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| Competencies for RN Expanded Practice |
| **Details of nurse completing self-assessment** |
| Name |
| APC Number and Expiry date |
| Employee number |
| Position Title |
| Department / Directorate |
| Date and or review period: |

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|  | **Self-assessment**  |
| Demonstrates initial and ongoing knowledge and skills for specific expanded practice role/activities through postgraduate education, clinical training and competence assessment.* **List name and document number for policy, procedure and patient information (as applicable) that support your expanded practice**
* **Provide evidence that the initial expanded practice education is completed and competence assessment achieved**

**Describe how you maintain your established and ongoing expanded practice knowledge?** |  |
| Participates in the evaluation of the outcomes of expanded practice, e.g. case review, clinical audit, multidisciplinary peer review.* **Provide evidence for current and regular practice e.g. clinical log , clinic list**
* **Provide a clinical example that shows practice evaluation and patient outcomes**
* **Provide peer review evidence for expanded practice e.g. letter of support or clinical log signed by Medical Consultant, Mātanga Tapuhi Nurse Practitioner or other health professional**
* **When completing initial competency assessment include a signed case study by health professional overseeing practice OR**
* **When maintaining established expanded practice provide a practice audit**

*(Note: When expanded practice is established ongoing service audit is essential as it guides where improvements can be made)* |  |
| Integrates and evaluates knowledge and resources from different disciplines and health-care teams to effectively meet the health care needs of individuals and groups.* **Describe an evidence based practice example supported with references/standards that informs your expanded practice**
* **Describe how interdisciplinary involvement enhances health care outcomes related to your expanded practice**
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|  | **Nurse additional comments:****Name:** **Signature:** **Date:**  |
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| **Line Manager** comments to include confirmation that the nurse has met and/or is maintaining Expanded Practice Requirements: |
| **Comment:****Name:** **Signature:** **Date:** |  |  |

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| Director of Nursing / Nurse Director / Associate Director of Nursing / Associate Director of Midwifery, for your service |
| **Comment:****Name:** **Signature:** **Date:** |  |  |

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| **Process:**Paper based portfolio:If submitting as part of a PDRP * Please add this document to your portfolio

If your PDRP is current and you are submitting your initial expanded practice competencies, please complete the three additional competencies with required sign off and send to the PDRP coordinator PDRP@ccdhb.org.nzElectronic portfolio:* Please upload this document to your electronic portfolio when included in your portfolio submission. If outside full portfolio submission please send to the PDRP coordinator
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