WNHS Professional Development Review (PDR) – Midwife, Registered nurse, Enrolled nurse

PDR principles

* A nurse or midwife at their discretion may request a meeting for their performance review but a meeting is not mandatory. Similarly, a manager may request a meeting to discuss a performance review but attendance is not mandatory.
* **Declining the option of a meeting will not impact on career opportunities.**

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| --- |
| **Details** |
| **Name:** |  |
| **Employee Number:** |  |
| **Position:** |  |
| **Directorate/Department:** |  |
| **Manager:** |  |
| **Date:** |  |

* **A performance review is never to be used for the management of substandard performance**

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| --- |
| **Optional meeting declaration** |
| **Midwife/Nurse requests meeting (Optional)** | Yes 🞏 No 🞏 | **Signature:** |
| **Manager/Supervisor requests meeting (Optional)** | Yes 🞏 No 🞏 | **Signature:** |
| **Midwife/Nurse declines meeting (Optional)** | Yes 🞏 No 🞏 | **Signature:** |
| **Midwife/Nurse accepts meeting (Optional)** | Yes 🞏 No 🞏 | **Signature:** |
| **Entered into MyHR** | Yes 🞏 No 🞏 |

#  Nursing & Midwifery Board of Australia (NMBA) requirements

You are reminded that annual renewal of registration for all midwives and nurses is required by 31 May each year.

The information included in your KEMH PDR for midwives and nurses should assist you to respond to an audit request by the NMBA should this occur.

The NMBA may choose to audit one or more of the following four mandatory registration standards:

* Criminal history registration
* Continuing professional development (20 hours CPD each for midwifery & nursing)
* Recency of practice (450 hours in 5 years for each profession you are registered in)
* Professional indemnity insurance arrangements (*should you require evidence of this you are advised to contact the Executive Secretary to the Director of Midwifery, Nursing & Patient Support Services for a standard letter that is available from the hospital confirming this arrangement*)

Further information can be accessed at:

<http://www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Audit.aspx>

You are encouraged to retain a copy of this document for your personal records.

# Part 1: Annual/continuing mandatory education & training checklist

*(Annual SDM/N review)*

|  |  |
| --- | --- |
| **Name:** | **Date:** |
| **Manager/supervisor/staff development to complete:** |
| **Checklist complete:** | **Name:** |
| **Date:** | **Signature:** |

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| --- |
| **ANNUAL** |
| **Requirement** | **Format** | **Role** | **Date completed/NA** |
| Basic life Support – practical assessment | F2F | ALL  |  |
| Cleaning/management of reusable medical devices (Trophon/Tristel/Chronos) | E-L | EC, Imaging, OT |  |
| Compulsory in-service | F2F | ALL |  |
| Donning and doffing assessment | F2F | ALL except non-clinical |  |
| Emergency management - Code Orange walk through | F2F | ALL |  |
| Emergency management - theory | E-L | ALL except Breastscreen |  |
| Clinical Emergency Update – (Preferred format -Simulation)  | F2F | ALL except Breastscreen |  |
| Fetal surveillance educationGroup:Circle completed: FSEP MCQ OFEP | E-L or F2F | Midwives responsible performing and interpreting CTG’s |  |
| Hand Hygiene | E-L | ALL |  |
| Infection prevention and management | E-L | Excluding non-clinical |  |
| Manual tasks – theory | E-L | ALL except non-clinical |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Manual tasks – practical | F2F | ALL except non-clinical |  |
| Neonatal resuscitation – practical assessment | F2F | ALL |  |
| Warden training | E-L/F2F | Wardens only |  |
| WAVE update  | E-L | ALL |  |
| **EVERY 2 YEARS** |
| Manual tasks – theory | E-L | Non-clinical |  |
| WAVE update  | E-L | Non-clinical |  |
| **EVERY 3 YEARS** |
| BFHI - Breastfeeding education**Group 1 details**: | F2F or E-L | (Group 1,Group 2 or Group 3) |  |
| Falls training | E-L | WD 6, ASCU, DSU, EC, Gynaecology clinics |  |
| Mandatory reporting of child sexual abuse | E-L | ALL |  |
| Occupational Safety & Health - Supervisors | F2F |  |  |
| **EVERY 4 YEARS** |
| ALS | F2F | Allocated staff |  |
| **EVERY 5 YEARS** |
| NRP | F2F |  LBS midwives/CMM |  |

*\*Annual data entry of mandatory training checklist skill code: 91240 when all annual, 2 yearly, 3 yearly and 5 yearly requirements have been completed (does not include once off requirements.*

# Part 2: Once only mandatory education & training checklist

*(This section can be re-used each year)*

|  |  |
| --- | --- |
| **Name:** | **Date:** |
| **Manager/supervisor/staff development to complete:** |
| **Checklist complete:** | **Name:** |
| **Date:** | **Signature:** |

|  |
| --- |
| **ONCE ONLY** |
| **Requirement** | **Format** | **Role** | **Date Completed/NA** |
| Aboriginal cultural eLearning  | E-L | ALL |  |
| Accountable & ethical decision making | E-L | ALL |  |
| Activity based funding and management | E-L | Managers and HoDs only |  |
| Aseptic technique – practical assessment | F2F | Staff performing invasive procedures |  |
| Aseptic technique - theory | E-L | Staff performing invasive procedures |  |
| Basic life support - theory | E-L | ALL |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Mental health act  | E-L | Working in mental health |  |
| MRI safety | E-L | Code blue team |  |
| My health record | E-L | ALL |  |
| Neonatal resuscitation - theory | E-L | All except Wd6, OT, WWC |  |
| Patient safety and quality orientation passport | E-L | New staff |  |
| Record keeping training | E-L | ALL |  |
| Safe Infant Sleeping | E-L | All Obstetric |  |
| SHERLOC discrepancy training - Reviewer | F2F | Managers and Supervisors |  |
| Speaking Up For Safety | F2F | ALL |  |

# Part 3: Recommended only - training checklist

|  |
| --- |
| **RECOMMENDED ONLY** |
| **Requirement** | **Format** | **Role** | **Date completed** |
| Advance Health Directive | E-L | ALL except Breastscreen |  |
| Bloodsafe - Clinical transfusion practice module | E-L | ALL except Breastscreen |  |
| Computer ergonomics (if applicable) | E-L | ALL |  |
| Computer workstation assessment (if applicable) | E-L | ALL |  |
| Falls | E-L | ALL except Breastscreen |  |
| Fetal surveillance education | E-L | Midwives not responsible for CTG’s |  |
| FDV - introduction | E-L | ALL |  |
| FDV – screening and responding | E-L | ALL |  |
| High risk medicines | E-L | ALL except Breastscreen |  |
| Language service policy | E-L | ALL |  |
| Neonatal resuscitation program | F2F | Midwives in ward areas |  |

|  |  |
| --- | --- |
| **Name:** | **Date:** |
| **Manager/supervisor/staff development to complete:** |
| **Checklist complete:** | **Name:** |
| **Date:** | **Signature:** |

|  |  |  |  |
| --- | --- | --- | --- |
| Newborn bloodspot screening | E-L | Working with babies |  |
| NPS medication chart course | E-L | ALL |  |
| Open disclosure | E-L | ALL |  |
| Safer baby bundle | E-L | Midwives |  |
| SHERLOC discrepancy training – Notifier | F2F | ALL |  |
| Understanding medication safety | E-L | ALL |  |
| Voluntary assisted dying – essential information for staff | E-L | ALL |  |
| Wound innovations – pressure injury module | E-L | ALL except Breastscreen |  |

# Annual clinical competency checklist

|  |
| --- |
|  🞏 Applicable 🞏 Not applicable |
| **I confirm that I continue to perform the following skills and have maintained my competency.** |
| **Name:** |
| **Signature:** | **Date:** |

|  |  |
| --- | --- |
| **Competency** | **✓ if applicable** |
| Adult PIVC insertion |  |
| Adult venepuncture |  |
| Basic ultrasound scanning (midwives) |  |
| Epidural analgesia administration |  |
| Full physical examination of the Newborn |  |
| IV morphine  |  |
| Neonatal IV medication administration |  |
| Perineal suturing |  |
| Pap smear provider |  |
| Rectus sheath analgesia administration |  |
| Transcervical foley insertion: IOL |  |
| Trophon™ competency |  |
| Water birth |  |

**Comments:**

# BFHI Group 1 core skills and knowledge – Annual review

|  |
| --- |
| **🞏 Applicable 🞏 Not Applicable** |
| **I confirm that I have achieved the breastfeeding core skills and knowledge by direct or in-direct supervision.** |
| **Name:** |
| **Signature:** | **Date:** |

|  |
| --- |
| **Core skills and knowledge requirements** |
|  | **Achieved ✓** | **Add to education plan ✓** |
| **Counselling skills** |
| 1. Use listening skills when counselling a mother
 |  |  |
| 1. Use skills for building a mother’s confidence and giving support
 |  |  |
| 1. Counsel a pregnant woman about breastfeeding
 |  |  |
| 1. Counsel a mother to make an informed and appropriate decision about infant feeding, suitable to her circumstances
 |  |  |
| **Establishing breastfeeding** |
| 1. Help a mother to recognise when her baby is ready to initiate breastfeeding while in skin-to-skin contact after birth
 |  |  |
| 1. Support a mother to position herself and her baby for breastfeeding
 |  |  |
| 1. Support a mother to attach her baby to the breast, encouraging baby-led attachment
 |  |  |
| 1. Assess a breastfeed; including teaching a mother how to monitor milk transfer
 |  |  |
| 1. Explain to a mother about feeding cues and the optimal pattern of breastfeeding
 |  |  |
| 1. Using hands-off techniques, assist a mother to express her breast milk
 |  |  |
| 1. Explain to a mother how to know if her baby is getting enough milk
 |  |  |
| **Breastfeeding challenges**  |
| 1. Counsel a mother who thinks she does not have enough milk
 |  |  |
| 1. Counsel a mother with an unsettled baby
 |  |  |
| 1. Counsel a mother on selecting and using an alternative feeding method
 |  |  |
| 1. Counsel a mother whose baby is refusing to breastfeed
 |  |  |
| 1. Counsel a mother who has flat or inverted nipples
 |  |  |
| 1. Counsel a mother with engorged breasts
 |  |  |
| 1. Counsel a mother with sore or cracked nipples
 |  |  |
| 1. Counsel a mother with mastitis
 |  |  |
| 1. Support a mother to breastfeed a low-birth-weight, preterm or sick baby
 |  |  |

### Breastfeeding education plan for next 3 years:

|  |  |
| --- | --- |
| **Topic** | **Action** |
| *Counsel a mother with mastitis* | *Read clinical guideline, complete BF challenges module* |
|  |  |

# Section 2:PDR meeting (optional)

# Optional Midwifery/Nursing CPD record for previous 12 months

*(Continuing Professional Development activities you have attended/completed such as study days, in-service, reading an article)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Date****attended** | **Activity** | **Reflection on activity** | **CPD Hours** |
| **Nursing** | **Midwifery** |
| ***1*** | *Example**21/11/16* | *InTime – simulation study day (KEMH)* | *Opportunity to practice my skills in a safe environment. Take home message was to provide feedback once tasks had been completed – I aim to include this in my clinical practice* |  | *7* |
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| **TOTAL HOURS** |  |  |

*Staff who use alternative recordkeeping methods may present these documents (ANF, ACM, excel spreadsheet, Ausmed) at time of review as evidence of completion, rather than type information into this table*

# Optional professional practice conversation

If you have requested an optional meeting with your Manager to discuss your professional development you may like to respond to the following questions:

|  |
| --- |
| 1. **What has gone well for you this year?(Optional)**
 |
| *You may wish to keep a record and share any feedback received from your colleagues, patients and students over the past 12 months.* |
| 1. **Are there any aspects of professional development that you require further advice or assistance with? (Optional)**
 |
| *Are there any new skills that you hope to attain or professional activities that you would like to be involved in?* |
| **3. Where do you see your career going and what help will you need to get there? (Optional)** |
| *Have you experienced any challenges achieving your CPD in the last year? Are there other positions you would like to relieve in the future? Is there additional study you would like to do but need some information? Are there some skills you would like to learn? Would you like the opportunity to upskill in a different area? Are you planning for retirement?* |

# **Comments**

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| **Employee comments (OPTIONAL)** |
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| **Comment by manager/supervisor: (OPTIONAL)** |
|  |
| **Employee:** | **HE # /Signature:** | **Date:** |
| **Name:** |  |  |
| **Manager:** | **HE # /Signature:** | **Date:** |
| **Name:** |  |  |

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on request for a person with a disability.**

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