**Whānau Āwhina Plunket**

**Health Worker**

**PDRP**

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| **Checklist:**  **Minimum PDRP Evidential Requirements:** | | |
| All documentation below is required at the time of submission.  **My full name is:**  **My manager is:**  **Date of submission:** | | ✓ when completed  and in folder |
| * 1. Manager support letter | Manager complete & sign | ❑ |
| * 1. Health Workers statement of integrity | Applicant complete & sign | ❑ |
| * 1. Hours of practice: | Payroll letter verifying of 450 hours of practice over last 3 years | ❑ |
| * 1. Record of Professional Development Hours (PD Hours) | Verified evidence of 20 hours of professional development over last year | ❑ |
| * 1. Self-assessment | From the last 12 months: one specific practice example for each competency ( see note below) | ❑ |
| * 1. Clinical Leader/ senior nurse assessment | From the last 12 months: one specific practice example for each competency. | ❑ |
| * 1. Performance appraisal in most cases this is the same as number 6 above | From previous 12 months | ❑ |

**Please refer to the Health Worker Handbook for further information**

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| **Level of practice definitions:**  NOTE: for peer/senior nurse assessment PLEASE ENSURE THAT YOU ARE REFLECTING THE HEALTH WORKER LEVEL OF PRACTICE (Proficient or Accomplished, see below) in the practice example you write. |
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| **Definition of Proficient Health Worker:**   * Uses broad experiential and evidence-based knowledge to provide care * Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe * Has an in-depth understanding of Health Worker practice. * Contributes to the education and / or preceptorship of other professionals e.g. Health Workers, students on placement and registered nurses. * Acts as a role model to their peers * Demonstrates increased knowledge and skills in a specific clinical area * Is involved in service, professional, or organisational activities * Participates in quality improvement change |
| **Definition of Accomplished Health Worker:**   * Demonstrates advancing knowledge and skills in a specific clinical area in the Health Worker scope * Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the clients determine is culturally safe * Contributes to the management of changing workloads * Gains support and respect of the health care team through sharing of knowledge and making a demonstrated positive contribution to client outcomes * Undertakes an additional responsibility within a clinical/quality team, e.g. representation within the organization, health and safety representative, external representative * Actively promotes understanding of legal and ethical issues * Contributes to quality improvements and change in practice initiatives * Acts as a role model and contributes to leadership activities |

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| Proficient and Accomplished evidence | |
| **Proficient Health Worker practice requires evidence demonstrating** | * being a role model in their team * showing leadership to develop their own and others practice |
| **Accomplished Health Worker practice requires evidence demonstrating** | * leadership and influence in the team through innovative practice * being a role model in their team * leadership and influence in the team through participation in quality activities |

**Manager Support Letter**

Statement that the manager, or an equivalent senior nurse with whom the Health Worker has a professional relationship (when the manager is not a nurse), supports the level of practice the Health Worker is applying for. This support must be in writing. The statement must not be unduly withheld.

I……….………… support ………………………………. in submitting

their PDRP at …………..(level)

Signature: ………………………………. Date: ………………………………………

Designation: ……………………………. Phone number: ………………………….

E-mail: ……………………………………………………………………………………..

Note:

If submitting PDRP and a month has passed since receiving managers support, have the below section competed by your manager.

I …………………………………. confirm my continued support of the above submission.

Signature: ………………………………….. Date: …………………………………….

Designation: ………………………………….

**Health Worker Declaration**

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| Name: ……………………………………………  Position: ……………………………………. Workplace: ………………………………………    Ethnicity: Please mark the space or spaces which apply to you | | |
| ○ New Zealand European | ○ Māori | ○ Chinese |
| ○ Other European | ○ Cook Island Māori | ○ Indian |
| ○ Samoan | ○ Niuean | ○ African |
| ○ Pacific Peoples | ○ Tokelauan | ○ Latin American |
| ○ Asian | ○ Fijian | ○ Middle Eastern |
| ○ South East Asia | ○ Tongan |  |
| ○ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Phone number…………..  Email address: ……………………………………………. | | |
| Current PDRP Level *(if applicable):* Application for Level: | | |
| **Declaration and Consent**: | | |
| * I declare the attached portfolio contains my own work | | |
| * I declare at the time of submission of this portfolio, I am not the subject of any performance management process. | | |
| * Confidentiality will be maintained throughout the portfolio to ensure patients, family/whanau, community, and colleagues are not identifiable | | |
| * I give consent for the assessor(s) to take my portfolio off site for the purposes of assessment and recognise that my portfolio may be selected for internal/external moderation | | |
| * I understand the assessor(s) may need to contact me or my manager for additional evidence | | |
| * I understand a timeframe is required for assessment | | |
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| I declare that the above statements are truthful, and this portfolio is an accurate description of my previous 3 years practice. | | |
| Signature: Date: | | |

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| **Record of Professional Development (PD) Hours**    This may include organisational mandatory / essential requirements as per employment agreement.  **Note**: Please total all professional development hours, check to make sure you have at least 20 hours in the past year | | | |
| **Professional development activity** | **Date Completed** | **Reflection on PD (not compulsory)** | **Hours** |
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| **Total:** | | |  |
| Validated either by someone who can verify your attendance, or certificate or organisational education record  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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| **Domain one: Professional responsibility**  **Tip: Descriptor examples are under each competency to help guide your self-assessment at the level you are applying for. Please refer to page 2 and 3 for further guidance.**  This domain contains competencies that relate to professional, legal and ethical responsibilities and cultural safety. These include being able to demonstrate knowledge and judgement and being accountable for own actions and decisions, while promoting an environment that maximises client safety, independence, quality of life and health. | | | |
| **Self-Assessment** | | **Appraiser / Peer** | |
| **1.1** **Accepts responsibility for ensuring her/his practice and conduct meets organisational, ethical, and legal standards**  **Proficient**  Is a role model and contributes to others’ knowledge so that Whānau Āwhina Plunket Health Worker practice complies with Plunket policies, protocols and guidelines, and the Whānau Āwhina Plunket Health Worker Standards of Practice.    **Accomplished**  Role models practice that complies with Whānau Āwhina Plunket policies, protocols and guidelines and the Whānau Āwhina Plunket Health Worker Standards of Practice. Contributes advanced knowledge of the Whānau Āwhina Plunket Health Worker role to the development of Plunket quality systems e.g. policy review, area planning. | | | |
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| Practice example: | | Practice example: | |
| **1.2 Demonstrates the ability to apply the principles of Te Tiriti o Waitangi to Health Worker practice.**  **Proficient**  Role models partnership with whānau and the community to enable participation in services that contribute to equity in child health outcomes and protect the health of tamariki Māori.  **Accomplished**  Contributes advanced knowledge of Te Tiriti o Waitangi principlesto systems that improve access to services, contribute to equity in child health outcomes, and protect the health of tamariki Māori. | | | |
| Practice example: | | Practice example: | |
| **1.3** **Promotes an environment that enables client safety, self-reliance and quality of life**  **Proficient**  Role models compliance with, and explains Whānau Āwhina Plunket policies that relate to staff and client safety.  **Accomplished**  Demonstrates advanced understanding of Whānau Āwhina Plunket policies and contributes to the review of Plunket policies that relate to staff and client safety. | | | |
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| Practice example: | | Practice example: | |
| **1.4 Provides care in a manner the client determines is culturally safe**    **Proficient**  Actively demonstrates reflective practice with others and explains the impact of personal values and beliefs, and the implications of power differences when delivering health care.  **Accomplished**  Is a reflective role model who demonstrates cultural safety through supporting others’ understanding of the impact of personal values and beliefs, and the implications of power differences in health care settings. | | | |
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| Practice example: | | Practice example: | |
| **1.5 Participates in ongoing professional development and peer supervision.**  **Proficient**  Takes a role in advancing Whānau Āwhina Plunket kaimahi practice through reflection on practice with others, presentation at meetings, sharing knowledge with others and/or peer supervision.  **Accomplished**  Takes a leadership role to advance own and others’ knowledge. Contributes advanced knowledge of Well Child health and the Whānau Āwhina Plunket Health Worker role to develop Whānau Āwhina Plunket kaimahi practice. | | | |
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| Practice example: | | Practice example: | |
| **Domain Two: ACCOUNTABILITY FOR DELEGATED CARE**  The competencies in this domain relate to the provision of planned health care activities when working under the direction of a registered nurse. | | | |
| **Self-Assessment** | | **Appraiser/ Peer** | |
| **2.1 Provides planned care directed by the Plunket Nurse to achieve child health outcomes**  **Proficient**  Role models delivery of planned care, and contributes role specific observations to the evaluation of health outcomes from planned interventions.  **Accomplished**  Contributes advanced Whānau Āwhina Plunket Health Worker knowledge to planning for systems that enable delivery of delegated care and evaluation of health outcomes. | | | |
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| Practice example: | | Practice example: | |
| **2.2 Contributes to care planning by collecting and documenting information and reporting observations to Plunket Nurse case manager**  **Proficient**  Demonstrates accurate and legal documentation of observations and care delivery, and supports others to meet documentation standards.  Recognises significance of observations during delegated care delivery and appropriately provides feedback to Plunket Nurse to reduce/eliminate child health outcome risks.  **Accomplished**  Documentation can be used as an example to improve the standard of Plunket Health Workers’ documentation.  Contributes advanced Whānau Āwhina Plunket Health Worker knowledge of child health and family wellbeing when reporting observations during delegated care to the Plunket Nurse, and participates in evaluation of outcomes from planned care episodes. | | | |
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| Practice example: | | Practice example: | |
| **2.3 Facilitates improved whānau knowledge and confidence through health education activities**  **Proficient**  Role models partnership with whānau and offers health education through a range of communication methods.  **Accomplished**  Identifies the need for and contributes to the development of local and/or national parenting and health education resources. | | | |
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| Practice example: | | Practice example: | |
| **2.4** **Is competent in the practical management and prioritisation of workload**  **Proficient**  Role models effective diary management and planning with Plunket Nurses and/or Clinical Leader to prioritise workload.  **Accomplished**  Advocates for and participates in planning health promoting activities to meet needs identified in priority populations. | | | |
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| **Domain Three: Interpersonal relationships**  The competencies in this domain relate to interpersonal communication with families/whānau/fanau, communities, and others in the healthcare team. | | | |
| **Self-Assessment** | | **Appraiser/ Peer** | |
| **3.1 Establishes, maintains and concludes therapeutic interpersonal relationships**.  **Proficient**  Role models establishment and maintenance of trusting and positive relationships with whānau, the health care team and community.  **Accomplished**  Role models advanced relationship skills by supporting others to develop effective communication practice and reflecting on the impact of behaviours with others. | | | |
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| Practice example: | | Practice example: | |
| **3.2 Practice is underpinned by the principles of partnership**  **Proficient**  Role models partnership skills and facilitative practice, when working with whānau and others in the healthcare team in all settings.  **Accomplished**  Contributes advanced knowledge of partnership practice to development of practice systems, and challenges when partnership practice is not supported. | | | |
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| Practice example: | | Practice example: | |
| **3.3 Practice demonstrates a strength focussed approach to working with whānau and others**.  **Proficient**  Role model’s effective communication techniques to establish whānau knowledge and build on strengths when providing delegated care.  **Accomplished**  Role models advanced communication skills to build on whānau and community strengths when engaging in activities to improve child health outcomes for whānau and communities. | | | |
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| Practice example: | | Practice example: | |
| **Domain Four: Collaborative Teamwork**  The competencies in this domain relate to the contribution of the Health Worker perspective to planned client care, area planning and quality improvement. | | | |
| **Self-Assessment** | | **Appraiser/ Peer** | |
| **4.1 Collaborates and participates with members of the Plunket health care team to plan and deliver care**  **Proficient**  Contributes knowledge of community networks and resources to care planning for families and populations.  **Accomplished**  Contributes advanced Whānau Āwhina Plunket Health Worker knowledge of community networks and resources to advocate for innovative care delivery approaches that meet the needs of priority families and populations. | | | |
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| Practice example: | | Practice example: | |
| **4.2 Collaborates with others in the community to improve the health and wellbeing of children and their whānau**  **Proficient**  Collaborates and engages with others to plan and deliver child health promotion activities that meet identified individual and population health needs.  **Accomplished**  Contributes advanced Whānau Āwhina Plunket Health Worker knowledge of child, whānau and community health to planning for health promotion activities with external groups. | | | |
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| Practice example: | | Practice example: | |
| **4.3 Contributes to the development, implementation, and evaluation of care planning.**  **Proficient**  Identifies health needs in the local community and contributes knowledge to area planning for child health gains and evaluates outcomes  **Accomplished**  Participates as a leader when planning and evaluating area care delivery systems. | | | |
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| Practice example: | | Practice example: | |

**Manager/Senior nurse reviewer**

**Print name:**

**Signature:**

**Role:**

**APC number:**

**Date:**

**Phone number:**

**email:**

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| **Complete with manager at time of appraisal** | | |
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| **Performance objectives for the next 12 months:** *(These can be related to Job Description performance indicators or professional development and career planning as agreed by the Health Worker and Manager).* | | |
| **Objectives** | **Plan for achievement** | **Timeframe** |
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| **Manager’s comments:**    **🗆 Date Appraisal completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Manager name:**  **Signature:**  **Role:**  **APC number:**  **Phone number:**  **email:**  **Date:** |
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| **Health Worker comments:** |
| **Health Worker name:**    **Signature:**  **Role:**  **Phone number:**  **email:**  **Date:** |