

Te Wānanga Māori

**CLN/Preceptor/Delegated RN Feedback to Ākonga on their practice using the NCNZ (2025) Standards of Competence**

Performance Scale (Please evaluate the ākonga/student performance in relation to their current level in practice.

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| **0** | Not Observed **or** No opportunity to observe |
| **1** | Not yet demonstrated and requiring intensive coaching and supervision |
| **2** | Not yet demonstrated and requiring ongoing coaching and supervision |
| **3** | Demonstrates with minimal prompting |
| **4** | Demonstrated with consistency |
| **5** | Demonstrated consistently at a high standard |

**Information for CLN/Preceptor/delegated RN Providing Feedback on the ākonga Standard of Competency**

1. This form is an assessment tool based on Nursing Council New Zealand NCNZ (2025) Standards of Competence for Registered Nurses.
2. The assessment outcome is the level the ākonga students’ performance is at in relation to each Pou and descriptor with examples of the ākonga clinical reasoning/clinical judgement, related to; Cultural, Professional, Leadership and Patient Focused Care. This will assist the CLN/Preceptor/delegated RN to make an informed judgement. **More than one CLN/Preceptor/delegated RN evidence may be used to complete this form. If this is the case please provide your name date, designation & signature on the page of the Pou & the corresponding descriptor/s**
3. If the same person completes all of this form you only need to provide your name, designation. Signature date required in the column provided at the bottom of Pou Six of the form. If there are multiple RN’s completing this form please complete the box in the next page and Identify the Pou & number of each Descriptor.
4. In the comments section the CLN/Preceptor/delegated RN provides clear example/s of the ākonga behaviour, that demonstrates how each Pou is met.
5. If you identify any issues/concerns with the ākonga, that may compromise the safety of; the patient, others, themselves, the clinical learning environment, the Nursing profession or Whitireia, please discuss with them in the first instance. If this has not been resolved, discuss with the Clinical Kaiako/ALN and with the Manager of the clinical learning environment to review and decided on outcome. (alternative professional conduct avenues may be required depending on the nature of the concern/issue

**Note:** The Clinical kaiako/ALN will sign off the ākonga **Summative Competencies Pass/not past yet** evidenced from the clinical visits+notes, ākonga competencies and CLN/Preceptor/delegated RN feedback.

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| **All Names of CLN/Preceptor/Delegated RN completing the Preceptor Feedback form** |
| **Clinical Placement:** |

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| **Pou One: Māori Health**  | Reflecting a commitment to Māori health, registered nurses support, respect and protect Māori rights while advocating for equitable and positive health outcomes. Nurses are also required to demonstrate Kawa Whakaruruhau by addressing power imbalances and working collaboratively with Māori.  |
| **Descriptor 1.1**   Engages in ongoing professional development related to Māori health and the relevance of Te Tiriti o Waitangi articles and principles. |  **0 1 2 3 4 5** |
| **Descriptor 1.2**   Advocates for health equity for Māori in all situations and contexts.  |  **0 1 2 3 4 5** |
| **Descriptor 1.3**   Understands the impact of social determinants, such as colonisation, on health and wellbeing.  |  **0 1 2 3 4 5** |
| **Descriptor 1.4**   Uses te reo and incorporates tikanga Māori into practice where appropriate.  |  **0 1 2 3 4 5** |
| * **Please include a comment for each descriptor that scores 2 or less.**
* **If all descriptors >3, please give at least ONE example of students practice that supports the level of performance observed within this Pou.**
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| **Pou Two: Cultural Safety**  | Cultural safety in nursing practice ensures that registered nurses provide culturally safe care that is inclusive, responsive and equitable. This requires nurses to reflect on their practice, understand their cultural identity and the power imbalances between the nurse and the recipient of care.  |
| **Descriptor 2.1** Practises culturally safe care which is determined by the recipient. |  **0 1 2 3 4 5** |
| **Descriptor 2.2** Challenges racism and discrimination in the delivery of nursing and health care. |  **0 1 2 3 4 5** |
| **Descriptor 2.3** Engages in partnership with individuals, whānau and communities for the provision of health care.  |  **0 1 2 3 4 5** |
| **Descriptor 2.4** Advocates for individuals and whānau by including their cultural, spiritual, physical and mental health when providing care. |  **0 1 2 3 4 5** |
| **Descriptor 2.5** Contributes to a collaborative team culture which respects diversity, including intersectional identities, and protects cultural identity by acknowledging differing worldviews, values and practices.  |  **0 1 2 3 4 5** |
| * **Please include a comment for each descriptor that scores 2 or less.**
* **If all descriptors >3, please give at least ONE example of students practice that supports the level of performance observed within this Pou.**
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| **Pou Three: Whanaungatanga and Communication**  | A commitment to whanaungatanga and communication requires registered nurses to establish relationships through the use of effective communication strategies which are culturally appropriate and reflect concepts such as whānau centred care and cultural safety. An understanding of different forms of communication enables the nurse to engage with the interprofessional healthcare team, advocate for innovative change where appropriate and influence the direction of the profession. |

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| **Descriptor 3.1** Understands and complies with professional, ethical, legal, and organisational policies for obtaining, recording, sharing, and retaining information acquired in practice.  |  **0 1 2 3 4 5** |
| **Descriptor 3.2** Determines the language and communication needs (verbal and non-verbal) of people, whānau and communities. |  **0 1 2 3 4 5** |
| **Descriptor 3.3** Incorporates professional, therapeutic, and culturally appropriate communication in all interactions. |  **0 1 2 3 4 5** |
| **Descriptor 3.4** Communicates professionally to build shared understanding with people, their whānau and communities.  |  **0 1 2 3 4 5** |
| **Descriptor 3.5** Assesses health-related knowledge, provides information, and evaluates understanding to promote health literacy. |  **0 1 2 3 4 5** |
| **Descriptor 3.6** Ensures documentation is legible, relevant, accurate, professional, and timely. |  **0 1 2 3 4 5** |
| **Descriptor 3.7** Uses appropriate digital and online communication. |  **0 1 2 3 4 5** |
| **Descriptor 3.8** Provides, receives and responds appropriately to constructive feedback. |  **0 1 2 3 4 5** |

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| * **Please include a comment for each descriptor that scores 2 or less.**
* **If all descriptors >3, please give at least ONE example of students practice that supports the level of performance observed within this Pou.**
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| **Pou Four: Pūkengatanga and Evidence****Informed Nursing Practice** | Pūkengatanga and evidence-informed nursing practice requires registered nurses to use clinical skills, coupled with critical thinking and informed by high quality and current evidence, to provide quality, safe nursing care. Evidence-informed practice prepares the nurse to differentially diagnose, plan care, identify appropriate interventions, lead the implementation, and evaluate care provision and outcomes. |

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| **Descriptor 4.1** Understands the wide range of assessment frameworks and uses the appropriate framework to undertake comprehensive assessments in the practice setting. |  **0 1 2 3 4 5** |
| **Descriptor 4.2** Develops differential diagnoses based on Comprehensive assessment, clinical expertise and current evidence to inform the plan of care. |  **0 1 2 3 4 5** |
| **Descriptor 4.3** Implements and evaluates effectiveness of Interventions and determines changes to the plan of care. |  **0 1 2 3 4 5** |
| **Descriptor 4.4** Coordinates and assigns care, delegates activities and provides support and direction to others.  |  **0 1 2 3 4 5** |
| **Descriptor 4.5** Safely manages medicines based onPharmacotherapeutic knowledge, including administration in accordance with policies and best practice guidelines.  |  **0 1 2 3 4 5** |
| **Descriptor 4.6** Supports individual and whānau choices of complementary therapies by ensuring they have sufficient information to make informed decisions about treatment options.  |  **0 1 2 3 4 5** |
| **Descriptor 4.7** Understands cultural preferences for Complementary treatment, such as the use of rongoā and supports integration into care. |  **0 1 2 3 4 5** |
| **Descriptor 4.8** Demonstrates digital capability and online health literacy to support individuals, whānau and communities to use technology for managing health concerns and promoting wellbeing. |  **0 1 2 3 4 5** |
| **Descriptor 4.9** Applies infection prevention and control principles in accordance with policies and best practice guidelines.  |  **0 1 2 3 4 5** |
| **Descriptor 4.10** Identifies, assesses, and responds to emerging risks and challenging situations by adjusting priorities and escalating to the appropriate person. |  **0 1 2 3 4 5** |
| **Descriptor 4.11** Understands and works within the limits ofexpertise and seeks guidance to ensure safe practice.  |  **0 1 2 3 4 5** |
| **Descriptor 4.12** Maintains awareness of trends in nationaland global nursing to inform change in practice and delivery of care.   |  **0 1 2 3 4 5** |

* **Please include a comment for each descriptor that scores 2 or less.**
* **If all descriptors >3, please give at least ONE example of students practice that supports the level of performance observed within this Pou.**

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| **Pou Five: Manaakitanga and people-centered care** | Manaakitanga and people-centred care requires nurses to demonstrate compassion, collaboration, and partnership to build trust and shared understanding between the nurse and people, whānau or communities. Compassion, trust and partnership underpin effective decision-making in the provision of care to support the integration of beliefs and preferences of people and their whānau |

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| **Descriptor 5.1** Ensures integrated relational and whakapapa-centred care to meet the needs of people and whānau |  **0 1 2 3 4 5** |
| **Descriptor 5.2** Upholds the mana of individuals, whānau and the nursing profession by demonstrating respect, kindness, honesty, and transparency of decision-making in practice.  |  **0 1 2 3 4 5** |
| **Descriptor 5.3** Facilitates opportunities for people and whānau to share their views and actively contribute to care planning, decision-making, and the choice of interventions. |  **0 1 2 3 4 5** |
| **Descriptor 5.4** Establishes, maintains, and concludes safe therapeutic relationships  |  **0 1 2 3 4 5** |

* **Please include a comment for each descriptor that scores 2 or less.**
* **If all descriptors >3, please give at least ONE example of students practice that supports the level of performance observed within this Pou.**

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| **Pou Six: Rangatiratanga and Leadership** | Rangatiratanga and leadership in nursing practice are demonstrated when nurses proactively provide solutions and lead innovation to improve the provision of care. Leadership requires all nurses to act as change agents and lead change when appropriate. Fundamental to the integration of leadership is the need for nurses to intervene, speak out, and advocate to escalate concerns on behalf of colleagues or recipients of care. |

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| **Descriptor 6.1** Actively contributes to a collaborative team culture of respect, support, and trust.  |  **0 1 2 3 4 5** |
| **Descriptor 6.2** Demonstrates professional and ethical accountabilities in practice and adheres to the Nursing Council of New Zealand Code of Conduct, relevant legislation and organisational policies and procedures.  |  **0 1 2 3 4 5** |
| **Descriptor 6.3** Understands continuous learning and proactively seeks opportunities for professional development. |  **0 1 2 3 4 5** |
| **Descriptor 6.4** Engages in quality improvement activities.  |  **0 1 2 3 4 5** |
| **Descriptor 6.5** Identifies and responds appropriately to risk impacting the health, safety and wellbeing of self and others to practise safely.  |  **0 1 2 3 4 5** |
| **Descriptor 6.6** Understands the impact of healthcare provision on global and localresources, demonstrates and supports the constant assessment and improvement of sustainability practices. |  **0 1 2 3 4 5** |

* **Please include a comment for each descriptor that scores 2 or less.**
* **If all descriptors >3, please give at least ONE example of students practice that supports the level of performance observed within this Pou.**

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| **Feedback Discussed with ākonga by CLN/Preceptor/Delegated RN** | **Please Circle One****Ae/Yes****Kao/No** | **Feedback Discussed with CLN/Preceptor/Delegated RN** | **Please Circle One****Ae/Yes****Kao/No** |

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| **CLN/Preceptor/Delegated RN Signature & Date** |

**Framework…**the purpose of Lasater Clinical Judgement Rubric is:

1. To support the ākonga to grow their understanding and application of clinical reasoning/clinical judgement into their practice
2. To be used as a guide for ākonga when making their own self-assessment throughout the competencies
3. A reference point for CLN/Preceptors/delegated RN working with ākonga as required. The rubric does not replace the knowledge, skills and experience the CLN/Preceptor/delegated RN brings into the learning environment, it contributes to the overall conversations of practice
4. Both as a guide and a reference point to provide feedback that has both quantitative and qualitative evidence.
5. To triangulate the clinical kōrero between ākonga, CLN/Preceptor/delegated RN and Clinical Kaiako for consistency and sustainability purposes.
6. To provide quick visual from the Performance Scale of each Pou and descriptor for any given Pou and descriptor of Lasater Clinical Judgement rubric
7. This framework along with the Performance Scale is part of the ongoing educational support to the CLN/Preceptor/delegated RN to work along side of the future workforce in Nursing.

**Note:** Sustainability as it is applied to the Standards of Competence used here, aligns with the values of Cultural Safety, Equity and holistic health to name a few.

We welcome all feedback you have regarding the structure and content found in the opening page and the Lasater Clinical Judgement rubric. This feedback is invaluable to the ongoing monitoring and development of this Feedback form.

**LASATER CLINICAL JUDGMENT RUBRIC - Noticing and Interpreting**

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| **Effective NOTICING involves:**  | **Exemplary**  | **Accomplished**  | **Developing**  | **Beginning**  |
| **Focused Observation**  | Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information  | Regularly observes/monitors a variety of data, including both subjective and objective; most useful information is noticed, may miss the most subtle signs  | Attempts to monitor a variety of subjective and objective data, but is overwhelmed by the array of data; focuses on the most obvious data, missing some important information  | Confused by the clinical situation and the amount/type of data; observation is not organized and important data is missed, and/or assessment errors are made  |
| **Recognizing Deviations from Expected Patterns**  | Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment  | Recognizes most obvious patterns and deviations in data 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/deviations from expectations; misses opportunities to refine the assessment  |
| **Information Seeking**  | Assertively seeks information to plan intervention: carefully collects useful subjective data from observing the client and from interacting with the client and family  | 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/family; often seems not to know what information to seek and/or pursues unrelated information  | Is ineffective in seeking information; relies mostly on objective data; has difficulty interacting with the client and family and fails to collect important subjective data  |
| **Effective** **INTERPRETING involves:**  | **Exemplary**  | **Accomplished**  | **Developing**  | **Beginning**  |
| **Prioritizing Data**  | Focuses on the most relevant and important data useful for explaining the client’s condition  | Generally focuses on the most important data and seeks further relevant information, but also may try to attend to less pertinent data  | Makes an effort to prioritize data and focus on the most important, but also attends to less relevant/useful data  | Has difficulty focusing and appears not to know which data are most important to the diagnosis; attempts to attend to all available data  |
| **Making Sense of Data**  | Even when facing complex, conflicting or confusing data, is able to (1) note and make sense of patterns in the client’s data, (2) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (3) develop plans for interventions that can be justified in terms of their likelihood of success | In most situations, interprets the client’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or complicated cases where it is appropriate to seek the guidance of a specialist or more experienced nurse  | In simple or common/familiar situations, is able to compare the client’s data patterns with those known and to develop/explain intervention plans; has difficulty, however, with even moderately difficult data/situations that are within the expectations for students, inappropriately requires advice or assistance  | Even in simple of familiar/common situations has difficulty interpreting or making sense of data; has trouble distinguishing among competing explanations and appropriate interventions, requiring assistance both in diagnosing the problem and in developing an intervention  |

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**LASATER CLINICAL JUDGMENT RUBRIC - Responding and Reflecting**

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| **Effective RESPONDING involves:**  | **Exemplary**  | **Accomplished**  | **Developing**  | **Beginning**  |
| **Calm, Confident Manner**  | Assumes responsibility: delegates team assignments, assess the client and reassures them and their families  | Generally displays leadership and confidence, and is able to control/calm most situations; may show stress in particularly difficult or complex situations  | Is tentative in the leader’s role; reassures clients/families in routine and relatively simple situations, but becomes stressed and disorganized easily  | Except in simple and routine situations, is stressed and disorganized, lacks control, making clients and families anxious/less able to cooperate  |
| **Clear Communication**  | Communicates effectively; explains interventions; calms/reassures clients and families; directs and involves team members, explaining and giving directions; checks for understanding  | Generally communicates well; explains carefully to clients, gives clear directions to team; could be more effective in establishing rapport  | Shows some communication ability (e.g., giving directions); communication with clients/families/team members is only partly successful; displays caring but not competence  | Has difficulty communicating; explanations are confusing, directions are unclear or contradictory, and clients/families are made confused/anxious, not reassured  |
| **Well-Planned** **Intervention/Flexibility**  | Interventions are tailored for the individual client; monitors client progress closely and is able to adjust treatment as indicated by the client response  | Develops interventions based on relevant patient data; monitors progress regularly but does not expect to have to change treatments  | Develops interventions based on the most obvious data; monitors progress, but is unable to make adjustments based on the patient response  | Focuses on developing 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 utilizing nursing skills  | Is unable to select and/or perform the nursing skills  |
| **Effective REFLECTING involves:**  | **Exemplary**  | **Accomplished**  | **Developing**  | **Beginning**  |
| **Evaluation/Self-Analysis**  | Independently evaluates/ analyzes personal clinical performance, noting decision points, elaborating alternatives and accurately evaluating choices against alternatives  | Evaluates/analyzes personal clinical performance with minimal prompting, primarily major events/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/choices without evaluating them  |
| **Commitment to Improvement**  | Demonstrates commitment to ongoing improvement: reflects on and critically evaluates nursing experiences; accurately identifies strengths/weaknesses and develops specific plans to eliminate weaknesses  | Demonstrates a desire to improve nursing performance: reflects on and evaluates experiences; identifies strengths/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 unable to do so; rarely reflects; is uncritical of him/herself, or overly critical (given level of development); is unable to see flaws or need for improvement  |

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