The University of Western Australia
School of Population Health
Master of Nursing Science (entry-to-practice)

PRECEPTOR GUIDE
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Preface
This guide has been developed to provide information to Registered Nurse Preceptors who may precept UWA Master of Nursing Science (entry-to-practice) students during their clinical placements. The guide provides information on the UWA nursing course, nursing student skill level, clinical performance appraisal requirements & university support contacts available for Preceptors and nursing students. The University of Western Australia would like to thank the Registered Nurses acting as Preceptors, for their valued contribution to the professional development of the UWA Master of Nursing Science students as future novice registered nurses.

Master of Nursing Science (entry to practice) course overview
The Master of Nursing Science (entry-to-practice) course is a two calendar year graduate-entry Master’s degree, leading to eligibility to register with the Nurses & Midwives Board of Australia. The course is designed for those who have a bachelor’s degree in any area, who wish to undertake further education to become a registered nurse. The course is accredited by the Australian Nursing & Midwifery Accreditation Council (ANMAC).

This course has been developed in partnership with Sir Charles Gardiner Hospital (SCGH) and adopts a dedicated primary clinical placement model, whereby students will undertake the majority of their adult placements at SCGH. This allows students to undertake continuous clinical learning in a supported environment without the stress and interruption of having multiple clinical environments to become oriented to, thus reducing stress and promoting sound clinical learning. The clinical placements commence in the first semester of study providing early exposure and learning in the clinical environment and the opportunity to link theory to practice. Mental health placements are undertaken at SCGH and Graylands Hospital; and paediatric placements are undertaken at Princess Margaret Hospital (PMH).

The clinical learning of students on clinical placement will be supported by Preceptors (RNs) and a UWA clinical support person (Practitioner Scholar at SCGH/Graylands and a Clinical Supervisor at PMH). Clinical learning is supported by student preparation in Clinical Nursing Skills units where students will learn and practice basic to advanced clinical nursing skills in a simulated clinical environment. The theoretical course content includes the scientific basis of nursing, the human context of nursing, the public health context of nursing, the profession of nursing & the evidence base of nursing.

Preceptors
As part of the UWA preceptoship model, students will be supervised on a 1:1 basis by a dedicated Preceptor or team of Preceptors. Preceptors will be experienced competent registered nurses nominated from within the clinical placement settings to provide students with support, teaching and sharing of clinical expertise. Preceptors will also be responsible for facilitating achievement of student learning objectives, implementing strategies for identified knowledge or skill deficits and contributing to the student’s Clinical Performance Appraisal Tool (CPAT).

UWA clinical support team
There will be a UWA contact person available at all times while students are on clinical placement. The first line support for Preceptors & students during clinical placement is the Practitioner Scholar/Clinical Supervisor (see key contact details on page 6). Other clinical support contact will be available outside of business hours or in the event the Practitioner Scholar/Clinical Supervisor is not contactable. These contacts will be responsible for supporting the Preceptor in their role and supporting nursing students within the clinical setting.
Introduction to Nursing Practice Units

Students in the Master of Nursing Science course will complete a total of 896 clinical placement hours. These clinical placement hours are spread across 7 units. Student assessment on clinical placement is undertaken by completion of a Clinical Performance Appraisal Tool (CPAT). A summary of the clinical placement focus & structure of each unit can be found below:

NURS5821 Nursing Practice 1
The focus of the clinical placement component of this unit is the integration of the principles of health assessment (incorporating interviewing and physical assessment), clinical decision-making and basic nursing interventions. The clinical placement consists of a 10 day placement in a medical or surgical clinical setting undertaken over a two week period. Students will work alongside a Preceptor who will complete the CPAT, & will be supported by a Practitioner Scholar.

NURS5822 Nursing Practice 2
The focus of the clinical placement component of this unit is the integration of the principles of medical/surgical nursing, clinical decision-making and more complex nursing interventions. The clinical placement consists of a 10 day placement on a medical or surgical ward undertaken over a two week period. Students will work alongside a Preceptor who will complete the CPAT, & will be supported by a Practitioner Scholar. Students should be able to provide therapeutic interventions & appropriately manage the care of 1-3 patients under the supervision & guidance of their Preceptor.

NURS5817 Maternal & Child Health Nursing
The focus of the clinical placement component of this unit is for students to enhance their knowledge in the area of child health and paediatric nursing, based on a family-centred approach to child health promotion. Students will explore the impact of illness on children incorporating home and hospital care; demonstrate assessment of the paediatric patients and identification of abnormal signs and symptoms of common paediatric conditions. The clinical placement consists of two clinical placement experiences:

- 5 day placement in a community setting (e.g. child health clinic) undertaken over several weeks. Students will work alongside a Preceptor who will complete the CPAT, & the university support contact will be the Unit Coordinator.
- 10 day placement at Princess Margaret Hospital undertaken over a two week period. Students will work alongside multiple Preceptors (usually Registered Nurses), & will be supported by a Clinical Supervisor who will complete the CPAT.

NURS5818 Mental Health Nursing
The focus of the clinical placement component of this unit is the integration of the principles of mental health nursing and clinical decision making. Students should be able to incorporate the collection of health assessment data and adjust care accordingly for 1-2 patients. The clinical placement consists of two clinical placement experiences:

- 5 day placement in a community setting undertaken over several weeks. Students will work alongside a Preceptor who will complete the CPAT, & the university support contact will be the Unit Coordinator.
- 10 day placement at an inpatient mental health facility undertaken over a two week period. Students will work alongside a Preceptor who will complete the CPAT, & will be supported by a Practitioner Scholar.
NURS5823 Nursing Practice 3
The focus of the clinical placement component of this unit is the integration of the principles for holistic nursing, clinical decision making and more complex and advanced nursing interventions applied within a critical care or other specialty setting. The clinical placement consists of a 10 day placement in a specialty area (such as intensive care unit, emergency department, and high dependency units) undertaken over a two week period. Students will work alongside a Preceptor or several Preceptors, & will be supported by a Practitioner Scholar.

NURS5820 Clinical Nursing Practicum
The focus of the clinical placement component of this unit is to consolidate & further build the student’s clinical experience of the assessment and management of patients experiencing health problems. The clinical placement consists of two clinical placement experiences:

- Interprofessional Practice clinical placement rotations. Each rotation comprises of 4 days per week for two weeks. Students will work alongside multiple Preceptors & will be supported by a Nurse Educator & Interprofessional Education Facilitators who will complete the CPAT.
- A four week clinical placement within a setting of the student’s choice where possible. Students will work alongside a Preceptor who will complete the CPAT, & will be supported by a Practitioner Scholar. The student should be able to provide therapeutic interventions & appropriately manage the care of a full patient load (dependent upon the setting) independently with minimal supervision & guidance from their Preceptor.

RMED5816 Rural Health Nursing
The focus of the clinical placement component of this unit is to enable students to develop an understanding of rural socio-cultural issues; rural and indigenous health service roles; and the promotion, maintenance and restoration of health and well-being in rural and remote communities. The clinical placement consists of a three week placement in a rural setting. Students may practice in inpatient or community settings, or both. Students will work alongside a Preceptor or Preceptors who will complete the CPAT, & will be supported by the Unit Coordinator through the Combined Universities Centre for Rural Health (CUCRH).
# Key contacts

<table>
<thead>
<tr>
<th>UWA clinical support person</th>
<th>Contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SCGH</strong></td>
<td>Practitioner Scholar</td>
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<tr>
<td><strong>Graylands</strong></td>
<td>Practitioner Scholar</td>
</tr>
<tr>
<td><strong>PMH</strong></td>
<td>Clinical Supervisor</td>
</tr>
<tr>
<td><strong>Bethesda</strong></td>
<td>Practitioner Scholar</td>
</tr>
</tbody>
</table>

**After business hours or when UWA clinical support person is not contactable**

- Mobile: 0410 812 553

<table>
<thead>
<tr>
<th>Course Coordinator</th>
<th>Helene Metcalfe</th>
<th>Phone: 6448 7372</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><a href="mailto:helene.metcalfe@uwa.edu.au">helene.metcalfe@uwa.edu.au</a></td>
<td></td>
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</tbody>
</table>
The Preceptorship model

A Preceptor is a competent registered nurse who teaches, counsels, inspires, serves as a role model and supports professional growth of the novice nursing student.

As part of the UWA clinical placement model students will be supervised on a 1:1 basis by a dedicated preceptor or team of preceptors.

Preceptors will be responsible for the following:

- providing students with a ward/unit orientation;
- supporting, teaching and sharing of clinical expertise;
- facilitating achievement of student clinical learning objectives, and implementing strategies for identified knowledge or skill deficits;
- contributing to the student’s clinical performance appraisal tool (CPAT).


Figure 1: The multifaceted role of the Preceptor

The Preceptor will work with the student to facilitate the achievement of clinical learning objectives and psychomotor skill development. Establishing a positive relationship with the student within a climate of experiential learning will best facilitate the student’s professional development.

Preceptors should have an understanding of the principles of adult learning:

- Learning is an individual experience;
- Adults learn in different ways, through different preferred mediums (e.g. visual, practical, theoretical);
- The learning experience should make sense to the student;
- Learning occurs best in situations that tolerate differences and are characterised by trust and respect.
Students will learn through observation of their Preceptor’s practice, discussion and analysis of clinical situations with the multidisciplinary team, and assisting the Preceptor to undertake patient care procedures. **Students must practice under the direction of a Registered Nurse.** Students are only permitted to practice skills they have undertaken the theoretical & practical learning within the Clinical Nursing Skills and Nursing Practice units. Students are responsible for informing the Preceptor of their practice limitations. It is the student’s responsibility to check the hospital/health service policies and procedures prior to undertaking specific care activities.
Clinical performance appraisal of the nursing student

Students will be assessed utilising the Clinical Performance Appraisal Tool (CPAT). The framework of the CPAT uses the Australian Nursing & Midwifery Council (ANMC) National Competency Standards for the Registered Nurse. The tool is also informed by the Code of Professional Conduct for Nurses in Australia, and the Code of Ethics for Nurses in Australia. All three documents are available at http://www.nursingmidwiferyboard.gov.au/Codes-and-Guidelines.aspx

Aims of the CPAT
1. Evaluate the extent to which the student’s performance meets the expected clinical standard;
2. Encourage structured student reflection on clinical practice;
3. Facilitate communication between the student, academic staff and clinical staff in order to provide structured feedback & evaluation of student’s clinical performance.

The Preceptor will base their appraisal on direct observation of student performance and discussion with the student, other clinical staff having contact with the student, and university clinical support staff having contact with the student. Feedback may also be obtained from patients and significant others for whom the student has provided care.

The Unit Coordinator is to be notified if the Preceptor/Practitioner Scholar experiences any concerns regarding the clinical performance appraisal of a student. If the Preceptor/Practitioner Scholar identifies any unprofessional or unsafe student practice or have any concerns about the student’s progress at any time throughout the clinical placement, they should complete the ‘Student Development Report’ on the last page of the CPAT document, and contact the Unit Coordinator.

The rating scale, as illustrated in the table below, will be used to indicate the level of clinical performance achieved by the student. Competency standards are described within four domains. A rating is to be applied to each competency element based on the student’s achievement of the performance criteria.

<table>
<thead>
<tr>
<th>SCALE</th>
<th>PROFESSIONAL STANDARD</th>
<th>QUALITY OF PERFORMANCE</th>
<th>ASSISTANCE REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competent (C) (=Independent)</td>
<td>• Safe and Accurate&lt;br&gt;• Consistently achieves the intended purpose&lt;br&gt;• Consistently performs in an appropriate manner</td>
<td>• Proficient, coordinated, confident&lt;br&gt;• Efficient use of resources and energy&lt;br&gt;• Performs within an excellent time period</td>
<td>• Without supporting cues</td>
</tr>
<tr>
<td>Competent with Supervision (CS)</td>
<td>• Safe and Accurate&lt;br&gt;• Consistently achieves the intended purpose&lt;br&gt;• Consistently performs in an appropriate manner</td>
<td>• Efficient, coordinated confident&lt;br&gt;• Moderately excessive expenditure of energy&lt;br&gt;• Performs within a reasonable time period</td>
<td>• Occasional supportive cues</td>
</tr>
<tr>
<td>Dependent (D) (Requires Development)</td>
<td>• Unsafe&lt;br&gt;• Unable to demonstrate intended behaviour</td>
<td>• Unable to demonstrate procedure or behaviour&lt;br&gt;• Lacks confidence, coordination</td>
<td>• Requires procedure to be completed by Preceptor/Practitioner Scholar</td>
</tr>
</tbody>
</table>

Adapted from Bondy (1983)
The clinical performance appraisal is to be completed by the end of clinical placement. **Students who achieve a D rating (requires development) in the clinical performance appraisal will be deemed to have failed the clinical placement.**

**Student responsibilities of clinical performance appraisal**

- Develop clinical learning objectives prior to the commencement of each clinical placement;
- Ensuring their Preceptor reviews the CPAT document and is familiar with the student's level of practice;
- Seeking regular feedback and/or clarification from their Preceptor/University contact person (Practitioner Scholar/Clinical Supervisor) regarding clinical performance, in an appropriate and timely manner.
- Sourcing assessor evidence entries of skills, attributes and activities undertaken from the Preceptor/s as evidence of clinical performance;
- Documenting evidence of care delivered and linking to examples to relevant ANMC competency elements;
- Arranging a suitable time with the Preceptor for the completion of the CPAT, including verbal discussion of the appraisal;

A sample of a completed CPAT can be found in appendices of this Clinical Placement Guide.
Australian Nursing & Midwifery Accreditation Council’s Nursing Practice Decisions Guide

NURSING PRACTICE DECISIONS SUMMARY GUIDE

1. Identify client need/benefit
   - Has there been a comprehensive assessment by a registered nurse to establish the client's needs or their need for improved access to care?
   - Has there been appropriate consultation with the client/family/significant others?
   - Is the activity in the client's best interests?

   Yes to all

2. Reflect on scope of practice and nursing practice standards
   - Is this activity within the current, contemporary scope of nursing practice?
   - Have legislative requirements (e.g., specific qualification needed) been met?
   - If authorisation by a regulatory authority is needed to perform the activity, does the person have it or can it be obtained before the activity is performed?
   - Will performance comply with nursing practice standards/evidence?
   - If other health professionals should assist, supervise or perform the activity, are they available?

   Yes to all

3. Consider context of practice/organisational support
   - Is this activity/practice supported by the organisation?
   - If organisational authorisation is needed, does the person have it or can it be obtained before performing the activity?
   - Is the skill mix in the organisation adequate for the level of support/supervision needed to safely perform the activity?
   - Have potential risks been identified and strategies to avoid or minimise them been identified and implemented?
   - Is there a system for ongoing education and maintenance of competence in place?
   - If this is a new practice:
     - Are there processes in place for maintaining performance into the future?
     - Have relevant parties been involved in planning for implementation?

   Yes to all

4. Select appropriate, competent person to perform the activity
   - Have the roles and responsibilities of registered and enrolled nurses and non-nurses been considered?
   - Does the person who is to perform the activity have the knowledge, skill, authority and ability (capacity) to do so either autonomously or with education, support and supervision?
   - Is the required level of education, supervision/support available?
   - Have all factors associated with delegation been considered?
   - Is the person confident and do they understand their accountability and responsibilities in performing the activity?

   Yes to all

YES TO ALL

ACTION

- Proceed to:
  - perform the activity OR
  - delegate to a competent person
  - document the decision and the actions

NO TO ANY

ACTION

- Consult seek advice (e.g., NUM, DON other health professional) OR
- Refer/collaborate OR
- Plan to enable integration/practice change if appropriate (including developing/implementing policies, gaining qualifications as needed)

EVALUATE

Document and evaluate and, if change still desired, commence process again
Australian Nursing & Midwifery Accreditation Council’s Nursing Practice Decisions Guide aims to guide clinical decision making that demonstrates accountability in your role as a registered nurse. Education, experience and competent practice are the foundations of safe clinical practice. The Nursing Practice Decisions Guide provides structure for consideration of these aspects within a risk management framework.

The clinical placements offered to the nursing students aim to develop their education, experience and practice competency. As a Registered Nurse would apply this algorithm to their own practice, the nursing students are educated to consider the application of the Nursing Practice Decisions Guide to their beginning practice. In turn, the Preceptor working with the nursing student should consider the application of the Nursing Practice Decisions Guide when supervising and/or delegating patient care to the nursing student.

The Preceptor must ask:
- Has the student undertaken sufficient education and preparation to perform this activity?
- Am I confident the student is able to achieve a beneficial outcome for the patient?
- Have the student and I considered any potential hazards and developed strategies to avoid them?
- Have I considered the consequences of my decision to allow the student to proceed?

If the answer to any of these questions is NO; the Preceptor should discuss this with the student, work with the student to develop strategies to overcome these practice barriers, and consult the UWA clinical support team as required.

When delegating care procedures to the nursing student in the clinical placement setting, the Preceptor must consider the relevant education, experience and competence of the individual student. The Preceptor should also refer to the clinical skills list on the following page and confirm with the student that they have undertaken the theoretical and clinical skills laboratory practice of the skill in question.

Nursing student clinical skills list

Students are only permitted to practice skills they have undertaken the theoretical & practical learning within the Clinical Nursing Skills and Nursing Practice units. It is the student’s responsibility to check the hospital/health service policies and procedures prior to undertaking specific care activities. The following table details the clinical skills that students are able to participate in at differing stages of their course progression. This list is not exhaustive. Any queries should be directed to the Unit Coordinator.

<table>
<thead>
<tr>
<th>Clinical skill</th>
<th>NURS 5821</th>
<th>NURS 5822</th>
<th>NURS 5817</th>
<th>NURS 5818</th>
<th>NURS 5823</th>
<th>NURS 5820</th>
<th>RMED 5816</th>
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</thead>
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<tr>
<td><strong>PATIENT ASSESSMENT</strong></td>
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<td>Physical assessment</td>
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<td>✓</td>
<td>✓</td>
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<tr>
<td>Vital sign assessment (T, P, R, BP, oxygen saturation)</td>
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<tr>
<td>Full neurological observations (FNO)</td>
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<td>Neurovascular observations (NVO)</td>
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<td>Pain assessment &amp; management</td>
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<tr>
<td>Patient care analgesia monitoring (vital sign assessment only)</td>
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<tr>
<td>Epidural monitoring (vital sign, dermatome &amp; bromage assessment only)</td>
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<tr>
<td>Pre &amp; post procedural care</td>
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<td>Care of an arterial line</td>
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<td><strong>ACTIVITIES OF DAILY LIVING</strong></td>
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<td>Assisting patients to reposition &amp; mobilise</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>Assisting patients with hygiene (bed making, bath, shower, oral care, grooming, toileting)</td>
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<td>Application &amp; removal of anti-embolism stockings</td>
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<td>Routine documentation (e.g. fluid balance chart, vital signs chart, BGL record, admission/discharge documentation, assessment documentation)</td>
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<tr>
<td>Provide handover</td>
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<tr>
<td>Care plan development &amp; revision</td>
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<td>✓</td>
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<td>Quality improvement activities (including clinical audits)</td>
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<tr>
<td>Clinical skill</td>
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<td><strong>NUTRITION &amp; HYDRATION</strong></td>
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<td>Oral feeding (excluding dysphagic patents)</td>
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<td>✓</td>
<td>✓</td>
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<td>Oral feeding of a dysphagic patient</td>
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<td>Nasogastric tube insertion &amp; management</td>
<td>✓</td>
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<tr>
<td>Enteral feeding &amp; tube management</td>
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<tr>
<td>Intravenous hydration therapy</td>
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<td>✓</td>
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<tr>
<td>Management of central venous catheters (CVC/PICC)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Blood transfusion</td>
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<td>✓</td>
<td>✓</td>
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<tr>
<td>Infant feeding</td>
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<tr>
<td><strong>ELIMINATION</strong></td>
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<tr>
<td>Specimen collection (fecal, urine, sputum)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Urinalysis</td>
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<td>✓</td>
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<tr>
<td>Bladder scanning</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
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<tr>
<td>Insertion &amp; management of intermittent or in-dwelling catheter</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Application &amp; management of a uridome</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Bladder wash-out</td>
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<td>✓</td>
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<tr>
<td>Drainage of colostomy/ileostomy</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Stoma care</td>
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<tr>
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<tr>
<td>Simple wound dressing</td>
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<td>✓</td>
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<tr>
<td>Complex wound dressing (includes wound debridement, packing wounds, stump bandaging)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
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<tr>
<td>Removal of sutures &amp; staples</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
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<tr>
<td>Management &amp; removal of wound drains</td>
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<td>✓</td>
<td>✓</td>
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<tr>
<td>Clinical skill</td>
<td>NURS 5821</td>
<td>NURS 5822</td>
<td>NURS 5817</td>
<td>NURS 5818</td>
<td>NURS 5823</td>
<td>NURS 5820</td>
<td>RMED 5816</td>
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<tr>
<td>MEDICATION MANAGEMENT</td>
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<tr>
<td>Administration of oral medications (excluding S8 medications)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
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<tr>
<td>Administration of topical, inhalant, rectal, vaginal, subcutaneous, intramuscular and intravenous medications (excluding immunisations or S8 medications)</td>
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<tr>
<td>Administering oxygen therapy via nasal cannula or mask</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Students can perform checking processes for S8 medications including being a checker signatory on the S8 register (students are not permitted to administer S8 medications)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>RESPIRATORY</td>
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<tr>
<td>Monitoring oxygen therapy via nasal cannula or mask</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Insertion &amp; suctioning of oral &amp; nasal airways</td>
<td>✓</td>
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<tr>
<td>Apnea Monitor</td>
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<td>✓</td>
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<tr>
<td>Management &amp; removal of intercostals catheters (ICC)</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
<td>✓</td>
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</tr>
<tr>
<td>Tracheostomy care &amp; suctioning</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Caring for a patient with non-invasive positive pressure ventilation</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>OTHER</td>
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</tr>
<tr>
<td>Handwashing</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Admission of a patient</td>
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<td>✓</td>
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<tr>
<td>Discharge of a patient</td>
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<td>✓</td>
<td>✓</td>
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<tr>
<td>Standard &amp; additional precautions</td>
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<td>✓</td>
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</tr>
<tr>
<td>Patient education</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
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<tr>
<td>Care of the deceased patient</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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</tr>
<tr>
<td>Surgical scrub, gloving &amp; gowning</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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</tr>
</tbody>
</table>

Note:
- Students are permitted to be a second signatory (checker) on a fluid order chart and additive labels.
- Students are NOT permitted to be a second checker of a telephone medication order.
- Students are NOT permitted to administer schedule 8 medications.
- Please note some hospital policies do not permit students to document in the schedule 8 register. It is the student’s responsibility to check each hospital policy.
Clinical placement processes

Attendance requirements
Students are required to have **100% attendance** for all clinical placements. The Australian Nursing & Midwifery Accreditation Council (ANMAC) requires the University to keep records of each student’s clinical placement hours throughout the course. If the nursing student is absent for any reason during a clinical placement they will need to notify the allocated ward and the University contact person (Practitioner Scholar/Clinical Supervisor/Unit Coordinator). All non attendance as a result of illness requires a medical certificate. The days missed due to illness may need to be made up should the student not have sufficient time on their clinical placement to demonstrate achievement of the required clinical competencies. Any make-up time required will be arranged by the University.

Injury or exposure while on clinical placement
Students who become injured or exposed to possible infection while on clinical placement need to inform the University contact person (Practitioner Scholar/Clinical Supervisor/Unit Coordinator). Students will need to complete the hospital’s *Accident/Incident Report Form* and the UWA injury/incident/near miss report form or sharps/body fluids exposure form available at [http://www.safety.uwa.edu.au/incidents-injuries-emergency/notification](http://www.safety.uwa.edu.au/incidents-injuries-emergency/notification)
References


Nursing & Midwives Board of Western Australia. Guidelines for Preceptor and Preceptorship in Western Australian Nursing/midwifery. Perth: NMBWA; 2009.

## National Competency Standards for the Registered Nurse

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<th>Domains</th>
<th>National Competency Standards</th>
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### Introduction

The Australian Nursing and Midwifery Council (ANMC) is a peak national nursing and midwifery organisation established in 1992 with the purpose of developing a national approach to nursing and midwifery regulation. The ANMC works in conjunction with the state and territory nursing and midwifery regulatory authorities (NMRA) to produce national standards which are an integral component of the regulatory framework to assist nurses and midwives to deliver safe and competent care.

The standards include the national competency standards for registered nurses which were first adopted by the ANMC in the early 1990s. These have been reviewed and revised regularly since then. Other standards developed by the ANMC for implementation by the NMRA include the competency standards for enrolled nurses, midwives and nurse practitioners, codes of professional conduct and ethics, and a range of position statements and guidelines. The full list of standards, position papers and guidelines produced by the ANMC can be viewed on the website.

In 2004/2005 the ANMC undertook a review of the national competency standards for the registered nurse to ensure that they remain contemporary and congruent with the legislative requirements of the NMRA. This review, which was undertaken by a team of expert nursing consultants, included extensive consultation with nurses around Australia. The resulting standards, whilst different in some areas from the previous competency standards, remain broad and principle based so that they are sufficiently dynamic for practicing nurses and the NMRA to use as a benchmark to assess competence to practice in a range of settings.

### What are the standards used for?

The national competency standards for the registered nurse are the core competency standards by which your performance is assessed to obtain and retain your licence to practice as a registered nurse in Australia.

As a registered nurse, these core competency standards provide you with the framework for assessing your competence, and are used by your state/territory NMRA to assess competence as part of the annual renewal of licence process, to assess nurses educated overseas seeking to work in Australia, and to assess nurses returning to work after breaks in service. They are also used to assess nurses involved in professional conduct matters. The NMRA may also apply the competency standards in order to communicate to consumers the standards that they can expect from nurses.

Universities also use the standards when developing nursing curricula, and to assess student and new graduate performance.

These are YOUR standards — developed using the best possible evidence, and using information and feedback provided by nurses in a variety of settings. Included are the principles of assessment which will assist you in understanding how these standards may be used to assess performance. We believe you will find them easy to understand and user friendly.

ANMC would like to thank nurses throughout Australia for their willing input to the development of these standards.

### Description of the registered nurse on entry to practice

The registered nurse demonstrates competence in the provision of nursing care as specified by the registering authority's licence to practice, educational preparation, relevant legislation, standards and codes, and context of care. The registered nurse practices independently and interdependently assuming accountability and responsibility for their own actions and delegation of care to enrolled nurses and health care workers. Delegation takes into consideration the education and training of enrolled nurses and health care workers and the context of care.

The registered nurse provides evidence-based nursing care to people of all ages and cultural groups, including individuals, families and communities. The role of the registered nurse includes promotion and maintenance of health, and prevention of illness for individual/s with physical or mental illness, disabilities and/or rehabilitation needs, as well as alleviation of pain and suffering of the end stage of life.

The registered nurse assesses, plans, implements and evaluates nursing care in collaboration with individual/s and the multidisciplinary health care team so as to achieve goals and health outcomes. The registered nurse recognises
that ethnicity, culture, gender, spiritual values, sexuality, age, disability and economic and social factors have an impact on an individual’s responses to, and beliefs about, health and illness, and plans and modifies nursing care appropriately.

The registered nurse provides care in a range of settings that may include acute, community, residential and extended care settings, homes, educational institutions or other work settings and modifies practice according to the model/s of care delivery.

The registered nurse takes a leadership role in the coordination of nursing and health care within and across different care settings to facilitate optimal health outcomes. This includes appropriate referral to, and consultation with, other relevant health professionals, services providers, and community and support services.

The registered nurse contributes to quality health care through lifelong learning and professional development of herself/himself and others, research data generation, clinical supervision and development of policy and clinical practice guidelines. The registered nurse develops their professional practice in accordance with the health needs of the population/society and changing patterns of disease and illness.

Domains

The competencies which make up the ANMC National Competency Standards for the Registered Nurses are organised into domains.

Professional Practice

This relates to the professional, legal and ethical responsibilities which require demonstration of a satisfactory knowledge base, accountability for practice, functioning in accordance with legislation affecting nursing and health care, and the protection of individual and group rights.

Critical Thinking and Analysis

This relates to self-appraisal, professional development, and the value of evidence and research for practice. Reflecting on practice, feelings and beliefs and the consequences of those for individuals/groups is an important professional benchmark.

 Provision and Coordination of Care

This domain relates to the coordination, organisation and provision of nursing care that includes the assessment of individuals/groups, planning, implementation and evaluation of care.

Collaborative and Therapeutic Practice

This relates to establishing, sustaining and concluding professional relationships with individuals/groups. This also contains those competencies that relate to the nurses understanding their contribution to the interdisciplinary health care team.

National Competency Standards for the Registered Nurse

PROFESSIONAL PRACTICE

Relates to the professional, legal and ethical responsibilities which require demonstration of a satisfactory knowledge base, accountability for practice, functioning in accordance with legislation affecting nursing and health care, and the protection of individual and group rights.

1. Practises in accordance with legislation affecting nursing practice and health care

1.1 Complies with relevant legislation and common law

- identifies legislation governing nursing practice
- describes nursing practice within the requirements of common law
- describes and adheres to legal requirements for medications
- identifies legal implications of nursing interventions
- actions demonstrate awareness of legal implications of nursing practice
- identifies and explains effects of legislation on the care of individuals/groups
- identifies and explains effects of legislation in the area of health
- identifies unprofessional practice as it relates to confidentiality and privacy legislation

1.2 Fulfils the duty of care

- performs nursing interventions in accordance with recognized standards of practice
- identifies responsibility for aspects of care with other members of the health team
- recognizes the responsibility to prevent harm
- performs nursing interventions following comprehensive and accurate assessments

1.3 Recognises and responds appropriately to unsafe or unprofessional practice

- identifies interventions which prevent care being compromised and/or law contravened
- identifies appropriate action to be taken in specified circumstances
- identifies and explains alternative strategies for intervention and their likely outcomes
- identifies behaviour that is detrimental to achieving optimal care
- follows up incidents of unsafe practice to prevent re-occurrence

2. Practises within a professional and ethical nursing framework

2.1 Practises in accordance with the nursing profession’s codes of ethics and conduct

- adopts individual/group regardless of race, culture, religion, age, gender, sexual preference, physical or mental status
- ensures that personal values and attitudes are not imposed on others
2.2 Integrates organisational policies and guidelines with professional standards
- maintains current knowledge of and incorporates relevant professional standards into practice
- assesses professional competency in the context of organisational policies and guidelines
- demonstrates awareness and understanding of developments in nursing that have an impact on the individual's capacity to practice nursing
- considers individual and group needs and values in relation to being fit for practice

2.3 Practises in a way that acknowledges the dignity, culture, values, beliefs and rights of individuals/groups
- demonstrates respect for individual/group common and cultural values
- identifies and adheres to strategies to promote and protect individual/group rights
- considers individual/group preferences when providing care
- clarifies individual/group requests to change and/or refuse care
- involves family members, other care providers, or cultural advisors in the decision-making process
- protects the rights of individuals and groups and facilitates informed decisions
- identifies and explains policies/practices which infringe on the rights of individuals or groups
- clarifies policies, procedures and guidelines when rights of individuals or groups are compromised
- recommends changes to policies, procedures and guidelines when rights are compromised

2.5 Understands and practices within own scope of practice
- assesses clinical situations and makes decisions in a manner consistent with the individual's capacity to practice nursing
- considers individual and group needs and values in relation to being fit for practice
- maintains current knowledge of and incorporates relevant professional standards into practice
- assesses the consequences of various outcomes of decision making
- consults relevant members of the health care team when required
- questions and/or clarifies interventions which appear inappropriate with relevant members of the health care team

2.6 Integrates nursing and health care knowledge, skills and attitudes to provide safe and effective nursing care
- maintains a current knowledge base
- considers ethical responsibilities in all aspects of practice
- ensures privacy and confidentiality when providing care
- clarifies individual/group requests to change and/or refuse care
- involves family members, other care providers, or cultural advisors in the decision-making process
- protects the rights of individuals and groups and facilitates informed decisions
- identifies and explains policies/practices which infringe on the rights of individuals or groups
- clarifies policies, procedures and guidelines when rights of individuals or groups are compromised
- recommends changes to policies, procedures and guidelines when rights are compromised

2.7 Recognises the differences in accountability and responsibility between Registered Nurses, Enrolled Nurses and unlicensed care workers
- understands the requirements of statutory and professionally regulated practice
- understands the requirements for delegation and supervision of practice
- recognises the importance of non-judgmental attitude when providing care
- discusses issues related to inappropriate delegation with relevant organisational or regulatory personnel
- maintains a current knowledge base
- considers ethical responsibilities in all aspects of practice
- ensures privacy and confidentiality when providing care
- clarifies individual/group requests to change and/or refuse care
- involves family members, other care providers, or cultural advisors in the decision-making process
- protects the rights of individuals and groups and facilitates informed decisions
- identifies and explains policies/practices which infringe on the rights of individuals or groups
- clarifies policies, procedures and guidelines when rights of individuals or groups are compromised
- recommends changes to policies, procedures and guidelines when rights are compromised

2.4 Advocates for individuals/groups and their rights for nursing and other health care within organisational and management structures
- identifies when resources are insufficient to meet care needs of individuals/groups
- communicates with senior colleagues to meet care needs of individuals/groups to management
CRITICAL THINKING AND ANALYSIS
Relates to self-appraisal, professional development and the value of evidence and research for practice. Reflecting on practice, feelings and beliefs and the consequences of these for individuals/groups is an important professional benchmark.

3 Practises within an evidence-based framework

3.1 Identifies the relevance of research to improving individual/group health outcomes
- identifies problems/issues in nursing practice which may be investigated through research
- considers potential for improvement in reviewing the outcomes of nursing activities and individual/group care
- discusses implications of research with colleagues
- participates in research
- demonstrates awareness of current research in own field of practice.

3.2 Uses best available evidence, nursing expertise and respect for the values and beliefs of individuals/groups in the provision of nursing care
- uses relevant literature and research findings to improve current practice
- participates in review of policies, procedures and guidelines based on relevant research
- identifies and disseminates relevant changes in practice or new information to colleagues
- recognises that judgements and decisions are aspects of nursing care
- recognises that nursing expertise varies with education, experience and context of practice.

3.3 Demonstrates analytical skills in accessing and evaluating health information and research evidence
- demonstrates understanding of the registered nurse role in contributing to nursing research
- undertakes critical analysis of research findings in considering their application to practice
- maintains accurate documentation of information which could be used in nursing research
- classroom when resources are not understood or their application is questionable.

3.4 Supports and contributes to nursing and health care research
- participates in research
- identifies problems suitable for research

3.5 Participates in quality improvement activities
- recognises that quality improvement involves ongoing consideration, use and review of practice in relation to practice outcomes, standards and guidelines and new developments
- seeks feedback from a wide range of sources to improve the quality of nursing care
- participates in case review activities
- participates in clinical audits

4. Participates in ongoing professional development of self and others

4.1 Uses best available evidence, standards and guidelines to evaluate nursing performance
- undertakes regular self-evaluation of own nursing practice
- seeks and considers feedback from colleagues about own practice
- critically reflects on own nursing practice
- participates actively in performance review processes

4.2 Participates in professional development to enhance nursing practice
- reflects on own practice to identify professional development needs
- seeks additional knowledge and/or information when presented with unfamiliar situations
- seeks support from colleagues in identifying learning needs
- participates actively in ongoing professional development
- maintains records of involvement in professional development which includes both formal and informal activities.

4.3 Contributes to the professional development of others
- demonstrates an increasing responsibility to share knowledge with colleagues
- supports health care students to meet their learning objectives in cooperation with other members of the health care team
- facilitates mutual sharing of knowledge and experience with colleagues relating to individual/group/unit problems
- contributes to orientation and ongoing education programs
- acts as a role model to other members of the health care team
- participates where possible in preceptorship, coaching and mentoring to assist and develop colleagues
- participates where appropriate in teaching others including students of nursing and other health disciplines, and inexperienced nurses
- contributes to formal and informal professional development.

4.4 Uses appropriate strategies to manage own responses to the professional work environment
- identifies and uses support networks
- shares experiences related to professional issues mutually with colleagues
- uses reflective practice to identify personal needs and seek appropriate support.
PROVISION AND COORDINATION OF CARE

Relates to the coordination, organisation and provision of nursing care that includes the assessment of individuals/groups, planning, implementation and evaluation of care.

5. Conducts a comprehensive and systematic nursing assessment

5.1 Uses an accurate and systematic framework to collect data about the physical, psychological and social health of the individual/group
- assesses and organises assessment in a structured way
- uses all available evidence sources, including individuals/groups, significant others, health care team, records, reports, and own knowledge and experience
- collects data that relates to physiological, psychological, spiritual, socio-economic and cultural variables on an ongoing basis
- understands the role of research-based and other forms of evidence
- confirms data with the individual/group and members of the health care team
- uses appropriate assessment tools and strategies to assess the collection of data
- frames questions in ways that indicate the use of a theoretical framework/structured approach
- ensures practice is sensitive and supportive to cultural issues

5.2 Uses a range of assessment techniques to collect relevant and accurate data
- uses a range of data gathering techniques, including observation, interview, physical examination and measurement in obtaining a nursing history and assessment
- collaboratively identifies actual and potential health problems through accurate interpretation of data
- accurately uses health care technologies in accordance with manufacturer's specifications and organisational policy
- identifies deviations from normal, or improvements in the individual/group's health status
- identifies and incorporates the needs and preferences of individuals/groups in the plan of care

5.3 Analyses and interprets assessment data accurately
- recognises that clinical judgements involve the consideration of conflicting information and evidence
- identifies types and sources of supplementary information for nursing assessment
- describes the role of supplementary information in nursing assessment
- demonstrates knowledge of quantitative and qualitative data to assess individual/group needs

6. Plans nursing care in consultation with individuals/groups, significant others and the interdisciplinary health care team

6.1 Determines agreed priorities for resolving health needs of individuals/groups
- incorporates relevant assessment data in developing a plan for care
- determines priorities for care, based on nursing assessment of an individual/group's needs for intervention, current nursing knowledge and research
- considers individual/group preferences when determining priorities for care

6.2 Identifies expected and agreed individual/group health outcomes including a time frame for achievement
- establishes realistic short and long-term goals that identify the individual/group health outcomes and specify criteria for achievement
- identifies goals that are measurable, achievable, and congruent with values and beliefs of the individual/group and/or significant others
- sets resources to support the achievement of outcomes
- identifies criteria for evaluation of expected outcomes

6.3 Documents a plan of care to achieve expected outcomes
- ensures that plans of care are based on an ongoing analysis of assessment data
- plans care that is consistent with current nursing knowledge and research
- documents plan of care clearly

6.4 Plans for continuity of care to achieve expected outcomes
- collaboratively supports the therapeutic interventions of other health care workers
- identifies information necessary to continuity of the plan of care is maintained and documented
- responds to individual/group or carer's educational needs
- provides or facilitates additional individual/group or carer's resources and aids as required
- identifies and recommends appropriate agencies, government and community resources to ensure continuity of care
- includes necessary contacts and referrals to external agencies
- forwards all information needed for continuity of care when an individual/group is transferred to another facility or discharged

7. Provides comprehensive, safe and effective evidence-based nursing care to achieve identified individual/group health outcomes

7.1 Effectively manages the nursing care of individuals/groups
- uses resources effectively and efficiently in providing care
- performs actions in a manner consistent with relevant nursing principles
- performs procedures confidently and safely
- monitors responses of individuals/groups throughout each intervention and adjusts care accordingly
- provides education and support to assist development and maintenance of independent living skills
7.2 Provides nursing care according to the documented care or treatment plan
- acts consistently with the predetermined plan of care
- uses a range of appropriate strategies to facilitate the individual/group's achievement of short and long term expected goals

7.3 Prioritizes workload based on the individual's/group's needs, acuity and optimal time for intervention
- discriminates priorities for care, based on nursing assessment of an individual/group's needs for intervention, current nursing knowledge and research
- considers the individual/group's preferences when determining priorities for care

7.4 Responds effectively to unexpected or rapidly changing situations
- responds effectively to emergencies
- maintains self-control in the clinical setting and under stress conditions
- implements crisis interventions and emergency routines as necessary
- maintains current knowledge of emergency plans and procedures to maximize effectiveness in crisis situations
- participates in emergency management procedures and drills according to agency policy

7.5 Delegates aspects of care to others according to their competence and scope of practice
- delegates aspects of care according to role, functions, capabilities and learning needs
- monitors aspects of care delegated to others and provides clarification and assistance as required
- recognizes own accountability and responsibilities when delegating aspects of care to others
- delegates to and supervises others consistent with legislation and organizational policy

7.6 Provides effective and timely direction and supervision to ensure that delegated care is provided safely and accurately
- supervises and evaluates nursing care provided by others
- uses a range of direct and indirect techniques such as instructing, coaching, monitoring, and collaborating in the supervision and support of others
- provides support with documentation to nurses being supervised or to whom care has been delegated
- delegates activities consistent with scope of practice/competence

7.7 Educates individuals/groups to promote independence and control over their health
- identifies and documents specific educational requirements and needs of individuals/groups
- undertakes formal and informal educational sessions with individuals/groups as necessary
- identifies appropriate educational resources, including other health professionals

7.8 Uses health care resources effectively and efficiently to promote optimal nursing and health care
- recognizes when nursing resources are insufficient to meet an individual/group's needs
- demonstrates flexibility in providing care where resources are limited
- recognizes the responsibility to report to relevant persons when level of resources risks compromising the quality of care

8. Evaluates progress towards expected individual/group health outcomes in consultation with individuals/groups, significant others and interdisciplinary health care team

8.1 Determines progress of individuals/groups toward planned outcomes
- recognizes when individual/group's progress and expected goals differ and modifies plans and actions accordingly
- discusses progress with the individual/group
- evaluates individual/group responses to interventions
- assesses the effectiveness of the plan of care in achieving planned outcomes

8.2 Revises the plan of care and determines further outcomes in accordance with evaluation data
- revises expected outcomes, nursing interventions and processes with any change in an individual/group's condition, needs or situational variations
- communicates new information and revisions to members of the health care team as required
10. Collaborates with the Interdisciplinary health care team to provide comprehensive nursing care

10.1 Recognises that the membership and roles of health care teams and service providers will vary depending on an individual/group’s needs and health care setting.

10.2 Communicates nursing assessments and decisions to the interdisciplinary health care team and other relevant service providers.

9.4 Assists and supports individuals/groups to make informed health care decisions.

9.5 Facilitates a physical, psychological, cultural and spiritual environment that promotes individual/group safety and security.

9.2 Communicates effectively with individuals/groups to facilitate provision of care.

9.1 Establishes therapeutic relationships that are goal directed and recognises professional boundaries.

ANMC NATIONAL COMPETENCY STANDARDS FOR THE REGISTERED NURSE

COLLABORATIVE AND THERAPEUTIC PRACTICE

Relates to establishing, sustaining and concluding professional relationships with individuals/groups. This also contains those competencies that relate to the nurse understanding their contribution to the interdisciplinary health care team.

9. Establishes, maintains and appropriately concludes therapeutic relationships

9.4 Assists and supports individuals/groups to make informed health care decisions.

- facilitates and encourages individual/group decision-making.
- maintains and supports respect for an individual/group’s decision through communication with other members of the interdisciplinary health care team.

9.5 Facilitates a physical, psychological, cultural and spiritual environment that promotes individual/group safety and security.

- demonstrates sensitivity, awareness and respect for cultural identity as part of an individual/group’s cultural/historical identity.
- demonstrates sensitivity, awareness and respect in regard to an individual/group’s spiritual needs.
- involves family and others in ensuring that cultural and spiritual needs are met.
- identifies, evaluates or prevents environmental hazards where possible.
- applies relevant principles to promote the safe administration of therapeutic substances.
- maintains standards for infection control.
- applies ergonomic principles to promote the individual/group’s comfort.

10. Collaborates with the Interdisciplinary health care team to provide comprehensive nursing care.

10.1 Recognises that the membership and roles of health care teams and service providers will vary depending on an individual/group’s needs and health care setting.

- recognises the impact and role of population, primary health and partnership health care models.
- recognises how to negotiate with, or refer to, other health care or service providers.

10.2 Communicates nursing assessments and decisions to the interdisciplinary health care team and other relevant service providers.

- explains the nursing role to the interdisciplinary team and service providers.
- maintains confidentiality in discussions about an individual/group’s needs and progress.
- discusses individual/group care requirements with relevant members of the health care team.
- collaborates with members of the health care team in decision making about care of individuals/groups.
10.3 Facilitates coordination of care to achieve agreed health outcomes
- adopts and implements a collaborative approach to practice
- participates in health care team activities
- demonstrates the necessary communication skills to manage avoidance, confusion and confrontation
- demonstrates the necessary communication skills to enable negotiation
- demonstrates an understanding of how collaboration has an impact on the safe and effective provision of comprehensive care
- establishes and maintains effective and collaborative working relationships with other members of the health care team
- consults with relevant health care professionals and service providers to facilitate continuity of care
- recognises the contribution of, and liaises with, relevant community and support services
- records information systematically in an accessible and retrievable form
- ensures that written communication is comprehensive, logical, legible, clear and concise, spelling is accurate and only acceptable abbreviations are used
- establishes and maintains documentation according to organisational guidelines and procedures

10.4 Collaborates with the health care team to inform policy and guideline development
- regularly consults policies and guidelines
- demonstrates awareness of changes to policies and guidelines
- attends meetings and participates in practice reviews and audits
- demonstrates understanding of the implications of national health strategies for nursing and health care practice.

The ANMCA acknowledges that the methods and processes in assessment of competencies will be further developed, and that the content of this document will be reviewed in three years. Comments should be addressed to:

The Chief Executive Officer
Australian Nursing and Midwifery Council
PO Box 873
DIKSON ACT 2602

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1-3 Glossary of Terms

ANMC: Australian Nursing and Midwifery Council

Appropriate: Matching the circumstances, meeting needs of the individual, groups or situation

Attributes: Characteristics which underpin competent performance

Core Competency Standards: Essential competency standards for Standards registration or licentiate.

Competence: The combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in a profession/occupational area.

Competent: The person has competence across all the domains of competencies applicable to the nurse, at a standard that is judged to be appropriate for the level of nurse being assessed.

Competency Unit: Represents a major function/functional area in the total competencies of a Registered Nurse in a nursing context representing a stand-alone function which can be performed by the individual.

Competency Element: Represents a sub-function of the competency unit.

Competency Standards: Consists of competency units and competency elements.

Contexts: The setting/environment where competence can be demonstrated or applied.

Cases: Key generic examples of competent performance. They are neither comprehensive nor exhaustive. They assist the assessor when using their professional judgement in assessing nursing practice. They further assist curriculum development.

Domain: An organised cluster of competencies in nursing practice.

Enrolled Nurse: A person licensed under an Australian State or Territory Nurses Act or Health Professions Act to provide nursing care under the supervision of a Registered Nurse. Referred to as a Registered Nurse Division II in Victoria.

Exemplars: Concrete, key examples chosen to be typical of competence. They are not the standard but are indicative of the standard.

Registered Nurse: A person licensed to practice nursing under an Australian State or Territory Nurses Act or Health Professionals Act. Referred to as a Registered Nurse Division I in Victoria.
PRINCIPLES FOR THE ASSESSMENT OF NATIONAL COMPETENCY STANDARDS FOR REGISTERED AND ENROLLED NURSES
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### ANC Principles for Assessment

#### 1. Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>ANC</td>
<td>Australian Nursing Council (now the Australian Nursing and Midwifery Council)</td>
</tr>
<tr>
<td>ANRAC</td>
<td>Australasian Nurse Registering Authorities Conference (now ceased).</td>
</tr>
<tr>
<td>Assessor</td>
<td>A person who is educated in assessment of performance, is experienced in the nursing performance being observed and has demonstrated skills in analysis, interpretation and evaluation of elements of the assessment process.</td>
</tr>
<tr>
<td>Attributes</td>
<td>Characteristics that underpin competent performance.</td>
</tr>
<tr>
<td>Competence</td>
<td>The combination of skills, knowledge attitudes, values, and abilities that underpin effective performance in a professional/occupational area.</td>
</tr>
<tr>
<td>Competency</td>
<td>An attribute of a person which results in effective performance.</td>
</tr>
<tr>
<td>Competent</td>
<td>The person has competence across all the domains of competencies applicable to the nurse, at a standard that is judged to be appropriate for the level of the nurse being assessed.</td>
</tr>
<tr>
<td>Context</td>
<td>The setting/environment where competence can be demonstrated or applied, for example, hospital, residential, community, school.</td>
</tr>
<tr>
<td>Cues</td>
<td>Key generic examples of competent performance. They are neither comprehensive nor exhaustive. They assist the assessor when using their professional judgement in assessing nursing practice. They further assist curriculum development.</td>
</tr>
<tr>
<td>Exemplar</td>
<td>Concrete, key examples chosen as typical of competence. They are not the standard but are indicative of the standard.</td>
</tr>
<tr>
<td>Evidence-based Assessment</td>
<td>An assessment based on evidence which justifies an assessment judgement.</td>
</tr>
<tr>
<td>Inference</td>
<td>A judgement about the presence of a competency embedded in practice but not actually directly observed in any one behaviour.</td>
</tr>
</tbody>
</table>
ANC Principles for Assessment

1. Glossary

Nurse Candidate  A person whose performance is being assessed against the ANC National Competency Standards to determine eligibility for registration/enrolment. A Nurse Candidate may be a person undertaking a nursing course; a nurse who gained qualifications overseas and wishes to practise in Australia; a nurse who wishes to return to the workforce after being out of work for a defined period or a qualified nurse who is required to show competency to continue work.

Observation  Observed or inferred from observed behaviour.

Person  The recipient of nursing care during the assessment process.

Professional Judgement  The use by an assessor of significant cues which infer a nurse is competent in a particular competency or competencies.

Reliability  The consistency or accuracy of the outcome of the assessment process.

Tacit Knowledge  The assessors’ real or understood knowledge of the expected standard of performance.

Validity  The extent to which assessment meets the stated purposes and achieves its intended outcomes.

Acknowledgment  The content of this document draws on the content of two publications Using the ANC I Competencies: An Assessment Kit (1993) and on the original Nursing Competencies Assessment Project: Report to Australasian Nurse Registering Authorities Conference (ANRAC) (1990).
ANC Principles for Assessment

2. Purpose

The purpose of this document is to provide a resource for people assessing the competence of nurses and for nurses whose performance is undergoing assessment. The information provided in this document is designed to give guidance when assessing competence against the Australian Nursing Council National Competency Standards for Registered and Enrolled Nurses.

3. Introduction

Assessment of the ANC National Competency Standards is considered by the Australian nurse regulatory authorities to be important to ensure initial and continuing competence. The assessment process is needed to determine the eligibility for registration or enrolment of people who have undertaken nursing courses in Australia, determine the eligibility for registration or enrolment of people who wish to practice in Australia but have undertaken nursing courses elsewhere; assess nurses who wish to return to work after being out of the workforce for a defined period, and to assess qualified nurses who are required to show they are fit to continue working.

4. Critical Issues in Assessment of Performance

The following section identifies the critical issues in assessment of performance against the ANC National Competency Standards. These issues underpin the Principles of Assessment identified later in this publication.

Accountability

The assessor is accountable to the profession and to an appropriate authority for making a valid assessment about a nurse candidate's performance and for recommending that the nurse candidate being assessed meets the competency standards required. Therefore the notion of validity and reliability in the assessment process becomes essential in relation to public interest and safe practice. The assessor has a responsibility to keep confidential the information obtained in the assessment process or when appropriate, use proper mechanisms to share information about the assessment. Any existing conflict of interest held by the assessor must be declared and in cases where impartiality cannot be assured assessors will withdraw from the assessment process.

Assessment of Performance

With the introduction of the ANC National Competency Standards there has been a shift to an emphasis on assessment of total performance, which includes knowledge, skills and attributes, away from assessment procedures biased towards assessment of knowledge and the use of checklists in clinical settings. Regulatory authorities have a responsibility to ensure the assessment model focuses on knowledge, and clinical performance that is closely related to the demands of the practice situation. Assessment of practice is considered to be a
ANC Principles for Assessment

4. Critical Issues in Assessment of Performance

A valid form of assessment of core competencies for licensing of nurses as it provides a global assessment of the nurse candidate's knowledge, skills, attitudes, values and abilities. The ANC National Competency Standards have been classified into four (4) domains of practice; Professional and Ethical Practice; Critical Thinking and Analysis; Management of Care and Enabling. This categorisation should assist assessors in the assessment process. Clinical competence is performance based and therefore the assessment must be carried out by assessors in the context of the practice setting.

Contextual Based Assessment

Given the complex nature of nursing practice the ANC competency standards have been developed as broad holistic statements, which inter-relate in a manner determined by the nursing context. Nurse regulatory authorities recognise that the nature of professional nursing practice is such that to attempt to evaluate competence in a single and narrowly prescribed procedural assessment model, fails to recognise the multifaceted nature of nursing practice and the comprehensive knowledge required.

The context in which assessment of competence occurs is considered to be an essential component in the competency standards assessment framework. The practice setting involves many contextual factors that cause the nurse candidate being assessed to respond in a particular way. Performance of the nurse candidate can be influenced by the relationship with the person receiving nursing care and by the behaviour of others in the practice setting. It is important that assessors take the contexts into account during the assessment processes.

Evidence Based Assessment

The role of assessment is to arrive at a conclusion about satisfactory levels of performance; it must therefore be evidenced based. Assessment of professional competence using a competency standards framework involves assessors using their professional judgement in deciding the competence of nurse candidates. This method of evidenced based assessment is based on a model of evidence based professional judgement. This involves the recognition and use of significant cues, which infer that a nurse is competent in a particular competency or a number of competencies.

The process of assessing competence requires an accumulation of data, or evidence about performance over a period of time and in a range of nursing situations. Through working with and observing the nurse in the practice context, the assessor gathers pieces of evidence about the nurse candidate's practice. The assessor puts these pieces of evidence together and draws inferences about competence. During assessment, inferences are made about performance and related knowledge, attitudes and skills of the nurse candidate. Inference entails a judgement about the presence of a competency embedded in practice but not actually directly observed in any one behaviour. Inferences should always be checked in order to give validity and rigour to the assessment. This process of drawing inferences and using tacit knowledge allows the assessor to form a conclusion about the practice and
ANC Principles for Assessment

4. Critical Issues in Assessment of Performance

Subsequent competence of the nurse candidate. In using tacit knowledge the assessor is a human assessment instrument. The only 'tool' required by the assessor is a method of data collection, for example pen and paper for observation, documentation and reference to the competency standards when analysing the assessment data. For tacit knowledge to be used confidently as a basis for assessment it is essential that assessors have a full understanding of the expected standard of performance.

The judgement about whether a nurse candidate has reached a satisfactory standard of performance is based on the interaction between the assessor's comprehensive knowledge of the expected standard of performance and the interpretation of the assessment data, including the context within which it is collected. It is the assessor's tacit knowledge that enables the judgement of quality. Therefore the assessors of performance must be experienced in their field of practice and the assessment of competence.

The ANC supports the assessment technology model, which was identified in the 1990 ANRAC Nursing Competencies Assessment Project. In the revision of the Registered Nurse Competency Standards project undertaken during 1997/98 the model was reaffirmed and recommended as a current assessment process. The assessment technology model provides a guide to assessors in making judgements about a nurse candidate's competence prior to recommendation for licensure by a nurse regulatory authority. The ANC publications, National Competency Standards for Registered Nurses and Enrolled Nurses contain examples of assessment technology, namely competency elements and cues for each competency statement. This assessment model relies on assessment judgements involving the use of:-

- tacit knowledge
- competency elements
- cues which are selected concrete examples of activities illustrative of the competency standard

Key Elements in Assessment Model

- self-assessment by the nurse candidate
- observation by the assessor of the nurse candidate
- interviews by the assessor with the others in the setting: peers, persons receiving nursing care, supervisors
- analysis by the assessor of all relevant documentation

Self-assessment by the nurse candidate is a vital piece of data for the assessor. It is considered as a skill that is central to the nurse's continued professional development.

Observation by the assessor will need to be of a sufficient duration and in a sufficient variety of contexts to achieve a valid and reliable assessment.
ANC Principles for Assessment

4. Critical Issues in Assessment of Performance

Interviewing skills of the assessor will need to be highly developed and relationships with the others in the setting should be established to ensure that adequate and essential information could be obtained. This information is essential in validating assessor inferences and judgements about competence.

Documentation recording assessors' observations and other evidence is necessary for analysis and interpretation and ultimately for a reliable and valid assessment judgement.

Enhancing the Validity and Reliability of Assessment

The notion of using the professional judgements of a person, with experience in nursing and who possesses a comprehensive knowledge base, to assess performance requires rigour, which involves the elements of validity and reliability. Validity in the assessment process is the extent to which assessment meets the intended outcomes. Therefore the assessment process will measure the performance of the nurse candidate against the ANC competency standards. Reliability in the assessment process refers to the consistency or accuracy of the outcomes of the assessment process. Assessors' understanding of the expected standards and their knowledge and skill are the most crucial elements involved in enhancing the reliability of the assessment process. The judgements assigned to the nurse candidate’s competence should always be supported by documented evidence.

The model of assessment involving collecting and documenting data over a period of time and in a range of situations allows for reflection both on the practice of the nurse being assessed and on the interpretations made by the assessor. As new pieces of evidence are gathered about the practice of the nurse being assessed and added to the previous data, the assessor reflects and re-interprets. This process of reflection and re-interpretation adds to the reliability of the assessment judgement.

Evidence (pieces of information about the performance of the nurse being assessed) is gathered by the assessor. Therefore evidence can be provided to justify the judgements made by the assessor. A variety of sources of data (evidence) about the performance of a nurse candidate enhances the rigour of the assessment process and gives validity and reliability to the judgement. When assessing performance in the practice setting a paradigm involving weighing evidence is more appropriate than a scientific paradigm entailing measurement.

Sources of evidence may include:

- observation of performance
- audit of documents such as care plans and clinical records
- interviewing of the nurse candidate to reveal intentions and attitudes
- interviewing colleagues and persons receiving nursing care to collect data regarding outcomes of care

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ANC Principles for Assessment

4. Critical Issues in Assessment of Performance

- testing (for example drug calculations, written assignments, multi choice questions)
- examining records of previous achievements

Participation and Collaboration

Establishing a participative and collaborative relationship between the nurse candidate and the assessor, which is based on confidentiality, accountability and impartiality, builds confidence in the assessment methods. As an essential part of the assessment process assessors should conduct interviews with nurse candidates being assessed. It is through this procedure that the important practice of reflection and re-interpretation of performance and assessment judgements should occur and enables inferences made by the assessor to be validated.

Organisations undertaking assessments should institute review procedures to address grievances held by nurse candidates being assessed.
ANC Principles for Assessment

5. Principles for the Assessment of National Competency Standards for Registered and Enrolled Nurses

PRINCIPLE 1: PRINCIPLE OF ACCOUNTABILITY

- Assessors are accountable to the public and to the profession to undertake a valid and reliable assessment of nurse candidates.
- Assessors are accountable for assessing nurse candidates as competent against the ANC National Competency Standards and as suitable for licensure by a state or territory regulatory authority when required.
- Assessors will ensure that nurse candidates are assessed in the practice setting.
- Nurse candidates who have not demonstrated competence in the practice setting should not be recommended to a nurse regulatory authority for registration.

PRINCIPLE 2: PRINCIPLE OF PERFORMANCE BASED ASSESSMENT

- Clinical competence is performance based and therefore the assessment must be carried out by assessors in the context of the nurse/patient interaction.
- Assessment of practice is considered a valid model of assessment of core competencies for the licensing of nurses. This model is useful as a multi purpose procedure as it provides a global assessment of the nurse candidate’s knowledge, skills, values, and attitudes.
- Regulatory authorities have a responsibility to ensure that the assessment model focuses on knowledge, and performance that is closely related to the demands of the practice situation.

PRINCIPLE 3: PRINCIPLE OF CONTEXTUAL RELEVANCE

- The nurse regulatory authorities recognise that the nature of professional nursing practice is such that to attempt to evaluate competence in a single and narrowly prescribed procedural assessment model fails to recognise the multifaceted nature of nursing practice and the comprehensive knowledge required.
- The context in which assessment of competence occurs is considered to be an essential component in the competency standards assessment framework.
ANC Principles for Assessment

5. Principles for the Assessment of National Competency Standards for Registered and Enrolled Nurses

- The practice setting involves many contextual factors including the environment, the relationship with the persons receiving care and the behaviour of others in the practice setting that cause the nurse candidate to act in a particular way. These factors should be taken into account during the assessment process.

PRINCIPLE 4: PRINCIPLE OF EVIDENCE BASED ASSESSMENT

- Evidence based assessment utilises a model of evidenced based professional judgement.

- The process of assessing competence requires an accumulation of data, or evidence about performance over a period of time and in a range of nursing situations.

- The judgement about whether a nurse candidate has reached a satisfactory standard of performance is based on the interaction between the assessor’s comprehensive knowledge of the expected standard of performance and the interpretation of the assessment data, including the context within which it is collected.

- Assessors can obtain data to provide evidence of performance through:
  - self-assessment by the nurse candidate
  - observation by the assessor of the nurse candidate
  - interviews by the assessor with the other actors in the setting: peers, persons receiving nursing care, supervisors
  - analysis by the assessor of all relevant documentation

- Assessors work with and observe the nurse candidate being assessed in the practice context. Pieces of evidence about the nurse candidate’s practice are gathered by the assessor, and these pieces of evidence are put together and inferences are drawn about competence.

- Inferences should always be checked to validate the assessment judgement.

- Assessors use professional judgement, which involves the drawing of inferences and the use of tacit knowledge to form a conclusion about the competence of a particular nurse.

- For tacit knowledge to be used confidently as a basis for assessment it is essential that assessors have a full understanding of the expected standard of performance.
ANC Principles for Assessment

5. Principles for the Assessment of National Competency Standards for Registered and Enrolled Nurses

PRINCIPLE 5. PRINCIPLE OF VALIDITY AND RELIABILITY IN ASSESSMENT

- Validity in the assessment process is the extent to which assessment meets the intended outcomes. Reliability in the assessment process refers to the consistency or accuracy of the outcomes of the assessment process.

- The assessors' knowledge and skill are the most crucial elements involved in enhancing the validity and reliability of the assessment process.

- Evidence (pieces of information about the performance of the nurse being assessed) is gathered by the assessor. Assessors therefore can provide evidence to justify their assessment judgements.

- A variety of sources of data (evidence) about the performance of a nurse candidate enhances the rigour of the assessment process and gives validity and reliability to the judgement. Sources of evidence may include:
  - observation of performance
  - audit of documents such as care plans and clinical records
  - interviewing of the nurse candidate to reveal intentions and attitudes
  - interviewing colleagues and persons receiving nursing care to collect data regarding outcomes of care
  - testing (for example drug calculations, written assignments, multi choice questions)
  - examining records of previous achievements

- Reflection and re-interpretation of evidence about the performance of the nurse candidate is an important element in the assessment process and adds to the reliability of the assessment judgement.

PRINCIPLE 6: PRINCIPLE OF PARTICIPATION AND COLLABORATION

- Assessment of performance should be based on a participative and collaborative relationship between the assessor and the nurse candidate.

- The tenet of impartiality, confidentiality and declaration of any conflict of interest will underpin this participative and collaborative relationship. This will ensure that participants in the assessment process will feel confident in the assessment methods.

- Participation and collaboration in the assessment process involves high levels of communication, reflection on and re-interpretation of performance.
ANC Principles for Assessment

5. Principles for the Assessment of National Competency Standards for Registered and Enrolled Nurses

- Formalised review processes established by organisations undertaking assessments will address grievances held by nurses who are being assessed and assist in ensuring participation and collaboration between others in the assessment process. These processes will also provide a mechanism for rigorous scrutiny of the results of assessment judgements.

The ANC acknowledges that the methods and processes in assessment of competence will be further developed and that the content of this document will be reviewed in three years. Comments should be addressed to:

Chief Executive Officer
Australian Nursing Council
PO Box 873
DICKSON ACT 2602

October 2002
APPENDIX 3
CPAT SAMPLE

The University of Western Australia
School of Population Health
Master of Nursing Science

CLINICAL PERFORMANCE APPRAISAL TOOL (CPAT)

NURS8821- NURSING PRACTICE 1

Student Name: Jessica Smith
Student ID number: 10310810
Clinical Agency: SCAN
Ward/Unit: G61
Preceptor Name: Diane Richards
Practitioner Scholar Name: Rachel Jones
Days absent: 0
Hours Completed: 80

The CPAT will be available for student collection at SPH reception two weeks after submission for a period of two weeks. Students should collect their CPAT during this time, photocopy the document for inclusion into their professional & clinical practice portfolio, and return to SPH reception. The original CPAT document will be held by the university. The student’s unit mark will remain on hold until the CPAT document is returned.
NURS8821 Clinical Placement
The clinical placement component of this unit consists of a 10 day placement on a medical or surgical ward undertaken over a two week period. Students will work alongside a Preceptor who will complete the Clinical Performance Appraisal Tool (CPAT) & will be supported by a Practitioner Scholar.

Details of rostering arrangements will be discussed by the Unit Coordinator during semester.

Clinical Performance Appraisal Tool (CPAT)

Aims of the CPAT
1. Evaluate the extent to which the student’s performance meets the expected clinical standard;
2. Encourage structured student reflection on clinical practice;
3. Facilitate communication between the student, academic staff and clinical staff in order to provide structured feedback & evaluation of student’s clinical performance.

Student responsibilities of clinical performance appraisal
- Ensuring their Preceptor reviews the CPAT document and is familiar with the student’s level of practice;
- Sourcing assessor evidence entries of skills, attributes and activities undertaken from the Preceptor as evidence of clinical performance;
- Documenting evidence of care delivered and linking to examples to relevant ANMC competency elements;
- Arranging a suitable time with the Preceptor for the completion of the CPAT, including verbal discussion of the appraisal;
- Seeking feedback and/or clarification from their Preceptor/Practitioner Scholar, regarding clinical performance, in an appropriate and timely manner.
Preceptor appraisal of student performance
The Preceptor will base their appraisal on direct observation of student performance and discussion with the student, other clinical staff having contact with the student, and university clinical support staff having contact with the student. Feedback may also be obtained from patients and significant others for whom the student has provided care.

The Unit Coordinator is to be notified if the Preceptor/Practitioner Scholar experiences any concerns regarding the clinical performance appraisal of a student. If the Preceptor/Practitioner Scholar identifies any unprofessional or unsafe student practice or have any concerns about the student’s progress at any time throughout the clinical placement, they should complete the ‘Student Development Report’ on the last page of this document, and contact the Unit Coordinator.

The clinical performance appraisal is to be completed at the end of clinical placement. Students who achieve a D rating (requires development) in the clinical performance appraisal will be deemed to have failed the clinical placement.

The rating scale, as illustrated in the table below, will be used to indicate the level of clinical performance achieved by the student. Competency standards are described within four domains. A rating is to be applied to each competency element based on the student’s achievement of the performance criteria.

<table>
<thead>
<tr>
<th>SCALE</th>
<th>PROFESSIONAL STANDARDS</th>
<th>QUALITY OF PERFORMANCE</th>
<th>ASSISTANCE REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competent (C)</td>
<td>• Safe and Accurate</td>
<td>• Proficient, coordinated, confident</td>
<td>• Without supporting cues</td>
</tr>
<tr>
<td>(=Independent)</td>
<td>• Consistently achieves the intended purpose</td>
<td>• Efficient use of resources and energy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Consistently performs in an appropriate manner</td>
<td>• Performs within an excellent time period</td>
<td></td>
</tr>
<tr>
<td>Competent with Supervision (CS)</td>
<td>• Safe and Accurate</td>
<td>• Efficient, coordinated confident</td>
<td>• Occasional supportive cues</td>
</tr>
<tr>
<td></td>
<td>• Consistently achieves the intended purpose</td>
<td>• Moderately excessive expenditure of energy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Consistently performs in an appropriate manner</td>
<td>• Performs within a reasonable time period</td>
<td></td>
</tr>
<tr>
<td>Dependent (D)</td>
<td>• Unsafe</td>
<td>• Unable to demonstrate procedure or behaviour</td>
<td>• Requires procedure to be completed by Preceptor/Practitioner Scholar</td>
</tr>
<tr>
<td>(Requires Development)</td>
<td>• Unable to demonstrate intended behaviour</td>
<td>• Lacks confidence, coordination</td>
<td></td>
</tr>
</tbody>
</table>

Adapted from Bondy (1983)
Clinical Skills
Students must be aware of their practice limitations. **Students are only permitted to practice skills after they have undertaken the theoretical & practical learning within the Clinical Nursing Skills 1 and Nursing Practice 1 units.** Students should also refer to the Nursing & Midwifery Board of Australia’s Nursing Practice Decisions Guide available at [http://www.nursingmidwiferyboard.gov.au/Codes-and-Guidelines.aspx](http://www.nursingmidwiferyboard.gov.au/Codes-and-Guidelines.aspx)

Students must communicate their practice limitations to their Preceptor, and seek guidance from the University if required. The registered nurse is responsible for the supervision of students. **It is the student’s responsibility to engage with the registered nurse to seek appropriate supervision.**

It is the student’s responsibility to check the hospital/health service policies and procedures prior to undertaking specific care activities.

The following table details the clinical skills that students are able to participate in for NURS8821 Nursing Practice 1. **This list is not exhaustive. Any queries should be directed to the Unit coordinator.**

<table>
<thead>
<tr>
<th>Clinical skill</th>
<th>NURS 8821</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PATIENT ASSESSMENT</strong></td>
<td></td>
</tr>
<tr>
<td>Patient interviewing</td>
<td>✓</td>
</tr>
<tr>
<td>Physical assessment</td>
<td>✓</td>
</tr>
<tr>
<td>Vital sign assessment (T, P, R, BP, oxygen saturation)</td>
<td>✓</td>
</tr>
<tr>
<td>Full neurological observations (FNO)</td>
<td>✓</td>
</tr>
<tr>
<td>Neurovascular observations (NVO)</td>
<td>✓</td>
</tr>
<tr>
<td>Pain assessment &amp; management</td>
<td>✓</td>
</tr>
<tr>
<td>Patient care analgesia monitoring (vital sign assessment only)</td>
<td></td>
</tr>
<tr>
<td>Epidural monitoring (vital sign, dermatome &amp; bromage assessment only)</td>
<td></td>
</tr>
<tr>
<td>Pre &amp; post procedural care</td>
<td></td>
</tr>
<tr>
<td>Mental Health Status Examination</td>
<td></td>
</tr>
<tr>
<td>Electrocardiogram (ECG)</td>
<td></td>
</tr>
<tr>
<td><strong>ACTIVITIES OF DAILY LIVING</strong></td>
<td></td>
</tr>
<tr>
<td>Assisting patients to reposition &amp; mobilise</td>
<td>✓</td>
</tr>
<tr>
<td>Assisting patients with hygiene (bed making, bath, shower, oral care, grooming, toileting)</td>
<td>✓</td>
</tr>
<tr>
<td>Application &amp; removal of anti-embolism stockings</td>
<td></td>
</tr>
<tr>
<td><strong>DOCUMENTATION</strong></td>
<td></td>
</tr>
<tr>
<td>Progress note entry</td>
<td>✓</td>
</tr>
<tr>
<td>Routine documentation (e.g. fluid balance chart, vital signs chart, BGL record, admission/discharge documentation, assessment documentation)</td>
<td>✓</td>
</tr>
<tr>
<td>Provide handover</td>
<td>✓</td>
</tr>
<tr>
<td>Care plan development &amp; revision</td>
<td></td>
</tr>
<tr>
<td>Quality improvement activities (including clinical audits)</td>
<td></td>
</tr>
<tr>
<td>Clinical skill</td>
<td>NURS 8821</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td><strong>NUTRITION &amp; HYDRATION</strong></td>
<td></td>
</tr>
<tr>
<td>Blood glucose measurement</td>
<td>✓</td>
</tr>
<tr>
<td>Oral feeding <em>(excluding dysphagic patents)</em></td>
<td>✓</td>
</tr>
<tr>
<td>Oral feeding of a dysphagic patient</td>
<td></td>
</tr>
<tr>
<td>Nasogastric tube insertion &amp; management</td>
<td></td>
</tr>
<tr>
<td>Enteral feeding &amp; tube management</td>
<td></td>
</tr>
<tr>
<td>Intravenous hydration therapy</td>
<td></td>
</tr>
<tr>
<td>Management of central venous catheters <em>(CVC/PICC)</em></td>
<td></td>
</tr>
<tr>
<td>Blood transfusion</td>
<td></td>
</tr>
<tr>
<td>Infant feeding</td>
<td></td>
</tr>
<tr>
<td><strong>ELIMINATION</strong></td>
<td></td>
</tr>
<tr>
<td>Specimen collection <em>(fecal, urine, sputum)</em></td>
<td>✓</td>
</tr>
<tr>
<td>Urinalysis</td>
<td>✓</td>
</tr>
<tr>
<td>Bladder scanning</td>
<td></td>
</tr>
<tr>
<td>Insertion &amp; management of intermittent or in-dwelling catheter</td>
<td></td>
</tr>
<tr>
<td>Application &amp; management of a uridome</td>
<td></td>
</tr>
<tr>
<td>Bladder wash-out</td>
<td></td>
</tr>
<tr>
<td>Rectal tube</td>
<td></td>
</tr>
<tr>
<td>Drainage of colostomy/ileostomy</td>
<td></td>
</tr>
<tr>
<td>Stoma care</td>
<td></td>
</tr>
<tr>
<td><strong>WOUND CARE</strong></td>
<td></td>
</tr>
<tr>
<td>Simple wound dressing</td>
<td>✓</td>
</tr>
<tr>
<td>Complex wound dressing <em>(includes wound debridement, packing wounds, stump bandaging)</em></td>
<td></td>
</tr>
<tr>
<td>Removal of sutures &amp; staples</td>
<td></td>
</tr>
<tr>
<td>Management &amp; removal of wound drains</td>
<td></td>
</tr>
<tr>
<td><strong>MEDICATION MANAGEMENT</strong></td>
<td></td>
</tr>
<tr>
<td>Administration of oral medications</td>
<td>✓</td>
</tr>
<tr>
<td>Administration of topical, inhalant, rectal, vaginal, subcutaneous, intramuscular and intravenous medications <em>(excluding immunisations)</em></td>
<td></td>
</tr>
<tr>
<td>Administration of schedule 8 medications <em>(excluding via intravenous route)</em></td>
<td></td>
</tr>
<tr>
<td>Administering oxygen therapy via nasal cannula or mask</td>
<td></td>
</tr>
<tr>
<td><strong>RESPIRATORY</strong></td>
<td></td>
</tr>
<tr>
<td>Monitoring oxygen therapy via nasal cannula or mask</td>
<td></td>
</tr>
<tr>
<td>Insertion &amp; succioning of oral &amp; nasal airways</td>
<td></td>
</tr>
<tr>
<td>Apneea Monitor</td>
<td></td>
</tr>
<tr>
<td>Management &amp; removal of intercostals catheters <em>(ICC)</em></td>
<td></td>
</tr>
<tr>
<td>Tracheostomy care &amp; succioning</td>
<td></td>
</tr>
<tr>
<td>Caring for a patient with non-invasive positive pressure ventilation</td>
<td></td>
</tr>
<tr>
<td>Clinical skill</td>
<td>NURS 8821</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>OTHER</td>
<td></td>
</tr>
<tr>
<td>Handwashing</td>
<td>✓</td>
</tr>
<tr>
<td>Admission of a patient</td>
<td>✓</td>
</tr>
<tr>
<td>Discharge of a patient</td>
<td>✓</td>
</tr>
<tr>
<td>Standard &amp; additional precautions</td>
<td>✓</td>
</tr>
<tr>
<td>Patient education</td>
<td></td>
</tr>
<tr>
<td>End of life care</td>
<td></td>
</tr>
<tr>
<td>Surgical scrub, gloving &amp; gowning</td>
<td></td>
</tr>
</tbody>
</table>
Clinical Learning Objectives
The Preceptor is required to assess the student’s performance at their specific stage of education and practice. This requires the student and the Preceptor to apply the ANMC Competency Standards for the Registered Nurse to the current level of student practice expectations. The following clinical learning objectives are examples of nursing student practice expectations as linked to the ANMC competencies. Please note this is not an exhaustive list.

Domain 1 – Professional Practice
The student is able to demonstrate an understanding of the legal implications of nursing practice and the responsibilities of the nurse including an understanding of the Code of Professional Conduct for Nurses in Australia and the Code of Ethics for Nurses in Australia (links to ANMC competency elements [CE] 1.1, 1.2, 1.3, 2.1, 2.4, and 2.6).

The student fulfills the duty of care by undertaking nursing activities in accordance with hospital policies and procedures, performing appropriate health assessment of patients, and preventing harm to patients within the health care environment (CE 1.2, 2.1, 2.2, 2.6, 3.2, 3.3, 4.1, 4.4, 5.1, 5.2, 5.3, and 9.5).

The student is able to identify hazards that impact on patient, visitor and staff safety and responds appropriately by notifying the appropriate persons and participating in risk minimisation strategies in the workplace (CE1.2, 1.3, 2.4, 2.6, 4.4, 7.4, 9.2, and 9.5).

The student is able to demonstrate an understanding of the nurse’s responsibilities in maintaining appropriate ethical conduct (CE 1.1, 1.2, 1.3, 2.1, 2.3, 2.4, 2.6, and 9.2).

The student maintains the privacy and dignity of all patients at all times, and demonstrates respect, empathy and maintenance of the patient’s preferences in relation to nursing care (CE 1.2, 2.1, 2.3, 2.4, 2.6, 9.1, 9.2, and 9.5).

The student advocates for the patient by demonstrating effective listening skills and discussing patient preferences and concerns with the appropriate health care professionals (CE 1.2, 2.3, 2.4, 2.6, 9.1, 9.2, 9.3, 9.5, 10.2, and 10.2).

The student practices within their scope of practice at all times, clearly identifying to colleagues when a task/procedure is outside of their scope of practice (1.1, 1.2, 1.3, 2.1, 2.2, 2.5, 2.7, 9.2, 10.1, and 10.2).

Domain 2 – Critical Thinking and Analysis
The student utilises ward educational resources to further their knowledge base in providing safe and appropriate care to patients (CE 2.2, 2.5 2.6, 3.1, 3.2, 4.1, 5.1, and 7.8).

The student demonstrates an understanding of the importance of evidence based practice in informing clinical decision making in the health care setting (CE 2.2, 2.6, 3.1, 3.2, 3.4, and 4.1).

The student actively seeks to further their professional development by participating in learning opportunities and sharing experiences and lessons learnt, thereby contributing to the professional development of others (CE 3.4, 3.5, 4.2, 4.3, 4.4, 9.1, and 9.2).

The student is able to appropriately use a range of health assessment techniques (interview/questioning & physical assessment) to collect accurate health data to inform patient health assessment and care planning (CE 2.6, 3.3, 5.1, 5.2, 5.3, 7.1, 8.1, 9.1, 9.2, and 10.2).

The student demonstrates the ability to accurately and confidently undertake vital sign assessment and interpret and record the measured data correctly (CE 2.6, 5.1, 5.2, 5.3, 9.2, and 10.2).
Domain 3 – Provision and Coordination of Care
The student is able to utilise available patient information to plan care across a shift (time management plan), and demonstrates the ability to follow that plan and respond to changing needs of patients (CE 6.1, 6.2, 6.3, 6.4, 7.1, 7.2, 7.3, 7.4, 8.1, 8.2, 9.2, and 10.2).

The student is able to demonstrate evaluation of patients expected outcomes to nursing care activities and document this evaluation appropriately (CE 2.6, 6.2, 7.1, and 10.2).

The student is observed accurately explaining nursing procedures and their rationales to the patient prior to commencement of the activities, and obtains the consent of the patient to proceed (CE 1.2, 2.1, 2.6, 7.1, 7.7, 9.1, 9.2, 9.3, 9.4, 9.5, and 10.2).

The student is able to demonstrate safe and effective assistance of a patient with their planned activities of daily living [washing, grooming, transferring, mobilising, and assisting with eating & drinking] (CE 1.2, 2.3, 2.6, 7.1, 7.2, 9.1, 9.2, 9.3, and 9.5).

The student is able to demonstrate aseptic technique throughout a simple wound dressing, by maintaining the principles of wound asepsis (CE 1.2, 1.3, 2.2, 2.6, 3.2, 7.1, 9.3, and 9.5).

Domain 4 – Collaborative and Therapeutic Practice
The student is able to establish professional and therapeutic relationships with both patients and colleagues over time (CE 1.2, 2.3, 2.5, 9.1, 9.2, 9.3, 9.4, and 9.5).

The student demonstrates effective written & verbal communication strategies with both patients and colleagues (including appropriate and professional collaboration with support staff), therefore facilitating the provision of care to the patient (CE 1.2, 2.3, 2.6, 7.5, 7.6, 9.1, 9.2, 9.3, 9.4, and 9.5).

The student demonstrates modification of effective communication strategies with individuals from culturally and linguistically diverse backgrounds (CE 1.2, 2.3, 2.6, 9.1, 9.2, 9.3, 9.4, and 9.5).

The student demonstrates an understanding of the differing roles of the members of the multidisciplinary team (nursing, medical, allied health, pastoral, social) and the importance of collaborative care (CE 2.7, 9.2, 10.1, 10.2, and 10.4).

The student demonstrates effective communication with the multidisciplinary team through appropriately and accurately documenting in patient’s progress notes (CE 2.6, 4.3, 6.3, 8.1, 8.2, 9.2, 10.1, 10.2, and 10.3).
## Student Clinical Learning Objectives

The student is required to develop individual, specific clinical learning objectives expressing what they aim to achieve by the completion of their clinical placement. A minimum of two clinical learning objectives per domain should be documented prior to commencing clinical placement. Clinical learning objectives should be discussed with the student’s Preceptor on day 1 of the clinical placement.

<table>
<thead>
<tr>
<th>ANMC Competency Domain</th>
<th>Student Clinical Learning Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professional Practice</strong></td>
<td>Throughout this clinical placement I will clearly identify my scope of practice to my preceptor &amp; will not practice outside of my scope. Throughout this clinical placement I will maintain the privacy &amp; dignity of patients at all times by maintaining confidentiality &amp; protecting patient privacy during personal care delivery.</td>
</tr>
<tr>
<td><strong>Critical Thinking and Analysis</strong></td>
<td>By the end of this clinical placement I will conduct a health assessment of a patient &amp; demonstrate analysis of results &amp; development of a care plan, as evidenced in my clinical event analysis. By the end of this clinical placement I will develop my knowledge of the pathophysiology &amp; care requirements of 2 common conditions on the ward, by accessing evidence based literature.</td>
</tr>
<tr>
<td><strong>Provision and Coordination of Care</strong></td>
<td>By the end of this clinical placement I will be able to competently &amp; accurately perform vital sign assessment, identifying results outside of acceptable limits. By the end of this clinical placement I will be able to plan &amp; initiate care to assist 2 patients with their hygiene needs.</td>
</tr>
<tr>
<td><strong>Collaborative and Therapeutic Practice</strong></td>
<td>By the end of this clinical placement I will be able to objectively &amp; succinctly document entry in a patient’s progress notes. By the end of this clinical placement I will develop an understanding of the role of physiotherapists &amp; the collaborative practice between physiotherapists &amp; nurses.</td>
</tr>
</tbody>
</table>
**Student evidence**

The Preceptor is required to assess the student’s performance at their specific stage of education and practice. This requires the student to provide documented evidence of achievement of competency domains by stating exemplars which support achievements linked to relevant competency elements. Not all competency elements need to be addressed but students are encouraged to diversify documented evidence of practice.

<table>
<thead>
<tr>
<th>Domain 1 – Professional Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competency Unit 1: Practises in accordance with legislation affecting nursing practice and health care.</td>
</tr>
<tr>
<td>Competency Unit 2: Practises within a professional and ethical nursing framework.</td>
</tr>
<tr>
<td>Provide examples of practice as evidence of meeting each competency domain. Identify the appropriate ANMC competency elements after the example.</td>
</tr>
</tbody>
</table>

24/5/11 I showed my clinical learning objectives to my preceptor & discussed strategies to achieve them over the next two weeks (CE 2.1, 2.5, 4.2, 4.4, 9.1) §8

28/5/11 I advised my preceptor of my scope of practice & declined to undertake oral suctioning of a patient. (CE 1.2, 1.3, 2.1, 2.5, 2.6, 9.1, 9.2) §8

28/5/11 I reviewed the NMBA Practice Decisions Guide, regarding accountability & responsibilities of different healthcare workers (CE 2.1, 2.2, 2.5, 2.7, 4.1, 10.1) §8.

31/5/11 Today a patient refused to have his dressing changed. I discussed with him the importance of wound cleansing & dressing to promote wound healing. The patient again refused. I respected the patient’s wishes, notified my preceptor & documented my interaction with the patient in the progress notes (CE 1.1, 1.2, 1.3, 2.1, 2.2, 2.3, 2.4, 4.4, 6.3, 7.1, 7.4, 7.7, 8.2, 9.1, 9.2, 9.3, 9.4, 10.2) §8.

2/6/11 Today I attended a wound in-service education session on hazard identification & reporting. (CE 1.2, 1.3, 2.4, 2.6, 4.2, 4.4, 9.2, 9.5) §8.
Domain 2 – Critical Thinking and Analysis

Provide examples of practice as evidence of meeting each competency domain. Identify the appropriate ANMC competency elements after the example.

28/5/11 I reflected on my first week of clinical placement in my reflective journal, identifying strategies for improvement of my practice.

(cE 22.2.1, 2.6, 3.3, 4.1, 4.2, 4.4) 88

31/5/11 I interpreted vital sign assessment, recognised a BP outside of acceptable limits & notified my preceptor immediately.

(cE 12, 13, 22, 24, 2.5, 2.6, 3.3, 4.4, 5.1, 5.2, 5.3, 7.1, 7.4, 9.1, 9.2, 9.5, 10.2) 88

1/6/11 I accessed a word resource file & read a journal article on the management of diabetic patients post surgery.

(cE 22, 2.6, 3.1, 3.2, 3.3, 4.2) 88

2/6/11 I observed a documentation audit undertaken by the Nurse Manager. She explained the process & how the results are used to improve nursing practice & patient outcomes.

(cE 12, 1.3, 2.1, 2.2, 2.4, 2.6, 3.5, 4.2, 4.3, 9.1, 9.2) 88

3/6/11 Today I met with my preceptor to discuss my clinical placement experience & achievement of clinical learning objectives. Together we identified my practice strengths & areas for improvement.

(cE 2.1, 2.5, 3.5, 4.1, 4.2, 4.3, 4.4) 88
### Domain 3 – Provision and Coordination of Care

**Competency Unit 5:** Conducts a comprehensive and systematic nursing assessment

**Competency Unit 6:** Plans nursing care in consultation with individuals/groups, significant others and interdisciplinary health care team

**Competency Unit 7:** Provides comprehensive, safe and effective evidence-based nursing care to achieve identified individual/group health outcomes

**Competency Unit 8:** Evaluates progress towards expected individual/group health outcomes in consultation with individuals/groups, significant others and interdisciplinary health care team

Provide examples of practice as evidence of meeting each competency domain. Identify the appropriate ANMC competency elements after the example.

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity Description</th>
<th>ANMC Competency Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>28/11</td>
<td>Undertook vital sign assessment &amp; documented the results for 4 patients, asking my preceptor to check my results were accurate. (CE 1, 2, 21, 22, 23, 24, 44, 51, 52, 53, 72, 91, 92, 102)</td>
<td>8</td>
</tr>
<tr>
<td>28/11</td>
<td>Assisted a dependent patient with elimination needs, ensuring privacy &amp; dignity were maintained &amp; assessing the integrity of the patient’s perineal skin areas. (CE 12, 21, 23, 24, 32, 44, 52, 53, 71, 72, 78, 79, 92, 93, 94, 95)</td>
<td>8</td>
</tr>
<tr>
<td>31/11</td>
<td>Undertook a simple wound dressing to a patient's pressure area, ensuring aseptic technique. (CE 12, 21, 22, 26, 71, 72, 78, 81, 91, 92)</td>
<td>8</td>
</tr>
<tr>
<td>31/11</td>
<td>Developed a shift plan for 2 patients &amp; followed the plan, communicating with my preceptor when tasks had been achieved. (CE 12, 13, 22, 23, 24, 27, 61, 62, 63, 64, 71, 72, 73, 81, 82, 91, 92, 93, 102)</td>
<td>8</td>
</tr>
<tr>
<td>2/12</td>
<td>Assisted a patient who had a stroke to feed himself. I demonstrated respect &amp; empathy for his frustration by assisting to maintain his dignity &amp; helping him with his utensil only as he needed/lanted. (CE 12, 23, 24, 26, 71, 72, 78, 81, 82, 91, 92, 93, 94)</td>
<td>8</td>
</tr>
</tbody>
</table>
**Domain 4 – Collaborative and Therapeutic Practice**

<table>
<thead>
<tr>
<th>Competency Unit 9: Establishes, maintains and appropriately concludes therapeutic relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competency Unit 10: Collaborates with the interdisciplinary health care team to provide comprehensive nursing care</td>
</tr>
</tbody>
</table>

Provide examples of practice as evidence of meeting each competency domain. Identify the appropriate ANMC competency elements after the example.

1. I spoke with the physio discussing the role of the physio & observed a respiratory assessment of a patient undertaken by a physio (CE 4.2, 9.1, 9.2, 10.1) 

2. I attended a case meeting of the multidisciplinary team, regarding patient outcomes gaining insight into the differing roles of health care professionals. (CE 2.7, 4.2, 9.1, 9.2, 10.1) 

3. Under the direction of my preceptor, I paged the physio & requested review of a patient with increasing respiratory effort & decreasing oxygen saturation (CE 12, 13, 21, 22, 24, 25, 26, 4.4, 5.1, 5.2, 5.3, 6.1, 7.1, 7.3, 8.1, 8.2, 9.1, 9.2, 10.1, 10.2, 10.3)
Formative Assessment Summary
To be complete by Practitioner Scholar

- Student progress discussed with Preceptor/s
- Satisfactory progress based on discussion with Preceptor/s and student evidence

☐ Unsatisfactory progress based on discussion with Preceptor/s and student evidence (Student Development Report completed)

Practitioner Scholar Comment-

Discussion with Jessica’s Preceptor confirmed she is demonstrating satisfactory progress. Jessica demonstrates an eagerness to learn & asks questions of her Preceptor & Prac Scholar when unsure. She practices within her scope of practice & communicates with patients well.

Student Comment (optional)-

I am enjoying learning how the ward runs & the roles of different members of the healthcare team. I am looking forward to consolidating my clinical skills & developing my time management in Week 2.

Practitioner Scholar signature: R. Jones  Date: 28/5/11

Student signature: Smith  Date: 28/5/11
<table>
<thead>
<tr>
<th>Domain 1 - Professional Practice</th>
<th>Preceptor initials</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Competency Unit 1:</strong></td>
<td></td>
</tr>
<tr>
<td>Practises in accordance with legislation affecting nursing practice and health care</td>
<td></td>
</tr>
<tr>
<td>Element 1.1 Compiles with relevant legislation and common law</td>
<td></td>
</tr>
<tr>
<td>Element 1.2 Fulfils the duty of care</td>
<td></td>
</tr>
<tr>
<td>Element 1.3 Recognises and responds appropriately to unsafe or unprofessional practice</td>
<td></td>
</tr>
<tr>
<td><strong>Competency Unit 2:</strong></td>
<td></td>
</tr>
<tr>
<td>Practises within a professional and ethical nursing framework</td>
<td></td>
</tr>
<tr>
<td>Element 2.1 Practices in accordance with the nursing profession’s codes of ethics and conduct</td>
<td></td>
</tr>
<tr>
<td>Element 2.2 Integrates organisational policies and guidelines with professional standards</td>
<td></td>
</tr>
<tr>
<td>Element 2.3 Practices in a way that acknowledges the dignity, culture, values, beliefs and rights of individuals/groups</td>
<td></td>
</tr>
<tr>
<td>Element 2.4 Advocates for individuals/groups and their rights for nursing and health care within organisational and management structures</td>
<td></td>
</tr>
<tr>
<td>Element 2.5 Understands and practises within own scope of practice</td>
<td></td>
</tr>
<tr>
<td>Element 2.6 Integrates nursing and health care knowledge, skills and attitudes to provide safe and effective nursing care</td>
<td></td>
</tr>
<tr>
<td>Element 2.7 Recognises the differences in accountability and responsibility between Registered Nurses, Enrolled Nurses and unlicensed care workers</td>
<td></td>
</tr>
</tbody>
</table>
### Domain 2 – Critical Thinking and Analysis

<table>
<thead>
<tr>
<th>Competency Unit 3: Practices within an evidence-based framework</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Element 3.1</strong> Identifies the relevance of research to improving individual/group health outcomes</td>
</tr>
<tr>
<td><strong>Element 3.2</strong> Uses best available evidence, nursing expertise and respect for the values and beliefs of individuals/groups in the provision of nursing care</td>
</tr>
<tr>
<td><strong>Element 3.3</strong> Demonstrates analytical skills in accessing and evaluating health information and research evidence</td>
</tr>
<tr>
<td><strong>Element 3.4</strong> Supports and contributes to nursing and health care research</td>
</tr>
<tr>
<td><strong>Element 3.5</strong> Participates in quality improvement activities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Competency Unit 4: Participates in ongoing professional development of self and others</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Element 4.1</strong> Uses best available evidence, standards and guidelines to evaluate nursing performance</td>
</tr>
<tr>
<td><strong>Element 4.2</strong> Participates in professional development to enhance nursing practice</td>
</tr>
<tr>
<td><strong>Element 4.3</strong> Contributes to the professional development of others</td>
</tr>
<tr>
<td><strong>Element 4.4</strong> Uses appropriate strategies to manage own responses to the professional work environment</td>
</tr>
</tbody>
</table>
## Domain 3 – Provision and Coordination of Care

<table>
<thead>
<tr>
<th>Competency Unit 5:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Conducts a comprehensive and systematic nursing assessment</td>
<td>Preceptor initials</td>
</tr>
<tr>
<td>Element 5.1 Uses a relevant evidence-based assessment framework to collect data about the physical socio-cultural and mental health of the individual/group</td>
<td>D2</td>
</tr>
<tr>
<td>Element 5.2 Uses a range of assessment techniques to collect relevant and accurate data</td>
<td>D2</td>
</tr>
<tr>
<td>Element 5.3 Analyses and interprets assessment data accurately</td>
<td>D2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Competency Unit 6:</th>
<th>Plans nursing care in consultation with individuals/groups, significant others and interdisciplinary health care team</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Element 6.1 Determines agreed priorities for resolving health needs of individuals/groups</td>
<td>D2</td>
<td></td>
</tr>
<tr>
<td>Element 6.2 Identifies expected and agreed individual/group health outcomes, including a time frame for achievement</td>
<td>D2</td>
<td></td>
</tr>
<tr>
<td>Element 6.3 Documents a plan of care to achieve expected outcomes</td>
<td>D2</td>
<td></td>
</tr>
<tr>
<td>Element 6.4 Plans for continuity of care to achieve expected outcomes</td>
<td>D2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Competency Unit 7:</th>
<th>Provides comprehensive, safe and effective evidence-based nursing care to achieve identified individual/group health outcomes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Element 7.1 Effectively manages the nursing care of individuals/groups</td>
<td>D2</td>
<td></td>
</tr>
<tr>
<td>Element 7.2 Provides nursing care according to the documented care or treatment plan</td>
<td>D2</td>
<td></td>
</tr>
<tr>
<td>Element 7.3 Prioritises workload based on the individual/group's needs, acuity and optimal time for intervention</td>
<td>D2</td>
<td></td>
</tr>
<tr>
<td>Element 7.4 Responds effectively to unexpected or rapidly changing situations</td>
<td>D2</td>
<td></td>
</tr>
<tr>
<td>Element 7.5 Delegates aspects of care to others according to their competence and scope of practice</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Element 7.6 Provides effective and timely direction and supervision to ensure that delegated care is provided safely and accurately</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Element 7.7 Educates individuals/groups to promote independence and control over their health</td>
<td>D2</td>
<td></td>
</tr>
<tr>
<td>Element 7.8 Uses health care resources effectively and efficiently to promote optimal nursing and health care</td>
<td>D2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Competency Unit 8:</th>
<th>Evaluates progress towards expected individual/group health outcomes in consultation with individuals/groups, significant others and interdisciplinary health care team</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Element 8.1 Determines progress of individuals/groups toward planned outcomes</td>
<td>D2</td>
<td></td>
</tr>
<tr>
<td>Element 8.2 Revises the plan of care and determines further outcomes in accordance with evaluation data</td>
<td>D2</td>
<td></td>
</tr>
<tr>
<td>Competency Unit 9: Establishes, maintains and appropriately concludes therapeutic relationships</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-----------------</td>
<td></td>
</tr>
<tr>
<td>Element 9.1 Establishes therapeutic relationships that are goal directed and recognises professional boundaries</td>
<td>D2</td>
<td></td>
</tr>
<tr>
<td>Element 9.2 Communicates effectively with individuals/groups to facilitate provision of care</td>
<td>D2</td>
<td></td>
</tr>
<tr>
<td>Element 9.3 Uses appropriate strategies to promote an individual/group's self-esteem, dignity, integrity and comfort</td>
<td>D2</td>
<td></td>
</tr>
<tr>
<td>Element 9.4 Assists and supports individuals/groups to make informed health care decisions</td>
<td>D2</td>
<td></td>
</tr>
<tr>
<td>Element 9.5 Facilitates a physical, psychosocial, cultural and spiritual environment that promotes individual/group safety and security</td>
<td>D2</td>
<td></td>
</tr>
</tbody>
</table>

| Competency Unit 10: Collaborates with the interdisciplinary health care team to provide comprehensive nursing care |
|--------------------------------------------------|----------------|
| Element 10.1 Recognises that the membership and roles of health care teams and service providers will vary depending on an individual/group's needs and health care setting | D2 |
| Element 10.2 Communicates nursing assessments and decisions to the interdisciplinary health care team and other relevant service providers | D2 |
| Element 10.3 Facilitates coordination of care to achieve agreed health outcomes | D2 |
| Element 10.4 Collaborates with the health care team to inform policy and guideline development | N/A |
Summative Assessment Summary

Preceptor Comment:
Jessica has developed her interpersonal skills throughout her clinical placement. She easily develops her rapport with patients and always explains nursing interventions to them. Jessica is competent and confident in assisting patients with activities of daily living. Jessica demonstrates skill development appropriate to that of a Stage 1 nursing student. Further education and clinical exposure will facilitate skill proficiency.

Student Comment:
I have enjoyed my clinical placement and have learnt a lot from my preceptors. I still feel I have a lot to learn, and I continue to develop my knowledge skills on patient assessment techniques. I would also like to increase my efficiency undertaking vital sign assessment.

Preceptor signature: [Signature]
Date: 3/6/11

Student signature: [Signature]
Date: 3/6/11
APPENDIX A: OPTIONAL ASSESSOR EVIDENCE

(Asessor to date/ sign all entries)

31/5/11 Today Jessica assisted a patient to shower/dress & observed a complex wound dressing. She is able to identify key principles of asepsis & the rationale for maintaining aseptic technique.
D. Richards (RN) DR.

1/6/11 Jessica accurately measured a patient's vital signs, identifying results outside of acceptable limits.
D. Richards (RN) DR.

2/6/11 Jessica has been a pleasure to work with this shift. She is keen to learn & takes direction well. She behaves professionally at all times & demonstrates good communication skills when interacting with patients.
D. Richards (RN) DR.

3/6/11 Jessica undertook a simple wound dressing, maintaining aseptic technique & requiring minimal prompting.
D. Richards (RN) DR.
Appendix B: Student development report

To be completed by Preceptor/Practitioner Scholar in the event the student has demonstrated unprofessional or unsafe practice; or if the Preceptor/Practitioner Scholar is concerned about the student’s progress at any time throughout the clinical placement.

<table>
<thead>
<tr>
<th>Subjective/Objective (i.e. event/area for improvement)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Analysis (relevant competency elements applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Implementation/evaluation</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Preceptor/Practitioner Scholar signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>
# APPENDIX 4
## PRECEPTOR CHECKLIST

### STUDENT ORIENTATION AT THE START OF THE ROTATION

<table>
<thead>
<tr>
<th>Description</th>
<th>Tick</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide student with an orientation to the layout of the ward/clinic</td>
<td></td>
</tr>
<tr>
<td>Provide the student with an overview of the specialty area and patient</td>
<td></td>
</tr>
<tr>
<td>characteristics of the ward/clinic</td>
<td></td>
</tr>
<tr>
<td>Introduce the student to other staff members</td>
<td></td>
</tr>
<tr>
<td>Orientate the student to the telephone, computer and other ward/clinic</td>
<td></td>
</tr>
<tr>
<td>based communication systems (i.e. communication books/ward diary)</td>
<td></td>
</tr>
<tr>
<td>Orientate the student to the ward/clinic handover approach, handover</td>
<td></td>
</tr>
<tr>
<td>documentation and its uses</td>
<td></td>
</tr>
<tr>
<td>Discuss clinical learning objectives with the student for the rotation</td>
<td></td>
</tr>
<tr>
<td>Discuss the process for student assessment during the rotation</td>
<td></td>
</tr>
<tr>
<td>Orientate the student to emergency procedures including fire equipment</td>
<td></td>
</tr>
<tr>
<td>and exits</td>
<td></td>
</tr>
<tr>
<td>Orientate the student to equipment areas (including personal protective</td>
<td></td>
</tr>
<tr>
<td>equipment)</td>
<td></td>
</tr>
<tr>
<td>Orientate the student to nursing documentation</td>
<td></td>
</tr>
</tbody>
</table>

### MID WAY THROUGH THE ROTATION

<table>
<thead>
<tr>
<th>Description</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Discuss learning experiences of the student to date</td>
<td></td>
</tr>
<tr>
<td>Revisit the clinical learning objectives with the student</td>
<td></td>
</tr>
<tr>
<td>Provide feedback (both positive &amp; constructive) to the student on their</td>
<td></td>
</tr>
<tr>
<td>performance</td>
<td></td>
</tr>
<tr>
<td>Discuss any concerns you may have with the UWA clinical support team</td>
<td></td>
</tr>
<tr>
<td>Complete formative clinical performance appraisal tool (for 4 week Clinical</td>
<td></td>
</tr>
<tr>
<td>Nursing Practicum only)</td>
<td></td>
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</tbody>
</table>

### END OF THE ROTATION

<table>
<thead>
<tr>
<th>Description</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Discuss learning experiences of the student</td>
<td></td>
</tr>
<tr>
<td>Complete the Clinical Performance Appraisal Tool (CPAT)</td>
<td></td>
</tr>
<tr>
<td>Evaluate achievement of clinical learning objectives of the rotation with</td>
<td></td>
</tr>
<tr>
<td>the student</td>
<td></td>
</tr>
<tr>
<td>Provide any feedback (both positive &amp; constructive) to the student on their</td>
<td></td>
</tr>
<tr>
<td>performance</td>
<td></td>
</tr>
<tr>
<td>Receive feedback on your performance as a Preceptor</td>
<td></td>
</tr>
<tr>
<td>Discuss any concerns you may have with the UWA clinical support team</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 5
FAQs- FREQUENTLY ASKED QUESTIONS

The following questions have been previously asked by Preceptors. Should further detail be required, please contact the UWA clinical support team (refer to key contacts within the Preceptor Guide).

What is the Master of Nursing Science (entry-to-practice) course?
The Master of Nursing Science (entry-to-practice) course is a 2 year Masters by coursework degree. The course is designed for people who have a previous degree in any other discipline and wish to become a registered nurse. It is an intensive 2 calendar year course that covers the theoretical, practical and clinical placement components of tertiary nursing education. The course is accredited with the Nurses & Midwives Board of Australia (NMBA) & upon successful completion students are eligible to register as a registered nurse with the NMBA. For more information refer to the course overview within the Preceptor Guide.

Do the nursing students undertake manual handling training?
Yes. All students have successfully completed the manutension training prior to commencing their clinical placement. Students also have current CPR certification, working with children check, department of health criminal record screening & national police clearance.

Can nursing students work with Enrolled Nurses?
The Master of Nursing Science students are required to work under the supervision & direction of a Registered Nurse Preceptor. If in extenuating circumstances this is not possible, the UWA clinical support team should be contacted for advice.

The nursing student’s Clinical Performance Appraisal Tool must be completed by a Registered Nurse.

The Master of Nursing Science course is an intensive postgraduate course. What support is available to students who may find the course requirements difficult?
Prior to applying for acceptance into the course, prospective students are advised of the intensive course requirements. Students who may be experiencing difficulty are encouraged to contact the Course Coordinator or the UWA clinical support team (while on clinical placement). In addition to the nursing academic staff, the university offers individual academic support and counselling resources to students who may require additional support.

Can nursing students administer medications?
First semester nursing students can administer oral medications under the supervision of a registered nurse, provided they have undertaken the theoretical and practical learning within the Clinical Nursing skills 1 unit & successfully completed the medication calculations test.

Second semester students and beyond can deliver most other routes of medication (see the nursing student clinical skills list within the Preceptor Guide) under the supervision of the registered nurse, provided they have undertaken the theoretical and practical learning within the Clinical Nursing skills 2 unit & successfully completed the medication calculations test prior to each clinical placement.

Preceptors will be advised by the UWA clinical support team if the individual student is not able to administer medications & the plan that is in place to address this practice deficit.

Can students participate in learning experiences of the multidisciplinary team (e.g. physio, patient imaging)?
Yes, students can participate in multidisciplinary care activities that will enhance the student learning of patient care process, and the role of the multidisciplinary team. However the Preceptor must deem the appropriateness and relevance of the activity to the student’s learning needs, and weigh this up against the nursing based learning experiences available at the time. If a Preceptor is unsure of when a student should participate in multi-disciplinary patient care the UWA clinical support team should be contacted for advice.

**Are Preceptors responsible for assessing specific clinical skills procedures?**

The Preceptor is responsible for assessing the students overall performance against the ANMC competencies within the Clinical Performance Appraisal Tool (CPAT). This assessment will incorporate assessment of a student’s competence in specific clinical skills procedures. The Preceptor may be asked to sign a clinical skills competency record in the student’s text *Tollefson’s Clinical Psychomotor Skills*. This is the student’s record of skill development and will be used to develop their professional portfolios.

In summary, the Preceptor’s role in clinical performance appraisal documentation is to complete the ratings against the ANMC competencies within the CPAT & to sign and write a comment on the Assessment Summary within the CPAT.

**What can the nursing students do and not do?**

Specific skills nursing student can and cannot do depends upon their stage of theoretical & practical learning within the course. Refer to the nursing student clinical skills list within the Preceptor Guide. Contact the UWA clinical support team for clarification. Students are responsible to communicate with the Preceptor regarding their level of clinical skill practice.

**Can the nursing students act as ‘guards’/’companions’?**

No. The nursing students are practicing in a supernumery capacity and should be working with a Registered Nurse at all times.

**What do I do if I identify the student has practice issues?**

The earlier we can identify student difficulties, the better. The Preceptor should discuss the issues with the nursing student & contact the UWA clinical support person. The UWA clinical support person will discuss the issues with the Preceptor & the student (independently or collectively) & will assist the Preceptor in developing a student development plan to assist the student to overcome clinical practice issues. The UWA clinical support person may be available for 1:1 student remediation if required & is there to support the Preceptor as much as possible in supervising, teaching & appraising the student’s performance.