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| **Student Name:** |
| **Paper:** |
| **Clinical Placement:** |
| **Formative / Summative**  |

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| **Domain One: Professional Responsibility** |
| **Competency 1.1** | Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical and relevant legislated requirements. |
| **Competency 1.2** | Demonstrates the ability to apply the principles of the Treaty of Waitangi/te Tiriti o Waitangi to nursing practice. |
| **Competency 1.3** | Demonstrates understanding of the enrolled nurse scope of practice and the registered nurse responsibility and accountability for direction and delegation of nursing care. |
| **Competency 1.4** | Promotes an environment that enables health consumer safety, independence, quality of life, and health. |
| **Competency 1.5** | Participates in ongoing professional and educational development. |
| **Competency 1.6** | Practises nursing in a manner that the health consumer determines as being culturally safe. |
| **Supporting evidence/examples:** |
| **Preceptor Name:** | **Signature:** | **Date:** |

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| **Domain Two: Provision of Nursing Care** |
| **Competency 2.1** | Provides planned nursing care to achieve identified outcomes. |
| **Competency 2.2** | Contributes to nursing assessments by collecting and reporting information to the registered nurse. |
| **Competency 2.3** | Recognises and reports changes in health and functional status to the registered nurse or directing health professional. |
| **Competency 2.4** | Contributes to the evaluation of health consumer care. |
| **Competency 2.5** | Ensures documentation is accurate and maintains confidentiality of information. |
| **Competency 2.6** | Contributes to the health education of health consumers to maintain and promote health. |
| **Supporting evidence/examples:** |
| **Preceptor Name:** | **Signature:** | **Date:** |

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| **Domain Three: Interpersonal Relationships** |
| **Competency 3.1** | Establishes, maintains and concludes therapeutic interpersonal relationships. |
| **Competency 3.2** | Communicates effectively as part of the health care team. |
| **Competency 3.3** | Uses a partnership approach to enhance health outcomes for health consumers. |
| **Supporting evidence/examples:** |
| **Preceptor Name:** | **Signature:** | **Date:** |

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| **Domain Four: Interprofessional Health Care & Quality Improvement** |
| **Competency 4.1** | Collaborates and participates with colleagues and members of the health care team to deliver care. |
| **Competency 4.2** | Recognises the differences in accountability and responsibilities of registered nurses, enrolled nurses and healthcare assistants. |
| **Competency 4.3** | Demonstrates accountability and responsibility within the health care team when assisting or working under the direction of a registered health professional who is not a nurse. |
| **Supporting evidence/examples:** |
| **Preceptor Name:** | **Signature:** | **Date:** |

**How to use the Formative Preceptor Feedback Form**

* This form is an assessment tool based on Nursing Council Competencies, the same competencies that you as a staff nurse are expected to meet each year for your practising certificate.
* Nursing Council has developed four domains of competence, each with examples of evidence of competence or indicators.
* This assessment is based on the level of achievement you value the student’s performance at, in relation to each competency and indicator. The Clinical judgement rubric (adapted from Lasater, 2005) should be used to aid your assessment of competency and your description of the student nurse’s learning.
* Whitireia has a philosophy that focuses on the progress of nursing students learning and development in praxis:
	+ Year One nursing students are learning to ‘**think like a nurse**’ and are dependent learners
	+ Year Two nursing students are learning to **‘act like a nurse’** and are semi-independent learners
	+ Year Three nursing students are learning to **‘be a nurse’** and are independent learners
* Supporting Evidence – it is imperative that when assessing the student, you provide a clear example of the student’s behaviour to suggest they meet the indicator. The student is also required to provide an example.
* This tool will be utilised as evidence for formative or summative assessment. The formative assessment relies on clear feedback from you so the student is able to identify which areas need to be addressed. The summative assessment is an appraisal undertaken by the clinical lecturer that requires competencies to be met.The preceptor is not responsible for passing or failing the student nurse in relation to the competencies. This is the clinical lecturer’s role, done in conjunction with the clinical placement.
* If you identify any issues or concerns with the student you are working with, it is imperative that you address the issue with the student, and/or talk directly with the clinical lecturer or with your manager.

## Diploma in Enrolled Nursing Clinical Judgement Rubric

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| ***Discovery* */ Noticing*****Effective assessment involves:** |
| **Dimension** | **Exemplary** | **Accomplished** | **Developing** | **Beginning** |
| Focused observation | Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective information to discover any useful information | Regularly observes and monitors a variety of information, including both subjective and objective; most useful information is noticed; may miss very subtle signs | Attempts to monitor a variety of subjective and objective information but is overwhelmed by the array of information; focuses on the most obvious information, missing some important information | Confused by the clinical situation and the amount and kind of information; observation is not organized and important information are missed, and/or assessment errors are made |
| Recognizing deviations from expected patterns and reports these to the registered nurse. | Recognizes subtle patterns and deviations from expected patterns in information and uses these to guide the assessment | Recognizes most obvious patterns and deviations in information and uses these to continually assess | Identifies obvious patterns and deviations, missing some important information; unsure how to continue the assessment | Focuses on one thing at a time and misses most patterns and deviations from expectations; misses opportunities to refine the assessment |
| Information seeking | Assertively seeks information that contributes to planned interventions: carefully collects useful subjective information from observing and interacting with the client, family and members of the health care team  | Actively seeks subjective information about the client’s situation from the client and family to support planning interventions; occasionally does not pursue important leads | Makes limited efforts to seek additional information from the client and family; often seems not to know what information to seek and/or pursues unrelated information | Is ineffective in seeking information; relies mostly on objective information; has difficulty interacting with the client and family and fails to collect important subjective information |

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| ***Interpretation*** **Effective interpreting involves:** |
| **Dimension** | **Exemplary** | **Accomplished** | **Developing** | **Beginning** |
| Prioritizing information | Focuses on the most relevant and important information useful for explaining the client’s condition | Generally focuses on the most important information and seeks further relevant information but also may try to attend to less pertinent information | Makes an effort to prioritize information and focus on the most important, but also attends to less relevant or useful information | Has difficulty focusing and appears not to know which information are most important to the diagnosis; attempts to attend to all available information |
| Making sense of information | In most situations, interprets the client’s information patterns and is able to (a) note and make sense of patterns in the client’s information, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) contribute to the development of interventions that can be justified in terms of their potential of success under the direction and delegation of the registered nurse. | In simple, common, or familiar situations, is able to interpret the client’s information patterns and compare with known patterns to contribute to an intervention plan and accompanying rationalise; under the direction and delegation of the registered nurse. | In simple, common, or familiar situations, is able to compare the client’s information patterns with those known and to develop or explain intervention plans; requires advice or assistance | Even in simple, common, or familiar situations, has difficulty interpreting or making sense of information; has trouble distinguishing among competing explanations and appropriate interventions, requiring assistance both in diagnosing the problem and developing an intervention |

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| ***Facilitation / Responding*****Effective Responding involves:** |
| **Dimension** | **Exemplary** | **Accomplished** | **Developing** | **Beginning** |
| Calm, professional manner | Assesses clients and reassures them and their families; assumes professional responsibility  | Generally displays confidence in most situations; may show stress in particularly difficult or complex situations | Reassures clients and families in routine and relatively simple situations, but becomes stressed and disorganized easily | Except in simple and routine situations, is stressed and disorganized, lacks self awareness, makes clients and families anxious or less able to cooperate |
| Clear interpersonal communication | Communicates effectively; explains interventions; calms and reassures clients and families; checks for understanding | Generally communicates well; explains carefully to client and within team; could be more effective in establishing rapport | Shows some communication ability; communication with clients, families, and team members is only partly successful; displays caring but not competence | Has difficulty communicating; explanations are confusing; directions are unclear or contradictory; clients and families are made confused or anxious and are not reassured |
| Well-planned intervention/flexibility | Monitors client progress closely and is able to notify the registered nurse in a timely manner of any changes in health status. | Implements interventions on the basis of relevant client information; monitors progress regularly but does not expect to have to change treatments | Implements interventions on the basis of the most obvious information; monitors progress but is unable to make adjustments as indicated by the client’s response | Focuses on implementing a single intervention, addressing a likely solution, but it may be vague, confusing, and/or incomplete; some monitoring may occur |
| Being skilful | Shows mastery of necessary nursing skills | Displays proficiency in the use of most nursing skills; could improve speed or accuracy | Is hesitant or ineffective in using nursing skills | Is unable to select and/or perform nursing skills |

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| ***Evaluation/ Reflection*****Effective reflecting involves:** |
| **Dimension** | **Exemplary** | **Accomplished** | **Developing** | **Beginning** |
| Evaluation/self-analysis | Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives; practices in a culturally safe manner | Evaluates and analyzes personal clinical performance with minimal prompting, primarily about major events or decisions; key decision points are identified, and alternatives are considered | Even when prompted, briefly verbalizes the most obvious evaluations; has difficulty imagining alternative choices; is self-protective in evaluating personal choices | Even prompted evaluations are brief, cursory, and not used to improve performance; justifies personal decisions and choices without evaluating them |
| Commitment to improvement | Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses | Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses | Demonstrates awareness of the need for ongoing improvement and makes some effort to learn from experience and improve performance but tends to state the obvious and needs external evaluation | Appears uninterested in improving performance or is unable to do so; rarely reflects; is uncritical of himself or herself or overly critical (given level of development); is unable to see flaws or need for improvement |

Developed from Lasater’s (2005) Clinical Judgement Rubric