

The development of a pre-registration nursing competencies assessment tool for use across Australian universities

2010

Pilot guidance package: competency assessment tool – nursing

Lead institution

University of Wollongong

Partner institutions

Curtin University of Technology

University of Technology Sydney

University of South Australia

Queensland University of Technology

Other organisations

**The Council of Deans of Nursing and Midwifery
(Australia and New Zealand)**

ANMC Professional Reference Group

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The project's report is available on the ALTC's website, [<www.altc.edu.au>](http://www.altc.edu.au)



Australian Learning and Teaching Council
Pilot Guidance Package
March 2010

Contents, overview and purpose

Within the pack there are a number of documents that relate to the assessment of nursing students:

Page	Area	Comment
6-7	Competency Assessment Tool	This document will be used at least once on all practice placements that the student attends. Each document should reflect the level(s) to be achieved (as specified by each university) within each part/year of the programme. A number of comments were received related to completing an assessment as an intermediate intervention hence the interim-final boxes on this document and why more than one may be required in each placement.
8-12	ANMC National Competency Standards for the RN (2006) & guidance for interpreting whether an individual has achieved a competency	These are the findings from the Nominal Groups. Under each of the higher level descriptors the points reflect the observations / questions / measurements that practitioners stated assisted them to identify that the student was appropriately achieving the competencies
13	Overview of the Competency exemplars	This table shows the complete list of exemplar events that have been identified Broad evaluation criteria are outlined here that will be used across all institutions. Details will be clarified between partners.
14-17*	The initial and ongoing nursing assessment of a client/patient	These are all eight prepared competency assessments that have been completed in <i>draft</i> form prior to piloting and benchmarking. NB: A point for discussion - the 'simple' Bondy descriptor has been used on three (*) rather than on all eight to allow consideration of their use. A number of other areas had been explored and these may be developed during/after initial piloting. One example was: <i>'Health Education and Promotion'</i> <i>'Dealing and Reporting a Near miss or an incident'</i>
18-20	Caring for a client/patient requiring wound management	
21-23	Managing medication administration	
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33-36*	Teaching a Client/Patient	
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48-49	Facilitator Feedback on the Competency Assessment Tools	Evaluation tools for key stakeholders
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52-53	Academic Team Feedback on the Competency Assessment Tools	



DRAFT: Competency Assessment Tool-v5 (ANMC 2006)

PART * / YEAR *

Professional Practice (Please insert a ✓ in the appropriate column)	Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)	Not Assessed
1. Practices in accordance with legislation affecting nursing practice and health care						
2. Practices within a professional and ethical framework						
Critical Thinking and Analysis (Please insert a ✓ in the appropriate column)						
3. Practices within an evidence-based framework						
4. Participates in ongoing professional development of self and others						
Provision and Coordination of Care (Please insert a ✓ in the appropriate column)						
5. Conducts a comprehensive and systematic nursing assessment						
6. Plans nursing care in consultation with individuals/groups, significant others and the interdisciplinary health care team.						
7. Provides comprehensive, safe and effective evidence-based nursing care to achieve identified individual/group health						
8. Evaluates progress towards expected individual/group health outcomes in consultation with individuals/groups, significant others and the interdisciplinary health care team.						
Collaborative and Therapeutic Practice (Please insert a ✓ in the appropriate column)						
9. Establishes, maintains appropriately concludes therapeutic relationships.						
10. Collaborates with the interdisciplinary health care team to provide comprehensive nursing care.						
How would you rate the overall performance of this student during this clinical practicum (use a ✓) : Unsatisfactory ☐ Satisfactory ☐ Good ☐ Excellent ☐						

Modified from: Bondy, K, M, 1983, 'Criterion-referenced definitions for rating scales in clinical evaluation', *Journal of Nursing Education*, vol. 22(9), pp. 376-381.

Independent: (I)	Refers to being safe & knowledgeable; proficient & coordinated and appropriately confident and timely. Does not require supporting cues
Supervised: (S)	Refers to being safe & knowledgeable; efficient & coordinated; displays some confidence and undertakes activities within a reasonably timely manner. Requires occasional supporting cues.
Assisted: (A)	Refers to being safe and knowledgeable most of the time; skilful in parts however is inefficient with some skill areas; takes longer than would be expected to complete the task. Requires frequent verbal and some physical cues
Marginal: (M)	Refers to being safe when closely supervised and supported; unskilled and inefficient; uses excess energy and takes a prolonged time period. Continuous verbal and physical cues.
Dependent: (D)	Refers to concerns about being unsafe and being unable to demonstrate behaviour or articulate intention; lacking in confidence, coordination and efficiency. Continuous verbal and physical cues/interventions necessary.



Scoring guide:

- ⊕ ONLY ✓ (not assessed) if the student has not had an opportunity to be exposed to and therefore demonstrate the competency
- ⊕ Any item not assessed should not be scored.
- ⊕ You should only ✓ one column for each of the one to ten descriptors
- ⊕ Evaluate the student's performance against the **minimum** competency level expected for a beginning/entry level registered nurse.

Reflection by Student: (Should use a recognised model for reflection and may structure as prep/activity/closure etc)

Continue on a separate sheet if necessary

How would you rate your overall performance whilst undertaking this clinical placement? (use a ✓)

Unsatisfactory ☐ Satisfactory ☐ Good ☐ Excellent ☐

Comments by RN: (use a ✓)

INTERIM	FINAL

Continue on a separate sheet if necessary

Student Name: (please print) _____ **Sign:** _____ **Date:** _____

Clinical facilitator: (please print) _____ **Sign:** _____ **Date:** _____



Professional Practice

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

- 1.1 Complies with relevant legislation and common law.
- 1.2 Fulfils the duty of care.
- 1.3 Recognises and responds appropriately to unsafe or unprofessional practice.

OBSERVATIONS:

Uses protocols/procedure/documentation to support decision making; promptly responds to unsafe practice; seen undertaking and responding appropriately

QUESTIONS:

When would you use/apply particular criteria/rules? (e.g. restraint / medicine administration: documentation / consent / evaluation)

MEASUREMENTS:

Documents are appropriately utilised; exception reporting is evident;

Scenarios offered/Other:

Restraint and it's use/needle stick injury and management & reporting/work colleague being ill/pain management

2. Practises within a professional and ethical nursing framework

- 2.1 Practices in accordance with the nursing profession's codes of ethics and conduct.
- 2.2 Integrates organisational policies and guidelines with professional standards.
- 2.3 Practises in a way that acknowledges the dignity, culture, values, beliefs and rights of individuals/groups.
- 2.4 Advocates for individuals/groups and their rights for nursing and health care within organisational and management structures.
- 2.5 Understands and practises within own scope of practice.
- 2.6 Integrates nursing and health care knowledge, skills and attitudes to provide safe and effective nursing care.
- 2.7 Recognises the differences in accountability and responsibility between Registered Nurses, Enrolled Nurses and unlicensed care workers

OBSERVATIONS:

Uses appropriate language / communicates effectively with the team both nursing and multi-disciplinary (attitude & demeanor) / interaction is engaging/ listens and responds appropriately / behaves in a manner that makes peers & colleagues and patients/clients comfortable and is non-threatening; clearly operates within professional boundaries; see undertaking appropriate and timely competent care;

QUESTIONS: How might you respond to pts request? (e.g. address as / advocacy): How might your responses reflect the local policy-procedure & best evidence?; Appreciates the importance of understanding the pts condition / therapy / intervention.

MEASUREMENTS:

Documentation e.g. such as handover notes are appropriately utilised & accurate report writing; does student make clear challenges to scope of practice?

Scenarios offered/Other: communication/professionalism/policy and guidelines/respect & dignity/problem solving/deals with deteriorating patients.

Critical Thinking and Analysis

3. Practises within an evidence-based framework

- 3.1 Identifies the relevance of research to improving individual/group health outcomes.
- 3.2 Uses best available evidence, nursing expertise and respect for the values and beliefs of individuals/groups in the provision of nursing care.
- 3.3 Demonstrates analytical skills in accessing and evaluating health information and research evidence.
- 3.4 Supports and contributes to nursing and health care research.
- 3.5 Participates in quality improvement activities.



OBSERVATIONS: Knows when to utilise policy-procedure & best evidence / has capability to engage with systems to locate evidence in practice / demonstrates competence in practice but acknowledges own scope / problem solving evident on actions; questions nursing actions but is not 'hamstrung' by over analysis; *considers scope and delegation*

QUESTIONS: Why/what/when/how are you doing....?; Articulates theory supporting their practice; participates in quality improvement activities; what's hospital accreditation mean and why is quality assessment important you?; knows actions to initially take to assess pt (prior to surgery); Use of resources to support EBP; Can give examples of best practice: Consultation with AHP

MEASUREMENTS: Reviews pt notes and uses appropriate model; Uses assessment tools uses; (i.e. falls/pressure) 'wound trace' and 'Braden score'; Identifies hospital/agency bench-marking; displays sound clinical knowledge base through data interpretation; Carries out the task successfully and appropriately.

4. Participates in ongoing professional development of self and others

- 4.1 Uses best available evidence, standards and guidelines to evaluate nursing performance.
- 4.2 Participates in professional development to enhance nursing practice.
- 4.3 Contributes to the professional development of others.
- 4.4 Uses appropriate strategies to manage own responses to the professional work environment

OBSERVATIONS: Knows and verbalises critical appraisal of situations in a supportive manner: Questions practice of others; Engages in clinical discussion about pt progress with MDT; Assists team, mentors students/peer supports and shares best practice/knowledge; understands own learning needs; utilises reflective practice; conducts education sessions; role models; accesses journals & databases / evidence through research and policies/procedures; Appears confident/comfortable in work; uses preceptor for support & debriefing as well as fulfils role for others; uses an established communication model; objectively receives and gives feedback; recognises own limitations/scope of practice; open to guidance by others (including juniors; Relates care to care plan: shows initiative;

QUESTIONS: How could that be done better?: What additional education might you need?: How will you share your knowledge with others?: What resources do you have/use? Have you or how do you contribute to the learning of another?: Tell me what prompted you to?: Journal clubs: Membership of a professional group/organisations; Awareness of policy/procedure; Follows guidelines; uses critical thinking; Understands registration requirements; explores policy/proc when faced with new skill; Challenges existing frameworks; Seeks clarity of orders;

MEASUREMENTS: Self education; attends in-services/development seminars; evidence of reflection and appropriate use of models; analyses orders to be given; completes all documentation appropriately care plans and assessment tools; feedback on pt education/consumers/carers; follows guidelines; Uses critical incidents and case studies to embody learning; shares a reflective journal

Other: attends in-services/ short course participation/

Provision and Coordination of Care

5. Conducts a comprehensive and systematic nursing assessment

- 5.1 Uses a relevant evidence-based assessment framework to collect data about the physical socio-cultural and mental health of the individual/group.
- 5.2 Uses a range of assessment techniques to collect relevant and accurate data.
- 5.3 Analyses and interprets assessment data accurately

OBSERVATIONS: Systematic/accurate/holistic approach through use of a framework; relies on theory and evidence to conduct assessment; utilises appropriate equipment; CHIPPA (Communication/ History / Inspection / Percussion / Palpation / Auscultation): Appropriate response/nursing action to the data collected i.e. plans (& prioritises both in assessment and in planning); Reviews charts/past data to see what info was gathered: Uses appropriate communication / language when undertaking assessment / hand-over: using "life skills profile": seeks clarity of assessment data and responds positively to feedback as well as asks for assistance when required (scope issue); Spends time with the clients: Listens and questions appropriately in a culturally sensitive & aware manner:



QUESTIONS: Why did you use that-tool/assessment/approach, etc?: what assessment frameworks/tools do you know?: Understands Care planning & delivery based on appropriate assessment and uses MDT;

MEASUREMENTS: Evidence gathered is appropriate and accurately documented: Includes clear risk assessments when necessary: taking and recording accurate physiological and other measurements when necessary; notes reflect pts changes; Uses and documents range of assessment techniques; can perform assessment skills: can articulate decision process clearly: 'sees' connectedness of presentation with assessment and presentation and diagnosis

Scenarios offered/Other: Admission processes/ assessment processes. Patient assessment - focused/Tools/Techniques/Frameworks/Linking / communication; Education knowledge / tools: application: Use case scenario and then observe student articulate critical thinking & analysis. Wound assessment. May use nursing diagnosis

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.
- 6.2 Identifies expected and agreed individual/group health outcomes including a time frame for achievement.
- 6.3 Recognises Documents a plan of care to achieve expected outcomes.
- 6.4 Plans for continuity of care to achieve expected outcomes.

OBSERVATIONS: Uses appropriate biopsychosocial assessment with 'correct' communication skills: Appropriate interaction/conversation with pts and family and the MDT leading to identification of agreed achievable documented goals (admission to discharge): documents/hands-over relevant information (for all pts); Follows agreed clinical pathway(s) and makes appropriate decisions promptly (incorporating AHP recommendations): works within a safe practice framework; seen undertaking and responding; can form an appropriate care plan for new admission; Clear demonstration of knowledge re: health issues; Thorough risk assessment self others and pt; note taking strategies are contemporaneous and appropriate; effective organisational skills; thinks about 'tomorrow' {*planning ahead?*};

QUESTIONS: Explore how to plan a shift and prioritise: Are you able to prioritise the most acutely ill pt(s) in your care? When should you seek clarification on particular criteria/rules? (e.g. restraint/medicine administration: documentation/consent/ evaluation): Are the pt & family satisfied with the care? *How would you know?* Have referrals sent to AHW & *would you know how to?* Integrates knowledge and data analysis in terms of critical thinking; Location of appropriate support/services and location; Referrals to others "DASSA" (sic), counseling, psychiatry:

MEASUREMENTS: Documents are appropriately utilised to show a clear plan of care to order to manage pt load; in an appropriate time frame is evident; Id's needs of pt and/or expected outcome; {**really O or Q:** Knows who to contact and who to pass on info to achieve health outcomes}; Is the nurse able to tell if the pt is making appropriate progress {*how would you know?*}; Shows that there is appropriate biopsychosocial assessment with 'correct' communication skills; Compare data from that setting/area with the overall service (e.g. HAI's, etc); is performance as would be expected re time management and health outcomes

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.
- 7.2 Provides nursing care according to the documented care or treatment plan.
- 7.3 Prioritises workload based on the individual's/group's needs, acuity and optimal time for intervention.
- 7.4 Responds effectively to unexpected or rapidly changing situations.
- 7.5 Delegates aspects of care to others according to their competence and scope of practice.
- 7.6 Provides effective and timely direction and supervision to ensure that delegated care is provided safely and accurately.
- 7.7 Educates individuals/groups to promote independence and control over their health.
- 7.8 Uses health care resources effectively and efficiently to promote optimal nursing and health care.

OBSERVATIONS: Follows and evaluates care and/or treatment plan at start of period of duty and during span of care; produces a plan to assist/guide the management of care; accepts the pt as partner rather than recipient of care; uses language and appropriate cultural approaches to meet the needs of the pt in terms of care and information; terminology is appropriate and abbreviations are avoided; constructively delegates/negotiates with others acknowledging scope of practice; deals with unexpected events; how much direction does the student need and do



they seek guidance; reflection on outcomes; does the student manage the task in accordance with the scope of practice; id's and uses resources (people and kit); Timely and appropriate delivery of care; Team player including effective communication; liaises with MDT & AHP; consults clinical notes regularly; high standards of pt care; pt advocate and pt safety; see student pt teaching taking place effectively and appropriately

QUESTIONS: Demonstrates effective skills that meet best practice guidelines and can articulate the rationale; Prioritises actions and acts in a timely manner if a pt is deteriorating and/or other variations; Can explain rationale for the appropriate delegation of care – what will you do to demonstrate safe/timely care in those circumstances?; can articulate processes clearly;

MEASUREMENTS: Demonstrates that they can manage varying pt/RN ratios in a timely and appropriate manner; care is sensitive to 'case' shows understanding of costings per case; presents clear evidence of progress (OR NOT) of pt; recalls info and when and how to use; minimal wastage/healthy pts/ satisfied pts/ pt d/c home; aware of wider evidence and this is clear in how they use evidence in practice;

Scenarios offered/Other: Provides care and rationale for pt care plan; creates and uses written care plan; ability to develop knowledge base to enable them to provide individuals with the right education – listening/communication rapport/recognises own lack of knowledge; Delegates appropriately; knows if care has been met or not; prioritises care of critical pt(s); Knows when care to be delivered is outside scope of practice
Leadership of pt care/Team working & Education for all / recognises pt issues/effective time management/attends education sessions

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

- 8.1 Determines progress of individuals/groups toward planned outcomes.
- 8.2 Revises the plan of care and determines further outcomes in accordance with evaluation data.
- 8.3 Recognises and responds appropriately to unsafe or unprofessional practice.

OBSERVATIONS: Problem based learning; contributes to the MDT case presentations; handover verbal/written; Team meetings, case presentations, care plans and development in an ongoing way; clear outputs that relate to pt progress; documentation and feedback; involves client in discussion; demonstrates understanding of *all stages of the process*; inter-professional liaison and collaboration; interview with pt and family; uses critical thinking to interpret client progress; check care plans;

QUESTIONS: Acknowledging ongoing interpretation; clear progress assessment in practice; rationale presented clearly for pt progress towards outcomes; how do you consult?; progress questioning; use benchmarks to evaluate and measure; do you ask how the pt feels about...X?

MEASUREMENTS: Documentation is accurate; clear progress towards recovery; comply with managed clinical pathways / protocols; analyses/evaluates relevant data and critically analyses data; case based access and OSCAs

Scenarios offered/Other:
Enquiry; Tools; observe predetermined situations (wound care/medicines/client care etc) including OSCAs.

Collaborative & Therapeutic Practice

9. Establishes, maintains and appropriately concludes therapeutic relationships

- 9.1 Establishes therapeutic relationships that are goal directed and recognises professional boundaries.
- 9.2 Communicates effectively with individuals/groups to facilitate provision of care.
- 9.3 Uses appropriate strategies to promote an individual's/group's self-esteem, dignity, integrity and comfort.
- 9.4 Assists and supports individuals/groups to make informed health care decisions.
- 9.5 Facilitates a physical, psychosocial, cultural and spiritual environment that promotes individual/group safety and security

OBSERVATIONS: Evidence of joining/engaging/communicating behaviours; Professional role articulated clearly; Confidentiality is addressed; Student initiates conversation/interactions appropriately (privacy / safety / quiet) and adjusts strategies as required in different situations based on evaluation; are positive behaviours attributed strengths acknowledge and commented on?; when pt is unwell is the level of care/basic needs being met (within reason?);



Clear advocacy evident; Recovery model used, with the clients journey; evidence of cultural & racial respect; accesses team/services within cultural boundaries; Appropriate communication and dress for the context; continuity of care/communication; show knowledge of clinical nursing practice; enhancing & growing communication skills repertoire; empathetic & knowledgeable practice within social context; willingness to learn and to be polite and respectful; applies body of knowledge and experience/personality in delivery of health care; exhibits trust and confidence; Ability to problem solve and direct pts appropriately; checks for satisfaction (colleagues & pts);

QUESTIONS: Does student demonstrate engagement strategies?; Honesty/upfront regarding well being; How would identify if cultural practice is required?; Ensuring that the student is aware of the need for consent and agreements; Maintain privacy and confidentiality (even if suicidal); Responds appropriately to feedback from pts and clients; Questions peers and clients to learn more of the social context;

MEASUREMENTS: Evidence of comfort whilst working/talking with clients of different ages/cultures etc: appropriate use of language; client returns for next session; evidence of clients willingness to change; identification of the need for additional support/guidance; risk assessment; reporting risk issues immediately; Clear evidence of appreciating and dealing with functional level of client; Clinical practices commensurate with practitioner level (beginning); Health outcomes are appropriate assessed through data and peer review; self evaluation; level of consultation with community and individuals;

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's/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.
- 10.3 Facilitates coordination of care to achieve agreed health outcomes.
- 10.4 Collaborates with the health care team to inform policy and guideline development.

OBSERVATIONS: Appropriate level of quality of working, communication (written & verbal) and relationships with other professionals ; able to identify policy/procedure and EBP illustrating safe and pertinent ways of working; identifies and shares new information with all IDHCT as appropriate care provided is documented in an appropriate and timely manner; handover info is accurate and timely; agrees/adheres with treatment plans for care from all IDHCT; Prepared for IDHCT meetings;

QUESTIONS: Accurate documentation for referral/assessment and ongoing care & treatment leading to discharge using correct documentation and referral methods; Are the set goals and strategies reasonable regarding best available evidence and pts wishes; Examples are cited that relate to areas of care e.g. Speech pathology for a person with a CVA and their ability to swallow safely; Being clear about the RNs role and the role of others in the IDHCT; Plan for anticipated and 'unanticipated' changes I the client's needs;

MEASUREMENTS: Uses and documents systematic & holistic assessment; id needs and match to services in a timely manner; ensure as a coordinator that IDHCT fulfilling their brief (**<<not sure about this one**) ; use appropriate language and documentation to communicate with the IDHCT; relates to discharge resources required in a timely way; seeks to extend knowledge about IDHCT;

Scenarios offered/Other: Communicator / "transferor" / coordinator; Respect/confidently-competently-appropriately; role clarity/ perception/ 3rd Year confidence



Attached within this document are the EIGHT final draft prepared Competency Assessments

These are listed in the table below. This table is designed to give universities an opportunity to consider when students might have exposure and complete these assessments. Years have not been used as each university program is structured in a particular way that will influence when such competency assessments will and can be carried out.

	PART ONE	PART TWO	PART THREE	PART FOUR
The initial and ongoing nursing assessment of a client/patient				
Caring for a client/patient requiring wound management				
Managing medication administration				
Managing the care of a client/patient				
Managing the care of a group of clients/patients				
Monitoring and responding to changes in a client/patients condition.				
Teaching a client/patient				
Teaching of a colleague				

Feedback from colleagues about the impacts on curriculum relates to the following broad evaluation criteria:

- i. Relationship to skills and competence development over time and to simulation events/activities
- ii. Integration into case studies (case based learning)
- iii. Quality of reflection and feedback
- iv. Ease of use of the tools and interpretation of the Bondy scale.

NB: All universities have in place some form of facilitator preparation and this will include part of that orientation for both clinical and academic staff as well as students

Key overarching structure of each of the competency assessments.....

- ☐ Preparation for the activity
- ☐ Carrying out the activity
- ☐ Closing the activity
- ☐ Documenting and communicating the activity and finally
- ☐ Educational Opportunity or Learning from the activity

The assessment strategy utilises Bondy (1983) as the assessment structure.

Each partner institution agreed to pilot the tools alongside their existing assessment of practice documents and to evaluate the experience for the student, assessor/RN/facilitator and the academic (subject coordinator). For example in Wollongong we will be using the tool with up to six 1st, six 2nd and six 3rd Year students no more than 18 students with the facilitators and the subject coordinators invited to complete a short evaluation form (see attached).

The pages below reflect the above structure and each activity has to the left the ANMC (2006) competencies. (Please note some of the pagination and the number needs correcting)



D R A F T – Initial and Ongoing Nursing Assessment of a Client-Patient v5

Clinical Competency Area					
Competency exemplar:	The initial and ongoing nursing assessment of a client/patient (should include first contact)	Independent : (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)
Demonstration of:	The ability to effectively and safely assess the needs of a single client/patient.				

	<u>Performance Criteria</u>	The coding below indicates the ANMC National Competency Standards for the Registered Nurse (ANMC 2006)	Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)
	(Please insert a ✓ in the appropriate column)						

Preparation for Initial Contact with the client/patient	1. Identifies specific indications for contact / communication / action with the client/patient (i.e. what initial information is available, if any?).	1.1, 1.2, 2.5, 4.2, 9.5					
	2. Verifies the validity of any written information concerning this client/patient.	1.1, 1.2, 1.3, 2.2, 2.5, 3.2, 9.5, 10.2					
	3. Reviews the patient documentation / history / information / medication chart / communication(s) from members of the multidisciplinary team and others (family/friends etc).	1.1, 1.2, 1.3, 2.5, 9.5					
	4. Effectively and in a timely manner washes hands.	1.2, 7.1, 9.5					
	5. Gathers the necessary equipment for assessment (if appropriate).	3.1, 3.3, 5.2, 5.3, 7.1, 7.3, 8.1, 9.5					
	6. Locates & greets the client/patient & “takes in”/assesses a range of cues (visual, auditory and olfactory) at the point of contact;	2.1, 2.3, 3.2, 5.1, 5.2, 6.2, 7.3, 7.4, 9.1, 9.2					
	7. Responds promptly and appropriately should it be necessary to do so:	2.3, 2.5, 5.2, 5.3, 7.2, 7.3, 7.4					
	8. Makes the client/patient ‘feel at ease, and identifies the client/patient’s ability to engage visually / verbally / cognitively and physically (i.e. their motor response).	1.2, 2.3, 2.5, 5.2, 7.1, 9.1, 9.3,					

CARRYING OUT THE INITIAL NURSING ASSESSMENT OF THE CLIENT/PATIENT	9. Carries out a comprehensive and systematic “head to toe” assessment with / of the client/patient.	1.1, 1.2, 2.1, 2.2, 2.3, 2.4, 2.5, 5.1, 5.2, 5.3, 8.1, 8.2, 9.5 <i>May not be necessary</i>	i.				
	i. Notes/‘senses’ impression;		ii.				
	ii. Gathers a range of evidence from patient and ‘family’;		iii.				
	iii. Utilises appropriate assessment equipment and		iv.				
	iv. Appropriate assessment tools;		v.				
	v. Acts with appropriate urgency should the need be evident during the nursing assessment;		vi.				
	vi. Other: Please specify: _____						
	10. Clear evidence of a developing rapport and a therapeutic relationship in the interaction with the client/patient;	1.2, 9.1, 9.2, 9.3, 9.4					
	11. Uses a range of questioning styles and demonstrates appropriate listening skills;	2.1, 2.3, 2.4, 9.1, 9.2					



	12. Demonstrates a communication style that is meaningful & professional in demeanour illustrating a sense of caring;	2.1, 2.3, 2.4, 9.1, 9.2						
	13. Explores, through the use of an appropriate framework, dimensions for gathering a health history	2.1, 2.3, 2.4, 9.1, 9.2	i.					
	i. Social;		ii.					
	ii. Emotional;		iii.					
	iii. Physical and developmental;		iv.					
	iv. Intellectual		v.					
	v. Spiritual and		vi.					
	vi. Considers Health education and Health promotion opportunities.		vii.					
	14. Acknowledges and values data from a variety of sources bringing 'meaning' to the findings of the nursing assessment;	2.2, 2.3, 2.4, 2.6						
	15. Documents a plan of care in agreement with the client/patient and significant others that uses the framework utilised above (e.g. Activities of Living)	1.2, 2.1, 2.3, 2.5, 6.1, 6.2, 6.3, 8.1, 8.2, 9.5						
	16. Evidence of a developing therapeutic relationship with the client/patient; e.g. gives client/patient a clear explanations regarding the nursing assessment.	2.1, 2.3, 9.1 9.2, 9.3						
	17. Maintains dignity at all times, provides privacy and comfort measures – displays problem solving abilities particularly related to;	1.2, 2.3, 9.1, 9.2, 9.3, 9.5 <i>May not be necessary</i>	i.					
	i. the maintenance of appropriate personal space;		ii.					
	ii. the management of boundary issues and iii. any other; Specifically:		iii.					
	18. Monitors the patient according to local policy / procedure / best evidence.	1.2, 2.2, 2.3, 2.5, 5.1, 5.2, 5.3, 7.1, 7.5, 7.6, 9.5, 10.2						
	19. Ensure patient is positioned appropriately and comfortably & prepared for any intervention in this period (paying particular attention to ABCDE); (e.g. airway, breathing, circulation, etc)	1.2, 2.3, 2.5, 9.1, 9.2, 9.3						
	20. Prepares any intervention/medication and completes them appropriately and in a timely, safe and effective manner;	5.2, 5.3, 7.1, 9.3, 9.5						
	21. If necessary uses safe medicine administration and employs safe practices during any interventions with the client/patient during the assessment period;	1.1, 1.2, 1.3, 2.1, 2.5, 3.2, 4.2, 5.1, 5.2, 9.1-5						
	22. If necessary assists the patient to take the medication or deal with the intervention;	1.2, 7.1, 9.5						
	23. Implements appropriate beginning discharge planning, health education and promotion and teaching to client/patient and carer(s);	7.7						
Closing the activity	24. Concludes the nursing assessment period with the client/patient by considerably concluding the therapeutic relationship;	1.2, 9.1, 9.3, 9.5						
	25. Facilitates client/patient repositioning to maintain privacy dignity, ensures comfort as far as possible at that point;	1.2, 2.3, 2.5, 7.1						
	26. Cleans/tidies area; disposes of any waste appropriately and as soon as is practicable; removes gloves & other PPE (as necessary);	1.1, 1.2, 1.3, 9.5, 10.1						
	27. Replaces, cleans and/or disposes of equipment appropriately	1.1, 1.2, 9.5, 10.1						



Documentation & Communication	28. Reporting and Recording of relevant information: i. Findings from assessment and possible nursing diagnoses; ii. Nursing Care; iii. Medication chart; iv. other if appropriate (e.g. particular assessment chart) Specify i.e. plan _____	1.1, 1.2, 1.3, 2.6, 9.2, 10.2 <i>May not be necessary</i>	i.					
			ii.					
			iii.					
			iv.					

Educational opportunity	29. Demonstrates ability to reflect on the activity and to link theory to practice i. Relates to decisions made, ii. Evidence utilised and iii. Implications for assessing & planning of client/patient care.	1.2, 2.1, 2.3, 3.1, 3.2, 4.1, 4.2, 5.2, 5.3, 7.1, 8.1	i					
			ii					
			iii					

Berman, A et al 2010 ***Kozier & Erb's Fundamentals of Nursing***, 1st Ed (Aust), Pearson, Australia

Bondy, K, M, 1983, 'Criterion-referenced definitions for rating scales in clinical evaluation', ***Journal of Nursing Education***, vol. 22(9), pp. 376-381

Crisp, J and Taylor, C 2009 ***Potter and Perry's Fundamentals of Nursing***, 3rd Edition, Elsevier, Australia

Tollefson, J 2010 ***Clinical Motor Skills: Assessment Tools for Student Nurses***, 4th Edition, Thomson, Australia

Independent: (I)	Refers to being safe & knowledgeable; proficient & coordinated and appropriately confident and timely. Does not require supporting cues
Supervised: (S)	Refers to being safe & knowledgeable; efficient & coordinated; displays some confidence and undertakes activities within a reasonably timely manner. Requires occasional supporting cues.
Assisted: (A)	Refers to being safe and knowledgeable most of the time; skilful in parts however is inefficient with some skill areas; takes longer than would be expected to complete the task. Requires frequent verbal and some physical cues
Marginal: (M)	Refers to being safe when closely supervised and supported; unskilled and inefficient; uses excess energy and takes a prolonged time period. Continuous verbal and physical cues.
Dependent: (D)	Refers to concerns about being unsafe and being unable to demonstrate behaviour or articulate intention; lacking in confidence, coordination and efficiency. Continuous verbal and physical cues/interventions necessary.

Reflection by Student: (Should use a recognised model for reflection and may structure as prep/activity/closure etc)

Continue on a separate sheet if necessary

How would you rate your overall performance whilst undertaking this clinical activity?

Unsatisfactory ☐ Satisfactory ☐ Good ☐ Excellent ☐



[illegible]

How would you rate the overall performance of this student during this clinical activity?

Student Name: *(please print)* _____ **Sign:** _____ **Date:** _____

Clinical Facilitator/Educator: (please print) _____ **Sign:** _____ **Date:** _____

D R A F T – Caring for a client/patient requiring wound management -v5

Clinical Competency Area					
Competency exemplar:	The management of a client/patient requiring wound care	Independent : (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)
Demonstration of:	The ability to effectively and safely manage a simple wound for a single client/patient.				

	<u>Performance Criteria</u> (Please insert a ✓ in the appropriate column)	The coding below indicates the ANMC National Competency Standards for the Registered Nurse (2006)	Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)
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PREPARATION FOR THE ACTIVITY	1. Identifies specific indications for contact / communication / action with the client/patient (i.e. are there any specific orders?).	1.2, 2.5, 4.2, 9.5					
	2. Verifies the validity of any written orders to provide appropriate wound management.	1.1, 1.2, 1.3, 2.5, 9.5					
	3. Reviews the client/patient documentation / history / information / medication chart / communication(s) from members of the multidisciplinary team and considers the evidence.	1.1, 1.2, 1.3, 2.5, 3.1, 3.2, 3.3, 9.5					
	4. Effectively and in a timely manner washes hands.	1.2, 7.1, 9.5					
	5. Gathers the necessary equipment	3.1, 3.3, 5.2, 5.3, 7.1, 7.3, 8.1, 9.5 <i>May not be necessary</i>	i.				
	i. Clean and sterile gloves, apron, goggles (PPE)		ii.				
	ii. Sterile scissors and/or clip/staple/stitch remover, sharps container		iii.				
	iii. Dressing pack, required dressing materials		iv.				
	iv. Appropriate solutions if necessary		v.				
	v. Other: Specify						

Carrying Out The management of a client/patient requiring wound care	6. Evidence of therapeutic interactions; e.g. gives client/patient a clear explanation regarding the management of the wound;	2.1, 2.3, 9.1 9.2					
	7. Undertakes assessment of the situation identifying that it is appropriate to manage the wound 'this way' in the circumstances e.g. that it is required/considers any medication (analgesia) or any vital sign or other assessments required.	3.1, 3.3, 5.2, 5.3, 8.1					
	8. Maintains dignity, provides privacy, pain relief and other comfort measures – displays problem solving abilities	5.1, 5.2, 5.3, 6.1, 7.1, 9.3, 9.6					
	9. Assists the client/patient to an appropriate position as necessary;	1.2,2.3,2.5,7.1,9.5					
	10. Put on PPE (if required) and Washes hands	1.2, 2.2, 7.1, 9.5					
	11. Ensure client/patient is comfortable & prepared	1.2, 2.3,2.5, 9.1, 9.2, 9.3					
	12. Put on clean disposable gloves and remove the tape/bandage or ties	5.2, 5.3, 7.1, 9.3, 9.5					
	13. With gloved hand remove dressing one layer at a time, taking care not to disturb drains or tubes. Keep soiled surface out of client/patients eye line. If the dressing is 'stuck', explain to the client/patient possible discomfort and feeling of gentle tugging.	5.2, 5.3, 7.1, 9.3, 9.5					



	14. Observe any drainage e.g. amount / character / consistency / colour / odour	5.2, 8.1						
	15. Remove PPE and Washes hands	1.2, 2.2, 7.1, 9.5						
	16. If necessary cleans the wound utilising appropriate solution(s) and dresses the wound using appropriate choice of dressing and fixation	1.2, 3.1, 3.2, 3.3, 5.3, 7.1, 9.3, 9.5						
Closing the activity	17. Repositions client/patient & maintains privacy dignity, ensures comfort as far as possible throughout & at that point;	1.2, 2.3, 2.5, 7.1, 1.2, 9.1, 9.3, 9.5						
	18. Concludes the interaction with the client/patient by considerably concluding the therapeutic relationship	1.2, 9.1, 9.3 9.5						
	19. Cleans/tidies area; disposes of any waste appropriately and as soon as is practicable; removes gloves & other PPE (as necessary).	1.1, 1.2, 1.3, 9.5, 10.1						
Documentation & Communication	20. Reporting and Recording of relevant information: i. Nursing Care ii. Medication chart; iii. other if appropriate (e.g. particular assessment chart (wound) and/or anticoagulant therapy chart) Specify i.e. plan	1.1, 1.2, 1.3, 2.6, 9.2, 10.2 <i>May not be necessary</i>	i					
			ii					
			iii					
Educational opportunity	21. Demonstrates ability to reflect on the activity and to link theory to practice i. Relates to decisions made, ii. Evidence utilised and iii. Implications for planning of patient care.	1.2, 2.1, 2.3, 3.1, 3.2, 4.1, 4.2, 5.2, 5.3, 7.1, 8.1	i					
			ii					
			iii					

Bondy, K, M, 1983, 'Criterion-referenced definitions for rating scales in clinical evaluation', *Journal of Nursing Education*, vol. 22(9), pp. 376-381

Crisp, J and Taylor, C 2009 *Potter and Perry's Fundamentals of Nursing*, 3rd Edition, Elsevier, Australia

Tollefson, J 2010 *Clinical Motor Skills: Assessment Tools for Student Nurses*, 4th Edition, Thomson, Australia

Reflection by Student: (Should use a recognised model for reflection and may structure as prep/activity/closure etc)

Continue on a separate sheet if necessary

How would you rate your overall performance whilst undertaking this clinical activity?

Unsatisfactory ☐

Satisfactory ☐

Good ☐

Excellent ☐



[illegible]

How would you rate the overall performance of this student during this clinical activity?

Unsatisfactory ☐ Satisfactory ☐ Good ☐ Excellent ☐

Student Name: *(please print)* _____ **Sign:** _____ **Date:** _____

Clinical Facilitator/Educator: *(please print)* _____ **Sign:** _____ **Date:** _____



D R A F T – Managing Medication Administration v5

Clinical Competency Area						
Competency exemplar:	The management of Medicine Administration for a single client/patient – oral administration				Independent: (I)	Supervised: (S)
Demonstration of:	The ability to effectively and safely manage a simple medicine administration for a single client/patient.				Assisted: (A)	Marginal: (M)
					Dependent: (D)	
	<u>Performance Criteria</u> (Please insert a ✓ in the appropriate column)	The coding below indicates the ANMC National Competency Standards for the Registered Nurse (2006)				
PREPARATION FOR THE ACTIVITY	1. Identifies specific indications for action with the client/patient concerning medicine administration (i.e. what are the specific orders?).	1.2, 2.5, 4.2, 9.5				
	2. Verifies the validity of any written orders to provide a particular medicine at that time.	1.1, 1.2, 1.3, 2.5, 9.5				
	3. Reviews the client/patient documentation / history / information/medication chart/communication(s) from members of the multidisciplinary team and considers the evidence.	1.1, 1.2, 1.3, 2.5, 3.1, 3.2, 3.3, 9.5				
	4. Effectively and in a timely manner washes hands.	1.2, 7.1, 9.5				
	5. Gathers the necessary equipment i. Medication Sheet; ii. Medication trolley (if appropriate); iii. Fresh water and glass; vi. Other: (e.g. vital signs/BGL, etc) Specify _____	3.1, 3.3, 5.2, 5.3, 7.1, 7.3, 8.1, 9.5 <i>May not be necessary</i>	i.			
			ii.			
			iii.			
			iv.			
CARRYING OUT THE ACTIVITY	6. Evidence of therapeutic interactions; e.g. gives client/patient a clear explanation regarding the medicine to be administered; explores importance of medication compliance & health education and promotion advice.	2.1, 2.3, 9.1 9.2				
	7. Undertakes assessment of the situation identifying that it is appropriate to administer the medication in the circumstances e.g. that it is required/consider any medication allergies/any vital sign or other assessments.	3.1, 3.3, 5.2, 5.3, 8.1				
	8. Maintains dignity, provides privacy and other comfort measures – displays problem solving abilities	5.1, 5.2, 5.3, 6.1, 7.1, 9.3, 9.6				
	9. Assists as appropriate with the positioning of client/patient	1.2,2.3,2.5,7.1,9.5				
	10. Put on PPE (if required) and Washes hands	7.1, 9.5				
	11. Ensure patient is comfortable & prepared	1.2, 2.3,2.5, 9.1, 9.2, 9.3				
	12. Appropriately prepares the medication to be administered	1.1, 1.2, 2.2, 3.2, 5.2, 5.3, 7.1, 7.4, 9.2, 9.3, 9.5				
	13. Uses the 'rights' to safely administer the medication	1.1, 1.2, 1.3, 2.1, 2.5, 3.2, 4.2, 5.1, 5.2, 9.1-5				



	14. Assists the patient to take the medication	1.2, 7.1, 9.5						
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Closing the activity	15. Repositions client/patient, maintains privacy/dignity, ensures comfort as far as possible at that point	1.2, 2.3, 2.5, 7.1, 1.2, 9.1, 9.3, 9.5						
	16. Concludes the interaction with the client/patient by considerably concluding the therapeutic relationship	1.2, 9.1, 9.3 9.5						
	17. Cleans/tidies area; disposes of waste appropriately, as soon as is practicable; removes gloves/other PPE (as necessary).	1.1, 1.2, 1.3, 9.5, 10.1						

Documentation & Communication	18. Reporting and Recording of relevant information: i. Medication chart; ii. Nursing Care; iii. other if appropriate (e.g. particular assessment chart (vital signs) and/or anticoagulant therapy chart) Specify i.e. _____	1.1, 1.2, 1.3, 2.6, 9.2, 10.2 <i>May not be necessary</i>	i					
			ii					
			iii					

Educational opportunity	19. Demonstrates ability to reflect on the activity and to link theory to practice i. Relates to decisions made, ii. Evidence utilised and iii. Implications for planning of client/patient care.	1.2, 2.1, 2.3, 3.1, 3.2, 4.1, 4.2, 5.2, 5.3, 7.1, 8.1	i					
			ii					
			iii					

Bondy, K, M, 1983, 'Criterion-referenced definitions for rating scales in clinical evaluation', *Journal of Nursing Education*, vol. 22(9), pp. 376-381

Crisp, J and Taylor, C 2009 *Potter and Perry's Fundamentals of Nursing*, 3rd Edition, Elsevier, Australia

Tollefson, J 2010 *Clinical Motor Skills: Assessment Tools for Student Nurses*, 4th Edition, Thomson, Australia

Reflection by Student: (Should use a recognised model for reflection and may structure as prep/activity/closure etc)

Continue on a separate sheet if necessary

How would you rate your overall performance whilst undertaking this clinical activity?

Unsatisfactory ☐ Satisfactory ☐ Good ☐ Excellent ☐



[illegible]

How would you rate the overall performance of this student during this clinical activity?

Student Name: *(please print)* _____ **Sign:** _____ **Date:** _____

Clinical Facilitator/Educator: (please print) _____ **Sign:** _____ **Date:** _____

D R A F T – Managing the Care of a Client-Patient v5

Clinical Competency Area					
Competency exemplar:	The management of a client/patient for a span of duty/period of care	Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)
Demonstration of:	The ability to effectively and safely coordinate the care of a single client/patient for a span of duty/period of care.				

	<u>Performance Criteria</u> (Please insert a ✓ in the appropriate column)	The coding below indicates the ANMC National Competency Standards for the Registered Nurse (2006)	Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)
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PREPARATION FOR THE SPAN OF DUTY	1. Identifies specific indications for contact / communication / action with the client/patient (i.e. are there any specific orders?)	1.2, 2.5, 4.2, 9.5					
	2. Verifies the validity of any written orders to provide any aspect of care	1.1, 1.2, 1.3, 2.5, 9.5					
	3. Reviews the client/patient documentation / history / information / medication chart / communication(s) from members of the multidisciplinary team	1.1, 1.2, 1.3, 2.5, 9.5					
	4. Effectively and in a timely manner washes hands	7.1, 9.5					
	5. Gathers the necessary equipment for assessment (if appropriate)	3.1, 3.3, 5.2, 5.3, 7.1, 7.3, 8.1, 9.5					
	6. Carries out a comprehensive assessment with / of the patient	2.1, 2.3, 2.5, 5.1, 5.2, 5.3, 8.1, 8.2, 9.5					
	7. Documents a plan of care in agreement with the client/patient and significant others for the period of care/span of duty	2.1, 2.3, 2.5, 6.1, 6.2, 6.3, 8.1, 8.2, 9.5					

CARRYING OUT THE ORGANISATION & DELIVERY OF THE CARE REQUIRED FOR A PATIENT DURING A SPAN OF DUTY	8. Evidence of therapeutic interactions; e.g. gives patient a clear explanation regarding the period of care/span of duty;	2.1, 2.3, 9.1 9.2					
	9. Undertakes assessment of each situation/interaction identifying that it is appropriate to carry out the agreed care in the circumstances e.g. that it is required and appropriate based on the assessments undertaken.	3.1, 3.3, 5.2, 5.3, 8.1					
	10. Maintains dignity at all times, provides privacy and comfort measures – displays problem solving abilities	5.1, 5.2, 5.3, 6.1, 7.1, 9.3, 9.6					
	11. Considers the Activities of living in which the client/patient has any deficits and will therefore require assistance	1.2, 2.3, 2.5, 7.1, 9.5					
	12. Ensure client/patient is comfortable & prepared for any intervention in the time span	1.2, 2.3, 2.5, 9.1, 9.2, 9.3					
	13. Prepares any intervention/medication	5.2, 5.3, 7.1, 9.3, 9.5					
	14. Uses the 'rights' to safely administer the intervention / medication (s) to the client/patient during the period of care/span of duty	1.1, 1.2, 1.3, 2.1, 2.5, 3.2, 4.2, 5.1, 5.2, 9.1-5					
	15. Assists the client/patient with the intervention / medication	1.2, 7.1, 9.5					



[illegible]

How would you rate the overall performance of this student during this clinical activity?

Student Name: *(please print)* _____ **Sign:** _____ **Date:** _____

D R A F T – Managing the Care of a Group of Clients-Patients v2

Clinical Competency Area						
Competency exemplar:	The management of a group of clients/patients for a span of duty/period of care		Independent:	Supervised:	Assisted: (A)	Marginal: (M)
Demonstration of:	The ability to effectively and safely coordinate the care of a group of clients/patients for a span of duty/period of care		(I)	(S)		Dependent: (D)
	<u>Performance Criteria</u>	The coding below indicates the ANMC National Competency Standards for the Registered Nurse (2006)	Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)
	(Please insert a ✓ in the appropriate column)					Dependent: (D)
PREPARATION FOR THE SPAN OF DUTY	1. Obtains comprehensive handover (tape recorder/bedside) to identify specific indications for contact/communication or action with the group of clients/patients (i.e. are there any specific orders)	1.2, 2.5, 4.2, 9.5				
	2. Reviews the group of clients/ patients progress notes/ previous medical files/medication chart/nursing care plans /any other documentations from members of the multidisciplinary team to verify the validity of any written orders	1.1, 1.2, 1.3, 2.5, 9.5				
	3. Maintains hand hygiene (alcohol gel/hand wash) effectively and in a timely manner	7.1, 9.5				
	4. Gathers the necessary equipment for assessment (if appropriate)	3.1, 3.3, 5.2, 5.3, 7.1, 7.3, 8.1, 9.5				
	5. Carries out a comprehensive assessment with / of the group of clients/patients	2.1, 2.3, 2.5, 5.1, 5.2, 5.3, 8.1, 8.2, 9.5				
	6. Priorities care according to the group of clients/patients condition and plans the care in agreement with the individual client/patient and significant others for the period of care/span of duty	2.1, 2.3, 2.5, 6.1, 6.2, 6.3, 7.1, 7.3, 8.1, 8.2, 9.5				
CARRYING OUT THE ORGANISATION & DELIVERY OF THE CARE REQUIRED FOR A GROUP OF CLIENTS/PATIENTS DURING A SPAN OF DUTY	7. Monitors health status of the group of clients/patients (i.e. assessment of health status/mental status, etc)	1.2, 1.3, 2.2, 2.5, 2.6, 5.1, 5.2, 5.3				
	8. Evidence of therapeutic interactions; i.e. gives the individual client/patient a clear explanation regarding the period of care/span of duty	2.1, 2.3, 9.1, 9.2				
	9. Undertakes assessment of each situation/interaction identifying that it is appropriate to carry out the priorities and agreed care in the circumstances i.e. that it is required and appropriate based on the assessments undertaken; to include health education and promotion	3.1, 3.3, 5.2, 5.3, 8.1				
	10. Maintains dignity at all times, provides privacy and comfort measures – displays problem solving abilities	5.1, 5.2, 5.3, 6.1, 7.1, 9.3, 9.6				
	11. Considers the Activities of living in which the group of clients/ patients has any deficits and will therefore require assistance	1.2, 2.3, 2.5, 7.1, 9.5				
	12. Ensure the group of clients/patients is comfortable and prepared for any intervention in the time span	1.2, 2.3, 2.5, 9.1, 9.2, 9.3				
	13. Gathers necessary equipment and checks clinical guidelines for any intervention/medication	5.2, 5.3, 7.1, 9.3, 9.5				



	14. Uses the 'rights' to safely administer the intervention / medication (s) to the group of client(s)/patient(s) during the period of care/span of duty	1.1, 1.2, 1.3, 2.1, 2.5, 3.2, 4.2, 5.1, 5.2, 9.1-5					
	15. Assists the client/patient to have their intervention/ medication administered	1.2, 7.1, 9.5					
	16. Coordinates the care for a group of clients/patients within a multidisciplinary team	10.1, 10.2, 10.3					
Closing the activity	17. Concludes the period of duty with the individual clients/ patients by considerably concluding the therapeutic relationship	1.2, 9.1, 9.3, 9.5					
	18. Cleans/tidies area; disposes of any waste appropriately and as soon as is practicable; removes gloves and other PPE (as necessary).	1.1, 1.2, 1.3, 9.5, 10.1					
	19. Ensures the group of clients/patients dignity, privacy and comfort at the end of a span of duty/ period of care	1.2, 2.3, 2.5, 7.1					
	20. Replaces, cleans and/or disposes of equipment according to organisational guidelines	1.1, 1.2, 9.5, 10.1					

Documentation & Communication	21. Reports and Records of relevant information: i. Observation chart and fluid balance chart ii. Nursing care plan iii. Clients/ patients progress notes iv. Medication chart v. Other documentation(s) if appropriate (i.e. particular assessment chart and/or anticoagulant therapy chart) Specify i.e. plan _____	1.1, 1.2, 1.3, 2.6, 9.2, 10.2 <i>May not be necessary</i>	i					
			ii					
			iii					
			iv					
			v					

Educational opportunity	22. Demonstrates ability to reflect on the activity and to link theory to practice i. Relates to decisions made ii. Evidence utilised and iii. Implications for planning of care for the group of clients/patients	1.2, 2.1, 2.3, 3.1, 3.2, 4.1, 4.2, 5.2, 5.3, 7.1, 8.1	i					
			ii					
			iii					

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Reflection by Student: (Should use a recognised model for reflection and may structure as prep/activity/closure etc)

Continue on a separate sheet if necessary

How would you rate your overall performance whilst undertaking this clinical activity?

Unsatisfactory ☐

Satisfactory ☐

Good ☐

Excellent ☐



Year	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
Population (millions)	7.5	7.6	7.7	7.8	7.9	8.0	8.1	8.2	8.3	8.4	8.5	8.6	8.7	8.8	8.9	9.0	9.1	9.2	9.3	9.4	9.5
GDP (trillion USD)	45.0	48.0	51.0	54.0	57.0	60.0	63.0	66.0	69.0	72.0	75.0	78.0	81.0	84.0	87.0	90.0	93.0	96.0	99.0	102.0	105.0
Urban population (millions)	4.5	4.6	4.7	4.8	4.9	5.0	5.1	5.2	5.3	5.4	5.5	5.6	5.7	5.8	5.9	6.0	6.1	6.2	6.3	6.4	6.5
Life expectancy (years)	72.5	73.0	73.5	74.0	74.5	75.0	75.5	76.0	76.5	77.0	77.5	78.0	78.5	79.0	79.5	80.0	80.5	81.0	81.5	82.0	82.5
Renewable energy share (%)	15.0	16.0	17.0	18.0	19.0	20.0	21.0	22.0	23.0	24.0	25.0	26.0	27.0	28.0	29.0	30.0	31.0	32.0	33.0	34.0	35.0
CO2 emissions (Gt)	15.0	15.5	16.0	16.5	17.0	17.5	18.0	18.5	19.0	19.5	20.0	20.5	21.0	21.5	22.0	22.5	23.0	23.5	24.0	24.5	25.0
Forest cover (%)	22.0	22.5	23.0	23.5	24.0	24.5	25.0	25.5	26.0	26.5	27.0	27.5	28.0	28.5	29.0	29.5	30.0	30.5	31.0	31.5	32.0
Healthcare expenditure (GDP %)	5.0	5.2	5.4	5.6	5.8	6.0	6.2	6.4	6.6	6.8	7.0	7.2	7.4	7.6	7.8	8.0	8.2	8.4	8.6	8.8	9.0
Internet usage (%)	40.0	45.0	50.0	55.0	60.0	65.0	70.0	75.0	80.0	85.0	90.0	95.0	98.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Gender inequality index	0.65	0.64	0.63	0.62	0.61	0.60	0.59	0.58	0.57	0.56	0.55	0.54	0.53	0.52	0.51	0.50	0.49	0.48	0.47	0.46	0.45
Urbanization rate (%)	60.0	60.5	61.0	61.5	62.0	62.5	63.0	63.5	64.0	64.5	65.0	65.5	66.0	66.5	67.0	67.5	68.0	68.5	69.0	69.5	70.0
Renewable energy investment (Bn USD)	10.0	11.0	12.0	13.0	14.0	15.0	16.0	17.0	18.0	19.0	20.0	21.0	22.0	23.0	24.0	25.0	26.0	27.0	28.0	29.0	30.0
CO2 emissions per capita (t)	2.0	2.05	2.1	2.15	2.2	2.25	2.3	2.35	2.4	2.45	2.5	2.55	2.6	2.65	2.7	2.75	2.8	2.85	2.9	2.95	3.0
Forest cover loss (ha)	1000000	1050000	1100000	1150000	1200000	1250000	1300000	1350000	1400000	1450000	1500000	1550000	1600000	1650000	1700000	1750000	1800000	1850000	1900000	1950000	2000000
Healthcare expenditure (Bn USD)	225.0	249.6	272.2	293.8	314.0	333.0	350.7	368.0	385.0	401.6	417.8	433.6	449.0	464.0	478.6	492.8	506.6	520.0	533.0	545.6	557.8
Internet usage (Bn USD)	160.0	202.5	245.0	287.5	330.0	372.5	415.0	457.5	500.0	542.5	585.0	627.5	670.0	712.5	755.0	797.5	840.0	882.5	925.0	967.5	1010.0
Gender inequality index	0.65	0.64	0.63	0.62	0.61	0.60	0.59	0.58	0.57	0.56	0.55	0.54	0.53	0.52	0.51	0.50	0.49	0.48	0.47	0.46	0.45
Urbanization rate (%)	60.0	60.5	61.0	61.5	62.0	62.5	63.0	63.5	64.0	64.5	65.0	65.5	66.0	66.5	67.0	67.5	68.0	68.5	69.0	69.5	70.0
Renewable energy investment (Bn USD)	10.0	11.0	12.0	13.0	14.0	15.0	16.0	17.0	18.0	19.0	20.0	21.0	22.0	23.0	24.0	25.0	26.0	27.0	28.0		

How would you rate the overall performance of this student during this clinical activity?

Unsatisfactory ☐ Satisfactory ☐ Good ☐ Excellent ☐

Student Name: *(please print)* _____ **Sign:** _____ **Date:** _____

Clinical Facilitator/Educator: *(please print)* _____ **Sign:** _____ **Date:** _____

Draft - Monitoring and Responding to Changes in a Client-Patient Condition v2

Clinical Competency Area					
Competency exemplar:	Monitoring and responding to changes in a client/patient condition	Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)
Demonstration of:	The ability to effectively and safely monitor and respond to changes in a client/patient condition				

	<u>Performance Criteria</u>	The coding below indicates the ANMC National Competency Standards for the Registered Nurse (2006)	Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)
	(Please insert a ✓ in the appropriate column)						

PREPARATION FOR THE SPAN OF DUTY	1. Obtains comprehensive handover (tape recorder/bedside) to identify specific indications for contact/communication or action with the group of clients/patients (i.e. are there any specific orders)	1.2, 2.5, 4.2, 9.5					
	2. Reviews the group of clients/ patients progress notes/ previous medical files/medication chart/nursing care plans /any other documentations from members of the multidisciplinary team to verify the validity of any written orders	1.1, 1.2, 1.3, 2.5, 9.5					
	3. Maintains hand hygiene (alcohol gel/hand wash) effectively and in a timely manner	7.1, 9.5					
	4. Gathers the necessary equipment for assessment (if appropriate)	3.1, 3.3, 5.2, 5.3, 7.1, 7.3, 8.1, 9.5					
	5. Carries out a comprehensive assessment with / of the group of clients/patients	2.1, 2.3, 2.5, 5.1, 5.2, 5.3, 8.1, 8.2, 9.5					

CARRYING OUT THE ACTIVITY	6. Monitors health status of the group of clients/patients (i.e. vital signs/ fluid balance/ mental status, etc)	1.2, 1.3, 2.2, 2.5, 2.6, 5.1, 5.2, 5.3					
	7. Undertakes assessment of each situation/interaction identifying any changes in a client/patient condition that is required to respond	3.1, 3.3, 5.2, 5.3, 8.1					
	8. Maintains dignity at all times, provides privacy and comfort measures – displays problem solving abilities	5.1, 5.2, 5.3, 6.1, 7.1, 9.3, 9.6					
	9. Considers the Activities of living in which the client/ patient has any deficits and will therefore require assistance	1.2, 2.3, 2.5, 7.1, 9.5					
	10. Ensure the group of clients/patients is comfortable and prepared for any intervention in the time span	1.2, 2.3, 2.5, 9.1, 9.2, 9.3					
	11. Gathers necessary equipment and checks clinical guidelines for any intervention/medication	5.2, 5.3, 7.1, 9.3, 9.5					
	12. Informs the shift coordinator/on call medical officer regarding the changes in a client/patient condition	1.2, 2.5, 5.2, 10.1, 10.2, 10.3					



Closing the activity	13. Concludes the period of duty with the individual clients/ patients by considerably concluding the therapeutic relationship	1.2, 9.1, 9.3, 9.5						
	14. Cleans/tidies area; disposes of any waste appropriately and as soon as is practicable; removes gloves and other PPE (as necessary).	1.1, 1.2, 1.3, 9.5, 10.1						
	15. Ensures the group of clients/patients dignity, privacy and comfort at the end of a span of duty/ period of care	1.2, 2.3, 2.5, 7.1						
	16. Replaces, cleans and/or disposes of equipment according to organisational guidelines	1.1, 1.2, 9.5, 10.1						

Documentation & Communication	17. Reports and Records of relevant information: i. Observation chart and fluid balance chart ii. Nursing care plan iii. Clients/ patients progress notes iv. Medication chart v. other documentation(s) if appropriate (i.e. particular assessment chart and/or anticoagulant therapy chart) Specify i.e. plan: _____	1.1, 1.2, 1.3, 2.6, 9.2, 10.2 <i>May not be necessary</i>	i					
			ii					
			iii					
			iv					
			v					

Educational opportunity	18. Demonstrates ability to reflect on the activity and to link theory to practice i. Relates to decisions made ii. Evidence utilised and iii. Implications for planning of care for the group of clients/patients	1.2, 2.1, 2.3, 3.1, 3.2, 4.1, 4.2, 5.2, 5.3, 7.1, 8.1	i					
			ii					
			iii					

Bondy, K, M, 1983, 'Criterion-referenced definitions for rating scales in clinical evaluation', *Journal of Nursing Education*, vol. 22(9), pp. 376-381

Crisp and Taylor 2009 *Potter and Perry's Fundamentals of Nursing*, 3rd Edition, Elsevier, Australia

Tollefson, J 2010 *Clinical Motor Skills: Assessment Tools for Student Nurses*, 4th Edition, Thomson, Australia

Reflection by Student: (Should use a recognised model for reflection and may structure as prep/activity/closure etc)

Continue on a separate sheet if necessary

How would you rate your overall performance whilst undertaking this clinical activity?

Unsatisfactory ☐ Satisfactory ☐ Good ☐ Excellent ☐



[illegible]

How would you rate the overall performance of this student during this clinical activity?

Unsatisfactory ☐ Satisfactory ☐ Good ☐ Excellent ☐

Student Name: *(please print)* _____ **Sign:** _____ **Date:** _____

Clinical Facilitator/Educator: *(please print)* _____ **Sign:** _____ **Date:** _____



D R A F T – Teaching a Client-Patient v1 RAB

Clinical Competency Area					
Competency exemplar:	Teaching a client/patient.	Independent : (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)
Demonstration of:	The ability to effectively teach a client/patient.				

	<u>Performance Criteria</u>	The coding below indicates the ANMC National Competency Standards for the Registered Nurse (ANMC 2006)	Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)
	(Please insert a ✓ in the appropriate column)						

Preparation for teaching the client/patient	1. Identifies specific indications for teaching the client/patient (i.e. what initial information is available, if any? Examples may be relaxation techniques, self administration, etc).	1.1, 1.2, 2.5, 4.2, 5.1, 9.5					
	2. Verifies the validity of any written information concerning this client/patient; (e.g. communication and/or learning and/or skill specific in terms of abilities);	1.1, 1.2, 1.3, 2.2, 2.5, 3.2, 9.5, 10.2					
	3. Reviews the patient documentation / history / information / medication chart / communication(s) from members of the multidisciplinary team and others (including family/friends /carers etc).	1.1, 1.2, 1.3, 2.5, 8.2, 9.5					
	4. Considers a range of factors that affect/influence learning and develop strategies to minimise/optmise these factors;	1.2, 2.3, 7.1, 7.2, 7.4, 9.5					
	5. Effectively plans the activities to work through with the client/patient (and carer) to optimise their learning;	2.3, 3.1, 3.3, 5.2, 5.3, 6.3, 7.1, 7.3, 8.1, 9.5					
	6. Gathers the necessary equipment for the teaching activity (if appropriate);	1.1, 1.2, 2.1, 3.2, 5.1					
	7. Locates & greets the client/patient & “takes in”/assesses a range of cues (visual, auditory and olfactory) at the point of contact;	1.2, 2.3, 2.5, 5.2, 5.3, 7.2, 7.3, 7.4, 9.1					
	8. Ensures that the setting/environment is conducive to the activity in order to minimise distractions and maximise concentration;	1.2, 7.1, 7.3					
	9. Makes the client/patient ‘feel at ease’, and identifies the client/patient’s ability to engage visually / verbally / cognitively and physically (i.e. their motor response) whilst explaining the activity;	2.1, 2.3, 5.1, 5.2, 9.1, 9.2					

CARRYING OUT THE TEACHING OF A CLIENT/PATIENT	10. Carries out a comprehensive and systematic assessment with/of the client/patient concerning their understanding of the intended teaching event;- i. Notes impressions of their understanding; ii. Gathers a range of evidence from patient and ‘family’; iii. Utilises appropriate strategies and iv. Appropriate teaching tools; v. Acts appropriately & supportively should this be evident during the activity; vi. Other: Please specify: _____	1.1, 1.2, 2.1, 2.2, 2.3, 2.4, 2.5, 3.1, 5.1, 5.2, 5.3, 6.1, 8.1, 8.2, 9.1, 9.3, 9.5	i.					
			ii.					
			iii.					
			iv.					
			v.					
		May not be necessary	vi.					
	11. Clear evidence of a developing rapport and a therapeutic relationship in the teaching interaction with the client/patient;	1.2, 2.3, 9.1, 9.2, 9.3, 9.4						



	12. Uses a range of questioning styles and demonstrates appropriate listening skills during exploration/explanation of the activity;	2.1, 2.3, 2.4, 9.1, 9.2						
	13. Demonstrates the skill at an appropriate pace, exhibits a professional demeanour which illustrates a sense of caring;	1.2, 2.1, 2.2, 2.3, 2.4, 9.1, 9.2						
	14. Explores & verifies, through the use of an appropriate educative framework, that the client/patient is understanding what is happening, i. Knowledge; ii. Skill and iii. Attitude/behaviour;	1.2, 1.3, 2.1, 2.2, 2.3, 2.4, 4.2, 9.1, 9.2	i.					
			ii.					
			iii.					
	15. Acknowledges and values data from observing the teaching event;	2.2, 2.3, 2.4, 2.6, 4.1, 4.2						
CARRYING OUT THE TEACHING OF A CLIENT/PATIENT	16. Demonstrates the ability to give helpful and constructive feedback about all aspects of the teaching activity/skill;	1.3, 2.3, 7.1, 7.7						
	17. Documents the outcome of the teaching event in the nursing plan of care in agreement with the client/patient and significant others;	1.2, 2.1, 2.3, 2.5, 6.1, 6.2, 6.3, 8.1, 8.2, 9.5						
	18. Maintains a therapeutic relationship with the client/patient whilst encouraging and supporting practice of the skill;	2.1, 2.3, 9.1 9.2, 9.3						
	19. Maintains dignity at all times, provides privacy and comfort measures – displays problem solving abilities particularly related to; i. the maintenance of appropriate personal space; ii. the management of boundary issues and iii. any other; Specifically: _____	1.2, 2.3, 9.1, 9.2, 9.3, 9.5 <i>May not be necessary</i>	i.					
			ii.					
			iii.					
	20. If necessary uses the 'rights' to assist in the safe administration of any medication (i.e. self administration) to the client/patient during the teaching activity;	1.1, 1.2, 1.3, 2.1, 2.5, 3.2, 4.2, 5.1, 5.2, 9.1-5						
	21. Implements appropriate beginning discharge planning & teaching to client/patient and carer;	7.7						
Closing the activity	22. Concludes the teaching activity with the client/patient by considerably concluding the therapeutic relationship;	1.2, 9.1, 9.3, 9.5						
	23. Facilitates client/patient repositioning to maintain privacy dignity, ensures comfort as far as possible at that point;	1.2, 2.3, 2.5, 7.1						
	24. Cleans/tidies area; explains the disposal of any waste appropriately and as soon as is practicable; removes gloves & other PPE (as necessary);	1.1, 1.2, 1.3, 9.5, 10.1						
	25. Explores with the client/patient if appropriate how to replace, clean and/or dispose of equipment;	1.1, 1.2, 9.5, 10.1						
Documentation & Communication	26. Reporting and Recording of relevant information: i. Outcome of the client/patients attempt to undertake the skill; ii. Share the observations about their client/patients'; a. knowledge; b. Skill and c. attitude/behaviour iii. other if appropriate (e.g. particular assessment chart) Specify i.e. plan _____	1.1, 1.2, 1.3, 2.6, 9.2, 10.2	i.					
			ii.a					
			ii.b					
			ii.c					
		<i>May not be necessary</i>	iii.					



Continue on a separate sheet if necessary

Unsatisfactory ☐ Satisfactory ☐ Good ☐ Excellent ☐

Clinical Facilitator/Educator: *(please print)* _____ **Sign:** _____ **Date:** _____

D R A F T – Teaching of a Colleague v2

Clinical Competency Area					
Competency exemplar:	Teaching of a colleague	Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)
Demonstration of:	The ability to effectively teach a colleague				

	<u>Performance Criteria</u>	The coding below indicates the ANMC National Competency Standards for the Registered Nurse (2006)	Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)
	(Please insert a ✓ in the appropriate column)						

PREPARATION FOR TEACHING A COLLEAGUE	1. Identifies specific indications for teaching the colleague (i.e. what initial information is available? If any? Examples may be a specific procedure, use of equipment, etc)	1.1,1.2, 2.5, 4.2, 4.3, 5.1,9.5					
	2. Considers a range of factors that affect/influence learning and develop strategies to minimise/optmise these factors	1.2, 2.3, 7.1, 7.2, 7.4, 9.5					
	3. Effectively plans the activities to work through with the colleague to optimise their learning	2.3, 3.1, 3.3, 5.2, 5.3, 6.3, 7.1, 7.3, 8.1, 9.5					
	4. Gathers the necessary equipment for the teaching activities (if appropriate)	1.1, 1.2, 2.1, 3.2, 5.1					
	5. Ensures that the setting/environment is conducive to the activity in order to minimise distractions and maximise concentration	1.2, 7.1, 7.3					

CARRYING OUT THE TEACHING OF A COLLEAGUE	6. Carries out a comprehensive assessment with the colleague of his/her understanding of the intended teaching event i. Relevant qualifications ii. Working experience	2.2, 3.1, 4.1, 4.2, 4.3	i					
			ii					
	7. Develops rapport and a professional relationship in the teaching interaction with the colleague	1.2, 2.3, 9.1, 9.2, 9.3, 9.4						
	8. Acts appropriately & supportively during the teaching activities	2.2, 3.1, 4.1, 4.2, 4.3						
	9. Uses a range of questioning styles and demonstrates appropriate listening skills during exploration/explanation of the activity	2.1, 2.3, 2.4, 9.1, 9.2						
	10. Demonstrates the skill at an appropriate pace, exhibits a professional demeanour which illustrates a sense of caring	1.2, 2.1, 2.2, 2.3, 2.4, 9.1, 9.2						
	11. Explores and verifies, through the use of an appropriate educative framework i. Knowledge ii. Skill and iii. Attitude/behaviour	1.2, 1.3, 2.1, 2.2, 2.3, 2.4, 4.2, 4.3, 9.1, 9.2	i					
			ii					
			iii					
	12. Acknowledges and values data from observing the teaching event	2.2, 2.3, 2.4, 2.6, 4.1, 4.2, 4.3						
	13. Gives constructive feedback about all aspects of the teaching activity/skill	1.3, 2.3, 7.1, 7.7						
	14. Documents the outcome of the teaching event in the anecdotal notes in agreement with the colleague	1.2, 2.1, 2.3, 2.5, 6.1, 6.2, 6.3, 8.1, 8.2, 9.5						



Closing the activity	15. Concludes the period of duty with the colleague by considerably concluding the professional relationship	1.2, 9.1, 9.3, 9.5					
	16. Cleans/tidies area; explains the disposal of any waste appropriately and in a timely manner; removes gloves & other PPE (if applicable).	1.1, 1.2, 1.3, 9.5, 10.1					
	17. Explores with the colleague if appropriate how to replace, clean and/or dispose of equipment according to organisational guidelines	1.1, 1.2, 9.5, 10.1					

Documentation & Communication	18. Reports and Records of relevant information where appropriate i. Outcomes of the colleague attempt to undertake the learning activity ii. Share the observations about the colleague a. knowledge b. skill and c. attitude/behaviour iii. Other if appropriate Specify i.e. plan: _____	1.1, 1.2, 1.3, 2.6, 9.2, 10.2	i					
			ii a					
			ii b					
			ii c					
		May not be necessary	iii					

Educational opportunity	19. Demonstrates ability to reflect on the activity and to link theory to practice i. Relates to decisions made, ii. Evidence utilised and iii. Implications for assessing and planning of colleague education in the future	1.2, 2.1, 2.3, 3.1, 3.2, 4.1, 4.2, 4.3, 5.2, 5.3, 7.1, 8.1	i					
			ii					
			iii					

Bondy, K, M, 1983, 'Criterion-referenced definitions for rating scales in clinical evaluation', *Journal of Nursing Education*, vol. 22(9), pp. 376-381

Crisp and Taylor 2009 *Potter and Perry's Fundamentals of Nursing*, 3rd Edition, Elsevier, Australia

Tollefson, J 2010 *Clinical Motor Skills: Assessment Tools for Student Nurses*, 4th Edition, Thomson, Australia

Reflection by Student: (Should use a recognised model for reflection and may structure as prep/activity/closure etc)

Continue on a separate sheet if necessary

How would you rate your overall performance whilst undertaking this clinical activity?

Unsatisfactory ☐ Satisfactory ☐ Good ☐ Excellent ☐



[illegible]

How would you rate the overall performance of this student during this clinical activity?

Student Name: *(please print)* _____ **Sign:** _____ **Date:** _____

Clinical Facilitator/Educator: (please print) _____ **Sign:** _____ **Date:** _____

National Competency Standards for the Registered Nurse



National Competency Standards for the Registered Nurse

INTRODUCTION

DESCRIPTION OF REGISTERED NURSE

DOMAINS

NATIONAL COMPETENCY STANDARDS

GLOSSARY OF TERMS

Introduction

The Australian Nursing and Midwifery Council Incorporated (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 (NMRAs) 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 NMRAs 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 NMRAs. 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 NMRAs 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 license 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 license 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 NMRAs 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 also 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 at 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 contexts to facilitate optimal health outcomes. This includes appropriate referral to, and consultation with, other relevant health professionals, service 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 these 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 nurse 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 Fulfills the duty of care

- performs nursing interventions in accordance with recognised standards of practice
- clarifies responsibility for aspects of care with other members of the health team
- recognises 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 Practices in accordance with the nursing profession's codes of ethics and conduct

- accepts individuals/groups regardless of race, culture, religion, age, gender, sexual preference, physical or mental state
- ensures that personal values and attitudes are not imposed on others



- conducts assessments that are sensitive to the needs of individuals/groups
- recognises and accepts the rights of others
- maintains an effective process of care when confronted by differing values, beliefs and biases
- seeks assistance to resolve situations involving moral conflict
- identifies and attempts to overcome factors which may constrain ethical decisions in consultation with the health care team

2.2 Integrates organisational policies and guidelines with professional standards

- maintains current knowledge of and incorporates relevant professional standards into practice
- maintains current knowledge of and incorporates organisational policies and guidelines into practice
- reviews and provides feedback on the relevance of organisational policies and professional standards procedures to practice
- demonstrates awareness and understanding of developments in nursing that have an impact on the individual's capacity to practice nursing
- considers individual health and wellbeing 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 legal rights in relation to health care
- 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 with relevant members of the health care team
- advocates for individuals/groups when rights are overlooked and/or compromised
- accepts individuals/groups to whom care is provided regardless of race, culture, religion, age, gender, sexual preference, physical or mental state
- ensures that personal values and attitudes are not imposed on others
- undertakes assessments which are sensitive to the needs of individuals/groups
- recognises and accepts the rights of others
- maintains an effective process of care when confronted by differing values, beliefs and biases
- provides appropriate information within the nurse's scope of practice to individuals/groups
- consults relevant members of the health care team when required
- questions and/or clarifies orders and decisions that are unclear, not understood or questionable
- questions and/or clarifies interventions that appear inappropriate with relevant members of the health care team

2.4 Advocates for individuals/groups and their rights for nursing and health care within organisational and management structures

- identifies when resources are insufficient to meet care needs of individuals/groups
- communicates skill mix requirements to meet care needs of individuals/groups to management

- 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 practises within own scope of practice

- seeks clarification when questions, directions and decisions are unclear or not understood
- undertakes decisions about care that are within scope of competence without consulting senior staff
- raises concerns about inappropriate delegation with the appropriate registered nurse
- demonstrates accountability and responsibility for own actions within nursing practice
- assesses 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
- questions and/or clarifies interventions which appear inappropriate with relevant members of the health care team

2.7 Recognises the differences in accountability and responsibility between Registered Nurses, Enrolled Nurses and unlicensed care workers

- understands requirements of statutory and professionally regulated practice
- understands requirements for delegation and supervision of practice
- raises concerns about inappropriate delegation with relevant organisational or regulatory personnel



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
- clarifies 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, and 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 a relevant evidence-based assessment framework to collect data about the physical socio-cultural and mental health of the individual/group**
- approaches 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 assist 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 specification and organisational policy
 - identifies deviations from normal, or improvements in the individual's/group's, health status
 - identifies and incorporates the needs and preferences of individuals/group into a plan of care
- 5.3 Analyses and interprets assessment data accurately**
- recognises that clinical judgements involve 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's/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 individual/group health outcomes and specify condition for achievement
 - identifies goals that are measurable, achievable, and congruent with values and beliefs of the individual/group and/or significant others
 - uses 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 plans of care clearly
- 6.4 Plans for continuity of care to achieve expected outcomes**
- collaboratively supports the therapeutic interventions of other health team members
 - information necessary for continuity of the plan of care is maintained and documented
 - responds to individual/group or carer's educational needs
 - provides or facilitates an individual/group or carer's resources and aids as required
 - identifies and recommends appropriate agency, government and community resources to ensure continuity of care
 - initiates 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 Prioritises workload based on the individual's/group's needs, acuity and optimal time for intervention**
- determines 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 maximise effectiveness in crisis situations
 - participates in emergency management practices 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/assistance as required
 - recognises own accountabilities and responsibilities when delegating aspects of care to others
 - delegates to and supervises others consistent with legislation and organisational 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, mentoring, 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 requests of individuals/groups
 - undertakes formal and informal education 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**
- recognises when nursing resources are insufficient to meet an individual's/group's needs
 - demonstrates flexibility in providing care where resources are limited
 - recognises 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**
- recognises when individual's/group's progress and expected progress 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 priorities with any change in an individual's/group's condition, needs or situational variations
 - communicates new information and revisions to members of the health care team as required



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

- demonstrates empathy, trust and respect for the dignity and potential of the individual/group
- interacts with individuals/groups in a supportive manner
- effectively initiates, maintains and concludes interpersonal interactions
- establishes rapport with individuals/groups that enhances their ability to express feelings, and fosters an appropriate context for expression of feeling
- understands the potential benefits of partnership approaches on nurse individual/group relationships
- demonstrates an understanding of standards and practices of professional boundaries and therapeutic relationships

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

- uses a range of effective communication techniques
- uses language appropriate to the context
- uses written and spoken communication skills appropriate to the needs of individuals/groups
- uses an interpreter where appropriate
- provides adequate time for discussion
- establishes, where possible, alternative communication methods for individuals/groups who are unable to verbalise
- uses open/closed questions appropriately

9.3 Uses appropriate strategies to promote an individual's/group's self-esteem, dignity, integrity and comfort

- identifies and uses strategies which encourage independence
- identifies and uses strategies which affirm individuality
- uses strategies which involve the family/significant others in care
- identifies and recommends appropriate support networks to individuals/groups
- identifies situations which may threaten the dignity/integrity of an individual/group
- implements measures to maintain dignity of individuals/groups during periods of self-care deficit
- implements measures to support individuals/groups experiencing emotional distress
- information is provided to individuals/groups to enhance their control over their own health care

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
- arranges consultation to support individuals/groups to make informed decisions regarding health care

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

- demonstrates sensitivity, awareness and respect for cultural identity as part of an individual's/group's perceptions of security
- demonstrates sensitivity, awareness and respect in regard to an individual's/group's spiritual needs
- involves family and others in ensuring that cultural and spiritual needs are met
- identifies, eliminates or prevents environmental hazards where possible
- applies relevant principles to ensure the safe administration of therapeutic substances
- maintains standards for infection control
- applies ergonomic principles to prevent injury to individual/group and self
- prioritises safety problems
- adheres to occupational health and safety legislation
- modifies environmental factors to meet an individual's/group's comfort needs where possible
- promotes individual/group comfort throughout interventions
- uses ergonomic principles and appropriate aids 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's/group's needs and health care setting**

- recognises the impact and role of population, primary health and partnership health care models
- recognises when to negotiate with, or refer to, other health care or service providers
- establishes positive and productive working relationships with colleagues
- recognises and understands the separate and interdependent roles and functions of health care team members

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



- demonstrates skills in written, verbal and electronic communication
- documents, as soon possible, forms of communication, nursing interventions and individual/group responses

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 ANMC 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
DICKSON ACT 2602

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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 licensure.

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.

Cues: 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 Professionals 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 1 in Victoria.



RN / Clinical Educator / Facilitator Feedback on the Competency Assessment Tools

DRAFT: Competency Assessment Tool-v5 (ANMC 2006)

PART 1: YEAR *

Professional Practice	Independent (I)	Supervised (S)	Assisted (A)	Marginal (M)	Dependent (D)	Not Assessed
(Please insert a ✓ in the appropriate column)						
1. Practices in accordance with legislation affecting nursing practice and health care.						
2. Practices within a professional and ethical framework.						
Critical Thinking and Analysis						
(Please insert a ✓ in the appropriate column)						
3. Practices within an evidence-based framework.						
4. Participates in ongoing professional development of self and others.						
Provision and Coordination of Care						
(Please insert a ✓ in the appropriate column)						
5. Conducts a comprehensive and systematic nursing assessment.						
6. Plans nursing care to meet the needs of individual groups, age-related others and the community/primary health care team.						
7. Provides comprehensive, safe and effective evidence-based nursing care to achieve identified individual/group health.						
8. Evaluates progress towards expected individual/group health outcomes in consultation with individual/teams, significant others and the interagency/primary health care team.						
Collaborative and Therapeutic Practice						
(Please insert a ✓ in the appropriate column)						
9. Establishes, maintains appropriate outcomes therapeutic relationships.						
10. Collaborates with the inter-agency health care team to provide therapeutic nursing care.						

*How would you rate the overall performance of this student during this clinical placement (tick a ✓):

Unsatisfactory ☐ Satisfactory ☐ Good ☐ Excellent ☐

Adapted from: Bennett, K. M. (1983). "Criteria referenced definitions for rating scales in clinical evaluation." *Journal of Nursing Education*, vol. 20(9), pp. 370-381.

Independent: (I) Refers to being safe & knowledgeable, confident & coordinated and appropriately confident and timely. Does not require supervising care.

Supervised: (S) Refers to being safe & knowledgeable, effective & coordinated; displays some confidence and competencies within a reasonably timely manner. Requires occasional supervising care.

Assisted: (A) Refers to the need for knowledge/skills and/or the time/skill to perform known or medical with some skill more than would be expected to complete the task. Requires frequent verbal and/or physical assistance.

Marginal: (M) Refers to being safe & only supervised with support, and not safe to use. Does not display a good level of confidence, coordination and/or physical care.

Dependent: (D) Refers to concerns about being safe and being much or decreasing behaviour or competence. Lacking in confidence, coordination and/or efficiency. Continues verbal and physical supervision/assistance.

Scoring guide:
1. If the student is not competent, then the student is not competent, and the student is not competent.
2. Any other assessment should be in the column.
3. The student should only be assessed in the column.
4. The student should only be assessed in the column.
5. The student should only be assessed in the column.
6. The student should only be assessed in the column.
7. The student should only be assessed in the column.
8. The student should only be assessed in the column.
9. The student should only be assessed in the column.
10. The student should only be assessed in the column.

There are two sections to the feedback form;

- Section 1 on this page relates to the Competency assessment tool and
- Section 2 overleaf relates to the 8 competency assessments.

Please place an X in the appropriate box	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Please leave blank
1. The Bondy (1983) scaling used made it clear to me what was expected of the student in each of the 10 areas?						
2. Was the overall rating of the students' performance useful on the form?						
3. Were the guidance notes helpful in identifying the rating to award the student?						
4. Was the time taken to complete the ANMC CAT acceptable?						
5. Was there sufficient space for reflection by the student?						
6. Was there sufficient space for comments from you about the student?						
7. The form assisted structured feedback to the student?						
8. The information I received to complete the CAT was sufficient?						
	Face to face	Written only	Online / DVD	Combined	Other	
9. Which mode of training would you prefer to inform your use of this tool?						
10. If you ticked other or combined, please specify what mode or combination you would prefer:						
11. We would appreciate any general comments you may have about the tool and its use.						

We appreciate your time and effort in completing this part of the evaluation – thank you!

- Section 2 relates to the 8 competency assessments.

Which of the tools were you able to use during the pilot phase? *(Please X in each Yes/No box as required)*

Competency Assessment	Location in part of course	Yes	No	Please leave blank
1. Initial and ongoing nursing assessment of a client/patient	Part 1			
2. Care of a client/patient requiring wound management	Part 1			
3. Managing medication administration	Part 1/2			
4. Managing the Care of a Client/Patient	Part 2			
5. Managing the care of a group of clients/ patients	Part 2/3			
6. Monitoring & responding to changes in a client/patients condition	Part 2/3			
7. Teaching a Client/Patient	Part 3			
8. Teaching of a colleague	Part 3			

Please carefully read each statement and place an X in the Strongly agree – strongly disagree box.

Please carefully read each statement and place an X in the Strongly agree – Strongly disagree box.						
	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Please leave blank
1. Was there sufficient opportunity to utilise one or more of these competency assessments during this student's time in the clinical area?						
2. Was the form clear and easy to use to assess the student against the competencies?						
3. The rating using Bondy was clear and easy to apply?						
4. Overall the tools were simple and clear to use in the clinical setting?						
5. Was the overall rating of the student's performance useful on the form?						
6. Was there sufficient space for reflection by the student?						
7. Was there sufficient space for comments from you about the student?						
8. The form assisted structured feedback to the student?						
9. The information I received to complete the assessments was sufficient?						
	Face to face	Written only	Online / DVD	Combined	Other	
10. Which mode of training would you prefer to inform your use of this tool?						
11. If you ticked other or combined, please specify what mode or combination you would prefer: _____						
12. We would appreciate any general comments you may have about the competency assessments and their use... _____ _____						

We appreciate your time and effort in completing this part of the evaluation – thank you!

There are two sections to the feedback form;

- Section 1 on this page relates to the Competency assessment tool and
- Section 2 overleaf relates to the 8 competency assessments.

Unit/part of Study:_____ Facility:_____

We appreciate your time and effort in completing this part of the evaluation – thank you!

- Section 2 relates to the 8 competency assessments.

Which of the tools were you able to use during the pilot phase? *(Please X in each Yes/No box as required)*

Competency Assessment	Location in part of course	Yes	No	Please leave blank
1. Initial and ongoing nursing assessment of a client/patient	Part 1			
2. Care of a client/patient requiring wound management	Part 1			
3. Managing medication administration	Part 1/2			
4. Managing the Care of a Client/Patient	Part 2			
5. Managing the care of a group of clients/ patients	Part 2/3			
6. Monitoring & responding to changes in a client/patients condition	Part 2/3			
7. Teaching a Client/Patient	Part 3			
8. Teaching of a colleague	Part 3			

Please carefully read each statement and place an X in the Strongly agree – strongly disagree box.

Please place an X in the appropriate box	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Please leave blank
1. Was there sufficient opportunity to utilise one or more of these competency assessments during your time in the clinical area?						
2. Was the form clear and easy to use against the competencies?						
3. The rating using Bondy was clear and easy to apply?						
4. Overall the tools were simple and clear to use in the clinical setting?						
5. Was the overall rating of your performance useful on the form?						
6. Was there sufficient space for your reflection?						
7. Were you clear about what level of competence was expected of you?						
8. Was there sufficient space for comments from the facilitator/educator about you?						
9. The form assisted structured feedback from the facilitator/educator about you?						
10. The information I received to complete the assessments was sufficient?						
	Face to face	Written only	Online / DVD	Combined	Other	
11. Which mode of training would you prefer to inform your use of this tool?						
12. If you ticked other or combined, please specify what mode or combination you would prefer:						
13. We would appreciate any general comments you may have about the competency assessments and their use...						
<i>use an additional sheet if necessary</i>						

We appreciate your time and effort in completing this part of the evaluation – thank you!

Academic Team Members Feedback on the Competency Assessment Tools

[illegible]

There are two sections to the feedback form;

- Section 1 on this page relates to the Competency assessment tool and
- Section 2 overleaf relates to the 8 competency assessments.

Please place an X in the appropriate box	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Please leave blank
1. The Bondy (1983) scaling used made it clear to me what was expected of the student in each of the 10 areas?						
2. Was the overall rating of the students' performance useful on the form?						
3. Were the guidance notes helpful in identifying the rating that the RN should award the student?						
4. Does it appear that the time taken to complete the ANMC CAT is acceptable?						
5. Is there sufficient space for reflection by the student?						
6. Is there sufficient space for comments from the RN about the student?						
7. Does the form assist structured feedback to the student?						
8. Is the information sufficient for the RN and the student to complete the CAT?						
	Face to face	Written only	Online / DVD	Combined	Other	
9. Which mode of training would you prefer to inform your use of this tool?						
10. If you ticked other or combined, please specify what mode or combination you would prefer:						
11. We would appreciate any general comments you may have about the tool and its use.						

We appreciate your time and effort in completing this part of the evaluation – thank you!

- Section 2 relates to the 8 competency assessments.

Which of the tools were your students able to use during the pilot phase? *(Please X in each Yes/No box as required)*

Competency Assessment	Location in part of course	Yes	No	Please leave blank
1. Initial and ongoing nursing assessment of a client/patient	Part 1			
2. Care of a client/patient requiring wound management	Part 1			
3. Managing medication administration	Part 1/2			
4. Managing the Care of a Client/Patient	Part 2			
5. Managing the care of a group of clients/ patients	Part 2/3			
6. Monitoring & responding to changes in a client/patients condition	Part 2/3			
7. Teaching a Client/Patient	Part 3			
8. Teaching of a colleague	Part 3			

Please carefully read each statement and place an X in the strongly agree – strongly disagree box.

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Please leave blank
1. Do you think that there was sufficient opportunity to utilise one or more of these competency assessments during this student's time in the clinical area?						
2. Is the form clear and easy to use to assess the student against the competencies?						
3. Is the rating using Bondy clear and easy to apply?						
4. Were the tools simple and clear to use by the RN/Student in the clinical setting?						
5. Was the overall rating of the student's performance useful on the form?						
6. Was there sufficient space for reflection by the student?						
7. Was there sufficient space for comments from the RN about the student?						
8. Does the form assist structured feedback to the student?						
9. Was the information you received sufficient to use the tools in your institution?						
	Face to face	Written only	Online / DVD	Combined	Other	
10. Which mode of training would you prefer to inform your use of this tool?						
11. If you ticked other or combined, please specify what mode or combination you would prefer:						
12. We would appreciate any general comments you may have about the competency assessments and their use...						

We appreciate your time and effort in completing this part of the evaluation – thank you!



Promoting excellence in higher education

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