

Clinical Liaison Nurse Appointment check list 2019

RN Name:	Clinical Area:	Tick box	Name of Charge Nurse Manager (CNM):
Date of Last Performance Review			Date:
Current on the PDRP programme & level <i>(must be proficient or working towards)</i>			Competent/ Proficient/ Expert <i>Please circle relevant one</i>
Has attended a preceptor Workshop in last four years.			<i>If not please enrol in the next availed session on connect me</i>
The nurse has an FTE of .6 or greater.			
DEU model, CLN roles and responsibilities read and discussed			<i>CCDHB Internet on DONM office site</i>
Discussion with CNM regarding CLN role, DEU and workplace contribution.			
Discussion with CNM regarding impact of annual leave/study leave/commitments during student placements			
Work place access to a computer/office space			Access to a computer is essential
Contact details			Ward ext.: Cell phone:
Comments/Other Requirements:			
Name of RN: _____ appointed to CLN role for the DEU model in the practice area. Date: _____			CNM Signature:
I (Name of RN) _____ accept appointment of CLN Role for the DEU model in the practice area. Date: _____			CLN Signature:
Please keep a copy for yourself and scan and email a copy of the checklist to Kathy Trezise CCDHB Nurse Educator DEU Kathy.trezise@ccdhb.org.nz			Date:

Thursday, 24 January 2019
2013)

(Adapted with permission from CDHB DEU