**Registered Nurse Competencies**

# Competency Assessment: NCNZ RN Competencies

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| **Student Name:** | Fali Nie |  | **Placement Location:** | Reginal renal centre | **Clinical Tutor Name:** | Julia Jensen |

**Domain 1: Professional Responsibility**

| Competency | Example | RN initial | ASM initial |
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| 1.1  Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical, and relevant legislated requirements | During the placement, I strictly abide by the dress code of Wintec and the internship site, always keep my uniform clean, wear a work badge, and show a professional image. I pay attention to the protection of patient privacy, and never take home any paper or materials with patient information to ensure that the requirements of patient privacy protection are met.  I strictly abide by the time requirements of internship shifts and never arrive late or leave early to ensure full participation in the internship tasks.If I need to ask for leave, I will report to my clinical tutor, coordinator and clinical educator at the internship site in advance, and explain the reasons to ensure that I will not leave early without authorization.  In my nursing practice, I follow preceptor's guide strictly. When I am unsure, I take the initiative to consult preceptor to ensure patient safety.When communicating with patients, I respect the patient's right to informed consent. I will explain the purpose and precautions of nursing operation in detail, and ask the patient if I can practice the operation to ensure the patient's understanding and consent before the operation.  Mrs M, her diagnosis was end-stage renal disease caused by diabetes. Due to long-term hemodialysis, she had low hemoglobin and needed to inject erythropoietin. When I administered the medicine under the guidance of my preceptor, I strictly follow followed the medication rights(Right patient, Right medication, Right dose, Right route, Right time). | as verification of  completion | for competence  assessment |
| 1.2  Demonstrates the ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice | I studied Maori culture at school to gain an in-depth understanding of the Treaty of Waitangi's historical context, core principles (such as partnership, participation and protection) and its importance in health care.  I recognise the important role of the Treaty of Waitangi in improving Maori health outcomes, particularly in reducing health inequalities and promoting cultural safety. I learned about some of the inequalities faced by Maori in terms of health and socio-economic status, such as high rates of chronic disease, relatively low life expectancy and high rates of poverty.  Through reading relevant literature and attending training sessions, I have gained a better understanding of the historical roots of these issues (such as the effects of colonization) and their impact on health. In my nursing practice, I focus on building partnerships with Maori patients, respecting their culture and notions of health. Avoid cultural bias and discrimination and ensure that they have equitable access to medical resources. For example, MRS M, who was diagnosed with end-stage renal disease and required regular dialysis for a long time, I had learned before the patient arrived that the patient was Maori. After the patient arrived, I greeted the patient with 'Kia ora' to show respect for the patient's culture. Later, when the patient felt cold, I provided the blanket for the patient and helped the patient cover it. When I took a patient's blood pressure, I asked the patient for permission, I do my best to respect the patient's culture and make sure they are treated fairly. |  |  |
| 1.3  ‘Discusses the importance of’ accountability for directing, monitoring, and evaluating nursing care that is provided by nurse assistants, enrolled nurses and others. | I know that it was our responsibility to direct, monitor, and evaluate the care provided by HCA to ensure patient safety and  quality of care. My preceptor said that when assigning tasks, the role, capabilities, and experience of HCA must be  considered, and the results of their work must be evaluated(Right Task, Right Circumstances, Right Person, Right  Direction/Communication, Right Supervision/Evaluation). For example, basic care operations (such as cleaning bed  units and performing terminal disinfection) are assigned to HCAs, while complex care operations cannot be assigned to  them. When assigning tasks, clearly state the objectives, steps, and precautions of the tasks to ensure that the authorized  person understands and can safely perform them. Mrs X, end-stage renal disease, after hemodialysis, me and my  preceptor assigned the task of cleaning the bed unit and carrying out terminal disinfection to HCA. After the bed unit is  cleaned and disinfected, we checks the cleaning and disinfection of the bed unit. If cleaning or disinfection is found to be  incomplete, immediately communicate with HCA to point out the problem and provide suggestions for improvement.  Because hemodialysis centers are a very special place, patients have low resistance and are easily infected.  Therefore, terminal disinfection is very important. |  |  |
| 1.4  Promotes an environment that enables client safety, independence, quality of life, and health. | In renel centers, creating a safe environment for patients is one of the most tasks of nursing work. The renal center is a high-risk environment, which is very prone to cross infection and nosocomial infection. Since patients need to undergo frequent HD treatment, and the treatment process involves blood exposure and equipment sharing, disinfection and isolation measures are particularly important in ensuring patient safety. For example, for patients infected with multidrug-resistant bacteria, contact isolation measures must be strictly enforced to reduce the risk of infection transmission and ensure the safety of all patients and healthcare workers.  Mr B, he was diagnosed with multi-drug resistant EBSL infection. To effectively control the spread of infection, the following measures have been taken:Separate isolation: Arrange Mr. A in a separate room for HD, and post a clear contact isolation sign at the door of the room to remind all personnel to pay attention to protection.  Strict dress code: All staff entering Mr. A's room must dress in strict accordance with infection control requirements, including wearing gloves, masks, and removing protective gear and hand hygiene immediately after leaving the room.  Equipment specific: Use dedicated items (such as blood pressure monitors, stethoscopes), avoid mixing with other patients, and thoroughly disinfect after use.  Environmental disinfection: After dialysis treatment is completed, all surfaces in the room (such as bed bars, tables, floors) are thoroughly cleaned and disinfected with a special disinfectant to ensure environmental safety. |  |  |
| 1.5  Practices nursing in a manner that the client determines as being culturally safe. | Mr A, height 158, but almost 200kg. His wheelchair is a big size. After the hemodialysis treatment, he could not get up on his own in bed. I wanted to help him get up, but he angrily refused and said he could do it himself. After several difficult attempts, he used his own help to stand and finally succeeded in getting into the wheelchair. It made me realize that my behavior might be influenced by my own cultural background. In my culture, helping people who are weak or disabled is common. But in New Zealand, I realized the need for greater respect for individual autonomy and will. I reflected that nursing practices must fully consider patients' cultural backgrounds and personal preferences, and avoid imposing one's own values on others. In the future, I will pay more attention to communicating with clients and asking for their consent before offering help to ensure that their dignity and right to choose are respected. |  |  |
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**Domain 2: Management of Nursing Care**

| Competency | Student will | RN initial | ASM initial |
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| 2.1  Provides planned nursing care to achieve identified outcomes | My preceptor told me that when making a patient's dialysis plan, we should first assess the patient's situation and ask him or her what he or she would like to have dialysis goal. For example, Mr B, my preceptor asked patients if he have difficulty breathing and then checked legs for edema. And asked the patient: "What is your goal for this dialysis?" Mr B express his own goals. After listening carefully, my preceptor set the final dialysis goal of 2L for 4 hours, combined with the patient's assessment. Mr B was thoroughly evaluated during this care process, including checking for oedema, dyspnea, etc. Finally, based on the patient's personal goal and physical condition, the nurse and the patient discussed and formulated the final dialysis goal.  In this process, RN fully respected the autonomy of the patient and put the patient's wishes at the core of the care plan. At the same time, RN respect the patient's right to informed consent through detailed assessment and explanation to ensure that the patient understood his or her health status and the basis of the dialysis plan. The cooperation and communication between RN and the patient not only enhances the patient's sense of participation and trust, but also ensures that the dialysis goals are scientific and personalized. |  | for competence  assessment |
| 2.2  Undertakes a comprehensive and accurate nursing assessment of clients in a variety of settings. | Mrs C, who complained of dizziness during dialysis, me and my preceptor immediately assessed the patient's  blood pressure and blood sugar and found that the patient's blood pressure was low, which could be the  cause of dizziness.  the evaluation results, we communicated with Mrs C, explained the relationship between hypotension and  dizziness, and jointly adjusted the dialysis goals. Lowering the goal of dialysis and slowing down the dialysis  rate, in order to ensure the safety and comfort of the patient, and then constantly evaluate the patient  dynamically, taking blood pressure every 15 minutes.  Me and my preceptor continuously assessed the patient's condition throughout the dialysis process, including  blood pressure, heart rate, breathing, and subjective perception, ensuring that the patient's condition is  stable. In the end, the patient successfully completed dialysis without further symptoms of dizziness and  We immediately lowered the patient's bed to increase blood supply to the head. Based on  expressed gratitude to me and my preceptor. |  |  |
| 2.3  Ensures documentation is accurate and maintains confidentiality of information. | After RN finished hemodialysis, the patient's whole dialysis process should be recorded. After the dialysis of Mr D, my preceptor asked me to try to write his nursing records. I finished the first draft. My preceptor found that I did not include the patient's low blood sugar during the dialysis process, I should make sure nursing note accurate. And then I was guided by my preceptor and finished my first note. At last, I know how to write the nursing records in this placement, such as the time to start hemodialysis and the time to end it, the evaluation of the patient at the beginning of hemodialysis, the dialysis goal and the dialysis time, the patient's condition at the end of hemodialysis, and if any special conditions such as low blood pressure and low blood sugar occur in the middle, the time, treatment measures, and the situation of the patient after treatment should be truthfully recorded.  After completing all the notes, we put the patient's files in the nurses' station locker, which is a relatively safe place to maintains confidentiality of documentation. |  |  |
| 2.4  ‘In collaboration with RN Partner’ ensures the client has adequate explanation of the effects, consequences, and alternatives of proposed treatment options. | Mr E, diagnosis of end-stage renal disease. He was very weak, had very limited mobility and is in a wheelchair. When me and my preceptor talked to him, we learned that he was often constipated. Knowing this, we suggested that he could changing his eating habits. If he didn’t start to get his diet a bit more stable, he may need enemas or he might need regular medication for his bowels. He said he would like to try some healthy foods not enema or bowel medication. Therefore, we advised drink more water, eat more fruits and vegetables, such as celery, cabbage, broccoli and other vegetables with more fiber. However, Mr E said that he felt that the vegetables had no taste, and he needed some salt to taste them. We suggested that he use some other condiments, such as pepper, or try to change the cooking method. Since his edema was severe, we advised him it was best to eat less salt. In addition, I also advised him to eat less processed foods that are high in salt, such as crisps and sausages, because these foods are also high in salt. |  |  |
| 2.5  Acts appropriately to protect oneself and others when faced with unexpected client responses, confrontation, personal threat, or other crisis situations. | Mr E diagnosed of diabetes-induced end-stage renal disease. He needs long-term dialysis. When he came  one day, the allocated bed was not what he liked, he was a little unhappy at the beginning, later he began to  lose his temper, he very dissatisfied with the various operations of the nurse, and spoke very loudly. He may  be too excited, my preceptor tried to appease him, to start hemodialysis for him, he loudly refused, and this  made him more and more angry. My preceptor asked me to provide him the isolation screen, to give him a  relatively private environment, so that he could calm down. We put a call bell next to him and told him when  he felt better then let us know, we can start his hemodialysis.My preceptor also told me if the patient become more agressive then we could ring and ask for security to assist. After a while, the patient calmed down a little bit, he asked us to give him hemodialysis as soon as possible. At last, he asked for the quiet bed in that corner every time he came, and no other beds. |  |  |
| 2.6  ‘In collaboration with RN Partner’ evaluates client’s progress toward expected outcomes in partnership with clients. | Mr. CC, diagnosed with end-stage renal disease, came in for dialysis three times a week. RN asked me to conduct a pre-dialysis assessment on him. After assessing his edema and dyspnea, I asked him what the dialysis goal was this time. He said it was the same 2.5L as before. However, when RN evaluated his condition, because the blood pressure was relatively low, it was not recommended to do so much this time, and it was recommended that 2L be finished in 4 and a half hours. After consulting with him, he agreed, and during the dialysis, RN told me we had to closely monitor his vital signs. Because patients with low blood pressure are prone to dizziness during dialysis. Under our close observation, the patient successfully completed the dialysis goal. |  |  |
| 2.7  Provides health education appropriate to the needs of the client within a nursing framework. | Mrs C was diagnosed with hypertension and end-stage renal disease. She developed low blood pressure while on dialysis, which caused her dizziness. She wanted to go to the bathroom, and in order to prevent her from falling, my preceptor asked me to push her to the toilet in a wheelchair, and during the contact with her, I gave her a fall prevention education, because she has high blood pressure, which is not well controlled these days. Both high blood pressure and low blood pressure will cause her dizziness. I told her not to stand up for a while when she is dizzy, and even if she does stand up, she should do it slowly. She has to check her blood pressure often, wear non-slip shoes and have adequate lighting in her home, especially at night. Finally, Mrs. C thanked me for providing her with so much knowledge about falling. |  |  |
| 2.8  Reflects upon, and evaluates with peers and experienced nurses, the effectiveness of nursing care. | After watching the teacher fill the tube of the hemodialysis machine for several times, I also wanted to have a try. I first carried out hand hygiene and let the machine conduct self-testing after placing bibag and acid bag. Then I check the blood line, attach the red line, connect the blue line on the machine. After lining the machine, my preceptor gave me a few feedback before I move on.The first is hand hygiene, when I use my hand sanitizer, the rub time is too short, at least 20 seconds, otherwise, this will lead to incomplete hand hygiene. Secondly, the blood line should be taken well and can not fall to the floor or the connection place can not be touched directly by hand, which will lead to pollution. Third, when connecting different lines, tighten them to ensure that blood does not leak out of the lines. After discussion with the preceptor and self-reflection, I think I still have a very important problem, that is, I do not know the operation principle of the machine, which leads to a lot of incomprehension. It is good reflection for me I will look up the Lippincott procedure. |  |  |
| 2.9  Maintains professional development | My preceptor told me that we must be familiar with some basic knowledge of the hemodialysis machine, and common fault handling, alarm handling, how to disinfect and so on. My preceptor let me participate in an in-service training, the engineer told us a lot of knowledge about hemodialysis machine, for example, when pushing the machine, we should push specific part, pay attention not to pull the screen away from the main body. The doors that put bibag and acid bag below should be gently closed, rushing close which will lead to damage, and may lead to conduction alarm. This reminds me of a patient whose hemodialysis machine continued a conductivity alarm several days. Later, my preceptor tried to fix it for several times without success, which finally led to the suspension of hemodialysis and the re-line machine. After learning this knowledge, I am more confident to line machine and deal with the alarm. Of course, all of these can only be done under the guidance of RNs. |  |  |
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**Domain 3: Interpersonal Relationships**

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| Competency | Student will | RN Initial | ASM initial |
| 3.1  Establishes, maintains, and concludes therapeutic interpersonal relationships with client. | Mr. F has heart disease, end-stage renal disease, high blood pressure. In order to establish a good relationship with him, when he entered the hemodialysis room, I first introduced myself. He said it was a pleasure to meet me and would be happy for my preceptor and me to take care of him.He needs to be on warfarin for a long time for his heart problem. My preceptor told me that we need to draw blood during hemodialysis to test his INR (the therapeutic value is 2-3), and if it exceeds this value we need to inform the doctor of the results and adjust the dosage. During this period, the INR level of Mr F is always unstable, and blood is drawn three times a week for monitoring. This made him upset. When my preceptor told him that this time the result was 1.9, a little below the normal range, he needed to increase the dose, the patient was very unhappy and impatient. However, my preceptor and me actively listened to the patient's complaints and his worries, and communicate with him pros and cons, finally the patient agreed to increase the dosage as required by the doctor. My preceptor told me there are a lot of people with chronic diseases like this patient, we need to understand and empathize with them, and often need more patience to explain and communicate in order to achieve better care outcomes.  When he finished hemodialysis, I helped him push his wheelchair to weigh himself, and also pushed him to the place where he waited for the shuttle bus. Finally, the patient thanked me very much and looked forward to seeing me again when he came for treatment next time. | as verification of  completion  l | for competence  assessment |
| 3.2  Practices nursing in a negotiated partnership with the client where and when possible. | It is very important to work in partnership with a patient when providing treatment. Mrs L has end-stage renal disease, diabetes, copd. The patient was very old. His estimated hemodialysis time was 14:00, he arrived on time, and when my preceptor and me were ready to start his hemodialysis, he asked if we could wait, he needed to change his clothes, connect his ventilator, and put his lunch on the table first. We said yes, there's no rush. So we began to slowly wait for him to finish these, about 20 minutes later, he had not finished these, when we went to find that he was still preparing, he also said to go to the bathroom, ask us if it was OK. When he finished the preparation, it really took about half an hour, but we did not urge him and did not show any impatience. We maintained good partnership with him. Finally, the patient successfully finished the dialysis and thanked us for our patience and help. |  |  |
| 3.3  Communicates effectively with clients and members of the health care team. | Effective communication is key to ensuring high quality care and patient safety. When I discovered that Mrs J's blood sugar was low (3.7mmo/l), I promptly informed my preceptor. My preceptor told me that the patient was alert and asymptomatic. Her Vital signs were stable. So we didnot need to tell the doctor so far. If the patient was unstable, we needed to let the doctor know as soon as possible. According to the hemodialysis management policy of the hospital, the patient was injected with 20mls of 50% high concentration glucose, and the blood sugar was remeasured 15 minutes later. Her BGL was increased after 15mins. Therefore, under the guidance of my preceptor, I gave Mrs J some health education on diabetes. I told her to come renal center after eating some food, and to carry some food with her at all times in case her blood sugar was low. I saw that she had brought sandwiches in the lunchbox and suggested that she use whole wheat bread to make sandwiches in the future because whole wheat bread has a lower sugar content. In addition, she said that she likes to drink drinks, and suggested that she choose low - or no-sugar drinks. When I explained to her, I used some simple and understandable language and avoided using complicated medical terms. I actively listen to her needs and concerns, and use open-ended questions to encourage her to express them. |  |  |
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**Domain 4: Interprofessional Healthcare and Quality Improvement**

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| Competency | Student will | RN Initial | ASM initial |
| 4.1  “Discuss the importance of the need to’ collaborates and participates with colleagues and members of the health care team to facilitate and coordinate care. | Mrs AAA diagnosed of end-stage renal disease due to diabetes. Patients come in three times a week for dialysis. She has a large wound on both lower legs. Me and my preceptor after putting her on hemodialysis. And then we got ready to change his wound. When the old dressing was removed, the patient was in pain due to sticking to the wound. When the patient saw her wound, the patient said that it was worse than the last time, more discharge now. My preceptor, after changing a patient's dressing, recommended that the patient visited a wound specialist next time, who may have a better plan for treating diabetic wounds. My preceptor gave me a referral form and asked me to confirm the current address and contact number of the patient. After I confirmed it, my preceptor filled in the referral form and contacted the specialist nurse by phone in addition to email. At last my preceptor told me that if the wound is not serious, we can help change the dressing when doing dialysis. But if the wound gets worse, it's very serious. If it's not handled properly, it could lead to amputation. So we need to refer them to specialist nurse in time. | as verification  of completion  l | for competence  assessment |
| 4.2  Recognises and values the roles and skills of all members of the health care team in the delivery of care. | In this placement, terminal disinfection is a very important step to keep patient safety and preventing infection. My preceptor told me that cleaners plays a very important role in this infection control process, the quality of their work directly affect the health of patients here. Because the immunity of hemodialysis patients usually are low, they are vulnerable to infection. Terminal disinfection can effectively reduce the risk of infection. They use appropriate disinfectants to clean and disinfect high-frequency contact surfaces such as dialysis machines, bed units, chairs, doorknobs, and countertops. Regularly clean and disinfect the floor, especially around the dialysis unit, to prevent the accumulation of dirt and pathogens. They can assist Rns in terminal disinfection of dialysis machines to ensure that the equipment is sterile until the next use. They also dispose of medical waste, ensuring that waste bags are sealed and properly labeled to prevent contamination and the spread of infection. My preceptor told me we provide support and resources where necessary, for example, after we disinfect the chair where the dialysis patient sits, we reposition the chair to the highest position so that the cleaner can clean the floor and ensure that the cleaner can do their job efficiently. When we throw garbage, make sure that all garbage is thrown into the trash can and don't throw some out, which can also reduce the workload of the cleaners and show them respect and support. The work of the cleaners is not only an important part of the operation of the dialysis center, but also a key link in infection control, which deserves high attention and respect. |  |  |
| 4.3  ‘Identifies the importance of’ quality improvement activities to monitor and improve standards of nursing. | In hemodialysis centers, most patients have chronic diseases, low immunity, and are prone to infection. So it's important to reduce cross-infection. All registered nurses must ensure necessary hand hygiene. Five key moments for hand hygiene:  Before contact with patients - to prevent transmission of pathogens to patients, before aseptic procedures - to protect patients from infection, after contact with body fluids - to prevent the spread of pathogens, after contact with patients - to protect themselves and the environment, after contact with patients' environment - to avoid cross infection. Strictly observing these five moments can effectively reduce the risk of nosocomial infection and ensure the safety of patients. In addition, in order to ensure good hand hygiene, the hospital's nosocomial infection control inspectors also come to check on hand hygiene practices regularly, about once a month. |  |  |
| **Date:** | **Academic Staff Member signature**: | | |
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| I declare that these competencies are evidence of my own clinical experience | Student Name & Signature |  |