Children's and General Nurse (Integrated)



Bord Altranais agus Cnáimhseachais na hÉireann Nursing and Midwifery Board of Ireland

> Competency Assessment Document (CAD) for the Undergraduate Nursing Student

Year One

(Pilot Document, 2017)

WELCOME TO YOUR COMPETENCY ASSESSMENT DOCUMENT

This guide has been developed to help the Undergraduate Nursing Student and their Preceptor/Associate Preceptor complete the Competency Assessment Document. Please read and become familiar with these pages. It is recommended that they are read in conjunction with the Higher Education Institute (HEI) regulations and guidelines for assessment and practice placement. Questions arising from the content contained in this document should be discussed with your Academic Link Lecturer, Clinical Placement Coordinator (CPC) and Preceptor/associate preceptor.

Clinical practice represents 50% of the undergraduate nursing programme and the development of skills, knowledge, professional behaviour and attitudes represents a key component in the undergraduate nursing students' attainment of competence to practice as a registered nurse. In keeping with the requirements of the Nursing and Midwifery Board of Ireland (NMBI), the competency assessment document acts as the record of on-going achievements that is NMBI's requirement for registration. It is also an essential component for the successful progression through the undergraduate nursing programme.

The preceptor/associate preceptor 's assessment of your practice is fundamental to maintaining professional standards in nursing and to meet NMBI requirements, so it is advised that the undergraduate nursing student and preceptor/associate preceptor read these pages carefully as guide to completing the competency assessment document.

| Full Student Name (as per Candidate Register): | | |
|--|------|--|
| Student ID number: | | |
| Email address: | | |
| Phone number: | | |
| NMBI Candidate Number: | | |
| | | |
| HEI Link Lecturer: | HEI: | |
| Email address: | | |
| Phone number: | | |
| | | |

This document remains the property of the HEI and its care is the responsibility of the undergraduate nursing student named above. It must be presented on request to academic staff of the HEI and Preceptor/Associate Preceptor and Clinical Nurse Manager's (CNM) in practice placements.

RECORD OF ON-GOING CONTINUING ACHIEVEMENT

This competence assessment document constitutes my record of competence development in practice placement settings for **YEAR ONE** of the programme.

I consent to allow this data about me to be shared between successive preceptor/associate preceptor s and with the relevant HEI's in the process of assessing my development of clinical competence.

I understand that this is a requirement HEI and its associated healthcare provider(s) for progression through the programme of study in Children's and General Nursing and in compliance with the Nurse Registration Programmes Standards and Requirements (NMBI, 2016).

| Student signature | Date | |
|--------------------|------|--|
| HEI Link Lecturer: | Date | |
| CPC | Date | |

PROTECTING THE PUBLIC THROUGH PROFESSIONAL STANDARDS

Accepting Appropriate Responsibility

There may be situations when your Preceptor/Associate Preceptor, or another Registered Nurse may not directly accompany you. As your skills, experience and confidence develop, you will become increasingly able to deal with these situations. However, you must only participate in clinical interventions within your scope of practice as an undergraduate nursing student for which you have been fully prepared or in which you are properly supervised, and which are in keeping with the health service provider policy. Guidance on the levels and type of supervision is defined as by the Board as "the provision of oversight, direction, guidance or support by a nurse or midwife to students. Supervision may be direct or indirect" (NMBI, 2015: 2)¹. "Direct supervision means that the supervising nurse or midwife is actually present and works with the student undertaking a delegated role or activity. Indirect supervision implies that the nurse or midwife does not directly observe the student undertaking a delegated role or activity. Both direct and indirect supervision can include oversight, direction, guidance and support and evaluation" (NMBI, 2015: 14).

During Years 1 to 3, the level of direct and indirect supervision varies according to the year of the programme, confidence, experience and level of skills and proficiency as judged by the Preceptor/Associate Preceptor or Registered Nurse. In some cases, the student will shadow the Preceptor/Associate Preceptor or Registered Nurse during nursing interventions; in other circumstances the Registered Nurse may undertake nursing interventions at indirect supervision and report back on and document the process and outcomes.

This means that you must practice only within the limitations of your knowledge, skills and professional boundaries. If you have any doubts, clarify these with your Preceptor/Associate Preceptor, Registered Nurse or CPC before undertaking any clinical intervention.

All entries you make in nursing or clinical documentation must maintain the privacy and confidentiality of service users.

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¹ Nursing & Midwifery Board of Ireland, *Scope of Nursing and Midwifery Practice Framework*. 2015 Blackrock Co. Dublin

| I have read and underst | ood the above statements | | |
|---|--------------------------|-------|--|
| Student Signature: | | Date: | |
| Preceptor/Associate Preceptor Signature: | | Date: | |
| CPC Signature: | | Date: | |

Clinical Placement Details for YEAR ONE of the Programme

Section 1: Children's Nursing

PRACTICE EXPERIENCE 1

PRACTICE EXPERIENCE 2

| Number of weeks in Placement | |
|--|--|
| Name of Practice Placement (General, Specialist) | |
| Name of Health Service Provider | |
| Phone number of Placement | |
| Name of Clinical Nurse Manager | |
| Name of Preceptor | |
| Name of Associate Preceptor | |
| Name of Clinical Placement Coordinator | |
| Name of Academic Link Lecturer | |

Clinical Placement Details for YEAR ONE of the Programme

PRACTICE EXPERIENCE 3 (IF APPLICABLE)

| Number of weeks in Placement | |
|--|--|
| Name of Practice Placement (General, Specialist) | |
| Name of Health Service Provider | |
| Phone number of Placement | |
| Name of Clinical Nurse Manager | |
| Name of Preceptor | |
| Name of Associate Preceptor | |
| Name of Clinical Placement Coordinator | |
| Name of Academic Link Lecturer | |

Section 2: General Nursing

PRACTICE EXPERIENCE 1

| Name of Practice Placement | |
|--|--|
| Name of Practice Placement (General, Specialist) | |
| Name of Health Service Provider | |
| Phone number of Placement | |
| Name of Clinical Nurse Manager | |
| Name of Preceptor | |
| Name of Associate Preceptor | |
| Name of Clinical Placement Coordinator | |
| Name of Academic Link Lecturer | |

PRACTICE EXPERIENCE 2

| Number of weeks in Placement |
|--|
| Name of Practice Placement (General, Specialist) |
| Name of Health Service Provider |
| Phone number of Placement |
| Name of Clinical Nurse Manager |
| Name of Preceptor |
| Name of Associate Preceptor |
| Name of Clinical Placement Coordinator |
| Name of Academic Link Lecturer |

PRACTICE EXPERIENCE 3 (IF APPLICABLE)

| Number of weeks in Placement | |
|--|--|
| Name of Practice Placement (General, Specialist) | |
| Name of Health Service Provider | |
| Phone number of Placement | |
| Name of Clinical Nurse Manager | |
| Name of Preceptor | |
| Name of Associate Preceptor | |
| Name of Clinical Placement Coordinator | |
| Name of Academic Link Lecturer | |

GUIDANCE FOR THE UNDERGRADUATE NURSING STUDENT

Remember, this is your assessment document and you must accept responsibility for its accurate completion and bring it with you in each placement.

Prior to the start of your first practice experience, review your learning needs; it may be helpful to review any earlier experience you may have had of practice settings and to make a list of the clinical placements for achievement that you have in mind.

The following are suggestions to enhance your learning in the practice setting:

- Prior to the placement, check the location and travel implications and find out from your allocations officer, allocations liaison officer and/or HEI link what type of practice experience and learning opportunities you are likely to undertake;
- Contact the practice setting to identify your hours of attendance and the day/date of your first day of placement;
- Aim to arrive a little earlier on your first day to ensure that you arrive in good time to familiarise yourself with the entrance and place of reporting;
- Undertake an orientation to the practice setting on the first day with your Preceptor or Associate Preceptor;
- Actively participate in your preliminary, mid-placement and final interviews with your Preceptor or Associate Preceptor;
- At your preliminary meeting in the placement site, identify and affirm your learning needs with your Preceptor/Associate Preceptor, and agree a plan of action to make the most of the learning opportunities available in the placement site;
- Take advantage of every opportunity to work with your Preceptor/Associate Preceptor and to engage with all the learning opportunities available;
- Maintain your competence assessment document securely throughout placements and throughout the programme;
- Provide your Preceptor/Associate Preceptor and CPC with evidence and examples from your practice as to how you are working to achieve competencies and skills;
- Make your competence assessment document available to your Preceptor/Associate
 Preceptors, CPC's and academic link lecturer on request;

- Discuss with your preceptor/associate preceptor, CPC and academic link lecturer how your learning is going during the placement;
- Work collaboratively with your CPC, preceptor/associate preceptor and other clinical staff to
 ensure that the assessment of your competence is completed by the date specified;
- Submit the competence assessment document to the designated School/Department office by the date specified;
- Ensure that all sections are fully completed before you submit competence assessment document with the requisite signatures;
- Undertake an anonymous online or off-line evaluation of each practice experience.

Competence in practice

As an undergraduate nursing student, competence to practise as a nurse is acquired gradually and successively across your programme of study as you gain knowledge, skills and professional acumen and apply these in practice placements. Achievement of competence for entry to the NMBI professional register is assessed continuously throughout each stage of your programme and you will be deemed competent when you have met all theory and practice requirements of your programme.

Progression

For each year/stage of the programme, there is a Competence Assessment Document to be completed during the one or more practice placement experiences you undertake. Within each Document you will find a number of indicators related to the six domains of practice that must be achieved to progress clinically and to achieve the practice elements of your studies for that year. In order to provide your Preceptor/Associate Preceptor with the evidence of your achievement of clinical competence, you will need in some cases to demonstrate skills, undertake activities, discuss, answer questions, prepare written notes or undertake reflection on situations you have encountered. Certain proficiencies may be met through simulation either in a practice setting or in a clinical skills laboratory as part of your theoretical studies.

In the majority of settings you will be able to develop your knowledge, skills and competence through interactions with patients, service users, nursing colleagues and members of the multidisciplinary team. It is necessary to both acquire and maintain competence hence your Preceptor/Associate Preceptor will be reviewing with you at initial, mid-point and final interviews your learning needs as well as your proficiency in nursing. This will encompass the

development of professional values, your interpersonal communication, team working, self-management, decision-making, professional scholarship and leadership potential.

Assessment process – Initial Interview

In most practice placement in of four weeks duration or longer, you will undertake usually within the first two days of commencing an initial interview with your Preceptor/Associate Preceptor. At this interview you will both review your learning needs, discuss learning opportunities available to you in that setting and identify how these can be related to achievement of the indicators and competences in your Clinical Assessment Document.

Mid-Point Interview

The mid-point interview provides you and your Preceptor/Associate Preceptor with an opportunity to review your achievement to date and for her/him to provide you with feedback on what areas of your practice need further development and to identify priorities and opportunities for their achievement. Feedback on your learning with both your Preceptor/Associate Preceptor and clinical placement coordinator should be competed in a supportive manner to provide you with adequate time to reflect on your achievements to date and to adapt your schedule of activities and demonstration of professional knowledge and values in the practice setting. It is important that at this mid-point interview, a note of your learning needs and progress is completed and agreed with you by your Preceptor/Associate Preceptor. The competence statements and indicators have been designed to be applicable to all practice settings. Please discuss with your Preceptor/Associate Preceptor and CPC should you encounter difficulties in gaining experience necessary to achieve the competences agreed with your Preceptor/Associate Preceptor at the initial interview for a particular practice placement.

Whilst you will be supervised and assessed primarily by your Preceptor, you may be allocated an Associate Preceptor and will be also working alongside other registered nurses and members of the multidisciplinary team during your placements. Only a Registered Nurse who has completed a Preceptorship programme may sign off your practice competence achievement. However, your Preceptor/Associate Preceptor will discuss your progress with you and with other registered nurses who have worked alongside you and have observed your interactions and interventions in formulating her/his decision. Your Preceptor/Associate Preceptor may sign certain sections of your Document after witnessing you undertaking certain

practice activities on an on-going basis; other competences may be completed at the mid-point or final interview stages of your practice placement.

Final Interview

The final interview allows for a review of your learning overall and to consider your needs and requirements to progress to the next stage/year of your programme of study. This should be accompanied by a written comment by you and by your Preceptor/Associate Preceptor on the overall process and result of the competence assessment to guide your future learning needs.

Should you not achieve a pass in one or more domains or in an individual requirement within your document, you would normally fail. It is important that clear feedback is given and recorded as to how to enhance your learning and to identify the precise areas for improvement in your practice. Your result should be discussed with your Academic link lecturer and CPC as soon as possible after the final interview to determine a Competency Development Action Plan to assist your learning. Additional supports may be provided by the HEI and associated health service provider in the particular practice setting to assist you to meet the outcomes specified in the competency development action plan.

Undergraduate nursing students who have failed in a particular aspect of their competence assessment of practice are normally allowed a further attempt to achieve their requirements through a period of additional practice experience. Should this further period of experience be insufficient to achieve and overall pass in the clinical practice element of your programme, undergraduate nursing students are required to meet formally with their Academic Link Lecturer to discuss the potential implications of the result for progression or graduation as a nurse.

Section 1

Children's Nursing

NMBI Competency Assessment Document – YEAR ONE: Registrant Signature Sheet

REGISTRANT SIGNATURE SHEET

All health care professionals signing student documentation should insert their details below, as indicated.

| Name of Preceptor/Associate Preceptor (PRINT NAME) | Signature | Contact phone number | Practice Placement Area |
|---|-----------|----------------------|----------------------------|
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Completing this grid is a requirement for any professional who is signing your competency assessment Document or making an entry.

NMBI Competency Assessment Document – YEAR ONE: Self Evaluation

PRACTICE EXPERIENCE 1: SELF-EVALUATION OF LEARNING NEEDS AND EXPECTATIONS

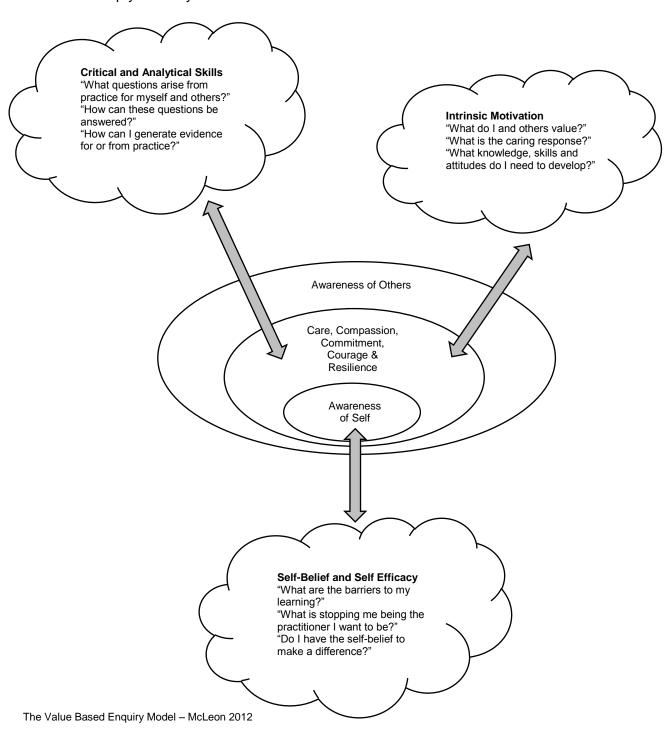
To be completed by the undergraduate nursing student prior to placement incorporating theory and clinical skills learning to date.

| The life and previous experience of practice that I bring with me to this placement is |
|---|
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| The learning opportunities that I hope to achieve during this placement are |
| g spiral state of the state of |
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| |
| Any concerns that I have about this placement are |
| |
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| |
| The relevant theoretical learning that I bring to this placement |
| The reservence and a servence plane and a servence |
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NMBI Competency Assessment Document – YEAR ONE: Self Evaluation

PRACTICE EXPERIENCE 1: SELF-EVALUATION OF LEARNING NEEDS AND EXPECTATIONS

A Guide to help you with your Self-Evaluation



NMBI Competency Assessment Document – YEAR ONE: Competency Assessment Interviews

PRACTICE EXPERIENCE 1: PRELIMINARY INTERVIEW

| Date: | | Name: | | Signature: | |
|---------------------------------------|------------------|-------------|------------------------|------------|--|
| Welcome to Practice Placement Area | | | | | |
| Orientation to Practice Placement | | | | | |
| Name of Pred | ceptor | | | | |
| Name of Asso | ociate Precepto | or | | | |
| Name of Clini | cal Placement | Coordinato | or | | |
| | cal Nurse Man | | | | |
| Name of Acad Placement | demic Link Lec | turer for | | | |
| Learning need | ds identified by | Student | | | |
| | | | | | |
| | | | | | |
| Learning plan | agreed with P | receptor/As | ssociate Preceptor for | placement | |
| Learning plan | agreed with P | receptor/As | ssociate Preceptor for | placement | |
| Learning plan | | receptor/As | ssociate Preceptor for | placement | |
| Student signa | | | ssociate Preceptor for | placement | |
| Student signa Preceptor/Ass signature | ature | tor | ssociate Preceptor for | placement | |

DOMAIN 1: PROFESSIONAL VALUES AND CONDUCT OF THE NURSE

Criteria related to practising safety, compassionately and professionally under supervision of a Registered Nurse

| 1.1.1 Demonstrates safe, person-centred care | | | | | ✓ or × | |
|--|---|--|---|---------------|--------|--|
| a. | Clarifie | Clarifies with supervisor instructions that s/he does not understand | | | | |
| b. | Applies | principles of safe r | moving and handling | | | |
| C. | Adhere | s to principles of sa | afe hand washing | | | |
| d. | Promotes a safe and therapeutic environment for children, young people and their families, staff and visitors | | | | | |
| e. | Recognises and responds to situations of risk to protect children and young people | | | | | |
| f. | Demon interve | | n an emergency and to administer essentia | I life-saving | | |
| Assessment Decision (✓or *) Preceptor/Associate Preceptor Signature Date | | | Date compl | eted | | |
| PASS | PASS | | | | | |
| FAIL | | | | | | |

| 1.1.2 Demonstrates compassion in providing nurse care | | | | | √ or × | | |
|---|--|--|---|------------|--------|--|--|
| a. | Shows families | Shows respect, kindness, compassion towards children, young people and their amilies | | | | | |
| b. | Acts in a professional manner that is attentive, empathetic and non-discriminatory towards children, young people, their families respecting diversity in culture, faith and social background | | | | | | |
| C. | Supports children, young people and their families with sensitivity during periods of emotional distress or when undergoing diagnostic, nursing or medical procedures | | | | | | |
| d. | Seeks help and guidance when a child or young person's needs are not being met | | | | | | |
| Asses | ssment [| Decision (√or ×) | Preceptor/Associate Preceptor Signature | Date compl | eted | | |
| PASS | PASS | | | | | | |
| FAIL | | | | | | | |

DOMAIN 1: PROFESSIONAL VALUES AND CONDUCT OF THE NURSE

Criteria related to practising safety, compassionately and professionally under supervision of a Registered Nurse

| 1.1.3 Demonstrates responsible and professional practice | | | | | √ or × |
|--|--|--|---|------------|--------|
| a. | Adheres to and works within the Scope of Nursing and Midwifery Practice Framework as it applies to the nursing student | | | | |
| b. | Practises honestly and with integrity in accordance to the Code of Professional Practice and Ethics for Registered Nurses and Registered Midwives as it applies to the nursing student | | | | |
| C. | Adheres to local policies, procedures and guidelines | | | | |
| d. | Adheres to reporting policy in respect of any untoward incidents or near misses | | | | |
| Asses | Assessment Decision (√or *) | | Preceptor/Associate Preceptor Signature | Date compl | eted |
| PASS | | | | | |
| FAIL | | | | | |

DOMAIN 2: NURSING PRACTICE AND CLINICAL DECISION MAKING

Criteria related to delivering effective, person-centred nursing care under supervision of a Registered Nurse

| 1.2.1 | 1.2.1 Assesses the person's nursing and health needs | | | | |
|-------|---|---------------------|---|------------|------|
| a. | Monitors and records the changes in sensory, physical, emotional, behavioural or developmental status or responses of a child or young person in the clinical setting | | | | |
| b. | Gathers | s information syste | matically in a child-centred manner | | |
| C. | Documents and reports observations accurately | | | | |
| d. | Participates in risk assessment with a child or young person | | | | |
| Asses | Assessment Decision (√or *) | | Preceptor/Associate Preceptor Signature | Date compl | eted |
| PASS | | | | | |
| FAIL | | | | | |

| 1.2.2 Plans and prioritises person-centred nursing care | | | | | | |
|---|---|---|---|-----------------------|--|--|
| a. | | Assists in the gathering and recording of clinical information using an appropriate child and family- centred framework | | | | |
| b. | Assists | a Registered Nurs | e to plan an aspect of nursing care | | | |
| C. | Review care | s with Preceptor/A | ssociate Preceptor the structure of goals for | or a plan of | | |
| d. | Identifies with Preceptor/Associate Preceptor actual and potential goals | | | | | |
| e. | Identifies with Preceptor/Associate Preceptor interventions to meet a child or young person's developmental, nursing or health goal | | | | | |
| Asses | ssment [| Decision (√or ×) | Preceptor/Associate Preceptor Signature | Signature Date comple | | |
| PASS | | | | | | |
| FAIL | | | | | | |

| 1.2.3 | Undertakes nursing interventions (continued on next page) | ✓ or × |
|-------|--|--------|
| a. | Ensures consent of the child, young person and family member prior to undertaking nursing interventions | |
| b. | Builds relationships with children, young people and their families to meet their developmental and health needs Demonstrates respect for the welfare, human rights and individuality of the child and young person Builds on a child or young person's personal preferences, capabilities and abilities Promotes the child or young person's autonomy and self-management of health care to the maximum degree | |

| | membe Affords | Provides a supportive presence for the child and young person and family members in their response to and experience of altered health Affords protection to the child and young person throughout their health care experience in any setting | | | | |
|-------|--|---|--|-------------|------|--|
| C. | Promo | tes the child and yo | ung person's health, recovery and optimal for | unctioning | | |
| d. | Particip families | • | r social activity with children, young peopl | e and their | | |
| e. | Assists children, young people and their families to maintain their dignity in all nursing and health care interventions | | | | | |
| f. | Records nursing interventions, observations and feedback from the child, young person or family members and inter-professional colleagues accurately and concisely | | | | | |
| g. | | clinical equipment sa s in usage and disp | afely, showing awareness of limitations and bosal | associated | | |
| h. | Assists medici | | lurse in the safe administration and mana | agement of | | |
| i. | Safely | and accurately carr | ies out to medication calculations and mana | gement | | |
| j. | | s out instructions in olicies, procedures | a responsible and timely manner in accor and guidelines | rdance with | | |
| Asses | Assessment Decision (√or *) | | Preceptor/Associate Preceptor Signature | Date compl | eted | |
| PASS | | | | | | |
| FAIL | | | | | | |

| 1.2.4 | 1.2.4 Evaluates person-centred nursing care | | | | | |
|-----------------------------|---|--|---|------------|------|--|
| a. | | Gathers and records information in accordance with a child or young person's nursing care plan | | | | |
| b. | Assists the Registered Nurse to review a child or young person's plan of nursing care in light of observations, feedback from the person and health care team | | | | | |
| c. | Assists the Registered Nurse to review and revise as necessary the planned outcomes or interventions of a child or young person's plan of nursing care | | | | | |
| d. | Assists the Registered Nurse to carry out an evaluation of a child or young person's nursing and health care needs | | | | | |
| Assessment Decision (√or *) | | | Preceptor/Associate Preceptor Signature | Date compl | eted | |
| PASS | PASS | | | | | |
| FAIL | | | | | | |

| 1.2.5 Utilises clinical judgment | | | | | | |
|----------------------------------|--|--|---|------------|------|--|
| a. | Recognises and reports if a child or young person appears to be at risk | | | | | |
| b. | Demonstrates how to act in an emergency and to administer essential life-saving intervention | | | | | |
| Assessment Decision (√or *) | | | Preceptor/Associate Preceptor Signature | Date compl | eted | |
| PASS FAIL | | | | | | |

DOMAIN 3: NURSING KNOWLEDGE AND COGNITIVE COMPETENCE

Criteria related to application of knowledge and understanding of the health continuum and of principles from health and life sciences underpinning practice

| 1.3.1 Practises from a competent knowledge base | | | | | |
|---|--|------------------|---|------------|------|
| a. | Applies knowledge of the philosophical underpinnings to child and family centred nursing to care of the child and young person | | | | |
| b. | Applies knowledge from the social and life sciences to the nursing care of a child or young person in the practice setting | | | | |
| C. | Safely and accurately carries out medication calculations and management recognising the particular risks to children and young people | | | | |
| Asses | ssment [| Decision (√or ×) | Preceptor/Associate Preceptor Signature | Date compl | eted |
| PASS | | | | | |
| FAIL | | | | | |

| 1.3.2 Uses critical thinking and reflection to inform practice | | | | | | |
|--|---|--|---|------------|------|--|
| a. | Sources information relevant to a nursing intervention in the practice setting | | | | | |
| b. | Applies knowledge of local policies, procedures and guidelines to an aspect of nursing intervention encountered in the practice setting | | | | | |
| Assessment Decision (√or *) | | | Preceptor/Associate Preceptor Signature | Date compl | eted | |
| PASS | | | | | | |
| FAIL | | | | | | |

DOMAIN 4: COMMUNICATION AND INTERPERSONAL COMPETENCE

Criteria related to effective communication and empathic interpersonal skills

| 1.4.1 | 1.4.1 Communicates in a child-centred manner | | | | | |
|-------|--|---|--|-------------------|--|--|
| a. | Demon | strates ability to list | ten, seek clarification and observe non-verb | al cues | | |
| b. | | Demonstrates respect for children, young people and their families' rights and choices | | | | |
| C. | | Engages in a collaborative manner with the child, young person and family member in all aspects of nursing intervention | | | | |
| d. | Utilises age-appropriate nonverbal and verbal strategies to facilitate effective communication with the child and young person | | | | | |
| e. | Acts as an advocate for the child, young person and family whilst accessing health care | | | | | |
| f. | Demonstrates awareness of power imbalances between children, young people and their families and health care professionals | | | | | |
| Asses | Assessment Decision (√or x) | | Preceptor/Associate Preceptor Signature | re Date completed | | |
| PASS | PASS | | | | | |
| FAIL | | | | | | |

| 1.4.2 | Commui | nicates accurately | with the health care team | | √ or × |
|-------|--|-----------------------|----------------------------------|------|--------|
| a. | Commi | unicates clearly with | n other health care team members | | |
| b. | Demonstrates safe and effective communication skills, in oral, written and electronic modes | | | | |
| C. | Accurately reports, records and documents clinical observations | | | | |
| d. | Ensures that confidential information is maintained securely according to local health care policy | | | | |
| Asses | Assessment Decision (✓or ×) Preceptor/Associate Preceptor Signature Date comple | | | eted | |
| PASS | | | | | |
| FAIL | | | | | |

DOMAIN 5: NURSING MANAGEMENT AND TEAM COMPETENCE

Criteria related to application of management and team working competence

| 1.5.1 Practises in a collaborative manner | | | | | |
|---|--|--|------------|------|--|
| a. Interacts with members of the health care and multi professional team in a manner that values their roles and responsibilities | | | | | |
| b. | Develops a professional relationship by working in partnership with members of | | | | |
| | | | Date compl | eted | |
| PASS | PASS | | | | |
| FAIL | | | | | |

| 1.5.2 Manages team, others and self safely | | | | | √ or × |
|---|--|--|--|--|--------|
| a. | Promotes a safe and therapeutic environment for nursing care | | | | |
| b. Recognises, reports and responds appropriately to a change or deterioration in a child or young person's sensory, physical or emotional state or behaviour | | | | | |
| C. | Recognises risks and hazards whilst undertaking therapeutic or clinical interventions and escalates these to Registered Nurse as necessary | | | | |
| Asses | Assessment Decision (✓or ✗) Preceptor/Associate Preceptor Signature Date complete | | | | |
| PASS | | | | | |
| FAIL | | | | | |

DOMAIN 6: LEADERSHIP POTENTIAL AND PROFESSIONAL SCHOLARSHIP COMPETENCES

Criteria related to effective leadership potential and self-awareness under the supervision of a Registered Nurse

| 1.6.1 Develop leadership potential | | | | | |
|--|--|--|---|------------|------|
| a. Demonstrate the constructive use of feedback supervision and appraisal on the development of self-awareness and competence as a nurse | | | | | |
| Assessment Decision (√or *) | | | Preceptor/Associate Preceptor Signature | Date compl | eted |
| PASS | | | | | |
| FAIL | | | | | |

| 1.6.2 Develop professional scholarship | | | | | |
|--|---|--|--|--|-------|
| a. | Communicate an example of self-directed learning used to enhance professional performance in practice | | | | |
| b. | b. Communicate with the multidisciplinary team regarding to the plan of nursing care intervention | | | | |
| C. | Identify the use of relevant opportunities for learning in the practice setting | | | | |
| Asses | Assessment Decision (✓or ✗) Preceptor/Associate Preceptor Signature Date complete | | | | leted |
| PASS | | | | | |
| FAIL | | | | | |

NMBI Competency Assessment Document – YEAR ONE: Competency Assessment Interviews

PRACTICE EXPERIENCE 1: MID PLACEMENT REVIEW

| Student's review of progress during pla | acement to date | | |
|--|-----------------------------------|------------|----------------------|
| | | | |
| | | | |
| Preceptor/Associate Preceptor's review | v of student's progress during រ | olacemer | nt to date |
| | | | |
| Preceptor/Associate Preceptor's summ | nary of student progress during | placeme | ent to date |
| Please state any actions needed to enhance | ce or maintain etudent's competer | ncy develo | anment action plan |
| (if applicable) | Le of maintain student's competer | icy develo | prinerit action plan |
| | | | |
| Student signature | | Date: | |
| Preceptor/Associate Preceptor signature | | Date: | |
| CPC signature* | | Date: | |
| Academic Link Lecturer signature** | | Date: | |

^{*} CPC signatory required within in one week of interview being conducted

^{**} Academic link Lecturer signature required in the event of a Competency Development Action Plan being implemented

NMBI Competency Assessment Document – YEAR ONE: Competency Assessment Interviews

PRACTICE EXPERIENCE 1: FINAL PLACEMENT INTERVIEW

| Student's revie | ew of progress d | luring pla | cement | | | |
|------------------------------------|-------------------------------|--------------|----------------|----------------|-----------------|----------------|
| | | | | | | |
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| Preceptor/Ass | ociate Preceptor | r's reviev | v of student' | s progress c | during placeme | ent |
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| Preceptor/Ass | ary of stude | ent progress | during placem | ent | | |
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| Please state any | y actions needed | to enhand | ce or maintair | n student's co | mpetence (if ap | plicable) |
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| | | | | | | |
| Student signat | ure | | | | | |
| Preceptor/Ass | Preceptor/Associate Preceptor | | | | | |
| signature | | | | | | |
| CPC signature | | | | | | |
| Academic Link Lecturer signature** | | | | | | |
| Placement Re | sult (√or ×) | Precep | otor/Associ | ate Precept | or Signature | Date completed |
| PASS | | - | | | | |
| FAIL | | | | | | |

^{*} CPC signatory required within in one week of interview being conducted

^{**} Academic link Lecturer signature required in the event of a Competency Development Action Plan being implemented

NMBI Competency Assessment Document – YEAR ONE: Competency Development Action Plan

PRACTICE EXPERIENCE 1: COMPETENCY DEVELOPMENT ACTION PLAN (IF REQUIRED)

| Date | |
|---|--|
| Name of Preceptor | |
| Name of Associate Preceptor | |
| Name of Clinical Placement Coordinator | |
| Name of Clinical Nurse Manager | |
| Name of Academic Link Lecturer for Placement | |
| Learning plan agreed between Student and Specify goals, activities proposed and date | d Preceptor/Associate Preceptor for Placement: e(s) for review |
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| Student signature | | Date: | |
|---|---|-------|--|
| Preceptor/Associate Preceptor signature | | Date: | |
| | | Date: | |
| CPC signature | | Date: | |
| Academic Link Lecturer signature | | Dale. | |
| | I | | |
| Proposed date for mid placement review | | | |
| Proposed date for final interview | | | |

NMBI Competency Assessment Document – YEAR ONE: Self Evaluation

Practice Experience 2: Self-evaluation of learning needs and expectations

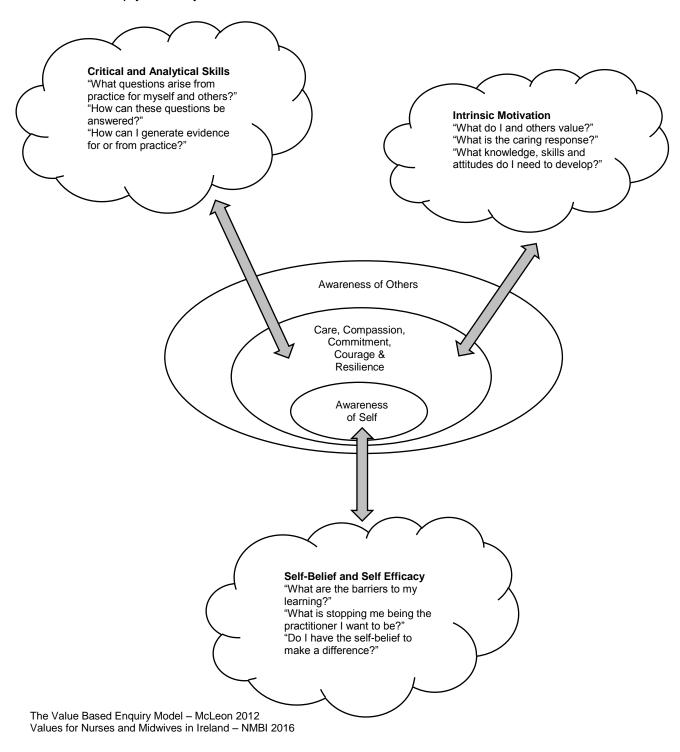
To be completed by the undergraduate nursing student prior to placement incorporating theory and clinical skills learning to date.

| The life and previous experience of practice that I bring with me to this placement is |
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| The learning opportunities that I hope to achieve during this placement are |
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| |
| Any concerns that I have about this placement are |
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| |
| The relevant theoretical learning that I bring to this placement |
| The relevant theoretical learning that I bring to this placement |
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NMBI Competency Assessment Document – YEAR ONE: Self Evaluation

PRACTICE EXPERIENCE 2: SELF-EVALUATION OF LEARNING NEEDS AND EXPECTATIONS

A Guide to help you with your Self-Evaluation



NMBI Competency Assessment Document – YEAR ONE: Competency Assessment Interviews

Practice Experience 2: Preliminary Interview

| Date: | | Name: | | Signature: | |
|--|------------------|----------------|---------------------|------------|--|
| Welcome to F | Practice Placen | nent Area | | | |
| Orientation to Practice Placement | | | | | |
| Name of Preceptor | | | | | |
| Name of Associate Preceptor | | | | | |
| Name of Clinical Placement Coordinator | | | | | |
| Name of Clini | ical Nurse Man | ager | | | |
| Name of Acad Placement | demic Link Lec | turer for | | | |
| Learning nee | ds identified by | Student | | | |
| | | | | | |
| | | | | | |
| Learning plan | n agreed with P | receptor/Assoc | ciate Preceptor for | placement | |
| Learning plan | n agreed with P | receptor/Assoc | ciate Preceptor for | placement | |
| Learning plan | | receptor/Assoc | ciate Preceptor for | placement | |
| Student signa | | | ciate Preceptor for | placement | |
| Student signa Preceptor/Ass | ature | tor signature | ciate Preceptor for | placement | |

DOMAIN 1: PROFESSIONAL VALUES AND CONDUCT OF THE NURSE

Criteria related to practising safety, compassionately and professionally under supervision of a Registered Nurse

| 1.1.1 | Demons | trates safe, perso | n-centred care | | √ or × |
|-------|---|----------------------|--|------|--------|
| a. | Clarifie | s with supervisor in | structions that s/he does not understand | | |
| b. | Applies principles of safe moving and handling | | | | |
| C. | Adheres to principles of safe hand washing | | | | |
| d. | Promotes a safe and therapeutic environment for children, young people and their families, staff and visitors | | | | |
| e. | Recognises and responds to situations of risk to protect children and young people | | | | |
| f. | Demonstrates how to act in an emergency and to administer assential life-saying | | | | |
| Asses | Assessment Decision (✓or ✗) Preceptor/Associate Preceptor Signature Date comple | | | eted | |
| PASS | PASS | | | | |
| FAIL | | | | | |

| 1.1.2 Demonstrates compassion in providing nurse care | | | | | √ or × |
|---|---|--|--|------|--------|
| a. | Shows respect, kindness, compassion towards children, young people and their families | | | | |
| b. | Acts in a professional manner that is attentive, empathetic and non- discriminatory towards children, young people, their families respecting diversity in culture, faith and social background | | | | |
| C. | Supports children, young people and their families with sensitivity during periods of emotional distress or when undergoing diagnostic, nursing or medical procedures | | | | |
| d. | Seeks help and guidance when a child or young person's needs are not being met | | | | |
| Asses | Assessment Decision (✓or ✗) Preceptor/Associate Preceptor Signature Date complete | | | eted | |
| PASS | PASS | | | | |
| FAIL | | | | | |

DOMAIN 1: PROFESSIONAL VALUES AND CONDUCT OF THE NURSE

Criteria related to practising safety, compassionately and professionally under supervision of a Registered Nurse

| 1.1.3 Demonstrates responsible and professional practice | | | | | ✓ or × |
|--|--|--|--|--|--------|
| a. | Adheres to and works within the Scope of Nursing and Midwifery Practice Framework as it applies to the nursing student | | | | |
| b. | Practises honestly and with integrity in accordance to the Code of Professional Practice and Ethics for Registered Nurses and Registered Midwives as it applies to the nursing student | | | | |
| C. | Adheres to local policies, procedures and guidelines | | | | |
| d. | Adheres to reporting policy in respect of any untoward incidents or near misses | | | | |
| Asses | Assessment Decision (✓or ×) Preceptor/Associate Preceptor Signature Date complete | | | | eted |
| PASS | | | | | |
| FAIL | | | | | |

DOMAIN 2: NURSING PRACTICE AND CLINICAL DECISION MAKING

Criteria related to delivering effective, person-centred nursing care under supervision of a Registered Nurse

| 1.2.1 Assesses the person's nursing and health needs | | | | | ✓ or × |
|--|---|--|--|--|--------|
| a. | Monitors and records the changes in sensory, physical, emotional, behavioural or developmental status or responses of a child or young person in the clinical setting | | | | |
| b. | Gathers information systematically in a child-centred manner | | | | |
| C. | Documents and reports observations accurately | | | | |
| d. | Participates in risk assessment with a child or young person | | | | |
| Asses | Assessment Decision (✓or ✗) Preceptor/Associate Preceptor Signature Date complete | | | | eted |
| PASS | - | | | | |
| FAIL | | | | | |

| 1.2.2 Plans and prioritises person-centred nursing care | | | | | | |
|---|---|---|---|------------|-------|--|
| a. | | Assists in the gathering and recording of clinical information using an appropriate child and family- centred framework | | | | |
| b. | Assists a Registered Nurse to plan an aspect of nursing care | | | | | |
| C. | Reviews with Preceptor/Associate Preceptor the structure of goals for a plan of care | | | | | |
| d. | Identifies with Preceptor/Associate Preceptor actual and potential goals | | | | | |
| e. | Identifies with Preceptor/Associate Preceptor interventions to meet a child or young person's developmental, nursing or health goal | | | | | |
| Assessment Decision (√or *) | | Decision (√or ≭) | Preceptor/Associate Preceptor Signature | Date compl | leted | |
| PASS | | | | | | |
| FAIL | | | | | | |

| 1.2.3 Undertakes nursing interventions (continued on next page) | | | ✓ or × |
|---|--|---|--------|
| | a. Ensures consent of the child, young person and family member prior to undertaking nursing interventions | | |
| | b. | Builds relationships with children, young people and their families to meet their developmental and health needs Demonstrates respect for the welfare, human rights and individuality of the child and young person Builds on a child or young person's personal preferences, capabilities and abilities Promotes the child or young person's autonomy and self-management of health care to the maximum degree | |

| | Provides a supportive presence for the child and young person and family members in their response to and experience of altered health Affords protection to the child and young person throughout their health care experience in any setting | | | | |
|-----------------------------|--|---------------------|--|------------|------|
| C. | Promotes the child and young person's health, recovery and optimal functioning | | | | |
| d. | Particip families | O . | social activity with children, young people ar | nd their | |
| e. | Assists children, young people and their families to maintain their dignity in all nursing and health care interventions | | | | |
| f. | Records nursing interventions, observations and feedback from the child, young person or family members and interprofessional colleagues accurately and concisely | | | | |
| g. | Uses clinical equipment safely, showing awareness of limitations and associated hazards in usage and disposal | | | | |
| h. | Assists medicir | | rse in the safe administration and managem | ent of | |
| i. | Safely | and accurately carr | ies out to medication calculations and mana | gement | |
| j. | Carries out instructions in a responsible and timely manner in accordance with local policies, procedures and guidelines | | | | |
| Assessment Decision (√or x) | | Decision (√or ×) | Preceptor/Associate Preceptor Signature | Date compl | eted |
| PASS | | | | | |
| FAIL | | | | | |

| 1.2.4 Evaluates person-centred nursing care | | | | |
|---|---|--|--|------|
| a. | Gathers and records information in accordance with a child or young person's nursing care plan | | | |
| b. | Assists the Registered Nurse to review a child or young person's plan of nursing care in light of observations, feedback from the person and health care team | | | |
| C. | Assists the Registered Nurse to review and revise as necessary the planned outcomes or interventions of a child or young person's plan of nursing care | | | |
| d. | Assists the Registered Nurse to carry out an evaluation of a child or young person's nursing and health care needs | | | |
| Asses | Assessment Decision (✓or ✗) Preceptor/Associate Preceptor Signature Date complete | | | eted |
| PASS | | | | |
| FAIL | | | | |

| 1.2.5 Utilises clinical judgment | | | | | |
|----------------------------------|--|--|---|------------|------|
| a. | Recognises and reports if a child or young person appears to be at risk | | | | |
| b. | Demonstrates how to act in an emergency and to administer essential life-saving intervention | | | | |
| Assessment Decision (√or *) | | | Preceptor/Associate Preceptor Signature | Date compl | eted |
| PASS | | | | | |
| FAIL | | | | | |

DOMAIN 3: NURSING KNOWLEDGE AND COGNITIVE COMPETENCE

Criteria related to application of knowledge and understanding of the health continuum and of principles from health and life sciences underpinning practice

| 1.3.1 Practises from a competent knowledge base | | | | | |
|---|--|--|--|--|------|
| a. | a. Applies knowledge of the philosophical underpinnings to child and family centred nursing to care of the child and young person | | | | |
| b. | Applies knowledge from the social and life sciences to the nursing care of a child or young person in the practice setting | | | | |
| C. | Safely and accurately carries out medication calculations and management recognising the particular risks to children and young people | | | | |
| Asses | Assessment Decision (√or *) | | Preceptor/Associate Preceptor Signature Date con | | eted |
| PASS | PASS | | | | |
| FAIL | | | | | |

| 1.3.2 | 1.3.2 Uses critical thinking and reflection to inform practice | | | | | |
|---|---|--|---|------------|------|--|
| a. | Sources information relevant to a nursing intervention in the practice setting | | | | | |
| b. | Applies knowledge of local policies, procedures and guidelines to an aspect of nursing intervention encountered in the practice setting | | | | | |
| Assessment Decision (✓or ✗) Preceptor/Associate Pre | | | Preceptor/Associate Preceptor Signature | Date compl | eted | |
| PASS | | | | | | |
| FAIL | | | | | | |

DOMAIN 4: COMMUNICATION AND INTERPERSONAL COMPETENCE

Criteria related to effective communication and empathic interpersonal skills

| 1.4.1 Communicates in a child-centred manner | | | | | √ or × | |
|--|--|-------------------------|---|---------|--------|--|
| a. | Demon | strates ability to list | ten, seek clarification and observe non-verb | al cues | | |
| b. | Demonstrates respect for children, young people and their families' rights and choices | | | | | |
| C. | Engages in a collaborative manner with the child, young person and family member in all aspects of nursing intervention | | | | | |
| d. | Utilises age-appropriate nonverbal and verbal strategies to facilitate effective communication with the child and young person | | | | | |
| e. | Acts as an advocate for the child, young person and family whilst accessing health care | | | | | |
| f. | Demonstrates awareness of power imbalances between children, young people and their families and health care professionals | | | | | |
| Asses | ssment I | Decision (√or *) | Preceptor/Associate Preceptor Signature Date comp | | eted | |
| PASS | PASS | | | | | |
| FAIL | | | | | | |

| 1.4.2 Communicates accurately with the health care team | | | | | √ or × |
|---|--|------------------|---|------------|--------|
| a. | Communicates clearly with other health care team members | | | | |
| b. | Demonstrates safe and effective communication skills, in oral, written and electronic modes | | | | |
| C. | Accurately reports, records and documents clinical observations | | | | |
| d. | Ensures that confidential information is maintained securely according to local health care policy | | | | |
| Assessment Decision (√or *) P | | Decision (√or ×) | Preceptor/Associate Preceptor Signature | Date compl | eted |
| PASS | | | | | |
| FAIL | | | | | |

DOMAIN 5: NURSING MANAGEMENT AND TEAM COMPETENCE

Criteria related to application of management and team working competence

| 1.5.1 Practises in a collaborative manner | | | | | |
|---|---|--|---|------------|------|
| a. | a. Interacts with members of the health care and multi professional team in a manner that values their roles and responsibilities | | | | |
| b. | Develops a professional relationship by working in partnership with members of the multidisciplinary health care team | | | | |
| Asses | Assessment Decision (√or *) | | Preceptor/Associate Preceptor Signature | Date compl | eted |
| PASS | • | | | | |
| FAIL | | | | | |

| 1.5.2 Manages team, others and self safely | | | | | ✓ or × |
|--|---|------------------|---|------------|--------|
| a. | a. Promotes a safe and therapeutic environment for nursing care | | | | |
| b. | b. Recognises, reports and responds appropriately to a change or deterioration in a child or young person's sensory, physical or emotional state or behaviour | | | | |
| C. | Recognises risks and hazards whilst undertaking therapeutic or clinical interventions and escalates these to Registered Nurse as necessary | | | | |
| Assessment Decision (√or *) | | Decision (√or ×) | Preceptor/Associate Preceptor Signature | Date compl | eted |
| PASS | | | | | |
| FAIL | | | | | |

DOMAIN 6: LEADERSHIP POTENTIAL AND PROFESSIONAL SCHOLARSHIP COMPETENCES

Criteria related to effective leadership potential and self-awareness under the supervision of a Registered Nurse

| 1.6.1 Develop leadership potential | | | | | | ✓ or × |
|------------------------------------|--|--|--|---|--|--------|
| | a. Demonstrate the constructive use of feedback supervision and appraisal on the development of self-awareness and competence as a nurse | | | | | |
| 1 | Assessment Decision (√or *) | | | Preceptor/Associate Preceptor Signature Date comp | | eted |
| ı | PASS | | | | | |
| ı | FAIL | | | | | |
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| 1.6.2 Develop professional scholarship | | | | | |
|--|---|------------------|---|--|------|
| a. | Communicate an example of self-directed learning used to enhance professional performance in practice | | | | |
| b. | Communicate with the multidisciplinary team regarding to the plan of nursing care intervention | | | | |
| C. | Identify the use of relevant opportunities for learning in the practice setting | | | | |
| Assessment Decision (√or *) | | Decision (√or ×) | Preceptor/Associate Preceptor Signature Date comple | | eted |
| PASS | 5 | | | | |
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NMBI Competency Assessment Document – YEAR ONE: Competency Assessment **Interviews**

Practice Experience 2: Mid Placement Review

| Student's review of progress during pla | acement to date | | |
|--|----------------------------------|-------------|-------------------|
| | | | |
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| Preceptor/Associate Preceptor's review | v of student's progress during | ı placemen | nt to date |
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| | | | |
| Preceptor/Associate Preceptor's summ | nary of student progress durin | g placeme | ent to date |
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| | | | |
| Please state any actions needed to enhance (if applicable) | ce or maintain student's compete | ency develo | pment action plan |
| (ii applicable) | | | |
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| | | | |
| Student signature | | Date: | |
| Preceptor/Associate Preceptor signature | | Date: | |
| CPC signature* | | Date: | |
| Academic Link Lecturer signature** | | Date: | |

^{*} CPC signatory required within in one week of interview being conducted
** Academic link Lecturer signature required in the event of a Competency Development Action Plan being implemented

NMBI Competency Assessment Document – YEAR ONE: Competency Assessment Interviews

Practice Experience 2: Final Placement Interview

| Student's revie | Student's review of progress during placement | | | | | |
|---|---|-----------|----------------|---------------|---------------|--------------------|
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| Preceptor/Asse | ociate Preceptor | 's reviev | v of student's | progress du | uring placeme | ent |
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| Preceptor/Asse | ociate Preceptor | 's summ | nary of studer | nt progress o | luring placem | ent |
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| Please state a | ny actions need | ed to enl | nance or mai | ntain studen | t's competend | ce (if applicable) |
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| Student signat | | | | | | |
| Preceptor/Associate Preceptor signature | | | | | | |
| CPC signature* | | | | | | |
| Academic link | Lecturer signatu | ıre** | | | | |
| Placement Re | esult (√or ×) | Precep | otor/Associa | te Precepto | r Signature | Date completed |
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^{*} CPC signatory required within in one week of interview being conducted

^{**} Academic link Lecturer signature required in the event of a Competency Development Action Plan being implemented

NMBI Competency Assessment Document – YEAR ONE: Competency Development Action Plan

Practice Experience 2: Competency Development Action Plan (if required)

| Date | |
|--|--|
| Name of Preceptor | |
| Name of Associate Preceptor | |
| Name of Clinical Placement Coordinator | |
| Name of Clinical Nurse Manager | |
| Name of Academic link Lecturer for Placement | |
| Learning plan agreed between Student and Specify goals, activities proposed and date | d Preceptor/Associate Preceptor for Placement: e(s) for review |
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| Student signature | | Date: | |
|---|---|-------|--|
| Preceptor/Associate Preceptor signature | | Date: | |
| CPC signature | | Date: | |
| Academic Link Lecturer signature | | Date: | |
| | ' | | |
| Proposed date for mid placement review | | | |
| Proposed date for final interview | | | |
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NMBI Competency Assessment Document – YEAR ONE: Self Evaluation

Practice Experience 3: Self-evaluation of learning needs and expectations

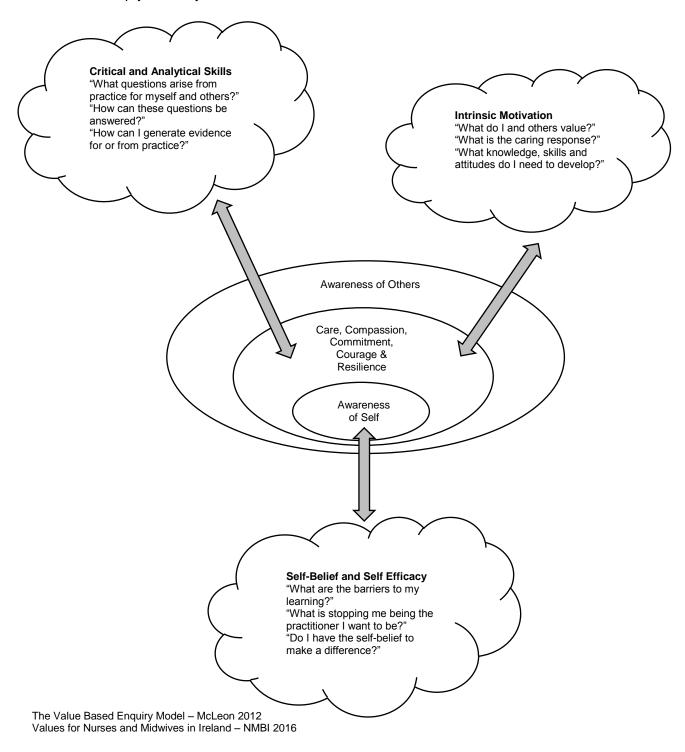
To be completed by the undergraduate nursing student prior to placement incorporating theory and clinical skills learning to date.

| The life and previous experience of practice that I bring with me to this placement is |
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| The learning opportunities that I hope to achieve during this placement are |
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| Any concerns that I have about this placement are |
| Any concerns that I have about this placement are |
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| |
| The relevant theoretical learning that I bring to this placement |
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NMBI Competency Assessment Document – YEAR ONE: Self Evaluation

PRACTICE EXPERIENCE 3: SELF-EVALUATION OF LEARNING NEEDS AND EXPECTATIONS

A Guide to help you with your Self-Evaluation



NMBI Competency Assessment Document – YEAR ONE: Competency Assessment Interviews

Practice Experience 3: Preliminary Interview

| Date: | | Name: | | Signature: | |
|-------------------------------------|------------------|---------------|---------------------------|------------|--|
| Welcome to F | Practice Placen | nent Area | | | |
| Orientation to | Practice Place | ement | | | |
| Name of Pred | ceptor | | | | |
| Name of Asso | ociate Precepto | or | | | |
| Name of Clini | ical Placement | Coordinator | | | |
| Name of Clini | ical Nurse Man | ager | | | |
| Name of Acad Placement | demic Link Lec | turer for | | | |
| Learning nee | ds identified by | Student | | | |
| Learning plan | n agreed with P | receptor/Asso | ociate Preceptor for plac | ement | |
| | | | | | |
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| | | | | | |
| Student signature | | | | | |
| Preceptor/Ass | sociate Precep | tor | | | |
| signature Proposed dat review | e for mid place | ement | | | |
| Proposed date for final interview | | | | | |

DOMAIN 1: PROFESSIONAL VALUES AND CONDUCT OF THE NURSE

Criteria related to practising safety, compassionately and professionally under supervision of a Registered Nurse

| 1.1.1 | 1.1.1 Demonstrates safe, person-centred care | | | | | |
|-------|---|--|--|---------------|------|--|
| a. | Clarifie | s with supervisor in | structions that s/he does not understand | | | |
| b. | Applies | Applies principles of safe moving and handling | | | | |
| C. | Adhere | Adheres to principles of safe hand washing | | | | |
| d. | Promotes a safe and therapeutic environment for children, young people and their families, staff and visitors | | | | | |
| e. | Recognises and responds to situations of risk to protect children and young people | | | | | |
| f. | Demon interve | | n an emergency and to administer essential | l life-saving | | |
| Asses | Assessment Decision (√or *) | | Preceptor/Associate Preceptor Signature | Date compl | eted | |
| PASS | PASS | | | | | |
| FAIL | | | | | | |

| 1.1.2 Demonstrates compassion in providing nurse care | | | | | ✓ or × |
|---|---|-----|---|-------------|--------|
| a. | Shows families | • • | compassion towards children, young people | e and their | |
| b. | Acts in a professional manner that is attentive, empathetic and non- discriminatory towards children, young people, their families respecting diversity in culture, faith and social background | | | | |
| C. | Supports children, young people and their families with sensitivity during periods of emotional distress or when undergoing diagnostic, nursing or medical procedures | | | | |
| d. | Seeks help and guidance when a child or young person's needs are not being met | | | | |
| Asses | Assessment Decision (✓or ✗) Preceptor/Associate Preceptor Signature Date complete | | | eted | |
| PASS | | | | | |
| FAIL | | | | | |

DOMAIN 1: PROFESSIONAL VALUES AND CONDUCT OF THE NURSE

Criteria related to practising safety, compassionately and professionally under supervision of a Registered Nurse

| 1.1.3 Demonstrates responsible and professional practice | | | | ✓ or × | | |
|--|--|--|---|------------|------|--|
| a. | | Adheres to and works within the Scope of Nursing and Midwifery Practice Framework as it applies to the nursing student | | | | |
| b. | Practises honestly and with integrity in accordance to the Code of Professional Practice and Ethics for Registered Nurses and Registered Midwives as it applies to the nursing student | | | | | |
| C. | Adheres to local policies, procedures and guidelines | | | | | |
| d. | Adhere | s to reporting policy | y in respect of any untoward incidents or nea | ar misses | | |
| Asses | Assessment Decision (√or *) | | Preceptor/Associate Preceptor Signature | Date compl | eted | |
| PASS | | | | | | |
| FAIL | | | | | | |

DOMAIN 2: NURSING PRACTICE AND CLINICAL DECISION MAKING

Criteria related to delivering effective, person-centred nursing care under supervision of a Registered Nurse

| 1.2.1 | 1.2.1 Assesses the person's nursing and health needs | | | | ✓ or × |
|-------|---|------------------|---|------------|--------|
| a. | Monitors and records the changes in sensory, physical, emotional, behavioural or developmental status or responses of a child or young person in the clinical setting | | | | |
| b. | Gathers information systematically in a child-centred manner | | | | |
| C. | Documents and reports observations accurately | | | | |
| d. | Participates in risk assessment with a child or young person | | | | |
| Asses | ssment [| Decision (√or ×) | Preceptor/Associate Preceptor Signature | Date compl | eted |
| PASS | ; | | | | |
| FAIL | | | | | |

| 1.2.2 | Plans an | d prioritises pers | on-centred nursing care | | ✓ or × |
|-------|--|---------------------|---|-------------|--------|
| a. | | in the gathering ar | nd recording of clinical information using an a ramework | appropriate | |
| b. | Assists a Registered Nurse to plan an aspect of nursing care | | | | |
| C. | Reviews with Preceptor/Associate Preceptor the structure of goals for a plan of care | | | | |
| d. | Identifies with Preceptor/Associate Preceptor actual and potential goals | | | | |
| e. | e. Identifies with Preceptor/Associate Preceptor interventions to meet a child or young person's developmental, nursing or health goal | | | | |
| Asses | Assessment Decision (√or ×) | | Preceptor/Associate Preceptor Signature | Date compl | eted |
| PASS | | | | | |
| FAIL | | | | | |

| 1.2.3 | Undertakes nursing interventions (continued on next page) | √ or × |
|-------|---|--------|
| a. | Ensures consent of the child, young person and family member prior to undertaking nursing interventions | |
| b. | Builds relationships with children, young people and their families to meet their developmental and health needs Demonstrates respect for the welfare, human rights and individuality of the child and young person Builds on a child or young person's personal preferences, capabilities and abilities Promotes the child or young person's autonomy and self-management of health care to the maximum degree | |

| | membe Affords | Provides a supportive presence for the child and young person and family members in their response to and experience of altered health Affords protection to the child and young person throughout their health care experience in any setting | | | |
|------|---|---|--|------------|------|
| C. | | | ung person's health, recovery and optimal for | unctioning | |
| d. | Participates in a group or social activity with children, young people and their families | | | | |
| e. | Assists children, young people and their families to maintain their dignity in all nursing and health care interventions | | | | |
| f. | Records nursing interventions, observations and feedback from the child, young person or family members and interprofessional colleagues accurately and concisely | | | | |
| g. | | linical equipment sa s in usage and disp | afely, showing awareness of limitations and bosal | associated | |
| h. | Assists medicii | • | rse in the safe administration and managem | ent of | |
| i. | Safely | and accurately carr | ies out to medication calculations and mana | gement | |
| j. | | out instructions in olicies, procedures | a responsible and timely manner in accorda and guidelines | ince with | |
| Asse | ssment | Decision (√or ×) | Preceptor/Associate Preceptor Signature | Date compl | eted |
| PASS | 3 | | | | |
| FAIL | | | | | |

| 1.2.4 | Evaluate | s person-centred | nursing care | | ✓ or × |
|-------|---|-----------------------------------|--|------------|--------|
| a. | | s and records infori care plan | mation in accordance with a child or young p | erson's | |
| b. | Assists the Registered Nurse to review a child or young person's plan of nursing care in light of observations, feedback from the person and health care team | | | | |
| C. | Assists the Registered Nurse to review and revise as necessary the planned outcomes or interventions of a child or young person's plan of nursing care | | | | |
| d. | Assists the Registered Nurse to carry out an evaluation of a child or young person's nursing and health care needs | | | | |
| Asses | Assessment Decision (√or *) | | Preceptor/Associate Preceptor Signature | Date compl | eted |
| PASS | PASS | | | | |
| FAIL | | | | | |

| 1.2.5 Utilises clinical judgment | | | | | |
|----------------------------------|--|------------------|---|------------|------|
| a. | Recognises and reports if a child or young person appears to be at risk | | | | |
| b. | Demonstrates how to act in an emergency and to administer essential life-saving intervention | | | | |
| Assessment Decision (√or *) | | Decision (√or ×) | Preceptor/Associate Preceptor Signature | Date compl | eted |
| PASS | | | | | |
| FAIL | | | | | |

DOMAIN 3: NURSING KNOWLEDGE AND COGNITIVE COMPETENCE

Criteria related to application of knowledge and understanding of the health continuum and of principles from health and life sciences underpinning practice

| 1.3.1 Practises from a competent knowledge base | | | | | ✓ or × |
|---|--|------------------|--|-------------|--------|
| a. | | • | philosophical underpinnings to child and fam I and young person | ily centred | |
| b. | Applies knowledge from the social and life sciences to the nursing care of a child or young person in the practice setting | | | | |
| C. | Safely and accurately carries out medication calculations and management recognising the particular risks to children and young people | | | | |
| Assessment Decision (√or *) | | Decision (√or ×) | Preceptor/Associate Preceptor Signature | Date compl | eted |
| PASS | • | | | | |
| FAIL | | | | | |

| 1.3.2 | Uses critical thinking and reflection to inform practice | | | ✓ or × | |
|-------|---|--|--|--------|--|
| a. | Sources information relevant to a nursing intervention in the practice setting | | | | |
| b. | Applies knowledge of local policies, procedures and guidelines to an aspect of nursing intervention encountered in the practice setting | | | | |
| Asses | ssessment Decision (✓or ×) Preceptor/Associate Preceptor Signature Date comple | | | eted | |
| PASS | | | | | |
| FAIL | | | | | |

DOMAIN 4: COMMUNICATION AND INTERPERSONAL COMPETENCE

Criteria related to effective communication and empathic interpersonal skills

| 1.4.1 | Communicates in a child-centred manner | | | | ✓ or × |
|-------|--|-------------------------|--|---------|--------|
| a. | Demon | strates ability to list | ten, seek clarification and observe non-verb | al cues | |
| b. | Demon choices | • | children, young people and their families' rig | hts and | |
| C. | Engages in a collaborative manner with the child, young person and family member in all aspects of nursing intervention | | | | |
| d. | Utilises age-appropriate nonverbal and verbal strategies to facilitate effective communication with the child and young person | | | | |
| e. | Acts as an advocate for the child, young person and family whilst accessing health care | | | | |
| f. | Demonstrates awareness of power imbalances between children, young people and their families and health care professionals | | | | |
| Asses | essment Decision (✓or ×) Preceptor/Associate Preceptor Signature Date complete | | | eted | |
| PASS | 3 | | | | |
| FAIL | | | | | |

| 1.4.2 | Communicates accurately with the health care team | | | ✓ or × | |
|-------|--|-----------------------|---|------------|-------|
| a. | Commi | unicates clearly with | n other health care team members | | |
| b. | Demonstrates safe and effective communication skills, in oral, written and electronic modes | | | | |
| C. | Accurately reports, records and documents clinical observations | | | | |
| d. | Ensures that confidential information is maintained securely according to local health care policy | | | | |
| Asses | ssment [| Decision (√or ×) | Preceptor/Associate Preceptor Signature | Date compl | leted |
| PASS | | | | | |
| FAIL | | | | | |

DOMAIN 5: NURSING MANAGEMENT AND TEAM COMPETENCE

Criteria related to application of management and team working competence

| 1.5.1 Practises in a collaborative manner | | | ✓ or × | | |
|---|---|--|------------|------|--|
| a. | | Interacts with members of the health care and multi professional team in a manner that values their roles and responsibilities | | | |
| b. | | Develops a professional relationship by working in partnership with members of the multidisciplinary health care team | | | |
| Asses | Assessment Decision (✓or ×) Preceptor/Associate Preceptor Signature Date comp | | Date compl | eted | |
| PASS | • | | | | |
| FAIL | | | | | |

| 1.5.2 | Manages team, others and self safely | | | √ or × | |
|-------|--|--------------------------|---|------------|------|
| a. | Promotes a safe and therapeutic environment for nursing care | | | | |
| b. | Recognises, reports and responds appropriately to a change or deterioration in a child or young person's sensory, physical or emotional state or behaviour | | | | |
| C. | Recognises risks and hazards whilst undertaking therapeutic or clinical interventions and escalates these to Registered Nurse as necessary | | | | |
| Asses | ssment [| Decision (√or ≭) | Preceptor/Associate Preceptor Signature | Date compl | eted |
| PASS | | | | | |
| FAIL | | | | | |

DOMAIN 6: LEADERSHIP POTENTIAL AND PROFESSIONAL SCHOLARSHIP COMPETENCES

Criteria related to effective leadership potential and self-awareness under the supervision of a Registered Nurse

| 1.6.1 | Develop | leadership poten | tial | | √ or × |
|-------|--|---|---|-------------|--------|
| a. | a. Demonstrate the constructive use of feedback supervision and appraisal on the development of self-awareness and competence as a nurse | | | | |
| Asses | sment [| Decision (√or ≭) | Preceptor/Associate Preceptor Signature | Date compl | eted |
| PASS | | | | | |
| FAIL | | | | | |
| | | | | | |
| 1.6.2 | Develop | professional sch | olarship | | ✓ or × |
| a. | | unicate an example nance in practice | of self-directed learning used to enhance p | rofessional | |
| b. | | unicate with the mu tervention | Itidisciplinary team regarding to the plan of r | nursing | |

Identify the use of relevant opportunities for learning in the practice setting

Preceptor/Associate Preceptor Signature

Assessment Decision (√or *)

PASS

FAIL

Date completed

NMBI Competency Assessment Document – YEAR ONE: Competency Assessment Interviews

Practice Experience 3: Mid Placement Review

| Student's review of progress during pla | cement to date |
|--|---|
| | |
| | |
| | |
| | |
| Preceptor/Associate Preceptor's review | of student's progress during placement to date |
| | |
| | |
| | |
| | |
| | |
| Precentor/Associate Precentor's summ | ary of student progress during placement to date |
| 1 receptor// localitate 1 receptor a cumin | ary or otadent progress during placement to date |
| | |
| | |
| | |
| | |
| Please state any actions needed to enhance | ce or maintain student's competency development action plan |
| (if applicable) | |
| | |
| | |
| | |
| | |
| | |
| Student signature | |
| Preceptor/Associate Preceptor signature | |
| CPC signature* | |
| Academic Link Lecturer signature** | |

^{*} CPC signatory required within in one week of interview being conducted

^{**} Academic link Lecturer signature required in the event of a Competency Development Action Plan being implemented

NMBI Competency Assessment Document – YEAR ONE: Competency Assessment **Interviews**

Practice Experience 3: Final Placement Interview

| Student's revie | ew of progress d | uring pla | cement | | | | |
|------------------------------------|------------------|-----------|--------------|--------------|---------------|----------|----------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Preceptor/Ass | ociate Preceptor | 's reviev | v of studen | t's progre | ss during pla | aceme | nt |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| D /A | | , | | | | | |
| Preceptor/Ass | ociate Preceptor | 's summ | ary of stud | lent progre | ess during p | lacem | ent |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Please state any | y actions needed | to enhand | ce or mainta | iin student' | s competence | e (if ap | plicable) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Student signat | ure | | | | | | |
| Preceptor/Ass signature | ociate Preceptor | - | | | | | |
| CPC signature* | | | | | | | |
| Academic link Lecturer signature** | | | | | | | |
| Placement Re | esult (√or ×) | Precep | otor/Assoc | iate Prec | eptor Signa | ature | Date completed |
| PASS | | | | | | | |
| FAIL | | | | | | | |

^{*} CPC signatory required within in one week of interview being conducted
** Academic link Lecturer signature required in the event of a Competency Development Action Plan being implemented

NMBI Competency Assessment Document – YEAR ONE: Competency Development Action Plan

Practice Experience 3: Competency Development Action Plan (if required)

| Date | |
|---|--|
| Name of Preceptor | |
| Name of Associate Preceptor | |
| Name of Clinical Placement Coordinator | |
| Name of Clinical Nurse Manager | |
| Name of Academic Link Lecturer for Placement | |
| Learning plan agreed between Student and Specify goals, activities proposed and date | d Preceptor/Associate Preceptor for Placement: e(s) for review |
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| Student signature | Date: | |
|---|-------|--|
| Preceptor/Associate Preceptor signature | Date: | |
| CPC signature | Date: | |
| Academic Link Lecturer signature | Date: | |
| | ' | |
| Proposed date for mid placement review | | |
| Proposed date for final interview | | |

Section 2

General Nursing

NMBI Competency Assessment Document – YEAR ONE: Registrant Signature Sheet

REGISTRANT SIGNATURE SHEET

All health care professionals signing student documentation should insert their details below, as indicated.

| Name of Preceptor/Associate Preceptor (PRINT NAME) | Signature | Contact phone number | Practice Placement Area |
|--|-----------|----------------------|----------------------------|
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Completing this grid is a requirement for any professional who is signing your Competency Assessment Document or making an entry.

NMBI Competency Assessment Document – YEAR ONE: Self Evaluation

PRACTICE EXPERIENCE 1: SELF-EVALUATION OF LEARNING NEEDS AND EXPECTATIONS

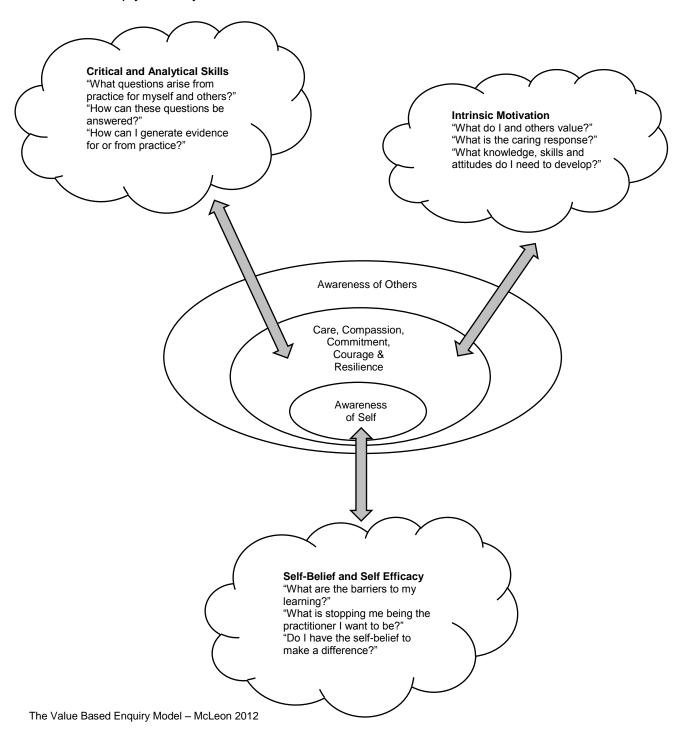
To be completed by the undergraduate nursing student prior to placement incorporating theory and clinical skills learning to date.

| The life and previous experience of practice that I bring with me to this placement is |
|--|
| |
| |
| |
| |
| |
| The learning opportunities that I hope to achieve during this placement are |
| |
| |
| |
| |
| Any concerns that I have about this placement are |
| |
| |
| |
| |
| The relevant theoretical learning that I bring to this placement |
| |
| |
| |
| |

NMBI Competency Assessment Document - YEAR ONE: Self Evaluation

PRACTICE EXPERIENCE 1: SELF-EVALUATION OF LEARNING NEEDS AND EXPECTATIONS

A Guide to help you with your Self-Evaluation



NMBI Competency Assessment Document – YEAR ONE: Competency Assessment Interviews

PRACTICE EXPERIENCE 1: PRELIMINARY INTERVIEW

| Date: | | Name: | | | | Signature: | |
|------------------------------------|--------------------------------------|----------------|------------|-----------|----------|------------|--|
| Welcome to Practice Placement Area | | | | | | | |
| Orienta | tion to Practice P | lacement | | | | | |
| Name o | of Preceptor | | | | | | |
| Name o | of Associate Prece | eptor | | | | | |
| Name o | of Clinical Placem | ent Coordinato | or | | | | |
| Name o | of Clinical Nurse N | /lanager | | | | | |
| Name of Placem | of Academic Link nent | Lecturer for | | | | | |
| Learnin | ng needs identified | by Student | | | | | |
| | | | | | | | |
| Learnin | ng plan agreed wit | h Preceptor/A | ssociate P | receptor | for plac | ement | |
| | | h Preceptor/A | ssociate P | Preceptor | for plac | ement | |
| Studen | t signature | | ssociate P | Preceptor | for plac | ement | |
| Studen Precep signatu | t signature tor/Associate Predice | ceptor | ssociate P | Preceptor | for plac | ement | |
| Studen Precep signatu | t signature tor/Associate Pre | ceptor | ssociate P | Preceptor | for plac | ement | |

DOMAIN 1: PROFESSIONAL VALUES AND CONDUCT OF THE NURSE

Criteria related to practising safety, compassionately and professionally under supervision of a Registered Nurse

| 1.1.1 Demonstrates safe, person-centred care | | | | | √ or × |
|--|---|-----------------------|---|------------|--------|
| a. | Clarifies with Preceptor/Associate Preceptor/RPN instructions that s/he does not understand | | | | |
| b. | Applies | principles of safe i | moving and handling | | |
| C. | Adhere | s to principles of sa | afe hand washing | | |
| d. | Adhere | s to principles of in | fection control | | |
| e. | Identifie | ed actions to be tak | en in emergency situations | | |
| f. | Recogr | nises and responds | to situations of risk to vulnerable persons | | |
| Asses | ssment I | Decision (√or ×) | Preceptor/Associate Preceptor Signature | Date compl | eted |
| PASS | | | | | |
| FAIL | | | | | |

| 1.1.2 Demonstrates compassion in providing nurse care | | | | | |
|---|------------------|-------------------------------------|---|-------------|------|
| a. | Shows | respect, kindness, | compassion towards service users and their | r families | |
| b. | | a professional ma s other people | nner that is attentive, sensitive and non-dis | criminatory | |
| C. | Assists interver | | maintain their dignity in all nursing and I | nealth care | |
| d. | Demon | strates respect for | diversity and individual preferences | | |
| e. | Seeks | help and guidance | when a service user's needs are not being r | net | |
| Asses | ssment [| Decision (√or ≭) | Preceptor/Associate Preceptor Signature | Date compl | eted |
| PASS | } | | | | |
| FAIL | | | | | |

DOMAIN 1: PROFESSIONAL VALUES AND CONDUCT OF THE NURSE

Criteria related to practising safety, compassionately and professionally under supervision of a Registered Nurse

| 1.1.3 | 1.1.3 Demonstrates responsible and professional practice | | | | | |
|-------|--|------------------------|---|------------|------|--|
| a. | Adheres to and works within the Scope of Nursing and Midwifery Practice Framework as it applies to the nursing student | | | | | |
| b. | Practice | | th integrity in accordance to the Code of Fegistered Nurses and Registered Midwives a | | | |
| C. | Adhere | s to local policies, p | procedures and guidelines | | | |
| d. | Adhere | s to reporting policy | y in respect of any untoward incidents or nea | ar misses | | |
| Asses | ssment [| Decision (√or *) | Preceptor/Associate Preceptor Signature | Date compl | eted | |
| PASS | PASS | | | | | |
| FAIL | | | | | | |

DOMAIN 2: NURSING PRACTICE AND CLINICAL DECISION MAKING

Criteria related to delivering effective, person-centred nursing care under supervision of a Registered Nurse/Preceptor/Associate Preceptor

| 1.2.1 | 1.2.1 Assesses the person's nursing and health needs | | | | | | |
|-------|--|----------------------|--|------------|------|--|--|
| a. | Monito | rs and records a pe | erson's vital signs accurately and reports obs | servations | | | |
| b. | Gather | s information and re | ecords and reports it in a systematic way | | | | |
| c. | Seeks | information on a pe | erson's health status in a person-centred ma | nner | | | |
| d. | Takes needs | part in an assessm | ent or re-assessment of a person's nursing | and health | | | |
| Asses | ssment [| Decision (√or ×) | Preceptor/Associate Preceptor Signature | Date compl | eted | | |
| PASS | | | | | | | |
| FAIL | | | | | | | |

| 1.2.2 | 2.2 Plans and prioritises person-centred nursing care ✓ | | | | | |
|-------|---|---------------------|---|--------------|------|--|
| a. | Identifie | es how information | gathered is structured using an appropriate | framework | | |
| b. | Assists | a Registered Nurs | e to plan an aspect of nursing care | | | |
| C. | Review care | s with Preceptor/A | ssociate Preceptor the structure of goals for | or a plan of | | |
| d. | Identifie | es with Preceptor/A | ssociate Preceptor actual and potential goa | ls | | |
| e. | Identific | • | Associate Preceptor interventions to meet a | nursing or | | |
| Asses | ssment [| Decision (√or ×) | Preceptor/Associate Preceptor Signature | Date compl | eted | |
| PASS | | | | | | |
| FAIL | | | | | | |

| 1.2.3 | 1.2.3 Undertakes nursing interventions (continued on next page) | | | | |
|-------|---|--|--|--|--|
| a. | Ensures consent of the person prior to giving nursing care | | | | |
| b. | Maintains the person's dignity, rights and independence when undertaking nursing care | | | | |
| C. | Uses clinical equipment safely, showing awareness of limitations and associated hazards in usage and disposal | | | | |
| d. | Assists service users to meet their essential daily needs: | | | | |

| | • | Elimination care Skin integrity Safety and security | | | | |
|------|--|---|---|--------------|------|--|
| e. | | s nursing interver ely and concisely | ations, observations and feedback from t | the person | | |
| f. | Assists medicin | • | urse in the safe administration and mana | agement of | | |
| g. | | out instructions re , procedures and g | sponsible and timely manner in accordance uidelines | e with local | | |
| Asse | Assessment Decision (✓or ✗) Preceptor/Associate Preceptor Signature Date con | | | Date compl | eted | |
| PASS | 3 | | | | | |
| FAIL | | | | | | |

| 1.2.4 Evaluates person-centred nursing care | | | | | | |
|---|----------|--------------------------------------|--|---------------|------|--|
| a. | Gathers | s and records infor | mation in accordance with a person's nursing | g care plan | | |
| b. | | | rse to review a person's plan of nursing car om the person and health care team | e in light of | | |
| C. | | • | urse to review and revise as necessary the of a person's plan of nursing care | ne planned | | |
| d. | | the Registered Nu alth care needs | rse to carry out a re-assessment of a perso | on's nursing | | |
| Asses | ssment [| Decision (√or ×) | Preceptor/Associate Preceptor Signature | Date compl | eted | |
| PASS | | | | | | |
| FAIL | | | | | | |

| 1.2.5 Utilises clinical judgment | | | | | |
|----------------------------------|---|----------------------|--|---------------|------|
| a. | Recogn | nises and reports if | a service user appears to be at risk | | |
| b. | Recognises and reports if a service user's physical or psychological condition is deteriorating | | | | |
| C. | Demon interver | | in an emergency and to administer essentia | I life-saving | |
| Asses | ssment [| Decision (√or ×) | Preceptor/Associate Preceptor Signature | Date compl | eted |
| PASS | • | | | | |
| FAIL | | | | | |

DOMAIN 3: NURSING KNOWLEDGE AND COGNITIVE COMPETENCE

Criteria related to application of knowledge and understanding of the health continuum and of principles from health and life sciences underpinning practice

| 1.3.1 Practises from a competent knowledge base | | | | | | |
|---|--|--|---|-------------|------|--|
| a. | Monitors and records the changes in sensory, physical, emotional, behavioural or developmental signs of a person in the practice setting | | | | | |
| b. | | knowledge from the high the knowledge from the know | ne health and life sciences to the nursing ca etting | re needs of | | |
| C. | Safely | and accurately car | ries out medication calculations and manage | ment | | |
| Asses | Assessment Decision (✓or *) Preceptor/Associate Preceptor Signature Date cor | | | | eted | |
| PASS | 3 | | | | | |
| FAIL | | | | | | |

| 1.3.2 | 1.3.2 Uses critical thinking and reflection to inform practice | | | | | |
|-------|--|----------------------|---|-------------|------|--|
| a. | Source | s information releva | ant to a nursing intervention in the practice s | etting | | |
| b. | | | al policies, procedures and guidelines to a untered in the practice setting | n aspect of | | |
| C. | Safely a | and accurately carr | ies out to medication calculations and mana | gement | | |
| Asses | ssment [| Decision (√or ×) | Preceptor/Associate Preceptor Signature | Date compl | eted | |
| PASS | | | | | | |
| FAIL | | | | | | |

DOMAIN 4: COMMUNICATION AND INTERPERSONAL COMPETENCE

Criteria related to effective communication and empathic interpersonal skills

| 1.4.1 Communicates in a person-centred manner | | | | | ✓ or × |
|---|--|---|--|--|--------|
| a. | Demon safely | Demonstrates the ability to listen, seek clarification and to carry out instructions safely | | | |
| b. | Demonstrates respect for service users' rights and choices | | | | |
| C. | Ensures that confidential information is maintained securely according to local health care policy | | | | |
| Assessment Decision (✓or ✗) Preceptor/Associate Preceptor Signature Date comple | | | | | eted |
| PASS | PASS | | | | |
| FAIL | | | | | |

| 1.4.2 Communicates accurately with the health care team | | | | | √ or × |
|---|---|--|--|--|--------|
| a. | Communicates clearly with other health care team members | | | | |
| b. | Demonstrates safe and effective communication skills, in oral, written and electronic modes | | | | |
| C. | Accurately reports, records and documents clinical observations | | | | |
| Assessment Decision (✓or ⋆) Preceptor/Associate Preceptor Signature Date comple | | | | | eted |
| PASS | | | | | |
| FAIL | | | | | |

DOMAIN 5: NURSING MANAGEMENT AND TEAM COMPETENCE

Criteria related to application of management and team working competence

| 1.5.1 Practises in a collaborative manner | | | | | |
|---|--|--|---|------------|------|
| a. | Interacts with members of the health care and multi professional team in a manner that values their roles and responsibilities | | | | |
| b. | Develops a professional relationship by working in partnership with members of the multidisciplinary health care team | | | | |
| Assessment Decision (√or *) | | | Preceptor/Associate Preceptor Signature | Date compl | eted |
| PASS | | | | | |
| FAIL | | | | | |

| 1.5.2 Manages team, others and self safely | | | | | ✓ or × |
|--|---|--|--|------|--------|
| a. | Promotes a safe and therapeutic environment for nursing care | | | | |
| b. | Recognises and responds appropriately to situations that challenge self or others | | | | |
| C. | Recognises risks and hazards associated with nursing interventions and escalates these to Registered Nurse as appropriate | | | | |
| Asses | Assessment Decision (✓or ≭) Preceptor/Associate Preceptor Signature Date comp | | | eted | |
| PASS | | | | | |
| FAIL | | | | | |

DOMAIN 6: LEADERSHIP POTENTIAL AND PROFESSIONAL SCHOLARSHIP COMPETENCES

Criteria related to effective leadership potential and self-awareness under the supervision of a Registered Nurse

| 1.6.1 Develop leadership potential | | | | | ✓ or × |
|--|--|--------------------------|---|------------|--------|
| a. Demonstrate the constructive use of feedback supervision and appraisal on the development of self-awareness and competence as a nurse | | | | | |
| Assessment Decision (√or *) | | Decision (√or ≭) | Preceptor/Associate Preceptor Signature | Date compl | eted |
| PASS | | | | | |
| FAIL | | | | | |

| 1.6.2 Develop professional scholarship | | | | | √ or × |
|--|---|--|--|------|--------|
| a. | Communicate an example of self-directed learning used to enhance professional performance in practice | | | | |
| b. | Communicate with the multidisciplinary team regarding to the plan of nursing care intervention | | | | |
| C. | Identify the use of relevant opportunities for learning in the practice setting | | | | |
| Asses | Assessment Decision (✓or ≭) Preceptor/Associate Preceptor Signature Date comp | | | eted | |
| PASS | | | | | |
| FAIL | | | | | |

NMBI Competency Assessment Document – YEAR ONE: Competency Assessment **Interviews**

PRACTICE EXPERIENCE 1: MID PLACEMENT REVIEW

| Student's review of progress during pla | acement to date | | |
|--|------------------------------------|----------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| Preceptor/Associate Preceptor's review | v of student's progress during pl | acemen | nt to date |
| | | | |
| | | | |
| | | | |
| | | | |
| Preceptor/Associate Preceptor's summ | nary of student progress during p | olaceme | ent to date |
| | | | |
| | | | |
| | | | |
| | | | |
| Please state any actions needed to enhance | ce or maintain student's competenc | y develo | pment action plan |
| (if applicable) | · | | |
| | | | |
| | | | |
| | | | |
| Student signature | | Date: | |
| Preceptor/Associate Preceptor signature | | Date: | |
| CPC signature* | | Date: | |
| Academic Link Lecturer signature** | | Date: | |

^{*} CPC signatory required within in one week of interview being conducted
** Academic link Lecturer signature required in the event of a Competency Development Action Plan being implemented

NMBI Competency Assessment Document – YEAR ONE: Competency Assessment **Interviews**

PRACTICE EXPERIENCE 1: FINAL PLACEMENT INTERVIEW

| THE TOTAL EXTENSE THE TWO ENDERTY THE TEXT OF THE TOTAL PROPERTY O | | | | | | |
|--|-----------------|-------------|------------------------|--------------------------|-------------------------|----------------|
| Student's review | w of progress | during pla | cement | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Preceptor/Asso | ciate Precent | or's reviev | v of student | s progress | during placem | nent |
| 1 1000011111330 | olate i recepti | or 3 reviev | v or student | o progress | during placeri | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| Preceptor/Asso | ciate Precepto | or's summ | ary of stude | ent progress | s during place | ment |
| | · | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Please state any | actions needed | d to enhand | ce or maintai | n student's c | ompetence (if a | pplicable) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Student signatu | ıre | | | | | |
| Preceptor/Associate Preceptor | | | | | | |
| signature CPC signature* | | | | | | |
| Academic Link Lecturer signature** | | | | | | |
| - | | | or/Associat | to Proconte | or Signature | Date completed |
| | Suit (* OF *) | Precept | on As socia | i e Pre cepio | or Signature | Date completed |
| PASS | | | | | | |
| FAIL | | | | | | |

^{*} CPC signatory required within in one week of interview being conducted
** Academic link Lecturer signature required in the event of a Competency Development Action Plan being implemented

NMBI Competency Assessment Document – YEAR ONE: Competency Development Action Plan

PRACTICE EXPERIENCE 1: COMPETENCY DEVELOPMENT ACTION PLAN (IF REQUIRED)

| Date | |
|--|--|
| Name of Preceptor | |
| Name of Associate Preceptor | |
| Name of Clinical Placement Coordinator | |
| Name of Clinical Nurse Manager | |
| Name of Academic Link Lecturer for Placement | |
| Learning plan agreed between Student and Pre Specify goals, activities proposed and date(s) for | |
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| Student signeture | | Doto: |
|---|---|-------|
| Student signature | | Date: |
| Preceptor/Associate Preceptor signature | | Date: |
| CPC signature | | Date: |
| Academic Link Lecturer signature | | Date: |
| | I | |
| Proposed date for mid placement review | | |
| Proposed date for final interview | | |

NMBI Competency Assessment Document – YEAR ONE: Self Evaluation

Practice Experience 2: Self-evaluation of learning needs and expectations

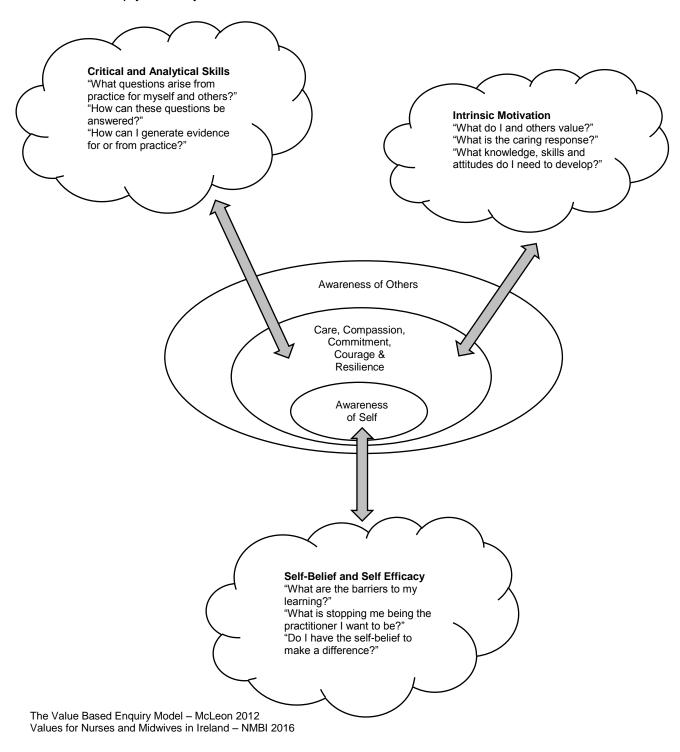
To be completed by the undergraduate nursing student prior to placement incorporating theory and clinical skills learning to date.

| The life and previous experience of practice that I bring with me to this placement is |
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| The learning opportunities that I hope to achieve during this placement are |
| |
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| |
| Any concerns that I have about this placement are |
| |
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| |
| The relevant theoretical learning that I bring to this placement |
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NMBI Competency Assessment Document – YEAR ONE: Self Evaluation

PRACTICE EXPERIENCE 2: SELF-EVALUATION OF LEARNING NEEDS AND EXPECTATIONS

A Guide to help you with your Self-Evaluation



NMBI Competency Assessment Document – YEAR ONE: Competency Assessment Interviews

Practice Experience 2: Preliminary Interview

| Date: | | Name: | | Signature: | |
|---------------------------------------|------------------------------------|---------------|----------------------|------------|--|
| Welcome to F | Welcome to Practice Placement Area | | | | |
| Orientation to Practice Placement | | | | | |
| Name of Pred | ceptor | | | | |
| Name of Asso | ociate Precepto | or | | | |
| Name of Clini | ical Placement | Coordinator | | | |
| Name of Clini | ical Nurse Man | ager | | | |
| Name of Acad Placement | demic Link Lec | turer for | | | |
| Learning nee | ds identified by | Student | | | |
| | | | | | |
| | | | | | |
| Learning plan | agreed with P | receptor/Asso | ociate Preceptor for | placement | |
| Learning plan | agreed with P | receptor/Asso | ociate Preceptor for | placement | |
| Learning plan | agreed with P | receptor/Asso | ociate Preceptor for | placement | |
| Learning plan | | receptor/Asso | ociate Preceptor for | placement | |
| Student signa | | | ociate Preceptor for | placement | |
| Student signa Preceptor/Ass signature | ature | tor | ociate Preceptor for | placement | |

DOMAIN 1: PROFESSIONAL VALUES AND CONDUCT OF THE NURSE

Criteria related to practising safety, compassionately and professionally under supervision of a Registered Nurse

| 1.1.1 Demonstrates safe, person-centred care | | | | | √ or × |
|--|---|--|--|--|--------------|
| a. | Clarifies with supervisor instructions that s/he does not understand | | | | |
| b. | Applies principles of safe moving and handling | | | | |
| C. | Adheres to principles of safe hand washing | | | | |
| d. | Adheres to principles of infection control | | | | |
| e. | Identified actions to be taken in emergency situations | | | | |
| f. | Recognises and responds to situations of risk to vulnerable persons | | | | |
| Asses | sessment Decision (✓or ✗) Preceptor/Associate Preceptor Signature Date complete | | | | |
| PASS | | | | | |
| FAIL | | | | | |

| 1.1.2 | 1.2 Demonstrates compassion in providing nurse care | | | | |
|-------|--|--|--|--|------|
| a. | Shows respect, kindness, compassion towards service users and their families | | | | |
| b. | Acts in a professional manner that is attentive, sensitive and non-discriminatory towards other people | | | | |
| C. | Assists service users to maintain their dignity in all nursing and health care interventions | | | | |
| d. | Demonstrates respect for diversity and individual preferences | | | | |
| e. | Seeks help and guidance when a service user's needs are not being met | | | | |
| Asses | Assessment Decision (✓or ×) Preceptor/Associate Preceptor Signature Date complete | | | | eted |
| PASS | | | | | |
| FAIL | | | | | |

DOMAIN 1: PROFESSIONAL VALUES AND CONDUCT OF THE NURSE

Criteria related to practising safety, compassionately and professionally under supervision of a Registered Nurse/Preceptor/Associate Preceptor

| 1.1.3 | 1.1.3 Demonstrates responsible and professional practice | | | | |
|-------|--|--|--|--|------|
| a. | Adheres to and works within the Scope of Nursing and Midwifery Practice Framework as it applies to the nursing student | | | | |
| b. | Practises honestly and with integrity in accordance to the Code of Professional Practice and Ethics for Registered Nurses and Registered Midwives as it applies to the nursing student | | | | |
| c. | Adheres to local policies, procedures and guidelines | | | | |
| d. | Adheres to reporting policy in respect of any untoward incidents or near misses | | | | |
| Asses | sessment Decision (✓or ✗) Preceptor/Associate Preceptor Signature Date comple | | | | eted |
| PASS | | | | | |
| FAIL | | | | | |

DOMAIN 2: NURSING PRACTICE AND CLINICAL DECISION MAKING

Criteria related to delivering effective, person-centred nursing care under supervision of a Registered Nurse

| 1.2.1 | 1.2.1 Assesses the person's nursing and health needs | | | | | |
|-------|--|--|--|--|--|--|
| a. | Monitors and records a person's vital signs accurately and reports observations | | | | | |
| b. | Gathers information and records and reports it in a systematic way | | | | | |
| c. | Seeks information on a person's health status in a person-centred manner | | | | | |
| d. | Takes part in an assessment or re-assessment of a person's nursing and health needs | | | | | |
| Asses | Assessment Decision (✓or ≭) Preceptor/Associate Preceptor Signature Date comple | | | | | |
| PASS | _ | | | | | |
| FAIL | | | | | | |

| 1.2.2 | 2 Plans and prioritises person-centred nursing care | | | | |
|-------|--|--------------------|---|------------|------|
| a. | Identifie | es how information | gathered is structured using an appropriate | framework | |
| b. | Assists | a Registered Nurs | e to plan an aspect of nursing care | | |
| C. | Reviews with Preceptor/Associate Preceptor the structure of goals for a plan of care | | | | |
| d. | Identifies with Preceptor/Associate Preceptor actual and potential goals | | | | |
| e. | Identifies with Preceptor/Associate Preceptor interventions to meet a nursing or health goal | | | | |
| Asses | ssment [| Decision (√or ×) | Preceptor/Associate Preceptor Signature | Date compl | eted |
| PASS | | | | | |
| FAIL | | | | | |

| 1.2.3 | 1.2.3 Undertakes nursing interventions (Continued Page 13) | | |
|-------|---|--|--|
| a. | Ensures consent of the person prior to giving nursing care | | |
| b. | Maintains the person's dignity, rights and independence when undertaking nursing care | | |
| C. | Uses clinical equipment safely, showing awareness of limitations and associated hazards in usage and disposal | | |

| d. | Assists service users to meet their essential daily needs: Comfort and wellbeing Personal hygiene Respiration It luid management Nutrition Elimination care Skin integrity Safety and security Sleep and rest | | | | |
|-------|--|---|---|----------------|---|
| e. | Records nursing interventions, observations and feedback from the person accurately and concisely | | | | |
| f. | Assists medicii | • | lurse in the safe administration and mana | agement of | |
| g. | Carries out instructions responsible and timely manner in accordance with local policies, procedures and guidelines | | | | |
| Asses | ssessment Decision (✓or ×) Preceptor/Associate Preceptor Signature Date complete | | | Date completed | d |
| PASS | | | | | |
| FAIL | | | | | |

| 1.2.4 | 1.2.4 Evaluates person-centred nursing care | | | | |
|-----------------------------|--|---------------------|--|-------------|------|
| a. | Gather | s and records infor | mation in accordance with a person's nursing | g care plan | |
| b. | Assists the Registered Nurse to review a person's plan of nursing care in light of observations, feedback from the person and health care team | | | | |
| C. | Assists the Registered Nurse to review and revise as necessary the planned outcomes or interventions of a person's plan of nursing care | | | | |
| d. | Assists the Registered Nurse to carry out a re-assessment of a person's nursing and health care needs | | | | |
| Assessment Decision (√or *) | | Decision (√or ×) | Preceptor/Associate Preceptor Signature | Date compl | eted |
| PASS | | | | | |
| FAIL | | | | | |

| 1.2.5 Utilises clinical judgment | | | | | ✓ or × |
|----------------------------------|---|--|---|-----------|--------|
| a. | Recognises and reports if a service user appears to be at risk | | | | |
| b. | Recognises and reports if a service user's physical or psychological condition is deteriorating | | | | |
| C. | Demonstrates how to act in an emergency and to administer essential life-saving intervention | | | | |
| Assessment Decision (√or *) | | | Preceptor/Associate Preceptor Signature | Date comp | leted |
| PASS | | | | | |
| FAIL | | | | | |

DOMAIN 3: NURSING KNOWLEDGE AND COGNITIVE COMPETENCE

Criteria related to application of knowledge and understanding of the health continuum and of principles from health and life sciences underpinning practice

| 1.3.1 | 1.3.1 Practises from a competent knowledge base | | | | |
|-------|--|------------------|---|------------|------|
| a. | Monitors and records the changes in sensory, physical, emotional, behavioural or developmental signs of a person in the practice setting | | | | |
| b. | Applies knowledge from the health and life sciences to the nursing care needs of a person in the practice setting | | | | |
| C. | Safely and accurately carries out medication calculations and management | | | | |
| Asses | ssment [| Decision (√or ×) | Preceptor/Associate Preceptor Signature | Date compl | eted |
| PASS | • | | | | |
| FAIL | | | | | |

| 1.3.2 | 1.3.2 Uses critical thinking and reflection to inform practice | | | | |
|-------|---|---|--|--|------|
| a. | Sources information relevant to a nursing intervention in the practice setting | | | | |
| b. | Applies knowledge of local policies, procedures and guidelines to an aspect of nursing intervention encountered in the practice setting | | | | |
| C. | Safely | Safely and accurately carries out to medication calculations and management | | | |
| Asses | Assessment Decision (✓or ×) Preceptor/Associate Preceptor Signature Date comp | | | | eted |
| PASS | | | | | |
| FAIL | | | | | |

DOMAIN 4: COMMUNICATION AND INTERPERSONAL COMPETENCE

Criteria related to effective communication and empathic interpersonal skills

| 1.4.1 | 1.4.1 Communicates in a person-centred manner | | | | |
|-------|--|------------------|--|--|------|
| a. | Demonstrates the ability to listen, seek clarification and to carry out instructions safely | | | | |
| b. | Demonstrates respect for service users' rights and choices | | | | |
| C. | Ensures that confidential information is maintained securely according to local health care policy | | | | |
| Asses | ssment [| Decision (√or ≭) | Preceptor/Associate Preceptor Signature Date com | | eted |
| PASS | 5 | | | | |
| FAIL | | | | | |

| 1.4.2 Communicates accurately with the health care team | | | | | ✓ or × |
|---|---|---|---|------------|--------|
| a. | Communicates clearly with other health care team members | | | | |
| b. | Demonstrates safe and effective communication skills, in oral, written and electronic modes | | | | |
| C. | Accura | Accurately reports, records and documents clinical observations | | | |
| Assessment Decision (✓or ×) Preceptor/Associate Preceptor Signatu | | | Preceptor/Associate Preceptor Signature | Date compl | eted |
| PASS | | | | | |
| FAIL | | | | | |

DOMAIN 5: NURSING MANAGEMENT AND TEAM COMPETENCE

Criteria related to application of management and team working competence

| 1.5.1 Practises in a collaborative manner | | | | | ✓ or × |
|---|---|---|---|------------|--------|
| a. | a. Interacts with members of the health care and multi professional team in a manner that values their roles and responsibilities | | | | |
| b. | | Develops a professional relationship by working in partnership with members of the multidisciplinary health care team | | | |
| Asses | Assessment Decision (√or *) | | Preceptor/Associate Preceptor Signature | Date compl | eted |
| PASS | | | | | |
| FAIL | | | | | |

| 1.5.2 Manages team, others and self safely | | | | | √ or × | |
|--|---|--|---|------------|--------|--|
| a. | Promot | Promotes a safe and therapeutic environment for nursing care | | | | |
| b. | Recognises and responds appropriately to situations that challenge self or others | | | | | |
| C. | Recognises risks and hazards associated with nursing interventions and escalates these to Registered Nurse as appropriate | | | | | |
| Assessment Decision (√or *) | | Decision (√or ×) | Preceptor/Associate Preceptor Signature | Date compl | eted | |
| PASS | • | | | | | |
| FAIL | | | | | | |

DOMAIN 6: LEADERSHIP POTENTIAL AND PROFESSIONAL SCHOLARSHIP COMPETENCES

Criteria related to effective leadership potential and self-awareness under the supervision of a Registered Nurse

| 1.6.1 Develop leadership potential | | | | | ✓ or × |
|--|-----------------------------|--|---|------------------|--------|
| a. Demonstrate the constructive use of feedback supervision and appraisal on the development of self-awareness and competence as a nurse | | | | | |
| Asse | Assessment Decision (√or *) | | Preceptor/Associate Preceptor Signature | e Date completed | |
| PASS | 3 | | | | |
| FAIL | | | | | |
| | | | | | |

| 1.6.2 | 1.6.2 Develop professional scholarship | | | | |
|-----------------------------|---|------------------|---|------------|------|
| a. | Communicate an example of self-directed learning used to enhance professional performance in practice | | | | |
| b. | Communicate with the multidisciplinary team regarding to the plan of nursing care intervention | | | | |
| c. | Identify the use of relevant opportunities for learning in the practice setting | | | | |
| Assessment Decision (√or *) | | Decision (√or ×) | Preceptor/Associate Preceptor Signature | Date compl | eted |
| PASS | • | | | | |
| FAIL | | | | | |

NMBI Competency Assessment Document – YEAR ONE: Competency Assessment **Interviews**

Practice Experience 2: Mid Placement Review

| Student's review of progress during pla | acement to date | |
|--|------------------------------------|---------------------------|
| | | |
| | | |
| | | |
| Preceptor/Associate Preceptor's review | v of student's progress during pl | acement to date |
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| | | |
| | | |
| Preceptor/Associate Preceptor's summ | nary of student progress during p | placement to date |
| | | |
| | | |
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| | | |
| Please state any actions needed to enhance | ce or maintain student's competenc | y development action plan |
| (if applicable) | | |
| | | |
| | | |
| | | |
| | | |
| Student signature | | Date: |
| Preceptor/Associate Preceptor signature | | Date: |
| CPC signature* | | Date: |
| Academic Link Lecturer signature** | | Date: |

^{*} CPC signatory required within in one week of interview being conducted
** Academic link Lecturer signature required in the event of a Competency Development Action Plan being implemented

NMBI Competency Assessment Document – YEAR ONE: Competency Assessment Interviews

Practice Experience 2: Final Placement Interview

| Student's review | of progress d | uring pla | acement | |
|---|----------------|-----------|---------------------------------------|---------------------|
| | | | | |
| Preceptor/Assoc | iate Preceptor | 's reviev | v of student's progress during placen | nent |
| | | | | |
| Preceptor/Assoc | iate Preceptor | 's summ | nary of student progress during place | ment |
| | | | | |
| Please state any | actions need | ed to enl | hance or maintain student's compete | nce (if applicable) |
| | | | | |
| Student signature | е | | | |
| Preceptor/Associate Preceptor signature | | | | |
| CPC signature* | | | | |
| Academic link Lecturer signature** | | | | |
| Placement Resu | ult (√or ≭) | Precep | otor/Associate Preceptor Signature | Date completed |
| PASS | | | | |
| FAIL | | | | |

^{*} CPC signatory required within in one week of interview being conducted

^{**} Academic link Lecturer signature required in the event of a Competency Development Action Plan being implemented

NMBI Competency Assessment Document – YEAR ONE: Competency Development Action Plan

Practice Experience 2: Competency Development Action Plan (if required)

| Date | |
|---|--|
| Name of Preceptor | |
| Name of Associate Preceptor | |
| Name of Clinical Placement Coordinator | |
| Name of Clinical Nurse Manager | |
| Name of Academic link Lecturer for Placement | |
| Learning plan agreed between Student and Specify goals, activities proposed and date | d Preceptor/Associate Preceptor for Placement: e(s) for review |
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| Student signature | Date: | |
|---|-------|--|
| Preceptor/Associate Preceptor signature | Date: | |
| CPC signature | Date: | |
| Academic Link Lecturer signature | Date: | |
| Droposed data for mid placement review | | |
| Proposed date for mid placement review Proposed date for final interview | | |
| | | |

NMBI Competency Assessment Document – YEAR ONE: Self Evaluation

Practice Experience 3: Self-evaluation of learning needs and expectations

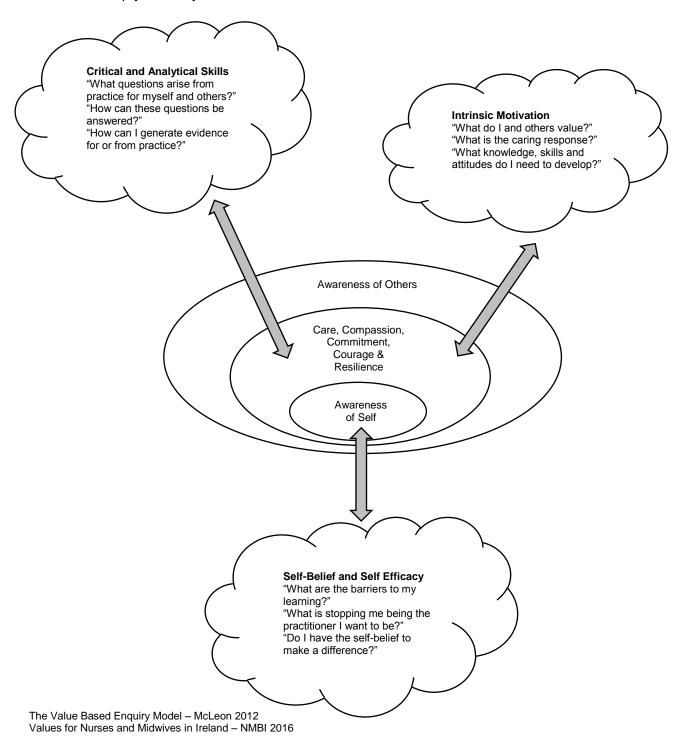
To be completed by the undergraduate nursing student prior to placement incorporating theory and clinical skills learning to date.

| The life and previous experience of practice that I bring with me to this placement is |
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| The learning opportunities that I hope to achieve during this placement are |
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| |
| Any concerns that I have about this placement are |
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| |
| |
| The relevant theoretical learning that I bring to this placement |
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NMBI Competency Assessment Document – YEAR ONE: Self Evaluation

PRACTICE EXPERIENCE 3: SELF-EVALUATION OF LEARNING NEEDS AND EXPECTATIONS

A Guide to help you with your Self-Evaluation



NMBI Competency Assessment Document – YEAR ONE: Competency Assessment Interviews

Practice Experience 3: Preliminary Interview

| Date: | | Name: | | Signature: | |
|------------------------------------|-----------------------------------|-------------|------------------------|------------|--|
| Welcome to Practice Placement Area | | | | | |
| Orientation to | Orientation to Practice Placement | | | | |
| Name of Pred | ceptor | | | | |
| Name of Asso | ociate Precepto | or | | | |
| Name of Clini | ical Placement | Coordinate | or | | |
| Name of Clini | ical Nurse Man | ager | | | |
| Name of Acad Placement | demic Link Lec | turer for | | | |
| Learning nee | ds identified by | Student | | | |
| | | | | | |
| Learning plan | agreed with P | receptor/As | ssociate Preceptor for | placement | |
| | | | | | |
| Student signa | ature | | | | |
| Preceptor/Assignature | sociate Precep | tor | | | |
| Proposed dat review | e for mid place | ement | | | |
| Proposed dat | e for final inter | view | | | |

DOMAIN 1: PROFESSIONAL VALUES AND CONDUCT OF THE NURSE

Criteria related to practising safety, compassionately and professionally under supervision of a Registered Nurse

| 1.1.1 | .1 Demonstrates safe, person-centred care | | | | |
|-------|---|--|--|------|--|
| a. | Clarifies with supervisor instructions that s/he does not understand | | | | |
| b. | Applies principles of safe moving and handling | | | | |
| c. | Adheres to principles of safe hand washing | | | | |
| d. | Adheres to principles of infection control | | | | |
| e. | Identified actions to be taken in emergency situations | | | | |
| f. | Recognises and responds to situations of risk to vulnerable persons | | | | |
| Asses | Assessment Decision (✓or ✗) Preceptor/Associate Preceptor Signature Date comple | | | eted | |
| PASS | | | | | |
| FAIL | | | | | |

| 1.1.2 Demonstrates compassion in providing nurse care | | | | √ or × | |
|---|--|--|--|--------|--|
| a. | Shows respect, kindness, compassion towards service users and their families | | | | |
| b. | Acts in a professional manner that is attentive, sensitive and non-discriminatory towards other people | | | | |
| C. | Assists service users to maintain their dignity in all nursing and health care interventions | | | | |
| d. | Demonstrates respect for diversity and individual preferences | | | | |
| e. | Seeks help and guidance when a service user's needs are not being met | | | | |
| Asses | Assessment Decision (✓or ≭) Preceptor/Associate Preceptor Signature Date comple | | | eted | |
| PASS | | | | | |
| FAIL | | | | | |

DOMAIN 1: PROFESSIONAL VALUES AND CONDUCT OF THE NURSE

Criteria related to practising safety, compassionately and professionally under supervision of a Registered Nurse/Preceptor/Associate Preceptor

| 1.1.3 | 1.1.3 Demonstrates responsible and professional practice | | | | |
|-------|--|--|--|------|--|
| a. | Adheres to and works within the Scope of Nursing and Midwifery Practice Framework as it applies to the nursing student | | | | |
| b. | Practises honestly and with integrity in accordance to the Code of Professional Practice and Ethics for Registered Nurses and Registered Midwives as it applies to the nursing student | | | | |
| C. | Adheres to local policies, procedures and guidelines | | | | |
| d. | Adheres to reporting policy in respect of any untoward incidents or near misses | | | | |
| Asses | Assessment Decision (✓or ×) Preceptor/Associate Preceptor Signature Date comple | | | eted | |
| PASS | | | | | |
| FAIL | | | | | |

DOMAIN 2: NURSING PRACTICE AND CLINICAL DECISION MAKING

Criteria related to delivering effective, person-centred nursing care under supervision of a Registered Nurse

| 1.2.1 Assesses the person's nursing and health needs | | | | | ✓ or × |
|--|---|----------------------|---|--|--------|
| a. | Monitors and records a person's vital signs accurately and reports observations | | | | |
| b. | Gather | s information and re | ecords and reports it in a systematic way | | |
| c. | Seeks information on a person's health status in a person-centred manner | | | | |
| d. | Takes part in an assessment or re-assessment of a person's nursing and health needs | | | | |
| Asses | Assessment Decision (✓or ✗) Preceptor/Associate Preceptor Signature Date complete | | | | eted |
| PASS | | | | | |
| FAIL | | | | | |

| 1.2.2 | .2.2 Plans and prioritises person-centred nursing care | | | | |
|-------|--|--|--|------|--|
| a. | Identifies how information gathered is structured using an appropriate framework | | | | |
| b. | Assists a Registered Nurse to plan an aspect of nursing care | | | | |
| C. | Reviews with Preceptor/Associate Preceptor the structure of goals for a plan of care | | | | |
| d. | Identifies with Preceptor/Associate Preceptor actual and potential goals | | | | |
| e. | Identifies with Preceptor/Associate Preceptor interventions to meet a nursing or health goal | | | | |
| Asses | Assessment Decision (✓or ✗) Preceptor/Associate Preceptor Signature Date comple | | | eted | |
| PASS | | | | | |
| FAIL | | | | | |

| 1.2.3 | 1.2.3 Undertakes nursing interventions (Continued Page 13) | | | |
|-------|---|--|--|--|
| a. | Ensures consent of the person prior to giving nursing care | | | |
| b. | Maintains the person's dignity, rights and independence when undertaking nursing care | | | |
| C. | Uses clinical equipment safely, showing awareness of limitations and associated hazards in usage and disposal | | | |

| | Assists service users to meet their essential daily needs: | | | | |
|---|---|--|------|--|--|
| | • | Comfort and wellbe Personal hygiene | enig | | |
| d. | NutritionElimination care | | | | |
| | Skin integritySafety and security | | | | |
| | Sleep and rest | | | | |
| e. | Records nursing interventions, observations and feedback from the person accurately and concisely | | | | |
| f. | Assists the Registered Nurse in the safe administration and management of | | | | |
| g. | Carries out instructions responsible and timely manner in accordance with local policies, procedures and guidelines | | | | |
| Assessment Decision (✓or ✗) Preceptor/Associate Preceptor Signature Date comple | | eted | | | |
| PASS | | | | | |
| FAIL | | | | | |

| 1.2.4 Evaluates person-centred nursing care | | | | | ✓ or × |
|---|--|--------------------------|---|------------|--------|
| a. | Gathers and records information in accordance with a person's nursing care plan | | | | |
| b. | Assists the Registered Nurse to review a person's plan of nursing care in light of observations, feedback from the person and health care team | | | | |
| C. | Assists the Registered Nurse to review and revise as necessary the planned outcomes or interventions of a person's plan of nursing care | | | | |
| d. | Assists the Registered Nurse to carry out a re-assessment of a person's nursing and health care needs | | | | |
| Assessment Decision (√or *) | | Decision (√or ×) | Preceptor/Associate Preceptor Signature | Date compl | eted |
| PASS | | | | | |
| FAIL | | | | | |

| 1.2.5 Utilises clinical judgment | | | | | |
|----------------------------------|---|--|---|-----------|-------|
| a. | Recognises and reports if a service user appears to be at risk | | | | |
| b. | Recognises and reports if a service user's physical or psychological condition is deteriorating | | | | |
| C. | Demonstrates how to act in an emergency and to administer essential life-saving intervention | | | | |
| Assessment Decision (√or *) | | | Preceptor/Associate Preceptor Signature | Date comp | leted |
| PASS | | | | | |
| FAIL | | | | | |

DOMAIN 3: NURSING KNOWLEDGE AND COGNITIVE COMPETENCE

Criteria related to application of knowledge and understanding of the health continuum and of principles from health and life sciences underpinning practice

| 1.3.1 Practises from a competent knowledge base | | | | | ✓ or × | |
|---|--|---|---|------------|--------|--|
| a. | Monitors and records the changes in sensory, physical, emotional, behavioural or developmental signs of a person in the practice setting | | | | | |
| b. | Applies knowledge from the health and life sciences to the nursing care needs of a person in the practice setting | | | | | |
| C. | Safely a | afely and accurately carries out medication calculations and management | | | | |
| Asses | Assessment Decision (√or *) | | Preceptor/Associate Preceptor Signature | Date compl | eted | |
| PASS | 3 | | | | | |
| FAIL | | | | | | |

| 1.3.2 | 1.3.2 Uses critical thinking and reflection to inform practice | | | | |
|-------|---|------------------|---|------------|------|
| a. | Sources information relevant to a nursing intervention in the practice setting | | | | |
| b. | Applies knowledge of local policies, procedures and guidelines to an aspect of nursing intervention encountered in the practice setting | | | | |
| C. | Safely and accurately carries out to medication calculations and management | | | | |
| Asses | ssment [| Decision (√or ≭) | Preceptor/Associate Preceptor Signature | Date compl | eted |
| PASS | | | | | |
| FAIL | | | | | |

DOMAIN 4: COMMUNICATION AND INTERPERSONAL COMPETENCE

Criteria related to effective communication and empathic interpersonal skills

| 1.4.1 Communicates in a person-centred manner | | | | | ✓ or × |
|---|--|------------------|---|------------|--------|
| a. | Demonstrates the ability to listen, seek clarification and to carry out instructions safely | | | | |
| b. | Demonstrates respect for service users' rights and choices | | | | |
| C. | Ensures that confidential information is maintained securely according to local health care policy | | | | |
| Asses | ssment [| Decision (√or ×) | Preceptor/Associate Preceptor Signature | Date compl | eted |
| PASS | 5 | | | | |
| FAIL | | | | | |

| 1.4.2 Communicates accurately with the health care team | | | | | ✓ or × |
|---|---|--|---|------------|--------|
| a. | Communicates clearly with other health care team members | | | | |
| b. | Demonstrates safe and effective communication skills, in oral, written and electronic modes | | | | |
| C. | Accurately reports, records and documents clinical observations | | | | |
| Assessment Decision (√or *) | | | Preceptor/Associate Preceptor Signature | Date compl | eted |
| PASS | | | | | |
| FAIL | | | | | |

DOMAIN 5: NURSING MANAGEMENT AND TEAM COMPETENCE

Criteria related to application of management and team working competence

| 1.5.1 Practises in a collaborative manner | | | | | ✓ or × | |
|---|--|---|---|------------|--------|--|
| a. | Interacts with members of the health care and multi professional team in a manner that values their roles and responsibilities | | | | | |
| b. | | Develops a professional relationship by working in partnership with members of the multidisciplinary health care team | | | | |
| Asses | Assessment Decision (√or *) | | Preceptor/Associate Preceptor Signature | Date compl | eted | |
| PASS | | | | | | |
| FAIL | | | | | | |

| 1.5.2 Manages team, others and self safely | | | | | ✓ or × |
|--|---|------------------|---|------------|--------|
| a. | Promotes a safe and therapeutic environment for nursing care | | | | |
| b. | Recognises and responds appropriately to situations that challenge self or others | | | | |
| C. | Recognises risks and hazards associated with nursing interventions and escalates these to Registered Nurse as appropriate | | | | |
| Assessment Decision (√or *) | | Decision (√or ×) | Preceptor/Associate Preceptor Signature | Date compl | eted |
| PASS | | | | | |
| FAIL | | | | | |

DOMAIN 6: LEADERSHIP POTENTIAL AND PROFESSIONAL SCHOLARSHIP COMPETENCES

Criteria related to effective leadership potential and self-awareness under the supervision of a Registered Nurse

| 1.6.1 Develop leadership potential | | | | | ✓ or × |
|--|---|--|-------|--|--------|
| a. Demonstrate the constructive use of feedback supervision and appraisal on the development of self-awareness and competence as a nurse | | | | | |
| Assessment Decision (✓or ✗) Preceptor/Associate Preceptor Signature Date complete | | | leted | | |
| PASS | 5 | | | | |
| FAIL | | | | | |
| | | | | | |
| 1.6.2 Develop professional scholarship | | | | | ✓ or × |
| a. Communicate an example of self-directed learning used to enhance professional performance in practice | | | | | |

| 1.6.2 Develop professional scholarship | | | | | ✓ or × |
|--|---|--|---|-----------|--------|
| a. | Communicate an example of self-directed learning used to enhance professional performance in practice | | | | |
| b. | Communicate with the multidisciplinary team regarding to the plan of nursing care intervention | | | | |
| C. | Identify the use of relevant opportunities for learning in the practice setting | | | | |
| Assessment Decision (√or *) | | | Preceptor/Associate Preceptor Signature | Date comp | leted |
| PASS | | | | | |
| FAIL | | | | | |

NMBI Competency Assessment Document – YEAR ONE: Competency Assessment **Interviews**

Practice Experience 3: Mid Placement Review

| Student's review of progress during pla | cement to date | | |
|--|-------------------------------------|----------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| Preceptor/Associate Preceptor's review | v of student's progress during pla | cement | to date |
| 1 receptor/Associate 1 receptor s review | voi student a progress during pla | Cement | to date |
| | | | |
| | | | |
| | | | |
| | | | |
| Preceptor/Associate Preceptor's summ | ary of student progress during pl | acement | t to date |
| | | | |
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| | | | |
| Please state any actions needed to enhance (if applicable) | ce or maintain student's competency | developr | ment action plan |
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| | | | I |
| Student signature | | Date: | |
| Preceptor/Associate Preceptor signature | | Date: | |
| CPC signature* | | Date: | |
| Academic Link Lecturer signature** | | Date: | |

^{*} CPC signatory required within in one week of interview being conducted
** Academic link Lecturer signature required in the event of a Competency Development Action Plan being implemented

NMBI Competency Assessment Document – YEAR ONE: Competency Assessment Interviews

Practice Experience 3: Final Placement Interview

| Student's review of progress during placement | | | | | | |
|---|-------------------|------------------|----------------------------|--------------------|----------------|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Precentor/Ass | ociate Precentor | r's review | v of student's progr | ess during place | ament | |
| 1 Teceptor/Ass | ociale i receptor | 3 ICVICV | v or student's progr | ess during place | sinent | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Preceptor/Ass | ociate Preceptor | r's summ | nary of student prog | ress during plac | cement | |
| | | | | | | |
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| Please state an | y actions needed | to enhand | ce or maintain studer | nt's competence (i | f applicable) | |
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| | | | 1 | | | |
| Student signat | | | | | | |
| Preceptor/Associate Preceptor signature | | | | | | |
| CPC signature* | | | | | | |
| Academic link | Lecturer signatu | ıre** | | | | |
| Placement Re | esult (√or ×) | Precep Signat | otor/Associate Pre ture | eceptor | Date completed | |
| PASS | | | | | | |
| FAIL | | | | | | |

^{*} CPC signatory required within in one week of interview being conducted

^{**} Academic link Lecturer signature required in the event of a Competency Development Action Plan being implemented

NMBI Competency Assessment Document – YEAR ONE: Competency Development Action Plan

Practice Experience 3: Competency Development Action Plan (if required)

| Date | | |
|--|--|--|
| Name of Preceptor | | |
| Name of Associate Preceptor | | |
| Name of Clinical Placement Coordinator | | |
| Name of Clinical Nurse Manager | | |
| Name of Academic Link Lecturer for Placement | | |
| Learning plan agreed between Student and Preceptor/Associate Preceptor for Placement: Specify goals, activities proposed and date(s) for review | | |
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| Student signature | Date: |
|---|-------|
| Preceptor/Associate Preceptor signature | Date: |
| CPC signature | Date: |
| Academic Link Lecturer signature | Date: |
| Academie Link Lecturer signature | Date. |
| Proposed date for mid placement review | |
| Proposed date for final interview | |
| | |