# Quality of Evidence – a message to all nurses considering an application for accreditation:

Over recent years the Aotearoa College of Diabetes Nurses (ACDN) (NZNO) has worked to streamline and simplify the process for accreditation as either a Specialty or Specialist Diabetes Nurse. An application for accreditation is about demonstrating your diabetes knowledge and skills to your peers, utilising the National Diabetes Nurses Knowledge and Skills Framework (Snell, 2009). It is not about assessing your competence to practice as a RN – this is the role of your PDRP. However, in your PDRP you have probably used examples of practice that demonstrate diabetes knowledge and skill that can be used in your accreditation portfolio. The College does not wish to make accreditation onerous; however, we have a commitment to a quality process and part of that process relates to the quality of evidence submitted in support of your application.

In the vast majority of cases the evidence supplied is of an exceptional standard and clearly demonstrates the range of activities that diabetes nurses are involved in. Evidence requirements are based on strict criteria. Applications that breach patient privacy; provide insufficient supporting evidence and/or evidence that is not within the required 3 year period may not be successful. ACDN does not have the resources to utilise a desk audit, in the way that NP portfolios are audited, to check for quality of evidence. Applicants that have not provided adequate quality of evidence will be asked to submit additional evidence within an appropriate timeline as stipulated by the assessor.

In April 2014, the Nurse Practitioners of New Zealand issued a statement regarding the standard of evidence being submitted for NP portfolios. Part of this statement follows:

*In addition, Ana Shanks Registration Manager Nursing Council of New Zealand has asked me to deliver a very clear message to NP candidates and their mentors. There are a number of issues identified at desk audit that result in portfolios being returned to applicants with increasing regularity. I am advised that:*

1. *Documentation must be anonymised - No NHI numbers, No ACC Numbers, No names/addresses or any other identifiers*
2. *Collegial relationships must be general i.e. …discussed with NP specialty/GP/Pharmacist*
3. *No staff meeting minutes or emails to colleagues*
4. *Portfolios continue to be too big, no more than one volume.*

*These rules should apply to professional portfolios* ***across all scopes of practice*** *(our emphasis)*

The letter in its entirety was forwarded to the ACDN membership in early April 2014. The last sentence of this statement is of relevance to all nurses who submit evidence for any portfolio.

Evidence requirements are highlighted on pages 8 and 11 of the ACDN Accreditation Handbook, (http://www.nzno.org.nz/groups/colleges_sections/colleges/aotearoa_college_of_diabetes_nurses/accreditation)

Maintaining confidentiality for the people you work with and your patient/client is paramount. Please refer to NZNO practice guideline titled **Privacy, Confidentiality and Consent in the Use of Exemplars of Practice, Case Studies and Journaling, 2016**. This can be accessed from the NZNO website in Publications at the following link: http://www.nzno.org.nz/resources/nzno_publications and can be found under the section titled Practice.

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Examples of evidence might include:

- If you are going to discuss how you intervene in acute and chronic illness and discuss a patient you were working with then the assessor would expect to see a care plan, clinical assessment, and/or some evaluation of your care. Telling the assessor what you do is only part of the story. You need to show the assessor what you do as well.

- For RN prescribers, a copy of your prescribing log may demonstrate what you have done, but the assessor may not know you and you will therefore need to expand on this. A vignette that documents in more detail a case example would strengthen the evidence.

- All documentation must be de-identified completely.
  There have been several instances where personal details have been included in evidence. This can range from patient and colleague names, to addresses, GP details and NHI numbers. ***This is completely unacceptable***. Where breaches of confidentiality occur the evidence will be omitted from assessment. A request for additional evidence may be made by the assessor if the remaining evidence is insufficient to meet requirements for accreditation.

- Evidence in the form of emails will no longer be accepted.
  Applicants wishing to use the content of an email should cut and paste the content, de-identify it and place it within a word document. The emails should form part of the evidence and will require an explanation of its relevance/significance and how it applies as evidence. For example – if seeking feedback from a colleague about something and wanting to use this response as evidence, then the response could be pasted to a word document that overviews the example and how the response influenced your practice. This must then be verified by the relevant health professionals.

- The same applies to the use of meeting minutes.
  Having your name on a set of minutes does not constitute evidence. You would be better served to write an exemplar about the meeting, your role, what you did and how it applies to your practice. Some reflection of its significance and the reason for its being included as evidence would strengthen the evidence. You must then have it verified.

- All evidence should be current – that is within the last 3 years.

- Page numbering and a table of contents are desirable as it makes it easy to locate your evidence.

If you have questions about the types of evidence to include in your portfolio then please do not hesitate to contact the Coordinator of the Accreditation Programme or one of the mentors listed in the NZNO website.

Accreditation Programme, ACDN (NZNO)
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