p>25 November 2011</p>	<p>Achieved/Not  Achieved</p>

NB: New graduates undertaking the Expansion pathway who are employed in any practice setting where a vaccinator's certificate is required will be supported in completing their vaccinator's certificate. The date of attendance at this course will be decided in conjunction with the practice setting.

Further education requirements in the primary setting will be determined by the development of interest in a particular area, such as: chronic condition management, child and maternal health, sexual health etc. It has been acknowledged by the nurses in the primary sector, that the components of the current new graduate education programme capture the core requirements necessary for any new graduate entering the workforce in the general rural setting.

## **ASSESSMENT 1:**

### **Completion of MIV**

**Weighting: Achieved/Not Achieved**

**Due Date: 23 February 2011**

**Refer to West Coast DHB MIV handbook and your CNEs.**

**This handbook is also relevant to NETP Expansion participants.**

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### **Assessments**

For an assessment where a graduate receives a “Not Achieved” there is the opportunity to resubmit the piece of work and coaching will be available to help you to complete the assessment. Should there be any difficulties with the standard expected or timeframes please discuss these with the ADON CPD.

### **Plagiarism**

It is the expectation of the WCDHB/PHO/NGO that work presented is your own, unless it is a group exercise and then the intellectual property will be owned jointly by the group. If issues of plagiarism arise, the graduate may receive a “Not Achieved” for the assessment. If quoting another author, please ensure that you reference them.

## **ASSESSMENT 2:**

### **Community Profile**

**Weighting: Achieved/Not Achieved**

**Due Date: July 2011**

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Assessment 2 requires your study group to complete a community assessment. There are 3 parts to this assessment:

#### **Part 1: Develop a plan**

Before you begin this process please submit a 1 page plan for undertaking the community assessment. Identify which framework is to be used. Detail how the group will approach the assessment and who will be responsible for writing up the different sections.

#### **Part 2: Community assessment report**

Use a nursing framework such as Anderson and McFarlane’s (2000) community model to develop a community profile/assessment. Identify the key variables, trends and recent changes, which have impacted on the community in which you work. You will need to generate and present the data (using a combination of different but applicable approaches such as graphics and diagrams) to describe these variables clearly. You can approach your District Health Board and if appropriate the local Primary Health Organisation /s for further information and data. You can also access data from the National census and Statistics New Zealand as well as using local resources from the internet and local library and NCNZ. You will need to make some recommendations for service provision within your community.

<b>Marking Criteria</b>	<b>Yes</b>	<b>No</b>	<b>Comments and feedback</b>
1. Appropriate use of a nursing framework.			
2. Identifies key variables, trends and changes in the community.			
The introduction places the topic within an appropriate context and clearly indicates the line of reasoning.			
The conclusion identifies key findings and indicates their relevance.			
Clear recommendations for service provision are given.			
3. Attractive presentation of information using appropriate diagrams/ tables/ text/ photos			
Appropriate use of statistics from the 2006 census.			
4. Keeps within 5,000 word limit.			
Overall comments:			
Outcome: achieved/not achieved			
Name and designation of person giving feedback:			
Signature:		Date:	

### **Part 3: Presentation**

#### **Guidelines for presentation**

As a group, present to your colleagues and invited guests, an overview of your community profile and assessment. Your report (above) should provide you with the information for this. You will need to strategically plan together and organise a suitable meeting venue, date and invite local community people and your colleagues to your presentation. A timeframe of 30 minutes for your presentation is recommended. You can then open up the presentation to your guests for questions. Refer to the presentation guidelines.

## **ASSESSMENT 3:**

### **Client Journey from Perioperative and Medical and community placements**

#### **Presentation of (one) client journey**

**Outcome: Achieved/ Not Achieved**

**Due Date: September 2011**

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Select a client (with your preceptor and Clinical Nurse Educator) that you will be in a position to follow through their care over a 5 day or longer period.

### **Confidentiality**

#### **Privacy Code**

All Registered Nurses are obliged to adhere to the Health Information Privacy Code. In accordance with this, no information contained within assessments will identify clients/ consumers/whānau/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. Please obtain the client or, if applicable, the families consent to use his/her medical information in a client journey and a presentation. Confidentiality must be assured.

#### **Learning resources:**

Relevant information pertaining to the case presentation can be accessed from:

- WCDHB Intranet/Internet
- Best practice guidelines
- Nursing and medical texts
- WCDHB library
- The interdisciplinary care team managing your clients care
- The client and/or their family/whanau

You will need to include the following:

- Introduction to the person. Please use a pseudonym. Gender, general age (e.g. middle age), the client's family/whanau relevant nursing, medical, social and health history.
- Relevant physical examination and discuss presenting problem.
- Interdisciplinary nursing care regime. Highlight some aspects, e.g. pharmacology, ethical considerations and treatment phase.
- Relevant cultural considerations.
- A nursing plan of action that demonstrates appropriate decision making strategies that relate to the client's/ family/ whanau's healthy related issues.
- Evaluate and update this nursing plan of action as you journey along with this client over a minimum of a 3 day period.
- Reflection on the care received.
  - Why was this event significant for you, or the client?
  - What have you learnt?
  - How will you respond or act if in a similar situation again?
  - What does current literature have to offer, in regard to what you have presented?

One of your client journeys will be presented to your colleagues at a study day.  
The client journey is based upon the participant's ability to meet the criteria below:

<b>Criteria for evaluation</b>	<b>Yes</b>	<b>No</b>	<b>Comments and feedback</b>
<b>1. Knowledge of the pathophysiology of the clients condition, perceived situation:</b>			
Appropriate knowledge of pathophysiology demonstrated			
Relates and links pathophysiology to the clients altered health state			
Describes the relationship between treatment, use of technology and the client's condition			
<b>2. Management, treatment and interventions</b>			
Outlines the use of recommended best practices / procedures/ guidelines in the appropriate care of the client.			
Outlines nursing interventions / treatments and client response to these interventions / treatments			
Clearly outlines key aspects of learning illustrated by this case study			
<b>3. Describes the impact of the condition and treatment of the client/ family/ whanau</b>			
Briefly outlines the transfer/ discharge/ rehabilitation plan and how involvement of the client and family/whanau and the interdisciplinary team has been facilitated			
Briefly outlines the client teaching plan developed as part of the care plan to meet client family / whanau learning needs related to this illness / condition			

Overall Comments:

Note: To achieve in this assessment you will be required to provide suitable answers for 1, 2 and 3 based on best practice guidelines within your clinical area.

Outcome: achieved/not achieved

Name and designation of person giving feedback:

Signature:

Date:

#### **ASSESSMENT 4:**

##### **Presentation of competent portfolio**

**Weighting: Achieved/Not Achieved**

**Due Date: 23 November 2011**

Refer to Canterbury and West Coast DHB Professional Development and Recognition Programme guidelines. Copies may be obtained from the ADON CPD or CNEs.

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#### **ASSESSMENT 5:**

##### **Completion of action learning set**

**Outcome for Parts 1 and 2: Achieved/Not Achieved**

**Note:** To achieve all aspects of this assessment you must have completed your action learning set to a satisfactory level, and signed off by the ADON CPD, specifically:

- Action plan signed off by ADON CPD.
- Presentation to peers achieved/not achieved.
- Plan of action achieved /not achieved.
- Evaluation achieved /not achieved.

**Due Date: To be negotiated**

Follow through an action learning set. In this assessment the graduate is to identify an issue for them in their practice, think about a range of solutions around the issue, focus on one or two solutions and then put the plan into action. The action plan is then evaluated for its effectiveness by the nurse consultant. The issue is to be presented to colleagues at a study day then the graduate puts the plan into action. The action plan is evaluated and represented to colleagues at the following study day.

## **ASSESSMENT 6:**

**Completion of orientation books**

**Outcome: Achieved/Not achieved**

**Due date: Within 8 weeks of commencing each rotation**

Your CNM/Practice Manager will ensure you have a copy of the orientation book. Please complete in consultation with your preceptor, CNM and CNEs. A range of websites, reference books, policy and procedure manuals are available as resources.

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## **ASSESSMENT 7:**

**Quality project or poster presentation.**

**Outcome: Achieved/Not Achieved**

**Due Date: 26 October 2011**

Refer to Canterbury and West Coast DHB Professional Development and Recognition Programme templates and to the presentation guidelines.

### **Part 1 Quality project**

In consultation with your CNM, Practice Manager, CNE and ADON CPD identify an appropriate clinical issue that could be improved through a quality project. This assessment may be completed individually, with another graduate or with other team members in your ward. Graduates are only able to proceed with their project once approval has been given by the ADON CPD.

**CONTRIBUTION TO QUALITY IMPROVEMENT/CHANGE IN PRACTICE INITIATIVE TEMPLATE (Q2)**

In healthcare, quality activity is a systematic evaluation of an aspect of service against measurable quality indicators which has resulted in some improvement. This may be related to clinical practice or a service process improvement. It may be done as either an individual or with a group of staff in your area. Some quality improvement activity examples are: Audit, Incident/Event review, Data Analysis, Surveys

**Name of PDRP/QLP Applicant**

**Name of Quality Improvement/Change in Practice Initiative**

**Date Quality Improvement/Change in Practice Initiative implemented**

**Why was the quality improvement/Change in Practice Initiative project implemented? e.g. quality deficit, client complaint, chart audit, literature review**

**How did the quality improvement/Change in Practice Initiative project implementation impact on nursing/midwifery care on your unit? How was this measured?**

**Please outline your involvement in the quality improvement/Change in Practice Initiative project implementation**

**How did involvement in this project impact on your practice? – please include any new learning here**

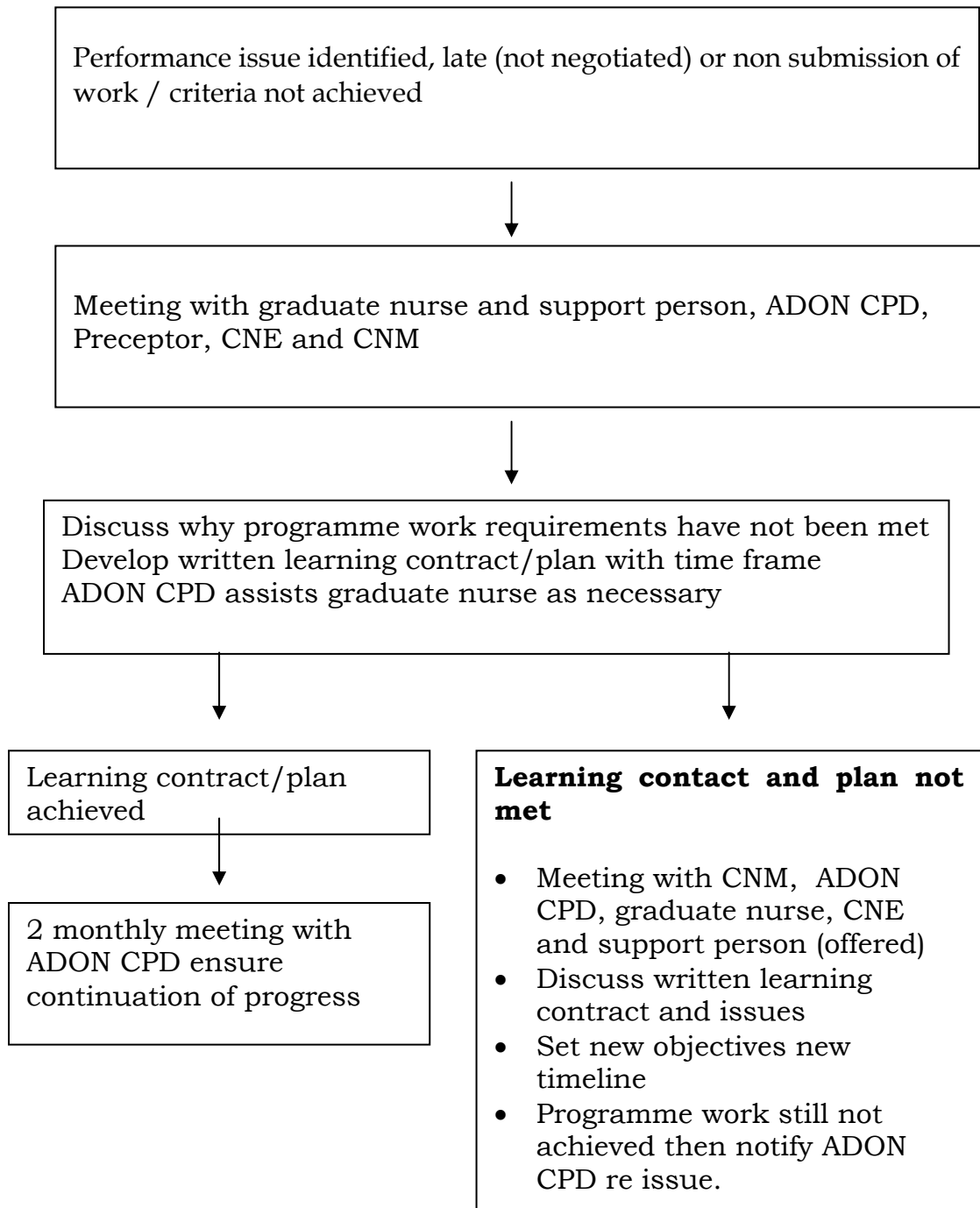
**Signature of PDRP /QLP Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature of Project Leader OR Team Leader/Nursing Line Manager:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Part 2 Poster

In this assessment, information around a relevant topic of your choice is to be collated and displayed on a large cardboard poster. Please discuss your topic with a CNE or ADON CPD before starting.

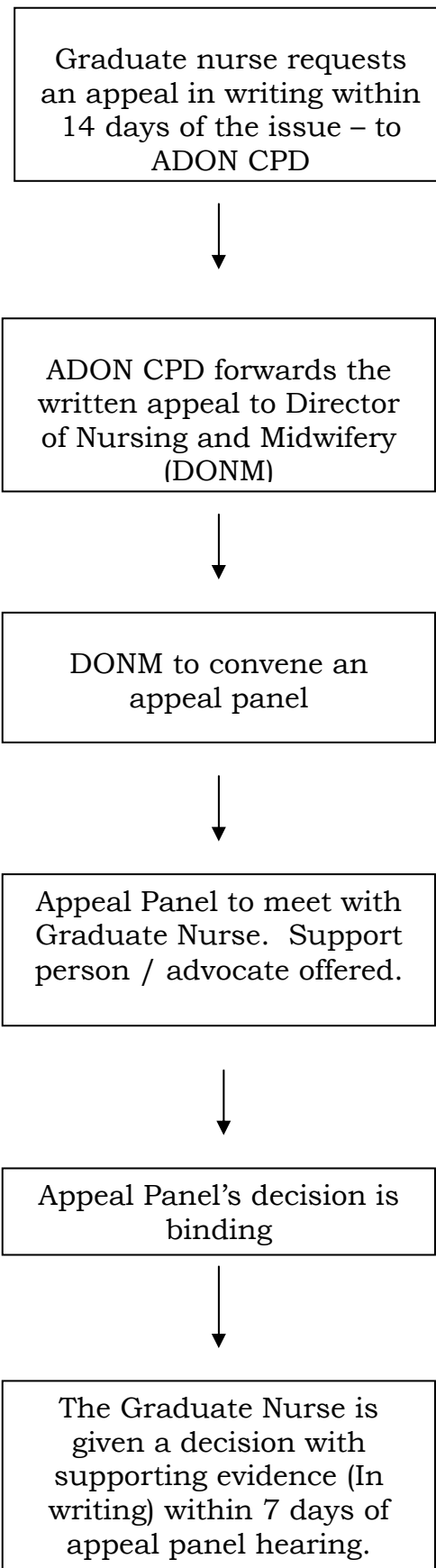
Criteria for evaluation	Yes	No	Comments and feedback
1. Demonstrates an appropriate knowledge of relevant pathophysiology			
Relates and links pathophysiology to client outcomes			
2. Outlines appropriate management, treatment and interventions			
Outlines the use of recommended best practices / procedures/ guidelines			
3. Attractive presentation of information using appropriate diagrams / tables / text			
Overall comments:			
<p><b>Outcome: achieved/not achieved</b></p> <p><b>Note: To achieve this assessment all components of part 1 or part 2 must be completed to a satisfactory level, and signed off by the ADON CPD.</b></p> <p>Name and designation of person giving feedback:</p> <p>Signature: _____ Date: _____</p>			

## 20. PROCESS FOR PROGRAMME PERFORMANCE ISSUES



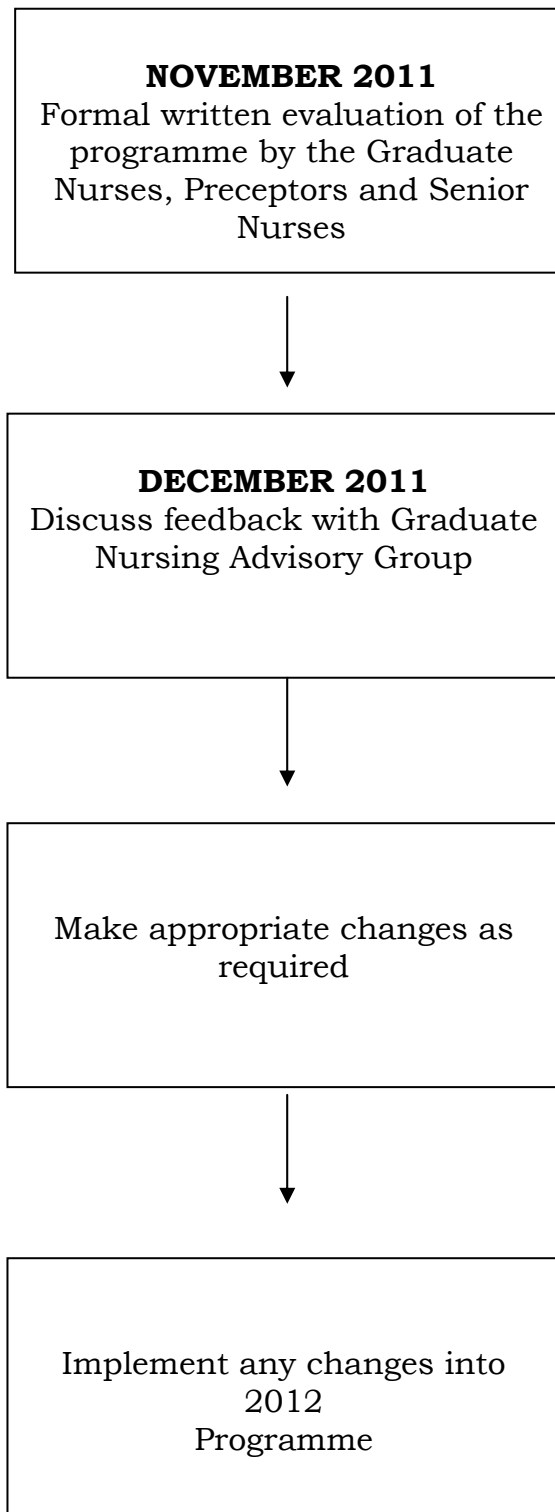
**Any part of this process may be appealed by the Graduate Nurse**  
– Refer to Appeals Process for the Graduate Nurse flowchart on page 31

## 21. APPEALS PROCESS FOR THE GRADUATE NURSE



## 22. FORMAL EVALUATION OF THE PROGRAMME

The programme will be formally evaluated after the first year then at least once every five years.



## USEFUL TEXTS

Anderson, E.T., and McFarlane, J.M. (2000). *Community as partner: Theory and practice in Nursing* (3rd ed). Philadelphia: Lippincott.

Bushy, A. (2000). *Orientation to nursing in the rural community*. Thousand Oaks: Sage Publications.

Ervine, N. E. (2002) *Advanced community health nursing practice*. New Jersey: Prentice Hall.

Lee, H. J. (Ed.). (1998). *Conceptual basis for rural nursing*. New York: Springer Publishing Company.

Litchfield, M. (2004) *Achieving health in a rural community: A case study of nurse-community partnership*. Hastings, New Zealand: Central Publishing Bureau.

Wright, J. (Ed.). (1998) *Health Needs Assessment in Practice*, London: BMJ Publishing Group.

## RECOMMENDED READINGS

**The following are some recommended readings you may wish to browse in the first couple of weeks of the commencement of the programme:**

Ministry of Health (2001). *Primary health care strategy*. Wellington, New Zealand: Ministry of Health.

Ministry of Health (2002). *Implementing the Primary Health care Strategy in rural New Zealand*. Wellington, New Zealand: Ministry of Health.

Ministry of Health (2003). *Investing in health: Whakatohutia te Oranga Tangata A framework for activating primary health care in New Zealand*. Wellington, New Zealand: Ministry of Health.

## Useful Resources

A number of resources will assist further development of knowledge and skills and are available on request. These include the following reports: - These can be downloaded from [www.moh.govt.nz](http://www.moh.govt.nz) and type in RURAL in the search section.

Jones, J. and Ross, J. (2003). *Describing your Scope of Practice: A Tool for Rural Nurses*, National Centre for Rural Health, Christchurch School of Medicine and Health Sciences, University of Otago, New Zealand.

Litchfield, M. (2001). *A framework of complementary models of rural nursing*, National Centre for Rural Health, Christchurch School of Medicine and Health Sciences, University of Otago, New Zealand.

Maw, H.,Echkoff, M. and London, M. (2002). *Orientation to Rural Practice Tool*, National Centre for Rural Health, Christchurch School of Medicine and Health Sciences, University of Otago, New Zealand.

Ross, J. (2001). *Dimensions of team effectiveness in rural health service*, National Centre for Rural Health, Christchurch School of Medicine and Health Sciences, University of Otago, New Zealand.

### **Useful web addresses**

Canadian Journal of Nursing Research	<a href="http://www.cjnr.nursing.mcgill.ca">www.cjnr.nursing.mcgill.ca</a>
Clinical Leaders Association New Zealand	<a href="http://www.clanz.org.nz">www.clanz.org.nz</a>
College of Nurses Aotearoa	<a href="http://www.nurse.org.nz">www.nurse.org.nz</a>
Ministry of Health New Zealand	<a href="http://www.moh.govt.nz/nursing">www.moh.govt.nz/nursing</a>
New Zealand Nurses Organisation	<a href="http://www.nzno.org.nz">www.nzno.org.nz</a>
Nursing Council of New Zealand	<a href="http://www.nursingcouncil.org.nz">www.nursingcouncil.org.nz</a>
Internet searching information	<a href="http://www.google.co.nz">www.google.co.nz</a>
International Council of Nurses	<a href="http://www.icn.ch">www.icn.ch</a>
Journal of Nursing Scholarship	<a href="http://www.blackwellpublishing.com/journal">www.blackwellpublishing.com/journal</a>
Rural and Remote Journal	<a href="http://www.deakin.edu.au">www.deakin.edu.au</a>
Rural Nurse Organisation	<a href="http://www.rno.org">www.rno.org</a>
Statistics New Zealand	<a href="http://www.statsnz.resultspace.com">www.statsnz.resultspace.com</a>
World Health Organisation	<a href="http://www.who.int">www.who.int</a>

Joanna Briggs best practice guidelines available through the DHB library service.

### **Useful postal addresses**

Ministry of Health  
P O Box 5013  
WELLINGTON  
Website: [www.moh.govt.nz/nursing](http://www.moh.govt.nz/nursing)  
Email: [nursing@moh.govt.nz](mailto:nursing@moh.govt.nz)

Nursing Council of New Zealand  
P O Box 9644  
WELLINGTON  
Website: [www.nursingcouncil.org.nz](http://www.nursingcouncil.org.nz)  
Email [admin@nursingcouncil.org.nz](mailto:admin@nursingcouncil.org.nz)

## 23A LEARNING CONTRACT Associate Director of Nursing CPD

All Graduate Nurses and the ADON CPD are required to enter into a Learning Contract. The purpose of a Learning Contract is two-fold:

1. It is to ensure that both parties are aware of the responsibilities and commitment (both personal and professional) associated with their relationship and
2. That this relationship is recognised. It is your joint responsibility to sign the Learning Contract.

### First placement

Learning Contract between Graduate Nurse and Associate Director of Nursing CPD

I, \_\_\_\_\_ ADON CPD agree to provide professional leadership and support to \_\_\_\_\_ (graduate nurse) in Ward/unit \_\_\_\_\_ or community practice setting \_\_\_\_\_. Commencing on \_\_\_\_\_ and finishing on \_\_\_\_\_

### As ADON CPD I will provide the following:

- Models high standards of practice and professional accountability to reflect the standards of the organisation.
- A robust programme that meets the NETP standards.
- Promoting the development of a positive learning culture for nurses.
- Support materials for all nursing staff that are located in each clinical area.
- Developing and facilitating, in collaboration with the CPIT, an education programme for preceptors.
- Works with Nurse Managers, Clinical Nurse Educators, Clinical Nurse Managers, preceptors and other nursing staff to ensure the programme runs smoothly.
- Be reasonably available in person or via telephone and email.
- Marking of assessments in a timely manner.
- When difficulties arise, working with all affected parties to reach a speedy resolution.
- One hour rostered per month per graduate for catch-up and reflection.

### I will be involved in the following activities to support my role as ADON CPD:

- Participate in national Graduate Nurse Programme Coordinator meetings
- Rural nursing research
- Reading widely around nursing education

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

I, \_\_\_\_\_ (Graduate Nurse) agree to participate in the NETP / NETP Expansion programme facilitated by \_\_\_\_\_ (ADON CPD) commencing on \_\_\_\_\_ and finishing on \_\_\_\_\_

I agree to take the responsibility for the following:

- Work within the ground rules negotiated by myself and my nursing colleagues.
- Participate in clinical teaching/learning experiences provided.
- Develop a plan with my preceptor, to meet the requirements of the clinical competencies.
- Actively seek out learning opportunities and participate fully on study days.
- Achieved all assessments in a timely manner.
- When difficulties arise, seek support early.

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

## 23B LEARNING CONTRACT – Preceptor/ADON CPD

All graduate nurses and preceptors are required to enter into a learning contract. The purpose of a learning contract is two-fold

3. It is to ensure that both parties are aware of the responsibilities and commitment (both personal and professional) associated with their relationship and
4. That this relationship is recognised. It is your joint responsibility to sign the learning contract.

### First placement

Learning Contract between Graduate Nurse and Preceptor

I, \_\_\_\_\_ (preceptor) agree to provide preceptorship to \_\_\_\_\_ (graduate nurse) in Ward \_\_\_\_\_ Commencing on \_\_\_\_\_ and finishing on \_\_\_\_\_

### As a Preceptor I will provide the following:

- Sharing and role modelling of my clinical expertise and skills.
- An understanding of the requirements of the programme.
- Facilitation of learning experiences to both the graduate and nursing colleagues in a supportive environment.
- Opportunities for self directed learning for the graduate Nurse.
- Encouragement and support for the graduate nurse to identify their own learning needs and the resources available.
- In consultation with the CNM, organise a colleague to provide support if I am unavailable.
- Problem based learning approach to facilitate learning.
- Provide regular feedback in relation to the graduate's progress.
- Assessment of clinical competencies.
- Where possible and as required in partnership with the graduate nurse, rostering of the same shifts as the graduate.
- In partnership with the graduate nurse and the CNM, undertake the graduate nurse's clinical appraisals.

### I will be involved in the following activities to support my role as a Preceptor:

- Participation in training workshops.
- Taking responsibility to seek assistance when encountering problems/conflicts.
- Keeping the clinical area informed in relation to the programme.

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

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

I, \_\_\_\_\_ (graduate nurse) agree to participate in the preceptorship provided by \_\_\_\_\_ (preceptor) Commencing on \_\_\_\_\_ and finishing on \_\_\_\_\_

- I agree to take the responsibility for the following:
- Negotiate learning contract and time frames with preceptor.
- Participate in clinical teaching experiences provided.
- Develop a plan to meet the requirements of the clinical competencies.
- Acknowledge my own skills and knowledge levels.
- Actively seek out support and information required.
- Actively seek out learning opportunities.
- Responding to and actioning constructive feedback provided by preceptor.
- Provide regular feedback to my preceptor
- Increase my responsibility in the role of registered nurse.
- Take the opportunity provided to develop my nursing skills.
- Participate in team meetings.
- Seek and discuss feedback from peers.
- Reflect on my clinical practice and demonstrating self-awareness.
- In partnership with the preceptor where possible and as required roster the same shifts as the preceptor.
- Negotiate times where the preceptor and I are able to link with each other when required.

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

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

## 23C LEARNING CONTRACT – Preceptor/ADON CPD

### Second Placement

Learning contract between graduate nurse and preceptor

I, \_\_\_\_\_ (preceptor) agree to provide preceptorship to \_\_\_\_\_ (graduate nurse) in Ward \_\_\_\_\_ Community Sector \_\_\_\_\_ Commencing on \_\_\_\_\_ and finishing on \_\_\_\_\_

#### As a preceptor I will provide the following:

- Sharing and role modelling of my clinical expertise and skills.
- An understanding of the requirements of the programme.
- Facilitation of learning experiences to both the graduate and nursing colleagues in a supportive environment.
- Opportunities for self directed learning for the graduate nurse.
- Encouragement and support for the graduate nurse to identify their own learning needs and the resources available.
- In consultation with the CNM, organise a colleague to provide support if I am unavailable.
- Problem based learning approach to facilitate learning.
- Provide regular feedback in relation to the graduate's progress.
- Assessment of clinical competencies.
- Where possible and as required in partnership with the graduate nurse, rostering of the same shifts as the graduate.
- In partnership with the graduate nurse and the CNM undertake the graduate nurse's clinical appraisals.

#### I will be involved in the following activities to support my role as a preceptor:

- Participation in training workshops.
- Taking responsibility to seek assistance when encountering problems/conflicts.
- Keeping the clinical area informed in relation to the programme.

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

I, \_\_\_\_\_ (graduate nurse) agree to participate in the preceptorship provided by \_\_\_\_\_ (preceptor) Commencing on \_\_\_\_\_ and finishing on \_\_\_\_\_

#### I agree to take the responsibility for the following:

- Negotiate learning contract and time frames with preceptor.
- Participate in clinical teaching experiences provided.
- Develop a plan to meet the requirements of the clinical competencies.
- Acknowledge my own skills and knowledge levels.
- Actively seek out support and information required.
- Actively seek out learning opportunities.
- Responding to and actioning constructive feedback provided by preceptor.
- Provide regular feedback to my preceptor.
- Increase my responsibility in the role of registered nurse.
- Take the opportunity provided to develop my nursing skills.
- Participate in team meetings.
- Seek and discuss feedback from peers.
- Reflect on my clinical practice and demonstrating self-awareness.
- In partnership with the preceptor where possible and as required roster the same shifts as the preceptor.
- Negotiate times where the preceptor and I are able to link with each other when required.

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

## **24. PRESENTATION GUIDELINES**

Preparation is the key to a presentation/clinical teaching. Prepare well for your session. Your teaching should be backed up with relevant policy, literature and best practice. Material will be presented in a clear and concise manner, demonstrating knowledge of your subject. You must be clearly audible, and be familiar with the environment you teach in (i.e. know how the power point presentation unit works, or the overhead projector (OHP) and have the seating arranged to suit your presentation). People learn in various ways, by seeing, reading, listening and being an active participant. Have handouts, visual material, and group scenario work or discussion time.

### **Suggested format:**

- Introduction of yourself, why you are undertaking this presentation, and the aims of your teaching (including timeframe).
- Learning outcomes that you wish the attendees to come away with.
- Present your material visually, audibly and/or kinaesthetically (technical – hands on).
- Discuss how this applies to your nursing practice, and what you suggest the outcomes should be for your client and workplace. This is evidence of reflecting on your teaching/nursing practice.
- Have a conclusion.
- Question/answer/discussion time.

## 25A. EVALUATION OF PRESENTATION – Community profile

### TEACHING – FORMAL EVALUATION (T2)

**Presenter** \_\_\_\_\_ **Designation** \_\_\_\_\_ **Ward/ Unit/ Community setting** \_\_\_\_\_

**Topic** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>The presenter</b>	<b>Achieved</b>	<b>Not Achieved</b>	<b>Not Applicable</b>
Appropriately identifies self and topic			
Attempts to establish rapport with learner(s)			
Clearly states objectives			
Attempts to identify needs of learner(s)			
Attempts to identify knowledge/skill of learner(s) prior to session			
Links topic to current literature / research			
Structures the session to facilitate understanding by the learner(s)			
Uses appropriate questioning techniques			
Emphasises and reiterates important points			
Uses teaching aids competently and appropriately			
Provides and uses appropriate resources			
Speaks clearly			
Allows time for questions and responds appropriately			
Clarifies ideas and concepts when necessary			
Provides strategies to practice a skill or demonstrate knowledge and understanding			
Assesses achievement of objectives			
Seeks audience participation and feedback			
Shows evidence of reflection on presentation, relating this to nursing practice			
<b>Comments:</b>			
Signature of Evaluator _____ Designation _____			
Ward/Area _____ Date _____			

## 25B. EVALUATION OF PRESENTATION – Client journey

### TEACHING – FORMAL EVALUATION (T2)

Presenter \_\_\_\_\_ Designation \_\_\_\_\_ Ward/Unit/Community setting \_\_\_\_\_

Topic \_\_\_\_\_ Date \_\_\_\_\_

The presenter	Achieved	Not Achieved	Not Applicable
Appropriately identifies self and topic			
Attempts to establish rapport with learner(s)			
Clearly states objectives			
Attempts to identify needs of learner(s)			
Attempts to identify knowledge/skill of learner(s) prior to session			
Links topic to current literature / research			
Structures the session to facilitate understanding by the learner(s)			
Uses appropriate questioning techniques			
Emphasises and reiterates important points			
Uses teaching aids competently and appropriately			
Provides and uses appropriate resources			
Speaks clearly			
Allows time for questions and responds appropriately			
Clarifies ideas and concepts when necessary			
Provides strategies to practice a skill or demonstrate knowledge and understanding			
Assesses achievement of objectives			
Seeks audience participation and feedback			
Shows evidence of reflection on presentation, relating this to nursing practice			
<b>Comments:</b>			
Signature of Evaluator _____ Designation _____			
Ward/Area _____ Date _____			

## 26. WCDHB GRADUATE NURSE PROGRAMME

### ORIENTATION STUDY DAYS 2011

**This orientation is for the NETP and NETP Expansion participants**

Monday	Tuesday	Wednesday	Thursday	Friday
January 31 2011 Study Day 1	February 1 2011 Study Day 2	February 2 2011 Study Day 3	February 3 2011 Study Day 4	February 4 2011 Study Day 5
<p>Introduction to the programme</p> <p>Overview of NETP and NETP Expansion programmes</p> <p>Basic CPR</p> <p>Introduction to IV therapies and MIV</p>	<p>Company Orientation</p>	<p>Direction, delegation and accountability</p> <p>Meeting the DONM</p> <p>Living with shift work</p> <p>Working in the community</p> <p>Professional nursing organisations</p> <p>Tour and introduction to the secondary services and community health services</p> <p>Rosters and Uniforms</p>	<p>Mandatory Training</p> <p>WCDHB Policy and Procedures</p>	<p>Introduction to IT</p> <p>IT training</p> <p>MIV Drug Calculation Theory</p> <p>Powhiri and meeting the preceptors</p> <p>2010 Graduation</p>

**This programme will incorporate the Nursing Council Competencies for the Registered Nurse scope of practice, HWNZ framework and Distinctive Rural Competencies (Jones& Ross 2003) within the allocated study days, programme modules and assessments.**

## 27. ORIENTATION to WCDHB (4 days)

<b>Monday - Friday 31 January - 4 February 2011</b>	<b>Nursing Council of New Zealand competencies for RN scope of practice.</b>	<b>Distinctive rural competencies</b>
Introduction to the programme		1, 2, 3, 4, (brief)
Orientation to Grey Hospital		
Emergency procedures	1.4, 2.1, 2.2,	1.1, 1.2, 1.4
Overview of WCDHB policies and procedures	1.1, 1.5, 2.3	1, 2, 3, 4, (brief)
Introduction to IV therapies	1.4, 2.1, 2.3	
Information technology		1.4
Discharge planning/managing a client in a rural context	1.1, 1.2, 2.2, 2.3, 4.1, 4.2, 4.3	1.5 1.3, 3.1, 3.2
Company Orientation	2.3	
Working as a professional in a rural context	2.5, 4.1, 4.2, 4.3	2.2, 2.3, 4.1, 4.3
Working as a team player	2.5	1.4, 4.2, 4.3
Rural Teams	2.5, 3.2, 3.1, 3.3	
Direction, delegation and accountability	1.1, 1.3, 3.2, 3.1, 3.3	4.1, 4.2, 4.3
Client handling	2.1, 2.5	2.1, 2.2
Living with shift-work/in a rural community	2.2, 2.5	2.3
<u>Expansion</u>		
Working in the community	2.5	2.1, 2.4
Professional nursing organizations	2.2, 2.3	
Overview of documentation	1.4, 2.1	2.2, 2.3
CPR update	2.5, 3.2, 3.1, 3.3	1.5, 2.2, 2.3, 2.4,
Managing conflict in the workplace	2.9	
Professional Development Recognition programme		4.1

## 28. NETP 2011 STUDY DAYS 0900 to 1630 hours

### Preceptor Training January & February 2011

NB: During the course of the programme, other nurses or health professionals may participate in the study days

No	Date	Study day focus	Facilitator/s	NCNZ competency	Distinctive rural competency
1-2	31 Jan - 4 Feb	Orientation to WCDHB and introduction to the programme WCDHB Mandatory training WCDHB policies and procedures Introduction to MIV Basic CPR Tour of services <u>Expansion</u> Intro to community sector personnel	Vicki McGhie Chris Black Cheryl Hutchison	Domains 1 2, 3 and 4	1.1, 1.2, 1.2, 2.2, 2.3, 3.1, 3.2, 3.3, 4.1, 4.2, 4.3
3	23 Feb	Individual learning contracts (all) Community profiling <u>NETP /Expansion</u> Programme Primary rural healthcare Working with the elderly in the community Care pathways Clinical lab	Vicki McGhie Chris Black Cheryl Hutchison  Community Profile Presentation	2.2, 2.1, 3.2, 3.1, 3.3	1.3, 2.2, 2.4, 3.1, 3.2, 3.3, 4.1, 4.3
4	30 March	Working with teams, models of care (all)  <u>Expansion</u> Working in the community  Conflict resolution (all)  Clinical lab	Vicki McGhie Chris Black Cheryl Hutchison	1.1, 1.2, 2.1, 2.5, 3.1, 3.2, 3.3, 4.1, 4.2	2.2, 2.3, 4.2, 4.3

5	April April	Level 4 New Zealand Resuscitation training: adult child and baby <u>Expansion</u> CPR 4c	Wendy Hawkins	1.4, 2.1, 2.3, 2, 3.2, 3.1, 3.3.	1.1, 1.2
6	25 May	Wound care/vacs Stoma care (all) IVs for community (Expansion)	Chris Black Cheryl Hutchison Ann Knipe	2.1, 2.2, 2.3, 2.4, 2.6, 2.7, 2.8, 2.9	1.1, 1.2, 1.5, 2.2, 4.3
7	29 June	Chronic disease management: cardiac/ respiratory/ diabetes Bridging the gap primary, secondary and tertiary Inter-collaborative practice (all) Clinical lab	Clinical Nurse Specialists	2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 3.1, 3.2, 3.3, 4.1, 4.2, 4.3	1.3, 1.4, 1.5, 2.2, 2.3, 2.4, 3.1, 3.2, 3.3, 4.2
8	27 July	High acuity intervention Complexity of care across sectors <u>Expansion</u> Complexity of care in the community Clinical lab	Debbie Hunter  Cheryl Hutchison	2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 3.1, 3.2, 3.3, 4.1, 4.2, 4.3	1.1, 1.2, 3.1, 3.2, 4.3
9	31 August	Cultural safety (all) Care pathways	Maori Health Team	1.1, 1.2, 1.5, 2.6	2.2, 3.1, 3.2, 3.3
10	28 September	End of life care Palliative care (all)  Oncology (all)  Dying with dignity /spirituality (all)	Mary Marr Maree Johnston Dee Dolby  <u>Expansion</u> Cheryl Hutchison  Sonya Neill	2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 3.1, 3.2, 3.3, 4.1, 4.2, 4.3	1.3, 1.4, 1.5, 2.2, 2.4, 3.1, 3.2, 3.3, 4.3
11	26 October	Professional practice Care of the older person within the community sector (all) Stroke (all)  AT&R community assessment (all)	Helen Rzepecky	1.5, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 3.0, 3.1, 3.2, 3.3, 4.1, 4.2, 4.3	1.3, 1.4, 1.5, 2.2, 2.4, 3.1, 3.2, 3.3, 4.3
12	30 November	College of Nurses Where to from here...career	Michele Coghlan Chris Black	Domain 1, 2, 3, 4	2.3, 2.4, 4.1, 4.2, 4.3

		<b>planning and ongoing education Evaluation of programme</b>	<b>Vicky McGhie Cheryl Hutchison</b>		
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## **29. DISTINCTIVELY 'RURAL' COMPETENCIES**

(Jones & Ross, 2003)

There are four main themes associated with these competencies with a number of related sub-themes which have been linked to the WCDHB relevant study days:

### **1. Related to isolation and distance, availability of back up:**

- 1.1 Assessment and triage as first response to trauma and other life-threatening or serious emergency  
**Allocated Study Days 1, 5, 8**
- 1.2 Mobilising and coordinating local and distant resources in emergencies and non-emergencies  
**Allocated Study Days 1, 5, 8**
- 1.3 Planning care (self, family, nursing and other) that is appropriate to the client's situation and resources (care anticipates, supplements, involves those resources)  
**Allocated Study Days 1, 3, 7, 10, 11**
- 1.4 Telephone consultation including advising, counselling and triage  
**Allocated Study Days 7, 10, 11**
- 1.5 Accessing internet based resources for clinical management, service and community development and own professional development and networks as a rural nurse  
**Allocated Study Days 6, 7, 10, 11**

### **2. Related to managing the professional and personal self in a community:**

- 2.1 Gaining entrée and trust, and establishing credibility in a community  
**Allocated Study Days 1, 2, 3, 6, 7, 10, 11**
- 2.2 Establishing both boundaries for self and with others as a professional and community member; negotiating a changing role; dealing with breaches and breakdowns  
**Allocated Study Days 1, 2, 3, 4, 7, 9, 10, 11**
- 2.3 Establishing and utilising appropriate/ safe/ discreet sources of personal and professional support  
**Allocated Study Days 1, 4, 7, 12**
- 2.4 Selecting community involvements and roles to align/ amplify professional responsibilities

## **Allocated Study Days 3, 7, 10, 11, 12**

### **3. Related to nurse/ client relationships:**

- 3.1 Moving into and out of (establishing/ negotiating/ disengaging from) effective nurse/client relationships with fellow community members/ persons known to oneself

**Allocated Study Days 1, 2, 3, 7, 8, 9, 10, 11**

- 3.2 Establishing an effective relationship with the visitor/ tourist/ stranger/ foreigner

**Allocated Study Days 1, 2, 3, 7, 8, 9, 10, 11**

- 3.3 Engaging with or entering parts of the community where one is not of the dominant culture in ways that are safe, appropriate and effective

**Allocated Study Days 1, 2, 3, 7, 9, 10, 11**

### **4. Related to independence and interdependence with other health professionals and anticipating the development of standing orders:**

- 4.1 Practising within current legal provisions and/ or managing cover or accountability for breaches and difficulties

**Allocated Study Days 1, 2, 3, 12**

- 4.2 Building respectful and productive collegial relationships with doctors, other health personnel and other 'officers of the community'

**Allocated Study Days 1, 2, 4, 7, 12**

- 4.3 Managing timely and appropriate responses and treatment orders from other health professionals

**Allocated Study Days 1, 2, 3, 4, 6, 7, 8, 10, 11, 12**

## WEST COAST DHB PROGRAMME CALENDAR 2011

KEY DATES	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	NETP Programme ends: February 3 2012	
Supernumerary with Preceptor Change of Placement: 02 July		7 Feb 20 Days						From 1 August for 10 days						
NETP Development Days (DD) One Development Day each placement – date arranged with Preceptor and CNM			Development day to be arranged							Development day to be arranged				
Orientation days		31 Jan - 4 Feb												
NETP Study Days		23	30	27	25	29	27	31	28	26	30			
Appraisal Due				29			29			28	Performance Review			

<b>Graduate Nurses (Grey Hospital)</b>	<b>07 February</b>	<b>March</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>		<b>01 August</b>	<b>September</b>	<b>October</b>	<b>November</b>	<b>December</b>	<b>03 February</b>
<b>Hayley Woodall-Scott</b>	<b>AT&amp;R Ward (Hannan)</b>						<b>Medical Ward (Morice )</b>						
<b>Kathryn Qu</b>	<b>Medical Ward (Morice )</b>						<b>AT&amp;R Ward (Hannan)</b>						
<b>Jo-Ella Marshall</b>	<b>Medical Ward (Morice )</b>						<b>Surgical Ward (Barclay)</b>						
<b>Elizabeth Tsikonovski</b>	<b>Casualty</b>						<b>Medical Ward (Morice )</b>						
<b>Michaela Jowett</b>	<b>Surgical Ward Barclay</b>						<b>Casualty</b>						

<b>Graduate Nurses (Buller, Reefton District Nursing &amp; Expansion)</b>	<b>07 February</b>	<b>March</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>		<b>01 August</b>	<b>September</b>	<b>October</b>	<b>November</b>	<b>December</b>	<b>03 February</b>
<b>Sue Jamieson (Buller)</b>	<b>Medical Ward (Foote)</b>						<b>Buller Health</b>						
<b>Sarah-Jane Lawson (Greymouth)</b>	<b>District Nursing</b>						<b>District Nursing</b>						
<b>Sandra Lang (Hokitika)</b>	<b>District Nursing</b>						<b>District Nursing</b>						
<b>Kirsty McIntyre (Expansion)</b>	<b>Greymouth Medical Centre</b>						<b>Greymouth Medical Centre</b>						

# WCDHB MANDATORY TRAINING CALENDAR – 2011

GREY BASE: TUESDAY - ORIENTATION AND FIRE SAFETY MANDATORY TRAINING IS HELD IN THE LECTURE THEATRE														
Course/Training	Start Time	Training Duration	Refresher Requirement	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Organisational Orientation (All New Staff)	9.00 am	1 day	One Off	1 <sup>st</sup>	1 <sup>st</sup>	5 <sup>th</sup>	3 <sup>rd</sup>	7 <sup>th</sup>	5 <sup>th</sup>	2 <sup>nd</sup>	6 <sup>th</sup>	4 <sup>th</sup>	1 <sup>st</sup>	6 <sup>th</sup>
Fire Safety (for New Staff and All Staff as a Refresher)	1.15 pm	1 hour	3 yearly	1 <sup>st</sup>	1 <sup>st</sup>	5 <sup>th</sup>	3 <sup>rd</sup>	7 <sup>th</sup>	5 <sup>th</sup>	2 <sup>nd</sup>	6 <sup>th</sup>	4 <sup>th</sup>	1 <sup>st</sup>	6 <sup>th</sup>
GREY BASE: WEDNESDAY - MANDATORY TRAINING PLEASE CHECK INVITATION EMAILS FOR VENUE														
Course/Training	Start Time	Training Duration	Refresher Requirement	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Smokefree (All Staff)	1.30 pm (except 2 Feb)	1.5 hours	One Off	2 <sup>nd</sup> (1 - 2.30pm)	2 <sup>nd</sup>	6 <sup>th</sup>	4 <sup>th</sup>	8 <sup>th</sup>	6 <sup>th</sup>	3 <sup>rd</sup>	7 <sup>th</sup>	5 <sup>th</sup>	2 <sup>nd</sup>	7 <sup>th</sup>
ABC – Quit Card Training – Online (Clinical)	-	1 hour	Clinical - One Off	ABC – Quit Card e-learning can be accessed on our Intranet. *See instructions on how to access online training Page 1.										
Explanation of Family Violence Intervention Training: All staff to attend FV Initial Training. Non Clinical staff are required to attend FV Initial Training only. All Clinical staff to attend FV Initial Training (3 hours) then FV Screening Training (1 day) and at two yearly intervals to attend FV Refresher Training (3 hours). FV Initial Training can be completed either face-to-face or Online. * Instructions on how to access this training are on Page 1.														
Family Violence Initial (All Staff)	9.00 am	3 hours	Non clinical and Clinical – One Off	2 <sup>nd</sup>	-	6 <sup>th</sup>	-	1 <sup>st</sup>	-	3 <sup>rd</sup>	-	5 <sup>th</sup>	-	7 <sup>th</sup>
Family Violence Refresher (Clinical)	9.00 am	3 hours	Clinical – 2 yearly	-	2 <sup>nd</sup>	-	4 <sup>th</sup>	-	6 <sup>th</sup>	-	7 <sup>th</sup>	-	2 <sup>nd</sup>	-
Family Violence Screening (Clinical)	9.00 am	8 hours	Clinical – One Off	9 <sup>th</sup>	9 <sup>th</sup>	13 <sup>th</sup>	11 <sup>th</sup>	8 <sup>th</sup>	13 <sup>th</sup>	10 <sup>th</sup>	14 <sup>th</sup>	12 <sup>th</sup>	9 <sup>th</sup>	14 <sup>th</sup>
GREY BASE: THURSDAY - MANDATORY TRAINING IS HELD IN THE LECTURE THEATRE														
Course/Training	Start Time	Training Duration	Refresher Requirement	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Information Security Awareness (All computer users)	9.00 am	1 hour	3 yearly	3 <sup>rd</sup>	3 <sup>rd</sup>	7 <sup>th</sup>	5 <sup>th</sup>	9 <sup>th</sup>	7 <sup>th</sup>	4 <sup>th</sup>	8 <sup>th</sup>	6 <sup>th</sup>	3 <sup>rd</sup>	8 <sup>th</sup>
Semi Squat - Back Care (All Staff)	10.15 am	1 hour	All staff once – then as required for position	3 <sup>rd</sup>	3 <sup>rd</sup>	7 <sup>th</sup>	5 <sup>th</sup>	9 <sup>th</sup>	7 <sup>th</sup>	4 <sup>th</sup>	8 <sup>th</sup>	6 <sup>th</sup>	3 <sup>rd</sup>	8 <sup>th</sup>
Safe Patient Handling (Clinical)	*	1 hour	* Clinical - Annually	* Please see the Safe Patient Handling Trainer for your area to arrange Theory and Practical Assessments										
Electrical Safety (All Staff - offered two monthly)	10.15 am	1 hour	2 yearly	-	3 <sup>rd</sup>	-	5 <sup>th</sup>	-	7 <sup>th</sup>	-	8 <sup>th</sup>	-	3 <sup>rd</sup>	-
Infection Control (All Staff)	11.30 am	1 hour	Non clinical – 2 yrly Clinical – Annually	3 <sup>rd</sup>	3 <sup>rd</sup>	7 <sup>th</sup>	5 <sup>th</sup>	9 <sup>th</sup>	7 <sup>th</sup>	4 <sup>th</sup>	8 <sup>th</sup>	6 <sup>th</sup>	3 <sup>rd</sup>	8 <sup>th</sup>
Health & Disability Code of Rights (All Staff)	1.00 pm	1 hour	3 yearly	3 <sup>rd</sup>	3 <sup>rd</sup>	7 <sup>th</sup>	5 <sup>th</sup>	9 <sup>th</sup>	7 <sup>th</sup>	4 <sup>th</sup>	8 <sup>th</sup>	6 <sup>th</sup>	3 <sup>rd</sup>	8 <sup>th</sup>
Privacy (All Staff)	2.00 pm	1 hour	3 yearly	3 <sup>rd</sup>	3 <sup>rd</sup>	7 <sup>th</sup>	5 <sup>th</sup>	9 <sup>th</sup>	7 <sup>th</sup>	4 <sup>th</sup>	8 <sup>th</sup>	6 <sup>th</sup>	3 <sup>rd</sup>	8 <sup>th</sup>
MAORI HEALTH TRAINING - PLEASE CHECK INVITATION EMAILS FOR VENUE														
Course/Training	Start Time	Training Duration	Refresher Requirement	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Treaty of Waitangi (All Staff)	9.00 am	1 day	One Off	-	-	19 <sup>th</sup>	-	-	12 <sup>th</sup>	-	3 <sup>rd</sup>	-	-	-
Te Pikorua (Recommended All Staff)	9.00 am	1 day	One Off	-	-	8 <sup>th</sup>	-	-	-	26 <sup>th</sup>	-	-	-	-

# WCDHB 2011 MANDATORY TRAINING DATES FOR BULLER HEALTH (BH), REEFTON HEALTH (RH) and HOKITIKA HEALTH CENTRE (HHC)

*Please check invitation emails for venue*

Course/Training	Start Time	Training Duration	Refresher Requirement	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Information Security Awareness (All computer users)	9.00 am	1 hour	3 yearly	-	-	BH 14 <sup>th</sup>	HHC 19 <sup>th</sup>	RH 23 <sup>rd</sup>	BH 21 <sup>st</sup>	-	RH 22 <sup>nd</sup>	HHC 20 <sup>th</sup>	BH 17 <sup>th</sup>	-
Health & Disability Code of Rights (All Staff)	10.00 am	1 hour	3 yearly	-	-	BH 14 <sup>th</sup>	HHC 19 <sup>th</sup>	RH 23 <sup>rd</sup>	BH 21 <sup>st</sup>	-	RH 22 <sup>nd</sup>	HHC 20 <sup>th</sup>	BH 17 <sup>th</sup>	-
Infection Control (All Staff)	11.15 am	1 hour	Non clinical – 2 yrly Clinical – Annually	-	-	BH 14 <sup>th</sup>	HHC 19 <sup>th</sup>	RH 23 <sup>rd</sup>	BH 21 <sup>st</sup>	-	RH 22 <sup>nd</sup>	HHC 20 <sup>th</sup>	BH 17 <sup>th</sup>	-
Privacy (All Staff)	1.00 pm	1 hour	3 yearly	-	-	BH 14 <sup>th</sup>	HHC 19 <sup>th</sup>	RH 23 <sup>rd</sup>	BH 21 <sup>st</sup>	-	RH 22 <sup>nd</sup>	HHC 20 <sup>th</sup>	BH 17 <sup>th</sup>	-
Electrical Safety (All Staff)	2.00 pm	1 hour	2 yearly	-	-	BH 14 <sup>th</sup>	HHC 19 <sup>th</sup>	RH 23 <sup>rd</sup>	BH 21 <sup>st</sup>	-	RH 22 <sup>nd</sup>	HHC 20 <sup>th</sup>	BH 17 <sup>th</sup>	-
Fire Safety (for New Staff and All Staff as a Refresher)	11.00 am	1 hour	3 yearly	-	-	BH 6 <sup>th</sup>	HHC 3 <sup>rd</sup>	-	-	RH 1 <sup>st</sup>	-	BH 5 <sup>th</sup>	-	-
Treaty of Waitangi (All Staff)	9.00 am	1 day	One Off	One Treaty of Waitangi Training session will be delivered in Buller during 2011 – Date of training is 24 <sup>th</sup> May 2011			BH 24 <sup>th</sup>	Once advertised please contact “Rachel Bruhn – Maori Health” to register your interest. You can also register to attend Treaty of Waitangi training in Greymouth if that is convenient.						
Te Pikorua (Recommended to All Staff)	9.00 am	1 day	One Off	One Te Pikorua Training session will be delivered in Buller Health during 2011. Date of training is 24 <sup>th</sup> June			BH 24 <sup>th</sup>	Once advertised please contact “Rachel Bruhn – Maori Health” to register your interest. You can also register to attend Te Pikorua training in Greymouth if that is convenient.						

Smokefree (All Staff)	TBA	1.5 hours	One Off	Smokefree Training sessions will be advertised on a regular basis. Once advertised contact your “Reception” to register interest.										
ABC – Quit Card Training – Online (Clinical)	-	1 hour	Clinical – One Off	ABC – Quit Card e-learning can be accessed Online. You can do this by going to the WCDHB Intranet ↘ Training. Choose Smokefree Related Training ↘ ABC e-learning Tool Training										

Explanation of Family Violence Intervention Training:				
All staff to attend FV Initial Training. Non Clinical staff required to attend FV Initial Training only.				
All Clinical staff to attend FV Initial Training ( 3 hours) then FV Screening Training (1 day) and at two yearly intervals to attend FV Refresher Training (3 hours). FV Initial Training can be undertaken Online. *See instructions on Page 1 (or below) on how to access this Online Training.				
Family Violence Initial (All Staff either Online or Face-to-Face)	TBA	3 hours	Non clinical and Clinical – One Off	Family Violence Intervention Training sessions will be advertised on a regular basis. Once advertised contact your “Reception” to register interest. Family Violence Initial Training can be accessed Online. You can complete this training by going to the WCDHB Intranet ↘ Training. Choose FV Related Training ↘ Intimate Partner Violence Screening : Health Worker Online e-learning Programme
Family Violence Refresher (Clinical)	TBA	3 hours	Clinical – 2 yearly	
Family Violence Screening (Clinical)	TBA	8 hours	Clinical – One Off	

## CLINICAL PLACEMENTS

<b>Placement One</b>	<b>Commencement Date:</b>
Your preceptor/s is/are	
Your CNM is	
Your CNE / CCNS is	
Phone Number CNE / CNS	

<b>Placement Two</b>	<b>Commencement Date:</b>
Your preceptor/s is	
Your CNM is	
Your CNE / CNS is	
Phone number CNE / CNS	

**Nursing Entry to Practice Programme**  
**Initial Goals**

Name:	
Ward:	
Period:	Start date:                  Finish Date:
Date:	

Goals to work towards during the first 3 months related to key tasks and expected results in RN1 Position Description. (Goals to be identified by graduate nurse in consultation with preceptor/CNM):

1. \_\_\_\_\_  
\_\_\_\_\_
  
2. \_\_\_\_\_  
\_\_\_\_\_
  
3. \_\_\_\_\_  
\_\_\_\_\_

Preceptor/Assessor Signature: \_\_\_\_\_

Name (print) \_\_\_\_\_

Designation: \_\_\_\_\_

Graduate Nurse Signature: \_\_\_\_\_

On completion:  
 Original to be sent to:      Personal file, Payroll  
 Copy to be sent to: ADON CPD - Nursing Services  
 Retain a copy for your Professional Development Portfolio

**Nursing Entry to Practice Programme  
Formative Appraisal at 3 months**

<b>Name:</b>	
<b>Ward:</b>	
<b>Period:</b>	Start date:                      Finish Date:
<b>Assessment date:</b>	

**Progress towards achievement of clinical competencies**

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**Areas for further development**

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**GOALS**

**Goals to achieve for the final three months**

*(Goals to be identified by Graduate Nurse in consultation with Preceptor/CNM)*

**PROFESSIONAL RESPONSIBILITY**

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**MANAGEMENT OF NURSING CARE**

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**INTERPERSONAL RELATIONSHIPS**

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**INTERPROFESSIONAL HEALTH CARE AND QUALITY  
IMPROVEMENT**

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**GENERAL**

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<b>Preceptor/Assessor Signature</b>	
<b>Name (print)</b>	
<b>Designation:</b>	
<b>Graduate Nurse Signature</b>	
<b>Clinical Nurse Manager Signature</b>	

**On completion:**  
**Original to be sent to: Personal file, Payroll**  
**Copy to be sent to: ADON CPD - Nursing Services**  
**Retain a copy for your Professional Development Portfolio**

**Nursing Entry to Practice Programme  
Formative Appraisal at 6 months**

Name:	
Ward:	
Period:	Start date:    Finish Date:

This tool is to record the assessment of the graduate nurse’s practice at the end of the first clinical placement using the five sections outlined below. The indicators here are a guide of the elements needed to achieve each section

**Review of previous goals**

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**Progress towards achievement of clinical competencies**

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<b>Assessment and Implementation of Client Care</b>	Not Achieved	Making Progress	Achieved
<p><b><u>Indicators</u></b></p> <ul style="list-style-type: none"> <li>• Some indicators will not be applicable for all settings</li> <li>• Assesses, documents and reports client's health status appropriately and accurately</li> <li>• Makes links between observations, the client's condition, pathophysiology and client response to interventions</li> <li>• Identifies changes in the clients condition and takes appropriate action to prevent deterioration</li> <li>• Performs technical skills and uses technology competently and effectively</li> <li>• Creates a safe environment for client well-being</li> <li>• Ensures client care needs are meet in accordance with care plan</li> <li>• Forms clinical decisions based on current knowledge and/or evidence and checks this with a more experienced nurse</li> <li>• Recognises and responds to emergency situations seeking assistance promptly</li> <li>• Knows where the resources required to implement nursing care are and can access these promptly</li> </ul>			
<p><b><u>Comments</u></b></p>			
<b>Planning and Evaluating Client Care</b>	Not Achieved	Making Progress	Achieved
<p><b><u>Capabilities</u></b></p> <ul style="list-style-type: none"> <li>• Some capabilities will not be applicable for all settings</li> <li>• Develops a plan of care in collaboration with other health professionals and in partnership with the client</li> <li>• Prioritises work according to clients' needs</li> <li>• Recognises and adapts to the changing need of clients and the work environment</li> <li>• Commences discharge planning in consultation with a more experienced nurse</li> <li>• Evaluates the client's and family/whanau care against the expected outcomes and where required consults with a more experienced nurse</li> <li>• Evaluates the effectiveness of own practice and seeks assistance when required</li> </ul>			
<p><b><u>Comments</u></b></p>			

<b>Communication and Collaboration</b>	Not Achieved	Making Progress	Achieved
<p><b>Capabilities</b></p> <p>Some capabilities will not be applicable for all settings</p> <ul style="list-style-type: none"> <li>• Communicates effectively and therapeutically demonstrating partnership with clients, families and whanau.</li> <li>• Provides explanations to clients about therapy and treatments where possible prior to performing them</li> <li>• Practice in a manner that is responsive to client's cultural needs and values.</li> <li>• Facilitates partnerships with community agencies and health providers e.g. Rest homes, Maori health providers</li> <li>• Works co-operatively and effectively health care team to achieve positive client outcomes</li> <li>• Adapts client education and teaching to the understandings and needs of the particular audience</li> </ul>			
<p><b>Comments</b></p>			
<b>Leadership</b>	Not Achieved	Making Progress	Achieved
<p><b>Capabilities</b></p> <p>Some capabilities will not be applicable for all settings</p> <ul style="list-style-type: none"> <li>• Promotes self-care for clients and their families/whanau</li> <li>• Provides an effective hand-over to ensure consistency of care</li> <li>• Delegates tasks appropriately and provides effective supervision</li> <li>• Gives effective feedback to those under your supervision and delegation</li> <li>• Promotes clients right to privacy</li> <li>• Challenges health care practice in the appropriate forum</li> <li>• Facilitates advocacy for clients when required</li> </ul>			
<p><b>Comments</b></p>			

<b>Domain 5</b> <b>Professional Development and Accountability</b>	Not Achieved	Making Progress	Achieved
<p><b>Capabilities</b></p> <p>Some capabilities will not be applicable for all settings</p> <ul style="list-style-type: none"> <li>• Applies the principles of the Treaty of Waitangi to own practice</li> <li>• Assumes new responsibilities within limitations of capabilities</li> <li>• Acknowledges own limitations in competence and experience and seeks to address these</li> <li>• Seeks feedback in a constructive manner about the consistency and standard of own practice and makes appropriate adjustments</li> <li>• maintains legal and professional documentation</li> <li>• Complies with legislation that impacts on nursing practice</li> <li>• Uses organisation and service policies (including Maori Health policies and practice guidelines) appropriately</li> <li>• Recognises and seeks supervision and guidance when ethical issues arise</li> <li>• Practices within established practice guidelines and procedures</li> <li>• Demonstrates effective workload and time management</li> <li>• Is accountable and accepts responsibility</li> <li>• Consistently behaves in a professional manner</li> <li>• Uses appropriate lines of authority</li> </ul>			
<p><b>Comments</b></p>			

**OVERALL PERFORMANCE:**

**Goals to achieve over the next three months related to key tasks and expected results of RN 1 Position Description.**

(Goals to be identified by graduate nurse in consultation with preceptor/CNM)

1. \_\_\_\_\_  
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\_\_\_\_\_

2. \_\_\_\_\_  
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3. \_\_\_\_\_  
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\_\_\_\_\_

Graduate Nurse Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Preceptor/Assessor Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Clinical Nurse Manager Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

**On completion:**  
**Original to be sent to: Personal file, Payroll**  
**Copy to be sent to: ADON CPD - Nursing Services**  
**Retain a copy for your Professional Development Portfolio**



**Nursing Entry to Practice Programme  
Formative Appraisal at 9 months**

<b>Name:</b>	
<b>Ward:</b>	
<b>Period:</b>	<b>Start date:</b> <b>Finish Date:</b>
<b>Assessment date:</b>	

**Progress towards achievement of clinical competencies**

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**Areas for further development**

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**GOALS**

**Goals to achieve for the final three months**

*(Goals to be identified by Graduate Nurse in consultation with Preceptor/CNM)*

**PROFESSIONAL RESPONSIBILITY**

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**MANAGEMENT OF NURSING CARE**

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**INTERPERSONAL RELATIONSHIPS**

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**INTERPROFESSIONAL HEALTH CARE AND QUALITY IMPROVEMENT**

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**GENERAL COMMENTS:**

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**Preceptor/Assessor Signature**

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**Name (print)**

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**Designation:**

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**Graduate Nurse Signature**

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**Clinical Nurse Manager Signature**

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**On completion:**

Original to be sent to: Personal file, Payroll

Copy to be sent to: ADON CPD - Nursing Services

Retain a copy for your Professional Development Portfolio



*West Coast District Health Board*  
*Te Poari Hauora a Rohe o Tai Poutini*



# Performance Review Form

## Staff Nurse

(Competencies for the registered nurse scope of practice)

Acknowledgement is given to the Canterbury District Health Board for their assistance in preparing this document.

### **Instructions**

For WCDHB Policy and Procedure related to the Performance Review process, please refer to the WCDHB-HR-0023 in the WCDHB Human Resource Manual.

1. The Nurse and Nursing Line Manager/Appraiser arrange a mutually convenient interview time together.
2. All sections must be completed, or state as not applicable.
  - **Section A:** *This section provides first and third party testimony on continuing competence for Nursing Council of New Zealand requirements, as well as PDRP.*
    - a) Nurse documents examples of competence against Nursing Council New Zealand competencies using Self-Assessment Sections (may refer back to your last Performance Appraisal). There are four domains; your assessment regarding each competency within the domain must be documented.
    - b) Nursing Line Manager/Appraiser to complete appropriate sections, providing comment and rationale to verify competence. There are four domains; your assessment regarding each competency within the domain must be documented.
  - **Section B:** Nurse to complete in conjunction with Nursing Line Manager/Appraiser.
  - **Section C:** Nursing Line Manager/Appraiser completes in consultation with the Nurse
  - **Section D:** Nursing Line Manager/Appraiser to complete in consultation with the Nurse. During the review, your evaluation will be discussed with your Nursing Line Manager/Appraiser and there will be the opportunity to add to any comments made. If any special action is required to enhance your development or practice, this will be entered in "Evaluation Summary", agreed to and signed by both parties.

It is recommended that this form is to be used in conjunction with:

- Nursing Council of New Zealand (2005) 'Competencies for the registered nurse scope of practice'
- Relevant position description
- WCDHB Nursing Performance Review Guideline

Staff Member *and* Nursing Line Manager/Appraiser to complete this form fully and ensure appropriate sections are countersigned.

Name: \_\_\_\_\_

Area: \_\_\_\_\_

Position: Staff Nurse \_\_\_\_\_

Year position commenced: \_\_\_\_\_

Contracted Hours (FTE): \_\_\_\_\_

PDRP Level (if applicable): \_\_\_\_\_

Reviewer Name / Designation: \_\_\_\_\_

Date of last review: \_\_\_\_\_

	Hours over previous 3 years	Verification by Nursing Line Manager/Appraiser	Comments
<b>Practice hours</b> (Min 450 hrs or 60 days)			
<b>Professional Development*</b> (Min 60 hrs)			

\*Attached: WCDHB Mandatory Training Printout

1. Organisational Requirements*	Issue Date	Expiry Date
Annual Practising Certificate		
<b>CPR</b>		
MIV		
Treaty of Waitangi		
Privacy Code / Health & Disability Act		
Documentation Made Legal		
VDU (OOS)		
Latex Awareness		
Infection Control		
CPR Instructors Course		
Patient Handling (Practical)		
Patient Handling and Personal Mobility Plans (Theoretical)		
Manual Handling / Back Care Injury		
Mock Evacuation		

Fire Safety		
OSH for Managers		
Calming and Restraint: Mental Health		
Information Security Awareness		
Ethnicity Data Collection		

<b>2. Area Specific Competencies</b>	<b>Completion Date</b>	<b>Expiry Date</b>
Triage		
ACLS		
TNCC		
PALS		
<b>3. External Courses / Conferences / Study Days</b>	<b>Evidence</b>	<b>Completion Date</b>

**Section A: Nursing Council of New Zealand Competencies for Registered Nurse Scope of Practice**

<b>Domain 1</b>	<b>Professional Responsibility</b>
1.1	Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical and relevant legislated requirements
1.2	Demonstrates the ability to apply the principles of the Treaty of Waitangi to nursing practice
1.3	Demonstrates accountability for directing, monitoring and evaluating nursing care that is provided by nurse assistants, enrolled nurses and others
1.4	Promotes an environment that enables client safety, independence, quality of life and health
1.5	Practices nursing in a manner that the client determines as being culturally safe
<b>Employee Self - Assessment</b>	<b>Nursing Line Manager/Appraiser Comments and Rationale</b>

<b>Domain 2</b>		<b>Management of Nursing Care</b>
2.1	Provides planned nursing care to achieve identified outcomes	
2.2	Undertakes a comprehensive and accurate nursing assessment of clients in a variety of settings	
2.3	Ensures documentation is accurate and maintains confidentiality of information	
2.4	Ensures the client has adequate explanation of the effects, consequences and alternatives of proposed treatment options	
2.5	Acts appropriately to protect oneself and others when faced with unexpected client responses, confrontation, personal threat or other crisis situations	
2.6	Evaluates client's progress toward expected outcomes in partnership with clients	
2.7	Provides health education appropriate to the needs of the client within a nursing framework	
2.8	Reflects upon, and evaluates with peers and experienced nurses, the effectiveness of nursing care	
2.9	Maintains professional development	
<b>Employee Self - Assessment</b>		<b>Nursing Line Manager/Appraiser Comments and Rationale</b>

<b>Domain 3</b>		<b>Interpersonal Relationships</b>	
3.1	Establishes, maintains and concludes therapeutic interpersonal relationships with client		
3.2	Practises nursing in a negotiated partnership with the client where and when possible		
3.3	Communicates effectively with clients and members of the health care team		
<b>Employee Self - Assessment</b>		<b>Nursing Line Manager/Appraiser Comments and Rationale</b>	

<b>Domain 4</b>		<b>Inter-professional Healthcare and Quality Improvement</b>	
4.1	Collaborates and participates with colleagues and members of the health care team to facilitate and co-ordinate care		
4.2	Recognises and values the roles and skills of all members of the health care team in the delivery of care		
4.3	Participates in quality improvement activities to monitor and improve standards of nursing		
<b>Employee Self - Assessment</b>		<b>Nursing Line Manager/Appraiser Comments and Rationale</b>	

**Section B: Mutual Goal Setting for Developing Skills and Knowledge**

**To be completed by Nurse**

List the goals achieved since last review

List goals unmet since last review and reasons

State most significant achievement in the past 12 months.

Identify specific skills, knowledge and experience you wish to acquire which will help you to become more skilled and knowledgeable in your role.

List any tertiary papers, degree/diploma or research you are currently undertaking or wish to pursue.

**To be completed by the Nurse in consultation with the Nursing Line Manager/Appraiser\***. You may wish to set goals aimed at strengthening your skills and knowledge. Your Manager may also have suggestions that you may like to pursue.

**\*NB: Nurses not meeting NCNZ requirements, e.g. insufficient Professional Development hours should also indicate here, plan of action intended to remedy short fall.**

GOAL	ACTION INTENDED	TIME FRAME

To be completed by Line Manager/Appraiser in consultation with the nurse:

### **Section C: Workplace Contribution**

#### **Preceptorship**

(Readily shares knowledge and skill with others, provides guidance and coaching to new staff / student nurses)

#### **Teamwork**

(Serves as a co-operative team member, actively contributing to team goals and meetings. Participates in quality and health & safety review processes)

#### **Leadership**

(Self-motivated, able to provide direction and delegation appropriately, considers wider impact of decisions and actions)

#### **Work Approach**

(Punctual, prioritises workload effectively and copes with work pressure)

#### **Health & Safety**

(Shows commitment to safe practices by following hazard management and emergency procedures)

#### **Area Specific Accountabilities**

(Competently fulfils responsibilities related to any area specific accountabilities)

## **Section D: Summary and Overall Competency Assessment**

To be completed by Manager in consultation with the nurse:

- 1. Professional Responsibility**
- 2. Management of Nursing Care**
- 3. Interpersonal Relationships**
- 4. Interprofessional Health Care & Quality Improvement**

During the meeting, your evaluation will be discussed with your Manager. If any special action is required to enhance your development or practice, this will be entered in this section, agreed to and signed by both parties.

**EVALUATION SUMMARY:** To be completed by Manager and Staff member

### **NURSING LINE MANAGER/APPRaiser'S OVERALL COMMENT**

***NB: Please indicate whether the nurse intends to apply for PDRP:      Yes  
No***

***(Please circle one answer).***

PDRP Level: \_\_\_\_\_ Manager Signature: \_\_\_\_\_

### **STAFF MEMBER'S OVERALL COMMENT**

**Manager signature:**

**Staff member signature:**

**Date:**

**Date:**

***The completed document will be retained by the Nurse. A copy will be held on the personnel file of the nurse, as per policy within each division.***

Reference: Nursing Council of New Zealand. (2005). Competencies for the Registered Nurse Scope of Practice. Wellington: New Zealand

## SELF ASSESSMENT TOOL - RN (S1)

Clinical Practice	Comments
1. Client/client care is carried out using a planned process and is documented within the bounds of the Privacy Act.	
2. Maintain basic competencies relevant to division.	
3. Motivated to acquire specialist skills specific to current area of practice	
4. Motivated to acquire and maintain proficiency in clinical skills and demonstrate them to less experienced staff.	
5. Practice quality principles and demonstrate an understanding of quality improvement.	
6. Demonstrate proficient health assessment skills to identify client needs.	
7. Demonstrate an awareness of current evidence-based best practice principles relevant to clinical area.	
8. Act as an advocate for client/client/whanau.	
9. Demonstrate cultural safety in practice.	
10. Use the Treaty of Waitangi appropriately to demonstrate responsiveness to Maori Health issues.	
11. Clinical decision making is organized, consistent and appropriate.	

12. Practice within ethical guidelines, Professional Standards of Practice, Code of Health and Disability Services Consumers rights, WCDHB nursing standards, policies and procedures.	
13. Respond appropriately to complex and changing clinical situations.	
14. Role model time management and priority setting skills	
15. Promote a positive and supportive learning environment.	
16. Assume some leadership responsibilities	
17. Role model effective collegial/professional relationships.	
18. Support a collaborative approach to clients/clients with complex needs.	

**Communication**

**Comments**

1. Documentation meets the legal requirements and WCDHB Policy and Procedure requirements.	
2. Identify and document all untoward incidents as per WCDHB Policies and Procedures	
3. Efficiently co-ordinate the care of client/client with complex needs.	
4. Effectively communicate client/client needs to relevant inter-disciplinary team members.	
5. Establish therapeutic relationship with client/client and family.	
6. Involve client and significant others in setting goals for improved health outcomes.	

7. Interact effectively with all health team members and community resource persons.	_____
8. Use a range of therapeutic communication strategies	_____
9. Provide education to clients/clients on available resources and where to access them	_____
10. Actively participate in team meetings.	_____

Professionalism	Comments
1. Actively pursue and participate in professional development opportunities.	_____
2. Recognise and facilitate learning opportunities.	_____
3. Take a leadership role in the development and preceptoring of staff and students.	_____
4. Initiate critical thinking to resolve clinical and co-ordination issues.	_____
5. Demonstrate leadership/management in co-ordination, direction and delegation of client/client and staff/resources.	_____
6. Show accountability and responsibility for client/client care and outcomes.	_____

*Adapted from Southland and Hawkes Bay documents.*

Legislation and Standards
1. Adheres to legislation requirements, ethical principles and professional standards of practice. <b>Comment:</b> _____ _____

2. Committed to self improvement in knowledge and skills.

**Comment:**

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3. Role model for good ethical practice, cultural sensitivity and Professional practice.

**Comment:**

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Signature.....Date.....



*West Coast District Health Board*  
*Te Poari Hauora a Rohe o Tai Poutini*

**West Coast District Health Board (WCDHB)  
Nurse Entry to Practice (NETP) & Expansion Programme 2011**

**Preceptor/Registered Nurse Graduate Development Time Record.**

**Sixteen hours** of time allocated for graduate/preceptor development time must be undertaken to successfully complete this programme.

**Time allocation:** Each session will be held for a minimum period of 1 hour to a maximum of 2 hours per session. 16 hours in total is to be completed over the 52 week period. It is desirable that the graduate negotiates with their preceptor to arrange a mutually agreeable time is allocated for reflective, discussion and ongoing goal setting.

**NOTE: This form must be signed off by preceptor at the completion of each session for inclusion in your portfolio.**

\_\_\_\_\_

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Preceptor:** \_\_\_\_\_  
**Discussion/content to be covered at this session:**

\_\_\_\_\_  
\_\_\_\_\_

**Reflection activity (where applicable)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Goals to be attained for next session**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Preceptor signature:** \_\_\_\_\_

**Preceptor education**

All registered nurses who are assigned a graduate are required to undertake the West Coast District Health Board Preceptorship programme.

In addition to this programme Preceptors will be expected to participate in 16 hours additional professional development hours to ensure they are abreast of changes to policy, practice and educational activities required to support the graduate in their programme.

A proposed schedule of education is to be completed on the West Coast DHB Education planner form and must be discussed with the Associate Director of Nursing Clinical Practice Development (ADON CPD) prior to commencing as a preceptor.

Examples of professional development are:

- Advanced CPR and emergency response
- Medication management updates
- Infection control updates
- Managing the diabetic client
- Policy revision activities
- Best practice education forums held monthly
- Contribution to ongoing quality activities to ensure best practice outcomes
- External activities such as NZNO special interest study days
- Participation in NETP teleconferencing discussion forums
- Conflict resolution
- Team building and decision making
- Teaching and learning activities with the Nurse Educators and ADON CPD
- Education research activities through the learning centre

Evidence of attendance must be presented to the ADON CPD and where in the unlikely event the hours are not met the ADON CPD will liaise with the preceptor to arrange suitable education to enhance their performance as a preceptor.

A certificate of attendance will be provided at the completion of the 16 additional education hours for inclusion in your PDRP folder.