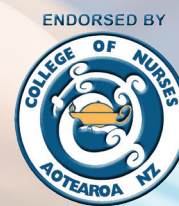


Nursing portfolios: a simple guide to competency self-assessment

RRR Reading the article and completion of this *Nursing portfolios: a simple guide to competency self-assessment* learning activity is equivalent to 60 minutes of professional development.



By Liz Manning

Developing a portfolio and interpreting the Nursing Council of New Zealand competencies remains a confusing landscape for many nurses. This article provides supportive advice and examples of how to effectively self-assess nursing practice against the competencies, especially for nurses randomly selected for a recertification audit.

Learning outcomes

- ▶ Understand rationale for developing a nursing portfolio.
- ▶ Know how to approach a self-assessment against the competencies using everyday practice examples.
- ▶ Increase familiarity with the Nursing Council of New Zealand website.
- ▶ Locate and review guidelines that underpin nursing practice.

NCNZ competencies addressed
Registered Nurse competencies 1.1, 2.8, 2.9.

Introduction

“What is a portfolio? Is it a PDRP? Is it a massive file of information about your practice? How do I even begin to self-assess when the competencies aren’t specific? Anyway, this will take weeks to put together...won’t it? I am good at my job, WHY are you auditing ME?”

This article looks at why nurses need to develop a portfolio and offers advice on how to effectively self-assess nursing practice against the Nursing Council of New Zealand competencies if faced by a recertification audit.

There are two circumstances when nurses need to present a portfolio:

Being randomly selected for a recertification audit of the continuous competence requirements by the Nursing Council of New Zealand (NCNZ).

OR

Being employed by an organisation with an approved Professional Development and Recognition Programme (PDRP)⁸ and being required to submit a portfolio on a three-yearly cycle or wishing to apply for another level of practice. (Nurses on a PDRP should seek specific advice from their PDRP coordinator.)

Why portfolios?

The Health Practitioners Competence Assurance Act (2003)¹ provides a framework for the regulation of health practitioners to protect the public where there is risk of harm from professional practice. The Act identifies responsible

authorities (e.g. NCNZ) that have the role of ensuring all registered health practitioners, issued with an annual practising certificate (APC), are competent in their scope of practice.

The Council has the role of protecting the public by setting standards and ensuring that nurses are competent to practise under the Act. Each year the Council randomly selects five per cent of practising nurses for a recertification audit¹⁴.

Question: When you receive your APC notification from NCNZ, do you tick the boxes that declare:

- you have the required 450 practice hours (over three years)?
- you have the required 60 professional development hours (over three years)?
- you are competent to practice?

Answer: Yes? Then the NCNZ recertification audit is asking you to provide validated evidence for those ticks.

TIPS BOX 1

- ▶ ONLY include the requested items from the checklist.
- ▶ Filling a portfolio does not need to be a linear process. Start with the items you already have.
- ▶ Write about your everyday practice, in your own words.
- ▶ This isn’t about your best day ever, it’s about what you do every day.

What is a portfolio?

A portfolio is a standardised way of storing information that describes your competence to practice. It's generally an A4 folder, or an electronic equivalent, with predefined sections making it easier to collate and audit.

Filling a portfolio for recertification

Content

The NCNZ provide a checklist¹⁴ on their recertification webpage. Only include the items requested, keep it simple. Three forms of verified evidence are required:

- ▶ Record of practice hours.
- ▶ Record of professional development hours.
- ▶ Assessment against the competencies
 - ▶ Self-assessment
 - ▶ Senior nurse or peer review

Check the NCNZ website for templates^{7, 14, 15} and information. If you cannot meet one or more of the requirements, contact the NCNZ to explain your situation and they will advise you what to do.

Verification

The evidence you provide in your portfolio must be verified, which means signed by someone who has either observed your practice or can confirm that the evidence you have provided is correct and that it is your work. This is often a manager or senior nurse. They must provide their name, designation and contact details.

Currency

A portfolio is about your current practice. All the evidence/practice examples you provide must be from the previous three years.

Privacy

Any inclusion of third party information without consent is a breach of privacy^{3, 17}.

Assessment against the RN competencies

Which competencies?

The majority of New Zealand's approximately 50,000 registered nurses

(RNs) are in 'direct-care' clinical roles¹⁶ and will complete the RN clinical competencies. However, there are nurses working across health in myriad different roles who do not provide direct nursing care but still influence nursing practice and/or the nursing workforce. The Council has created competencies to recognise and accommodate the breadth of the scope and RNs must select a competency set that reflects their current practice. There are competencies for RNs in:

- ▶ clinical⁴ (the majority of RNs)
- ▶ management/clinical management⁶
- ▶ education⁶, policy⁶, and research⁶.

This article looks at the **clinical** competencies⁴ in the four domains:

- Domain 1: Professional responsibility (five competencies)
- Domain 2: Management of nursing care (nine competencies)
- Domain 3: Interpersonal relationships (three competencies)
- Domain 4: Interprofessional healthcare and quality improvement (three competencies)

Nurses must provide ONE practice example for every competency. Each competency has 'indicators' listed – these are guides to help you select your example.

The RN domains and competencies with general examples and tips to guide you

Domain 1: Professional responsibility

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

This covers legislation, acts, ethics, codes, policies and standards that underpin practice. e.g. Privacy Act, the Code of Rights and workplace health and safety requirements. Refer to the NCNZ Code of Conduct⁵ and other guidelines.

COMPETENCY 1.1 STATEMENT ABOUT YOUR PRACTICE:

We had a refresher on the NCNZ Code of Conduct, social media guidelines and professional boundaries last year (see PD hours), which was great, and we keep copies in the office. I am very aware of the Privacy Act, the patient's right to confidentiality and how that affects who I can talk to about the patient

ACTUAL PRACTICE EXAMPLE:

Last month I was caring for a gentleman whose neighbour rang to ask for results of a recent blood test; she said she was helping to care for him and he had asked her to call. I explained that I could not discuss the patient's condition or blood tests because... etc.

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

This is specific to Māori, in relation to the Treaty. How do you partner in care? How do you protect or advocate? How do you facilitate patient/whānau participation?¹⁰

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

Delegation occurs up, down or sideways e.g. asking a colleague for help (sideways), escalating a difficult situation to a manager (up), directing a student, healthcare assistant (HCA), or a patient's family or carers (down). Refer to the NCNZ Direction and Delegation Guidelines^{12, 9}.

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

How do you promote a safe working environment? How do you anticipate and mitigate clinical risk? How do you promote patient wellbeing and safety e.g. hazard identification, reporting incidents, infection control guidelines?

Competency 1.5 *Practises nursing in a manner that the client determines as being culturally safe.*

How do you care for patients who have different cultural¹⁴ requirements from your own? How do you ascertain their beliefs and how you do respond? How do you know if the patient determines your care is culturally safe? Think broadly and beyond ethnicity. Culture includes many things that are part of our everyday lives e.g. religion, disability, sexuality, beliefs, food, family culture and language.

Domain 2: Management of nursing care

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

How do you plan care? Do you use nursing models of care? Consider how you plan for an acute episode or a chronic illness, long term or short term. Who do you involve in the planning?

Competency 2.2 *Undertakes a comprehensive and accurate nursing assessment of clients in a variety of settings.*

How do you conduct your assessments? Do you use an assessment framework e.g. SOAP (subjective, objective, assessment, plan), mini-mental state examination, falls risk, InterRai? This could be initial assessment or assessment following a procedure, new medication or a regular reassessment. Consider how often you assess; you may have noticed something using your observation skills that prompted you to undertake a more focused assessment.

TIPS BOX 2

- ▶ Put your practice examples into the domains then start with the competency you think is the easiest to describe. The indicators may help you decide.
- ▶ Write a statement about your practice then support it with an objective example (an actual situation that occurred).
- ▶ See the examples provided for the RN clinical competencies.



Recommended resources:

The Nursing Council of New Zealand

Code of Conduct, guidelines, continuing competency guides, examples and templates plus recertification audit information available at www.nursingcouncil.org.nz/Nurses.

The **NZNO Guide to Privacy** in relation to portfolios etc. Available in the 'practice' section www.nzno.org.nz/resources/nzno_publications.

COMPETENCY 2.2
STATEMENT ABOUT YOUR PRACTICE:

We see walk-in patients and also take phone calls from patients. We need to be able to quickly assess in a variety of ways.

ACTUAL PRACTICE EXAMPLE:

Walk-in: Last week a new patient presented with chest pain. As he came through the door I saw he was pale and sweaty, rubbing his chest. I immediately used the OLD CARTS chest pain assessment tool ... etc.

Phone call: A young mum rang about her child who had a fever of 38.8 and had been unwell overnight with an 'odd' cough'. I used the Traffic Light System to identify the immediate risks: I asked for the child's colour, activity ... etc.

COMPETENCY 2.3
STATEMENT ABOUT YOUR PRACTICE:

I document as soon as possible after a patient interaction; I always write things down in accurate detail as soon as I can with a time, date and signature, and then print my name.

ACTUAL PRACTICE EXAMPLE:

About eight months ago a visitor made a complaint, claiming I gave their elderly relative the wrong advice about a medication. My manager checked back into the patient's notes and I had written the conversation down in detail, timed and dated it, with a note that I had confirmed everything with the patient ... etc.

COMPETENCY 2.6
STATEMENT ABOUT YOUR PRACTICE:

I regularly meet with patients (and, if appropriate, their families) to discuss their requirements and preferences for their care.

ACTUAL PRACTICE EXAMPLE:

I care for an elderly gentleman who is now unable to attend appointments for wound care because of chronic pain, transport issues and living alone. I recently organised to meet with him to review the options for his situation so he could get the care he needed in a way which met his planned care needs and his preferences starting with... etc.

Competency 2.3 Ensures documentation is accurate and maintains confidentiality of information.

How do you maintain clear, concise, organised and current documentation?

Competency 2.4 Ensures the client has adequate explanation of the effects, consequences and alternatives of proposed treatment options.

How do you describe and explain a treatment, medication or a procedure to the patient? Do you encourage questions? Do they need a support person/interpreter/family member? Do you describe the alternatives and possible outcomes? Do you use printed information?

Competency 2.5 Acts appropriately to protect oneself and others when faced with unexpected client responses, confrontation, personal threat or other crisis situations.

What systems does your workplace have for crisis situations and what is your role in managing these? For example, cardiac arrest, security threat, anaphylaxis and other significant events.

Competency 2.6 Evaluates client's progress toward expected outcomes in partnership with clients.

How do you assess if your care is safe and effective? How have you involved patients in care planning? How do you contribute to discussions and planning for the patients?

Competency 2.7 Provides health education appropriate to the needs of the client within a nursing framework.

Why is health education important and how do you ensure you are offering it in a timely, consistent and appropriate way? Do you use printed resources or websites? Is it age and ability appropriate e.g. quit smoking, green prescription or a new medication? It could be to a patient, family or caregivers. How do you evaluate the effectiveness of your education?

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

How do you support your colleagues and peers to reflect on their practice? Does your employer have a system for

seeking advice or debriefing? Have you made changes to patient care following reflection or professional discussion? Do you attend professional supervision?

Competency 2.9 *Maintains professional development (PD).*

You should include your PD record, but you can always add a reflection on a specific PD activity and how it affected your practice.

Domain 3: Interpersonal relationships

Competency 3.1 *Establishes, maintains and concludes therapeutic interpersonal relationships with client.*

It's all about communication. How do you approach people every day; new patients or patients you have known for a long time? How do you form trusting relationships quickly and how do you maintain your longer term professional relationship with patients? How do you demonstrate knowledge of verbal and nonverbal skills (body language) in your communication with patients?

Competency 3.2 *Practises nursing in a negotiated partnership with the client where and when possible.*

Consider the patient's right to refuse treatment – do you practice informed consent? How will the planned care work for the patient e.g. can they get to an appointment? What do you discuss with the patient to get the care they need in the right way, at the right time and place?

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

Consider the many techniques you use to communicate with patients and to the team. How do you know they are effective?

COMPETENCY 3.3 STATEMENT ABOUT YOUR PRACTICE:

I think communication and listening is key to good practice. I always assess carefully when I meet patients to find out how they need to communicate and what works best for them.

ACTUAL PRACTICE EXAMPLE:

Recently a new resident, an elderly gentleman who is profoundly deaf, had staff shouting instructions to him. I felt this undermined his dignity and was ineffective. I introduced myself to him and asked if I could sit next to him. I asked him if I could use a pen and paper to get my messages across in writing which he really liked ... etc.

Domain 4: Interprofessional healthcare and quality improvement

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

This is about the wider team, sometimes outside your own organisation. How do you work with other providers? How do you approach handover, multi-disciplinary meetings or case reviews? How do you organise a referral e.g. to a dietician or podiatrist, or discuss and plan care with other members of the healthcare team?

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

Do you recognise when different skills are needed e.g. a physiotherapist, a social worker, a doctor? How do roles and

clinical skills differ? How do you recognise and coordinate this e.g. in a discharge plan, patient deterioration, coordination of a procedure or appointment?

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

This could be participation in a clinical audit, survey, or nursing care quality initiative e.g. procedure technique, wound dressing, medication administration, documentation or communication process. Hazards, unsafe equipment or incident reporting. Focus on nursing practice.

In conclusion, a portfolio does not need to be confusing. Just step back, reflect on your practice and start recording your examples, competency by competency. +

About the author:

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Professional Development

Learning Activity

Learning outcomes

- ▶ Understand rationale for developing a nursing portfolio.
- ▶ Know how to approach a self-assessment against the competencies using everyday practice examples.
- ▶ Increase familiarity with the Nursing Council of New Zealand website.
- ▶ Locate and review guidelines that underpin nursing practice.

NCNZ competencies addressed

Registered Nurse competencies 1.1, 2.8, 2.9.

Reading the article and completion of this *Nursing portfolios: a simple guide to competency self-assessment* learning activity is equivalent to **60 minutes** of professional development.

This learning activity is relevant to the NZNC RN competencies **1.1, 2.8, 2.9**.

Please discuss all your answers with your peer/s.

A Reading

- 1 Select and read the NCNZ guidelines that you are least familiar with i.e. Code of Conduct⁵, Professional Boundaries¹¹ or Social Media¹³ www.nursingcouncil.org.nz/Nurses.

- 2 Further suggested reading:

- ▶ 'Tips for a top nursing portfolio'² www.nursingreview.co.nz/issue/april-2015-vol-15-2/tips-for-a-top-nurse-portfolio/#WC5bYuZ95PY
- ▶ NZNO privacy guidelines in relation to portfolios, case studies and exemplars www.nzno.org.nz/resources/nzno_publications

B Reflection

- 1 Reflect on your routine practice. Think about how you approach patients, how you develop trusting relationships, and how you routinely plan, deliver and coordinate care with health professional teams.
- 2 Choose a relatively common occurrence in your everyday practice. Think back to the most recent example of how you dealt with this. Review and reflect on what went well, what was the outcome and what, if anything, you would do differently next time.

C Reality

- 1 Identify and write down FOUR examples of your own practice (refer to exemplar examples in article). Identify which domain and then which competency they apply to.
- 2 Discuss with a colleague how you would approach their peer assessment; what specific examples of their practice you would use and to which competencies did they apply?

Verification by a colleague of your completion of this activity

Colleague name

Designation

Date

Nursing council ID

Work address

Contact #