

# Proficient EN Portfolio

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Please replace the details below with your Name, Workplace and Month/Year of submission.

**NAME**

**Workplace**

**Month Year**

# Proficient EN Portfolio Contents

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- a) Application Letter – **signed**
- b) Copy of current CV or resume
- c) Copy of entry on online NCNZ register showing **current** APC
- d) Current Performance Appraisal – eg. Mo Tatou - (within the last 12 months) – **signed**
- e) Self assessment - **Proficient** level against the NCNZ competencies – **signed**
- f) Senior nurse assessment - **Proficient** level against the NCNZ competencies – **signed**
- g) Professional development plan **OR** Career plan - **signed**
- h) Manager Support Letter – completed supporting Proficient EN and **signed**
- i) Evidence of 450 practice hours over last 3 years – validated & **signed** by Manager
- j) Evidence of 60 Professional Development Hours over past 3 years including evidence of Code of Conduct training since 2012 - validated & **signed** by Manager
- k) Reflections on three Professional Development activities

## Proficient EN Requirements

- a) Evidence of involvement in a quality initiative or practice change and evidence of implementation evaluation, this includes support from manager.
- b) Evidence demonstrating teaching **AND/OR** preceptorship. Evidence of teaching, preceptoring or supporting the skill development of colleagues should include your reflection and feedback from the person(s) taught, preceptored or supported.
- c) Evidence illustrating the in-depth understanding of patient care and care coordinating within scope of practice.

# Application Letter

**Please complete all sections below**

(please note, with the exception of Graduate Nurses, certificates are issued to Proficient, Expert and Accomplished level only)

**Name:** .....

*as you want it to appear on your certificate (please print clearly in this box):*

**APC Number**

**Expiry Date:**

**Workplace:**

**Manager Name:**

**Managers  
Title:**

**This portfolio is for (please circle or delete):** **Enrolled Nurse**

**Registered Nurse**

**This portfolio is for (please circle or delete):** **Competent Proficient Expert Accomplished DSN**

## **Declaration (Please tick all applicable)**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | I declare that the documents in this portfolio are my own work and if taken from papers, journals or books, are appropriately referenced   |
| <input type="checkbox"/> | I declare that where I have submitted joint work, I have fairly and accurately described my personal contribution  |
| <input type="checkbox"/> | I declare that the enclosed work (related to practice situations) has occurred in the previous three years and relates to the current competencies of my scope of practice   |
| <input type="checkbox"/> | I am prepared to provide authentication data confidentially to the moderator or assessment panel of required   |
| <input type="checkbox"/> | I understand this material remains confidential to the assessor(s) unless covered under the Health Practitioners Competence Assurance Act 2003   |
| <input type="checkbox"/> | I am aware that my portfolio may be subject for use in the moderation process, internal, external or as directed by the New Zealand Nursing Council and I will make my portfolio available within 2 weeks if required for moderation |
| <input type="checkbox"/> | I understand than none of my work will be used for any other purpose unless it has my specific consent   |
| <input type="checkbox"/> | I declare that this portfolio represents a consistent demonstration of my practice   |

**Signature:**

**Date:**

Please remove this page and insert a copy of your CV/resume.

Please remove this page and insert a print out of your Nursing Council of New Zealand registrations entry from:

[www.nursingcouncil.org.nz](http://www.nursingcouncil.org.nz)

Click the link above to visit the NCNZ website, enter your APC number into the *Search the Register* box, click on your name and print the page.

Please remove this page and insert a signed copy of your Annual Performance Appraisal, for example:

- Wairarapa DHB's Mo Tatou Performance Review
- Your organisations performance review

This must be less than 12 months old at the time of submission.

## Self and Competency Assessment of NCNZ Competencies for Proficient Enrolled Nurse

For use when applying for progression on the Proficient Enrolled Nurse PDRP Level **or** when completing the three yearly performance reviews for maintenance of Proficient Enrolled Nurse PDRP level and to meet NCNZ Continuing Competency Requirements

### Self and Senior Nurse Assessment Process:

- a) Applicant must complete the self-assessment prior to competency assessment
- b) Self-assessment must reflect the national PDRP framework for Proficient EN level of Competence (see your DHB's PDRP Handbook for details)
- c) Individual examples of practice must be verified by a Registered Nurse or the senior nurse assessor
- d) Examples of practice must be within the previous **12 months**
- e) The Senior Nurse Assessor must:
  - Have a current APC
  - Hold a senior nurse title (e.g CNM, ACNM, CNE) or the Manager can delegate to a senior RN who is a Proficient, Expert or Designated Senior nurse on the PDRP Pathway or in the case of primary care a delegate senior nurse
  - Have at least 3 years of clinical experience in the clinical area
  - Be familiar with the practice of the nurse completing the portfolio
  - Completed workplace assessor training or similar

Details of Applicant
Name:
APC number:
APC Expiry:
Workplace:
PDRP Level:
Role:

Details of Senior Nurse Assessor	Details of Senior Nurse Assessor
Name:	Name:
APC number:	APC number:
APC Expiry:	APC Expiry:
Workplace:	Workplace:
PDRP Level: :	PDRP Level: :
Role:	Role:

**NCNZ Competency and Proficient EN Performance Indicator**  
**DOMAIN 1: Professional Responsibility**

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

**Indicator**

e.g. describe how you role model to ensure professional, ethical or legislated requirements are upheld in your area of practice.

**Self-Assessment** – you must include a practice example of how you meet this competency

**Senior Nurse Assessment** - you MUST include a practice example of how nurse meets competency

Competency Met

Competency Not Met

Name of Competence Assessor:

Verifying RN if different from Competence Assessor:



## NCNZ Competency and Proficient EN Performance Indicator

### DOMAIN 1: Professional Responsibility

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

**Indicator**

e.g. using an example from practice, describe how you assist colleagues to apply the principles of the Treaty to their nursing practice.

**Self-Assessment** – you must include a practice example of how you meet this competency

**Senior Nurse Assessment** - you MUST include a practice example of how nurse meets competency

Competency Met

Competency Not Met

Name of Competence Assessor:

Verifying RN if different from Competence Assessor:

**NCNZ Competency and Proficient EN Performance Indicator**  
**DOMAIN 1: Professional Responsibility**

**1.3 Demonstrates understanding of the enrolled nurse scope of practice and the registered nurse responsibility and accountability for direction and delegation of care.**

e.g. Describe the accountability and responsibilities of an Enrolled Nurse when delegated work by a Registered Nurse and how you assist others to comply with this.

**Self-Assessment** – you must include a practice example of how you meet this competency

**Senior Nurse Assessment** - you MUST include a practice example of how nurse meets competency

Competency Met

Competency Not Met

Name of Competence Assessor:

Verifying RN if different from Competence Assessor:

## NCNZ Competency and Proficient EN Performance Indicator

### DOMAIN 1: Professional Responsibility

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

e.g. Using an example from practice describe how you promote an environment that enables health consumer safety and/or independence and/or quality of life and/or health.

**Self-Assessment** – you must include a practice example of how you meet this competency

**Senior Nurse Assessment** - you MUST include a practice example of how nurse meets competency

Competency Met

Competency Not Met

Name of Competence Assessor:

Verifying RN if different from Competence Assessor:

**NCNZ Competency and Proficient EN Performance Indicator**  
**DOMAIN 1: Professional Responsibility**

**1.5 Participates in ongoing professional and educational development.**

e.g. Ensure professional development record meets NCNZ requirements.

Organisational core competencies current

**Self-Assessment** – you must include a practice example of how you meet this competency

**Senior Nurse Assessment** - you MUST include a practice example of how nurse meets competency

Competency Met

Competency Not Met

Name of Competence Assessor:

Verifying RN if different from Competence Assessor:

**NCNZ Competency and Proficient EN Performance Indicator**  
**DOMAIN 2: Management of Nursing Care**

**1.6 Practices nursing in a manner that the patient/client determines as being culturally safe.**

e.g. using an example from practice, describe how cultural difference can impact on nursing care delivery and how you assist your colleagues to avoid imposing prejudice on others.

**Self-Assessment** – you must include a practice example of how you meet this competency

**Senior Nurse Assessment** - you **MUST** include a practice example of how nurse meets competency

Competency Met

Competency Not Met

Name of Competence Assessor:

Verifying RN if different from Competence Assessor:

## NCNZ Competency and Proficient EN Performance Indicator

### DOMAIN 2: Management of Nursing Care

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

e.g. using an example from practice, discuss how you plan and prioritise your care under the direction of a Registered Nurse.

**Self-Assessment** – you must include a practice example of how you meet this competency

**Senior Nurse Assessment** - you MUST include a practice example of how nurse meets competency

Competency Met

Competency Not Met

Name of Competence Assessor:

Verifying RN if different from Competence Assessor:

**NCNZ Competency and Proficient EN Performance Indicator**  
**DOMAIN 2: Management of Nursing Care**

**2.2 Contributes to nursing assessments by collecting and reporting information to the registered nurse.**

e.g. using an example from practice, describe how you undertake a nursing assessment of a health care consumer using a specific assessment tool and how your reported findings to the Registered Nurse assist in planning care.

**Self-Assessment** – you must include a practice example of how you meet this competency

**Senior Nurse Assessment** - you MUST include a practice example of how nurse meets competency

Competency Met

Competency Not Met

Name of Competence Assessor:

Verifying RN if different from Competence Assessor:

**NCNZ Competency and Proficient EN Performance Indicator**  
**DOMAIN 2: Management of Nursing Care**

**2.3 Recognises and reports changes in health and functional status to the Registered Nurse or directing health professional.**

e.g. using an example from practice, describe how you assisted the Registered Nurse to manage a change/deterioration in the patient/clients status

**Self-Assessment** – you must include a practice example of how you meet this competency

**Senior Nurse Assessment** - you MUST include a practice example of how nurse meets competency

Competency Met

Competency Not Met

Name of Competence Assessor:

Verifying RN if different from Competence Assessor:



**NCNZ Competency and Proficient EN Performance Indicator**  
**DOMAIN 2: Management of Nursing Care**

**2.4 Contributes to the evaluation of health consumer care.**

e.g. using an example from practice describe how your contributed to the evaluation of care has affected the health outcome.

**Self-Assessment** – you must include a practice example of how you meet this competency

**Senior Nurse Assessment** - you **MUST** include a practice example of how nurse meets competency

Competency Met

Competency Not Met

Name of Competence Assessor:

Verifying RN if different from Competence Assessor:

**NCNZ Competency and Proficient EN Performance Indicator**  
**DOMAIN 2: Management of Nursing Care**

**2.5 Ensures documentation is accurate and maintains the confidentiality of information.**

e.g. describe how you support colleagues to ensure patient documentation meets the legal requirements and maintains patient/client confidentiality.

**Self-Assessment** – you must include a practice example of how you meet this competency

**Senior Nurse Assessment** - you **MUST** include a practice example of how nurse meets competency

Competency Met

Competency Not Met

Name of Competence Assessor:

Verifying RN if different from Competence Assessor:

**NCNZ Competency and Proficient EN Performance Indicator**  
**DOMAIN 2: Management of Nursing Care**

**2.6 Contributes to the health education of health consumers to maintain and promote health.**

e.g. describe how you use a range of resources to improve health consumer outcomes.

**Self-Assessment** – you must include a practice example of how you meet this competency

**Senior Nurse Assessment** - you **MUST** include a practice example of how nurse meets competency

Competency Met

Competency Not Met

Name of Competence Assessor:

Verifying RN if different from Competence Assessor:

## NCNZ Competency and Proficient EN Performance Indicator

### DOMAIN 3: Interpersonal communication

**3.1 Establishes, maintains and concludes therapeutic interpersonal relationships**

e.g. using an example from practice, describe how you establish a therapeutic relationship while maintaining professional boundaries and why this can be challenging.

**Self-Assessment** – you must include a practice example of how you meet this competency

**Senior Nurse Assessment** - you MUST include a practice example of how nurse meets competency

Competency Met

Competency Not Met

Name of Competence Assessor:

Verifying RN if different from Competence Assessor:

**NCNZ Competency and Proficient Performance Indicator**  
**DOMAIN 3: Interpersonal communication**

**3.2 Communicates effectively as part of the health care team.**

e.g. Describe how you use different communication styles with the health care team, in what context, and how you know they are appropriate and effective.

**Self-Assessment** – you must include a practice example of how you meet this competency

**Senior Nurse Assessment** - you MUST include a practice example of how nurse meets competency

Competency Met

Competency Not Met

Name of Competence Assessor:

Verifying RN if different from Competence Assessor:

**NCNZ Competency and Proficient Performance Indicator**  
**DOMAIN 3: Interpersonal Communication**

**3.3 Uses a partnership approach to enhance health outcomes for health consumers.**

e.g. using an example from practice, describe how you increased a patient/client's independence or family/Whanau participation in their care.

**Self-Assessment** – you must include a practice example of how you meet this competency

**Senior Nurse Assessment** - you **MUST** include a practice example of how nurse meets competency

Competency Met

Competency Not Met

Name of Competence Assessor:

Verifying RN if different from Competence Assessor:

**NCNZ Competency and Proficient Performance Indicator**  
**DOMAIN 4: Interprofessional Health care & Quality Improvement**

**4.1 Collaborates and participates with colleagues and members of the health care team to deliver care.**

e.g. using an example from practice, describe how you assisted the health care team to resolve a clinical issue.

**Self-Assessment** – you must include a practice example of how you meet this competency

**Senior Nurse Assessment** - you MUST include a practice example of how nurse meets competency

Competency Met

Competency Not Met

Name of Competence Assessor:

Verifying RN if different from Competence Assessor:

**NCNZ Competency and Proficient Performance Indicator**  
**DOMAIN 4: Interprofessional Health care & Quality Improvement**

**4.2 Recognises the differences in accountability and responsibilities of Registered Nurses, Enrolled Nurses and Healthcare Assistants.**

e.g. describe how you assist the health care team to understand the difference in accountability and responsibilities of Registered Nurses, Enrolled Nurses and Healthcare Assistants.

**Self-Assessment** – you must include a practice example of how you meet this competency

**Senior Nurse Assessment** - you MUST include a practice example of how nurse meets competency

Competency Met

Competency Not Met

Name of Competence Assessor:

Verifying RN if different from Competence Assessor:



**NCNZ Competency and Proficient Performance Indicator**  
**DOMAIN 4: Interprofessional Health care & Quality Improvement**

**4.3 Demonstrates accountability and responsibility within the health care team when assisting or working under the direction and delegation of a registered health professional who is not a nurse.**

e.g. describe a nursing activity in your area that is outside the scope of practice of an Enrolled Nurse and what you do if asked to do this activity.

**Self-Assessment** – you must include a practice example of how you meet this competency

**Senior Nurse Assessment** - you **MUST** include a practice example of how nurse meets competency

Competency Met

Competency Not Met

Name of Competence Assessor:

Verifying RN if different from Competence Assessor:

## NCNZ Self & Competence Assessment - Validation of Competence

**This section MUST be completed for the assessment to be valid and must be completed BEFORE the portfolio is assessed.**

**Competence Assessor's Comments:**

Name:

Signature:

Date:

**Nurse (being assessed) comments:**

Name:

Signature:

Date:

**Line manager comments if not competence assessor above:**

Name:

Signature:

Date:

**Manager with responsibility for budget to endorse progression to, or maintenance or RN Senior level:**

Yes      No

Name:

Signature:

Date:

**Line manager must update One-staff with date of performance review or the nurse will be removed from the PDRP**

**One-staff updated by:**

**Date:**

# Manager Support Letter

<b>Applicants name:</b>			
<b>Applicant last Appraisal date:</b>			
<b>Manager name:</b>		<b>Manager's Title:</b>	
<i>Tick as appropriate</i>			
	I have no concerns about this nurse applicant's performance, practice, manner, attitude or teamwork		
	This applicant has <b>not</b> been under review for poor performance or conduct in the past 12 months		
	This applicant's most recent appraisal accurately reflects her/his nursing ability		
	This applicant consistently practices by demonstrating appropriate standards of knowledge, documentation, motivation, collaboration, and effective teamwork		
	<b><u>I have been consulted on and have approved the applicant's quality initiative, practice change, contribution to specialty knowledge or innovation in practice. This meets Wairarapa DHB, Hutt Valley DHB or the employing organisations requirements where necessary.</u></b>		
	This applicant demonstrates a commitment to improving her/his practice and being involved in professional development and practice initiative activities		
	I have read the applicant's portfolio and agree that it is a true reflection of their performance		
	I support the applicant for progression or maintenance on the PDRP pathway at: <b><i>please tick</i></b>		
	Competent Level		Proficient Level
	Accomplished Level		
	I do not support this applicant for progression on the PDRP pathway		
<b>Reason/comments:</b>			
<b>Signed:</b>			<b>Date:</b>

Please remove this page and use **EITHER** the following professional development plan **or** career plan

# Professional Development Plan

Name:		Signature:		Designation:	
Date:		Workplace:		APC Number:	
Goal	Links (what professional, service or DHB imperative does the goal address)	Activities (steps/actions required to achieve goal)	Resources Needed (including personnel, access, time, financial)	Expected Outcome (impact on professional growth, service delivery or consumer)	
E.g.	Improve services to inpatients with mental health issues	Mental Health Study Day Work with mental health nurse	Access to the Mental Health Study day. Time to work with a mental health nurse.	Improve care I give patients with mental health issues within the ward and to support junior colleagues to develop better skills in assessment and management of patient's mental health status.	
1					
2					
3					

## PROFESSIONAL DEVELOPMENT & CAREER PLAN NURSING

Career planning is a continuous process of self-assessment and goal setting. This plan incorporates your career and professional development aspirations and aligns these with organisational goals as reflected in your role description. The Directors of Nursing manage HWNZ funding for nurses. A requirement for accessing this funding is to attain the appropriate level of the Nursing Professional Development and Recognition Programme (PDRP) and have an agreed Professional Development and Career Plan (PDCP). Professional development activities require a feedback loop (report on outcomes) as part of the follow-up for activities supported by the organisation. This link provides further information on the career planning process. <http://www.healthworkforce.govt.nz/health-careers/career-planning>. Before starting your career plan, it's important to work through the career planning process, so that your plan is realistic and achievable for you, taking into account your self assessment (Know Yourself) and your career research (Explore Possibilities). Consider what knowledge and skills you need to fulfil the role description (i.e. clinical competences and professional behaviours) and meet objectives and develop in your career.



<b>Career Plan for:</b>		<b>Date:</b>	
	<b>Career &amp;/or Professional Development Goals</b>	<b>Action Plan to Achieve Goals</b>	
<b>Short Term (within 1 year)</b>			
<b>Longer Term (up to 5 years)</b>			
I have discussed my professional development and career aspirations with my line manager who is in agreement.		The plan meets the needs of the service and fits with the strategic direction of workforce development within the organisation. I have discussed this plan and agree to support the achievement of these goals.	
<b>Staff Member Sign Off:</b>		<b>Line Manager Sign Off:</b>	
<b>Name:</b>		<b>Name:</b>	
<b>Title:</b>		<b>Title:</b>	
<b>Signature:</b>		<b>Signature:</b>	
<b>Date:</b>		<b>Date:</b>	

Please remove this page and insert validated verification of 450 practice hours in the past 3 years. The following can be used:

- TrendCare printout – signed by senior nurse/manager
- Printout / Letter from HR/Payroll
- Signed letter from CNM/Manager detailing the total hours you have worked in the past 3 years

Please remove this page and insert validated verification of 60 Professional Development hours in the past 3 years. This must include evidence of Code of Conduct training since 2012 (as per NCNZ requirements)

The following can be used:

- Trendcare print out signed by senior nurse/manager
- HR/Payroll printout
- Printout from your organisation signed by your manager
- Professional Development List signed by your manager





# Professional Development Reflections

Please write 3 short reflections of 3 separate professional development activities you have attended within the last 3 years.

Name:		Date:	
Date of Training	Hours	Activity (Name of course/education session)	Reflection (Explain what you learnt from this activity – how it affirmed or influenced your practice)

Please remove this page and insert evidence demonstrating participation in quality initiative or practice change.

This should include:

- PLAN – why did you do the quality initiative or practice change.
- DO – evidence of the quality initiative or practice change including pictures, leaflets, hand outs, training, documents, policies or other work developed as part of this change.
- REVIEW – Evidence that your quality initiative or practice change has been evaluated by others.

The following document could be used as a template for this.

# Quality Improvement Project Plan

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K**

**A  
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T**

<b>Unit:</b>	
<b>Person Responsible:</b>	
<b>Team members:</b>	
<b>Project Title:</b>	
<b>Issue:</b>	
<b>Target Group:</b>	
<b>Aim:</b>	
<b>Action Plan</b>	
<b>Results:</b>	
<b>Evaluation:</b>	
<b>Feedback:</b>	

On completion send copy to:                      Service Manager                      Quality Manager

Unit Manager Signature:	Date:
Comments:	

Please remove this page and insert evidence demonstrating teaching **OR** preceptoring.

The teaching session should include:

- a) PowerPoint slides and/or Education session plan (or just the education session plan if no PowerPoint is being used) and copies of any hand outs
- b) Education Session Evaluation Forms (at least 2 from different attendees)

The evidence of preceptoring or supporting the skill development of colleagues should include:

- a) Explanation and reflection on the preceptoring you gave
- b) Feedback from the person(s) you preceptored or supported regarding their experience

The following documents could be used for this section.

# Education Session Plan

<b>Session Topic:</b>			
<b>Presented by:</b>		<b>Length of Session:</b>	
<b>Venue:</b>			
<b>Presented to:</b>			
<b>Overview and purpose of the session:</b>			
<b>Objectives</b>	<b>Main Points</b>	<b>Resources required/delivery method</b>	
<b>Self evaluation of session:</b>			
<b>What to change/work on for next time:</b>			

# Education Session Evaluation

Please give the form to participant(s) to complete			
• This should be completed by a colleague(s)	• Please keep any others separately for your personal records		
• Sessions should be presented to more than one person.	• Up to four may be included in the portfolio		
<b>Session Topic:</b>			
<b>Presented by:</b>		<b>Date:</b>	
<b>The presentation/session was well prepared:</b>			
<input type="checkbox"/> Thoroughly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree
Comments:			
<b>The presenter communicated the topic clearly and effectively</b>			
<input type="checkbox"/> Thoroughly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree
Comments:			
<b>I understand more about the topic because of this session</b>			
<input type="checkbox"/> Thoroughly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree
Comments:			
<b>My questions were answered appropriately</b>			
<input type="checkbox"/> Thoroughly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree
Comments:			
<b>Overall comments</b>			
<b>Evaluators Name:</b>		<b>Signature:</b>	
<b>APC Number:</b>		<b>PDRP Level:</b>	

### Feedback to Preceptor

<b>Name of preceptor:</b>	<b>Name of preceptee:</b>			
<b>MY PRECEPTOR: Please tick the description which best describes your experience in each category</b>	<b>Excellent</b>	<b>Strength</b>	<b>Satisfactory</b>	<b>Needs Improvement</b>
• was expecting me and made me feel welcome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• identified what previous knowledge and skill I had and set goals with me which reflected this	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• had a wide range of clinical knowledge and skills to meet the patient/client needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• assisted me with prioritising & time management skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• communicated well with patients, family & colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• was confident in dealing with clinical situations which assisted my learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• used effective clinical teaching skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• identified other people who could assist my learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• role modelled caring nursing practice and patient centred care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• offered regular specific constructive feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• facilitates mutual trust & respect among colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• extended my learning through creating practice opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• challenged my knowledge base	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• created a safe learning environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other comments:	Signed by preceptee:
	Date:

<b>TO BE COMPLETED BY THE PRECEPTOR:</b> What will you do differently as a result of this feedback and how?	Signed by preceptor:
	Date:



Please remove this page and insert evidence illustrating your depth of understanding of patient care and care coordinating within your scope of practice.

A model of reflection **MUST** be used for this section.

Please ensure privacy requirements are met, see the PDRP Handbook for more details. Failure to meet Privacy requirements will mean the portfolio is returned and could lead to further action.