

Stakeholders

Key

- Level 2 nurses in WDHB and ADHB from a variety of disciplines.

Others

- Clinical Nurse Educators, Clinical Charge Nurses, Charge Nurse Managers.

Learning Needs Assessment

A crucial stage in the educational process that leads to changes in practice (Gavett 2002)

- Group Process
 - Target group identified
 - Learning needs assessment
 - Specific topic identified
- Other training requested
 - All PDRP training
 - Motivational training
 - Regular support groups
 - Portfolio workshops/guidance
 - How to complete peer reviews



Planning.

- In-service education was developed based on the results of the Learning Needs Analysis (LNA) and with regard to curriculum development theory - first developed in the 1820's.
- A need for education identified from the LNA. support gained from key stakeholders

Objectives:

- To provide background knowledge and context for PDRP process
- To enable participants to move through identified barriers for progressing professional development of the portfolio process and specific requirements included.
- To describe competency and how this relates to the demonstration of professional competence
- The learners needs are met by ensuring educational and professional standards are achieved and the curriculum is responsive to the demands of the health system. (Haski, Ouldenberg and Andrusyszyn, 2009)

Background:

- Identified Level 2 nurses with/without portfolios
- The Health Practitioners Competence Assurance Act (2003) requires the Nursing Council of New Zealand (NCNZ) to ensure the continuing competence of all nurses in their scope of practice.
- DHB's have embraced the PDRP as a requirement for all nurses to maintain their recognition and competence of their scope of practice.

Implementation

- Two hour in-service session with minimal resources required
- Cost of \$6290
- Presented to group of 9 registered nurses working in mental health area

Time Table	Content
5 mins	Welcome/introductions/Check in/Process
5 mins	Participants to mind map (in black) their current understanding of competence
20 mins	Power point presentation of overview of competence
5 mins	Allocated group discussion to encourage staff to check in regarding knowledge
15 mins	Portfolio filing – each group to understand what information is required for each portfolio section using tools and user guides
5 mins	Present back to wider group
5 mins	Break
20 mins	Portfolio critique. Each group to critique example portfolio – based on competence evidence
10 mins	Discussion
5 mins	Mind map (in red) their new understanding of competence
5mins	Evaluation and close.

Evaluation

- Context, Input, Process and Product (C-I-P-P Model)
- Quantitative and qualitative methodology.
- Continuous evaluation of the project from background investigation through assessment, planning and implementation to evaluation. (Gillafleming et al. 1971)

Tools and Results:

- Formative: participation and task management assessed
- Summative:
 - Concept Maps - 7 participants showed minimum of increase in knowledge of 5 items
 - Mobile continuum of motivation exercise - All participants self identified motivation/knowledge and skills by at least 2 points (0-10 scale)
 - Evaluation Forms - Numerical evaluation on a 5 point likert scale.

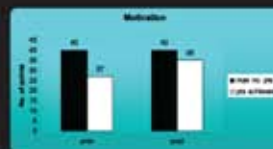


Figure 1



Figure 2

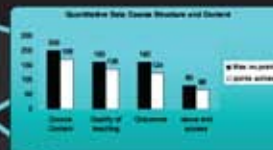


Figure 3



Figure 4

Follow up information

- 45% of the participants have since attended post workshop follow up sessions and clinics or requested a repeat of these.

Qualitative Data

Themes

- Support people identifiable
- Need for a starting point
- Importance of timelines, plans
- Smarter not harder – part of everyday practice, achievable
- Understanding of preparation of documentation/portfolio/relevant paperwork, audits, reflection and relating to evidence.
- Worthwhile for recognition, knowledge sharing

Conclusion

- Knowledge and understanding of the PDRP process is key to motivation
- Results of the workshop will have short, medium and long term effects
- A successful workshop with positive results

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