

Version 6.2 (NMBA Standards 2016)
Australian Learning and Teaching Council/Health Workforce Australia
Guidance Package – Nursing Competency Assessment Schedule (NCAS)
September 2016

Overview and purpose

The table below lists the documents that relate to the assessment of nursing students;

Page	Area	Comment
3-5	Nursing Competency Assessment Schedule: Regulatory/Statutory standards	This document will be used on all practice placements – it is intended that the student will be assessed against what can be reasonably expected of a newly graduated RN. Each one should reflect the level expected within each part/year of the programme. It is intended to highlight expected levels of achievement at certain points within the programme. A number of comments related to completing an assessment as an intermediate intervention hence the (interim-final) boxes
7-16	NMBA Registered Nurse Standards for Practice (2016 ¹) & guidance for interpreting whether an individual has achieved a standard	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
17-18	Overview of the Competency exemplars	This table shows the complete list of exemplar events that have been identified and the timing and location when you will be assessed in practice. Broad evaluation criteria are outlined here that will be used across all institutions. Details will be clarified between partners.
Employer Competencies (Skills Areas)		These are <i>all</i> eight competency assessments that have been agreed for implementation and ongoing benchmarking.
19-23	The initial and ongoing nursing assessment of a client/patient	
25-28	Caring for a client/patient requiring wound management	
29-32	Managing medication administration	
33-36	Managing the Care of a Client/Patient	
37-40	Managing the Care of a group of Clients/Patients	
41-44	Monitoring and Responding to Changes in a Client-Patients Condition.	
45-49	Teaching a Client/Patient	
51-54	Teaching of a Colleague	

¹ Nursing and Midwifery Board of Australia (NMBA) 2016, Registered Nurse Standards for Practice.

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Nursing Competency Assessment Schedule-NCAS

Registered Nurse Standards for Practice (NMBA 2016)

INTERIM	FINAL
Please initial	

{Insert here course/subject/year}

Standard 1 to 7	Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)	Not Assessed
Standard 1 (Please place your <u>initials</u> in the appropriate column)						
Thinks critically and analyses nursing practice						
Standard 2 (Please place your <u>initials</u> in the appropriate column)						
Engages in therapeutic and professional relationships						
Standard 3 (Please place your <u>initials</u> in the appropriate column)						
Maintains the capability for practice						
Standard 4 (Please place your <u>initials</u> in the appropriate column)						
Comprehensively conducts assessments						
Standard 5 (Please place your initials in the appropriate column)						
Develops a plan for nursing practice						
Standard 6 (Please place your initials in the appropriate column)						
Provides safe, appropriate and responsive quality nursing practice						
Standard 7 (Please place your <u>initials</u> in the appropriate column)						
Evaluates outcomes to inform nursing practice						
How would you rate the overall performance of this student during this clinical practicum (<u>please initial</u>) : Unsatisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>						

Nursing and Midwifery Board of Australia (NMBA) 2016, *Registered Nurse Standards for Practice*.
 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.

Comments by RN:

(please ***initial***)

INTERIM	FINAL
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Continue on a separate sheet if necessary

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

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

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Guidance for both the -

- Assessor to verify that the student has met the standard and
- Student to have a clearer understanding of what is expected.

**STANDARD 1:
THINKS CRITICALLY AND ANALYSES NURSING PRACTICE**

RNs use a variety of thinking strategies and the best available evidence in making decisions and providing safe, quality nursing practice within person-centred and evidence-based frameworks. The registered nurse:

- 1.1 accesses, analyses, and uses the best available evidence, that includes research findings, for safe, quality practice
- 1.2 develops practice through reflection on experiences, knowledge, actions, feelings and beliefs to identify how these shape practice
- 1.3 respects all cultures and experiences, which includes responding to the role of family and community that underpin the health of Aboriginal and Torres Strait Islander peoples and people of other cultures
- 1.4 complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions
- 1.5 uses ethical frameworks when making decisions
- 1.6 maintains accurate, comprehensive and timely documentation of assessments, planning, decision-making, actions and evaluations, and
- 1.7 contributes to quality improvement and relevant research.

<u>OBSERVATIONS</u>
Knows when to utilise policy-procedure & best evidence
Has capability to engage with systems to locate evidence in practice
Demonstrates competence in practice, reflects on practice and acknowledges own scope
Problem solving evident in the students decisions & actions
Questions nursing actions but is not 'hamstrung' by over analysis
Considers own (and others) scope when delegating
<u>QUESTIONS</u>
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 client/patient
Use of resources to support Evidence Based Practice
Can give examples of best practice
Consultation with Multidisciplinary/Interdisciplinary Health Care Team (M/IDHCT)
<u>MEASUREMENTS</u>
Reviews client/patient notes and uses appropriate model
Uses assessment tools uses; (i.e. falls/pressure) 'wound trace', 'Braden score' etc.
Identifies hospital/agency bench-marking
Displays sound clinical knowledge base through data interpretation
Carries out the task successfully and appropriately

STANDARD TWO: ENGAGES IN THERAPEUTIC AND PROFESSIONAL RELATIONSHIPS

RN practice is based on purposefully engaging in effective therapeutic and professional relationships. This includes collegial generosity in the context of mutual trust and respect in professional relationships. The registered nurse:

- 2.1 establishes, sustains and concludes relationships in a way that differentiates the boundaries between professional and personal relationships
- 2.2 communicates effectively, and is respectful of a person’s dignity, culture, values, beliefs and rights
- 2.3 recognises that people are the experts in the experience of their life
- 2.4 provides support and directs people to resources to optimise health-related decisions
- 2.5 advocates on behalf of people in a manner that respects the person’s autonomy and legal capacity
- 2.6 uses delegation, supervision, coordination, consultation and referrals in professional relationships to achieve improved health outcomes
- 2.7 actively fosters a culture of safety and learning that includes engaging with health professionals and others, to share knowledge and practice that supports person-centred care
- 2.8 participates in and/or leads collaborative practice, and
- 2.9 reports notifiable conduct of health professionals, health workers and others.

OBSERVATIONS	
Uses appropriate language	Interaction is engaging
Communicates effectively with the team both nursing and multi-disciplinary (attitude & demeanor)	Empathetic & knowledgeable practice within social context
When clients/patients are unwell is the level of care/basic needs being met (within reason?);	Ability to problem solve and direct clients/patients appropriately
Behaves in a manner that makes peers & colleagues and patients/clients comfortable and is non-threatening;	Appropriate level of quality of working, communication (written & verbal) and relationships with other professionals
Listens and responds appropriately	Handover info is accurate and timely
Recovery model used, with the clients/patients journey	Agrees/adheres with treatment plans for care from all Inter Disciplinary Health Care Team
Evidence of cultural & racial respect	Professional role articulated clearly
Student initiates conversation/interactions appropriately (valuing-privacy/safety/quietness) and adjusts strategies as required in different situations based on ongoing evaluation	Able to identify policy/procedure and Evidence Based Practice/Protocols (EBP) illustrating safe and pertinent ways of working;
Confidentiality is appropriate	Continuity of care/communication;
Clear advocacy evident	Shows knowledge of clinical nursing practice;
Appropriate communication and dress for the context	Enhancing & growing communication skills repertoire;
Accesses team/services within cultural boundaries	Willingness to learn and to be polite and respectful;
Seen undertaking appropriate and timely competent care (within scope of practice and competency)	Are positive behaviours (from client/patient/family) attributed i.e. are strengths acknowledge and commented on?
Identifies and shares new information with all Multidisciplinary/Interdisciplinary Health Care Team (M/IDHCT) as appropriate care provided is documented in an appropriate and timely manner; Prepared for M/IDHCT meetings;	Applies body of knowledge and experience/personality in delivery of health care
	Evidence of joining/engaging/communicating behaviours
	Checks for satisfaction (colleagues & clients/patients);
Clearly operates within professional boundaries	Exhibits trust and confidence;

QUESTIONS:

Examples are cited that relate to areas of care e.g. Speech pathology for a person with having suffered a cerebro-vascular accident (CVA) and their ability to swallow safely;	Accurate documentation for referral/assessment and ongoing care & treatment leading to discharge using correct documentation and referral methods;
Ensuring that the student is aware of the need for consent and agreement;	Are the set goals and strategies reasonable regarding best available evidence and client's/patient's wishes;
How would identify if cultural practice is required?	
Honesty/upfront regarding well-being;	Maintains privacy and confidentiality (even if suicidal);
Does student demonstrate engagement strategies?;	
Being clear about the RNs role and the role of others in the multidisciplinary team;	Questions peers and clients/patients to learn more of the social context.
Responds appropriately to feedback from clients/patients;	Plan for anticipated and 'unanticipated' changes in the client's needs;

MEASUREMENTS:

Evidence of comfort whilst working/talking with clients/patients of different ages/cultures etc:	Health outcomes are appropriately assessed through data and peer review;
Identification of the need for additional support/guidance (based on evaluation);	Ensure as a coordinator that multidisciplinary team fulfilling their brief (patient advocacy);
Risk assessment with appropriate reporting of risk issues immediately;	Appropriate level of consultation with community and individuals.
Clear evidence of appreciating and dealing with functional level of clients/patients;	Use appropriate language and documentation to communicate with the M/IDHCT;
Clinical practices commensurate with practitioner level (beginning);	Relates to discharge resources required in a timely way;
Self-evaluation;	Evidence of clients willingness to change;
Appropriate use of language;	Seeks to extend knowledge about multidisciplinary team.
Client returns for next session;	
Identify needs and match to services in a timely manner;	Uses and documents systematic & holistic assessment;

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

**STANDARD THREE:
MAINTAINS THE CAPABILITY FOR PRACTICE**

RNs, as regulated health professionals, are responsible and accountable for ensuring they are safe, and have the capability for practice. This includes ongoing self-management and responding when there is concern about other health professionals’ capability for practice. RNs are responsible for their professional development and contribute to the development of others. They are also responsible for providing information and education to enable people to make decisions and take action in relation to their health.

The registered nurse:

- 3.1 considers and responds in a timely manner to the health and wellbeing of self and others in relation to the capability for practice
- 3.2 provides the information and education required to enhance people’s control over health
- 3.3 uses a lifelong learning approach for continuing professional development of self and others
- 3.4 accepts accountability for decisions, actions, behaviours and responsibilities inherent in their role, and for the actions of others to whom they have delegated responsibilities
- 3.5 seeks and responds to practice review and feedback
- 3.6 actively engages with the profession, and
- 3.7 identifies and promotes the integral role of nursing practice and the profession in influencing better health outcomes for people.

<u>OBSERVATIONS</u>
Knows and verbalises critical appraisal of situations in a supportive manner
Questions practice of others
Engages in clinical discussion about client/patient progress with M/IDHCT
Accesses journals & databases / evidence through research and policies/procedures;
Utilises reflective practice; conducts education sessions
Uses an established communication model
Recognises own limitations/scope of practice
Role models
Assists team members, mentors students/peer supports and shares best practice/knowledge
Understands own learning needs
Open to guidance by others (including juniors)
Uses preceptor for support & debriefing as well as fulfils role for others;
Appears confident/comfortable in work
Objectively receives and gives feedback
Relates care to care plan
Shows initiative within their scope of practice
<u>QUESTIONS</u>
What resources do you have/use?
How could that be done better?
How will you share your knowledge with others?
Have you or how do you contribute to the learning of another?
Awareness of policy/procedure
Challenges existing frameworks
Seeks clarity of orders.
Tell me what prompted you to....?
What additional education might you need?
Do you engage in journal clubs?
Understands registration requirements; explores policy/procedure when faced with a new skill
Follows guidelines; uses critical thinking
Membership of a professional group/organisations
<u>MEASUREMENTS</u>
Self education

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
Attends in-services/development seminars
Follows guidelines
Uses critical incidents and case studies to embody learning; shares a reflective journal
<i>Other:</i> Attends short courses and participates appropriately

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STANDARD FOUR: COMPREHENSIVELY CONDUCTS ASSESSMENTS

RNs accurately conduct comprehensive and systematic assessments. They analyse information and data and communicate outcomes as the basis for practice.

The registered nurse:

- 4.1. conducts assessments that are holistic as well as culturally appropriate
- 4.2. uses a range of assessment techniques to systematically collect relevant and accurate information and data to inform practice
- 4.3. works in partnership to determine factors that affect, or potentially affect, the health and wellbeing of people and populations to determine priorities for action and/ or for referral, and
- 4.4. assesses the resources available to inform planning.

<u>OBSERVATIONS</u>
Systematic/accurate/holistic approach through use of a framework
Uses appropriate communication / language when undertaking assessment / hand-over: using “life skills profile”
CHIPPA (Communication/ History / Inspection / Percussion / Palpation / Auscultation):
Reviews charts/past data to see what info was gathered
Relies on theory and evidence to conduct assessment; utilises appropriate equipment
Appropriate response/nursing action to the data collected i.e. plans (and prioritises both in assessment and in planning)
Listens and questions appropriately in a culturally sensitive & aware manner
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
<u>QUESTIONS</u>
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 the multidisciplinary team.
<u>MEASUREMENTS</u>
Evidence gathered is appropriate and accurately documented
Includes clear risk assessments when necessary
Notes reflect clients/patients changes
‘Sees’ connectedness of presentation with assessment and presentation and diagnosis
Taking and recording accurate physiological and other measurements when necessary
Uses and documents range of assessment techniques
Can perform assessment skills
Can articulate decision process clearly
<u>Scenarios offered/Other:</u> 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

STANDARD FIVE: DEVELOPS A PLAN FOR NURSING PRACTICE

RNs are responsible for the planning and communication of nursing practice. Agreed plans are developed in partnership. They are based on the RNs appraisal of comprehensive, relevant information, and evidence that is documented and communicated.

The registered nurse:

- 5.1 uses assessment data and best available evidence to develop a plan
- 5.2 collaboratively constructs nursing practice plans until contingencies, options priorities, goals, actions, outcomes and timeframes are agreed with the relevant persons
- 5.3 documents, evaluates and modifies plans accordingly to facilitate the agreed outcomes
- 5.4 plans and negotiates how practice will be evaluated and the time frame of engagement, and
- 5.5 coordinates resources effectively and efficiently for planned actions.

<u>OBSERVATIONS</u>
Follows agreed clinical pathway(s) and makes appropriate decisions promptly (incorporating Allied Health Professional recommendations)
Can form an appropriate care plan for new admission
Appropriate response/nursing action to the data collected i.e. plans (and prioritises both in assessment and in planning)
Documents/hands-over relevant information (for all clients/patients)
Effective organisational skills
Works within a safe practice framework
Thorough risk assessment of self and others and clients/patients; note taking strategies are contemporaneous and appropriate
Appropriate interaction/conversation with clients/patients and family and the multidisciplinary team leading to identification of agreed achievable documented goals (admission to discharge)
Uses appropriate bio-psycho-social assessment with 'correct' communication skills
Thinks about 'tomorrow' (<i>planning ahead?</i>)
Observed undertaking care and responding appropriately and promptly
Clear demonstration of knowledge re: health issues
<u>QUESTIONS</u>
Explore how a shift might be planed and prioritizing care appropriately
Have referrals been sent to M/IDHCT & <i>would you know how to?</i>
When should you seek clarification on particular criteria/rules? (E.g. restraint/medicine administration; documentation/consent/ evaluation)
Integrates knowledge and data analysis in terms of critical thinking
Are the clients/patients & family satisfied with the care? <i>How would you know?</i>
Explore how to plan a shift and prioritise: Are you able to prioritise the most acutely ill clients/patients in your care?
Referrals to others "DASSA" (sic Drug and Alcohol Services), counseling, psychiatry
Location of appropriate support/services and location
<u>MEASUREMENTS</u>
Documents are appropriately utilised to show a clear plan of care to order to manage pt load
Shows that there is appropriate bio-psycho-social assessment with 'correct' communication skills
Is performance as would be expected regarding (e.g. time management and health comes).
Compare data from that setting/area with the overall service (e.g. Hospital Acquired Infections, (HAI's) etc.)
Identifies needs of clients/patients and/or expected outcome
Is the nurse able to tell if the clients/patients are making appropriate progress (<i>how would you know?</i>)
Knows who to contact and who to pass on info to achieve health outcomes

STANDARD SIX: PROVIDES SAFE, APPROPRIATE AND RESPONSIVE QUALITY NURSING PRACTICE

RNs provide and may delegate, quality and ethical goal-directed actions. These are based on comprehensive and systematic assessment, and the best available evidence to achieve planned and agreed outcomes.

The registered nurse:

- 6.1 provides comprehensive safe, quality practice to achieve agreed goals and outcomes that are responsive to the nursing needs of people
- 6.2 practises within their scope of practice
- 6.3 appropriately delegates aspects of practice to enrolled nurses and others, according to enrolled nurse's scope of practice or others' clinical or non-clinical roles
- 6.4 provides effective timely direction and supervision to ensure that delegated practice is safe and correct
- 6.5 practises in accordance with relevant policies, guidelines, standards, regulations and legislation, and
- 6.6 uses the appropriate processes to identify and report potential and actual risk related system issues and where practice may be below the expected standards.

<u>OBSERVATIONS</u>	
Uses protocols/ procedure / documentation to support decision making	Promptly responds to unsafe practice; seen undertaking and responding appropriately
Behaves in a manner that makes peers & colleagues and patients/clients comfortable and is non-threatening	Communicates effectively with the team both nursing and multi-disciplinary (attitude & demeanor)
Interaction is engaging/ listens and responds appropriately	Seen undertaking appropriate and timely competent care
Reflection on outcomes	Uses appropriate language
High standards of client/patient care	Clearly operates within professional boundaries
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
Shows knowledge of clinical nursing practice	Identifies and uses resources (people and kit)
Accepts the client/patient as a partner rather than recipient of care	Uses language and appropriate cultural approaches to meet the needs of the client/patient in terms of care and information
Deals with unexpected events	
Terminology is appropriate and abbreviations are avoided	Constructively delegates/negotiates with others acknowledging scope of practice
How much direction does the student need and do they seek guidance?	Does the student manage the task in accordance with the scope of practice
Consults clinical notes appropriately	Timely and appropriate delivery of care
Team player including effective communication	Acts as the clients/patients advocate and ensure clients/patients safety
Liaises with the multidisciplinary team and Allied Health Professionals	See student undertaking client/patient teaching taking place effectively and appropriately
Applies body of knowledge and experience / personality in delivery of health care	Clinical practices commensurate with practitioner level (beginning)
<u>QUESTIONS</u>	
When would you use/apply particular criteria/rules? (e.g. restraint / medicine administration: documentation / consent / evaluation)	How might your responses reflect the local policy-procedure & best evidence?
How might you respond to pts request? (E.g. address as / advocacy):	Demonstrates effective skills that meet best practice guidelines and can articulate the rationale

Prioritises actions and acts in a timely manner if a client/patient is deteriorating and/or there are other clinical 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.	Appreciates the importance of understanding the client/patients condition / therapy / intervention.
Can you explain the rational for the care provided?	
MEASUREMENTS	
Documents are appropriately utilized	Presents clear evidence of progress (OR NOT) of clients/patients
Exception reporting is evident	Recalls info and when and how to use
Documentation e.g. such as handover notes are appropriately utilised & accurate report writing	Demonstrates that they can manage varying client/patient /RN ratios in a timely and appropriate manner
Does the student make clear challenges to scope of practice?	Care is sensitive to ‘case’ shows understanding of costings per case
Clients/patients safely discharged home	
Aware of wider evidence and this is clear in how they use evidence in practice;	Minimal wastage/healthy clients/patients / satisfied clients/patients
<p>Scenarios offered/Other: Restraint and how it is used/needle stick injury and management & reporting/work colleague being ill/pain management; communication/professionalism/policy and guidelines/respect & dignity/problem solving/deals with deteriorating patients. Provides care and rationale for clients/patients 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 clients/patients; Knows when care to be delivered is outside scope of practice Leadership of clients/patients care/Team working & Education for all / recognises clients/patients issues/effective time management/attends education sessions</p>	

STANDARD SEVEN: EVALUATES OUTCOMES TO INFORM NURSING PRACTICE

RNs take responsibility for the evaluation of practice based on agreed priorities, goals, plans and outcomes and revises practice accordingly.

The registered nurse:

7.1 evaluates and monitors progress towards the expected goals and outcomes

7.2 revises the plan based on the evaluation, and

7.3 determines, documents and communicates further priorities, goals and outcomes with the relevant persons.

<u>OBSERVATIONS</u>
Problem based learning
Contributes to the multidisciplinary team case presentations; handover verbal/written
Demonstrates understanding of <i>all stages of the process</i>
When clients/patients are unwell is the level of care/basic needs being met (within reason?)
Documentation and feedback
Interview with clients/patients and family
Clear outputs that relate to client/patient progress
Team meetings, case presentations, care plans and development in an ongoing way
Involves clients/patients in discussion
Check care plans
Inter-professional liaison and collaboration
Uses critical thinking to interpret clients/patients progress
<u>QUESTIONS</u>
Acknowledging ongoing interpretation
Rationale presented clearly for clients/patients progress towards outcomes
Do you ask how the client/patient feels about...X?
Are the clients/patients & family satisfied with the care? (<i>How would you know?</i>)
How do you consult?
Clear progress assessment in practice
Use benchmarks to evaluate and measure
Progress questioning.
<u>MEASUREMENTS:</u>
Documents are accurate
Case based information access and Observed Structured Clinical Assessments (OSCs)
Complies with managed clinical pathways / protocols
Clear progress towards recovery (OR NOT) of clients/patients
Critically analyses/evaluates relevant data
<u>Scenarios offered/Other:</u> Enquiry; Tools; observe predetermined situations (wound care/medicines/client care etc.) including OSCAs.

The two tables below illustrate the levels using Bondy (1983) that your university expects the student to achieve as they progress through the programme (Table 1 and 2). The third table (3) illustrates where the EIGHT final Competency Assessments that form the full schedule are located with the course.

Table 1 - Regulatory competency matrix

		Year ONE		Year TWO		Year THREE	
		Session 1	Session 2	Session 1	Session 2	Session 1	Session 2
Thinks critically and analyses nursing practice	1						
Engages in therapeutic and professional relationships	2						
Maintains the capability for practice	3						
Comprehensively conducts assessments	4						
Develops a plan for nursing practice	5						
Provides safe, appropriate and responsive quality nursing practice	6						
Evaluates outcomes to inform nursing practice	7						

Table 2 – Bondy (1983)

Independent: (I)	Refers to being safe & knowledgeable; proficient & coordinated and appropriately confident and timely. Does not require supporting cues
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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.

Table 3 - Employer competency matrix

	Year ONE		Year TWO		Year THREE	
	Session 1	Session 2	Session 1	Session 2	Session 1	Session 2
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						

The eight competency assessments are listed in table 3. This table illustrates the location of the competency assessments within your universities programme. Opportunities to undertake the competency assessments relate to exposure to and completion of antecedent skills which includes the opportunity to practice those employment competencies. *Years have been used however each university program is structured in a particular way that will influence when such competency assessments will and can be carried out, so please adjust the table to reflect your university programme structure.*

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.

**Initial and Ongoing Nursing Assessment of a Client-Patient
Employer Competencies (Skills Areas)**

Clinical Competency Area	
Competency exemplar:	The initial and ongoing nursing assessment of a client/patient (should include first contact)
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 NMBA Registered Nurse Standards for Practice (NMBA 2016)	Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)
	(Please place your <i>initials</i> 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?).	1.2, 1.3, 1.5, 4.5, 6.1, 6.5.					
	2. Verifies the validity of any written information concerning this client/patient.	1.6, 4.5, 5.1, 6.5					
	3. Reviews the patient documentation / history / information / medication chart / communication(s) from members of the healthcare team and others (family/friends etc).	1.4, 4.1, 4.5, 5.1, 6.5					
	4. Effectively and in a timely manner performs hand hygiene.	1.1, 1.2, 2.2, 3.1, 6.5					
	5. Gathers the necessary equipment for assessment (if appropriate) includes assessment documentation.	1.6, 4.1					
	6. Locates & greets the client/patient & “takes in”/assesses a range of cues (visual, auditory and olfactory) at the point of contact.	1.1-6, 2.1-3, 3.1, 4.1, 4.2, 4.3, 5.1, 6.5, 7.1					
	7. Effectively carries out an initial client/patient assessment analyzing and critically evaluating those initial findings.	4.1, 4.4, 5.2, 6.5					
	8. Responds promptly and appropriately should the outcome of the initial assessment require immediate escalation.	5.2, 7.1, 7.2					
	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).	2.1, 2.2					

CARRYING OUT THE INITIAL NURSING ASSESSMENT OF THE CLIENT/PATIENT	10. Effectively carries out a comprehensive and systematic assessment with / of the client/patient;	4.1-4, 5.1, 6.5, 7.2 <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: _____							
11. Clear evidence of a developing rapport and a therapeutic relationship in the interaction with the client/patient.	1.1-7, 2.1, 2.2						
12. Uses a range of questioning styles and demonstrates appropriate listening skills.	1.2, 2.1, 2.2, 2.3, 5.1, 7.1						
13. Demonstrates a communication style that is purposeful & professional in demeanour illustrating a sense of caring.	1.2, 2.1, 2.3						

Performance Criteria		The coding below indicates the NMBA Registered Nurse Standards for Practice (NMBA 2016)		Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)
(Please place your initials in the appropriate column)								
CARRYING OUT THE INITIAL NURSING ASSESSMENT OF THE CLIENT/PATIENT	14. Explores, through the use of an appropriate framework, dimensions for gathering a health history; a. Social; b. Emotional; c. Physical and developmental; d. Intellectual e. Spiritual and f. Considers Health education and Health promotion opportunities.	1.1-7, 4.1-4, 5.1, 5.3, 7.1	a.					
	b.							
	c.							
	d.							
	e.							
	f.							
	15. Acknowledges and values data from a variety of sources bringing 'meaning' to the findings of the nursing assessment.	4.1, 4.2, 5.1, 5.3						
	16. 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).	1.3, 1.4, 4.1, 6.5, 7.3						
	17. 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, 3.1, 5.2,						
	18. 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: _____	1.3, 1.4, 2.1 4.3, 4.4 <i>May not be necessary</i>	i.					
			ii.					
			iii.					
	19. Monitors the patient according to local policy / procedure / best evidence.	4.4, 5.1, 6.5, 7.1						
20. Ensure patient is positioned appropriately and comfortably & prepared for any intervention in this period (paying particular attention to DRABCD). <i>(e.g. airway, breathing, circulation, etc)</i>	1.2, 2.1, 2.2, 5.3, 6.1, 6.2, 7.1							
21. Prepares any intervention/medication and completes them appropriately and in a timely, safe and effective manner.	6.1, 6.5, 7.1							
22. 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							
23. If necessary assists the patient to take the medication or deal with the intervention.	1.2, 7.1							
24. Implements appropriate beginning discharge planning, health education and promotion and teaching to client/patient and carer(s).	1.3, 1.4, 1.6, 3.3, 4.3, 4.4, 5.2, 6.5, 7.1, 7.2, 7.3							
CLOSING THE ACTIVITY	25. Concludes the nursing assessment period with the client/patient by considerably concluding the therapeutic relationship.	2.1-5						
	26. Facilitates client/patient repositioning to maintain privacy dignity, ensures comfort as far as possible at that point.	1.1, 1.4, 2.1, 3.1, 5.4, 7.2						
	27. Cleans/tidies area; disposes of any waste appropriately and as soon as is practicable; removes gloves & other PPE (as necessary); performs hand hygiene appropriately.	6.5						
	28. Replaces, cleans and/or disposes of equipment appropriately.	6.5						

<u>Performance Criteria</u>		The coding below indicates the NMBA Registered Nurse Standards for Practice (NMBA 2016)		Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)
(Please place your <i>initials</i> in the appropriate column)								
DOCUMENTATION & COMMUNICATION	29. 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 _____	3.4, 5.4, 6.5, 7.1, 7.2, 7.3	i.					
			ii.					
			iii.					
			iv.					
EDUCATIONAL OPPORTUNITY	30. 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.	1.1, 1.2, 1.6, 3.2, 5.1	i.					
			ii.					
			iii.					

Berman, A et al 2014 ***Kozier & Erb's Fundamentals of Nursing***, 3rd 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 & Taylor, C 2013 ***Potter and Perry's Fundamentals of Nursing***, 4th Ed, Elsevier, Australia
 Tollefson, J 2015, Clinical psychomotor skills: assessment tools for nursing students, 4th Ed., South Melbourne, Vic. Cengage Learning, Australia.

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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.)

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NMBA 2016 ONLY

**Caring for a client/patient requiring wound management
Employer Competencies (Skills Areas)**

Clinical Competency Area	
Competency exemplar:	The management of a client/patient requiring wound care
Demonstration of:	The ability to effectively and safely manage a simple wound for a single client/patient.

	<u>Performance Criteria</u>	The coding below indicates the NMBA Registered Nurse Standards for Practice (NMBA 2016)	Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)
	(Please place your <i>initials</i> in the appropriate column)						

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, 1.3, 1.5, 4.5, 6.1, 6.5					
	2. Verifies the validity of any written orders to provide appropriate wound management.	1.6, 4.5, 5.1, 6.5					
	3. Reviews the client/patient documentation / history / information / medication chart / communication(s) from members of the multidisciplinary team and considers the evidence.	1.4, 4.1, 4.5, 5.1, 6.5, 7.3					
	4. Gathers the necessary equipment;	1.1, 1.5, 1.6, 4.1, 4.4, 4.5, 5.1, 5.2, 6.5, 7.1, 7.2	i.				
	i. Effectively and in a timely manner performs hand hygiene;		ii.				
	ii. Clean and sterile gloves, apron, goggles (PPE);		iii.				
iii. Sterile scissors and/or clip/staple/stitch remover, sharps container;		iv.					
iv. Dressing pack, required dressing materials;		v.					
v. Appropriate solutions if necessary and if necessary		vi.					
vi. Other: Specify _____	<i>May not be necessary</i>						

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, 2.2, 2.3, 3.1, 4.3, 5.3, 6.2, 6.5					
	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.	1.1, 1.4, 3.1, 3.4, 4.1-6, 5.1-4, 6.1, 6.2, 7.1, 7.2					
	8. Maintains dignity, provides privacy, pain relief and other comfort measures – displays problem solving abilities.	1.3, 1.4, 2.1, 4.3, 4.4					
	9. Assists the client/patient to an appropriate position as necessary.	3.1, 5.2, 7.1					
	10. Performs hand hygiene and uses PPE (if required).	1.1, 1.2, 2.2, 3.1, 6.5					
	11. Verbally reassure client/patient is comfortable & prepared.	1.4, 2.1, 2.3, 3.1, 4.3, 4.4, 7.1					
	12. Put on clean disposable gloves and remove the tape/bandage or ties.	6.1-5, 7.1, 7.2					
	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/patient's eye line. If the dressing is 'stuck', explain to the client/patient that you will moisten the dressing so that it comes free without any discomfort.	6.1-5, 7.1, 7.2					

<u>Performance Criteria</u>		The coding below indicates the NMBA Registered Nurse Standards for Practice (NMBA 2016)	Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)
(Please place your <i>initials</i> in the appropriate column)							
	14. Observe any drainage e.g. amount / character / consistency / colour / odour.	5.1, 6.1, 6.2, 6.5, 7.1					
	15. Remove PPE and perform hand hygiene effectively.	1.1, 1.2, 2.2, 3.1, 6.5					
	16. If necessary cleans the wound utilising appropriate solution(s) and dresses the wound using appropriate choice of dressing and fixation.	1.2, 1.5 4.5, 5.1, 5.3, 6.2, 6.5, 7.1, 7.2					
CLOSING THE ACTIVITY	17. Repositions client/patient & maintains privacy dignity, ensures comfort as far as possible throughout & at that point.	1.4, 2.1, 4.2, 4.4, 4.5, 7.1, 7.2					
	18. Concludes the interaction with the client/patient by considerably concluding the therapeutic relationship.	2.1, 6.5, 7.1.					
	19. Cleans/tidies area; disposes of any waste appropriately and as soon as is practicable; removes gloves & other PPE (as necessary) and performs hand hygiene appropriately.	1.1, 1.2, 2.2, 3.1, 6.5					
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)) Specify i.e. plan _____	3.4, 5.4, 6.5, 7.1, 7.2, 7.3 <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.	1.1, 1.2, 1.5, 3.2, 3.3, 4.1, 4.2, 5.1, 6.5, 7.1	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 & Taylor, C 2013 *Potter and Perry's Fundamentals of Nursing*, 4th Ed, Elsevier, Australia

Tollefson, J 2015, Clinical psychomotor skills: assessment tools for nursing students, 4th Ed., South Melbourne, Vic. Cengage Learning, Australia.

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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.

**Managing Medication Administration
Employer Competencies (Skills Areas)**

Clinical Competency Area	
Competency exemplar:	The management of Medication Administration for a (single client/patient) or (group of clients /patients) <i>Please delete as appropriate (e.g. a group of clients/patients)</i> Route: _____ <i>(please enter administration route)</i>
Demonstration of:	The ability to effectively and safely manage medication administration for a <i>single client/patient</i> or a <i>group of clients/patients.</i> <i>(Please delete as appropriate)</i>

	<u>Performance Criteria</u>	The coding below indicates the NMBA Registered Nurse Standards for Practice (NMBA 2016)	Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)
	(Please place your <i>initials</i> in the appropriate column)						

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, 1.3, 1.5, 4.5, 6.1, 6.5					
	2. Verifies the validity of any written orders to provide a particular medicine at that time.	1.6, 4.5, 5.1, 6.5					
	3. Reviews the client/patient documentation / history / information/medication chart/communication(s) from members of the multidisciplinary team and considers the evidence.	1.4, 4.1, 4.5, 5.1, 6.5					
	4. Effectively and in a timely manner performs hand hygiene.	1.1, 1.2, 2.2, 3.1, 6.5					
	5. Gathers the necessary documents/equipment: i. Medication Sheet; ii. Medication trolley (if appropriate); iii. Specific equipment related to the route of administration: <i>(i.e. for oral suspension or IV routes, etc.)</i> <i>Please specify equipment;</i> _____	1.1, 1.5, 1.6, 4.1, 4.4, 4.5, 5.1, 5.2, 6.5, 7.1, 7.2 <i>May not be necessary</i>	i. ii. iii.				

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.	1.3, 2.1, 2.2, 3.1, 4.3, 4.4, 5.1, 5.2, 6.1, 6.5, 7.1					
	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 and appropriate method of recording the medication.	1.4, 4.1-6, 5.1-4, 6.5					
	8. Maintains dignity, provides privacy and other comfort measures – displays problem solving abilities	1.3, 1.4, 2.1 4.3, 4.4					
	9. Assists as appropriate with the positioning of the client/patient.	1.1, 1.4, 2.1, 3.1, 5.4, 7.2					
	10. Performs hand hygiene and uses PPE (if required).	1.1, 1.2, 2.2, 3.1, 6.5					
	11. Ensure patient is comfortable & prepared.	1.2, 1.3, 4.3, 5.2, 6.5					
	12. Appropriately prepares the medication to be administered.	1.1, 1.2, 1.4, 1.5, 6.1, 6.5, 7.1					

<u>Performance Criteria</u>		The coding below indicates the NMBA Registered Nurse Standards for Practice (NMBA 2016)	Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)
(Please place your <i>initials</i> in the appropriate column)							
	13. Uses the 'rights' to safely administer the medication.	1.1, 2.2, 3.1, 4.3, 6.1, 6.2, 7.1					
	14. Administers/assists the patient to take the medication.	1.1, 2.2, 3.1, 4.3, 6.1, 6.2, 6.5					
CLOSING THE ACTIVITY	15. Repositions client/patient, maintains privacy/dignity, ensures comfort as far as possible at that point.	1.1, 1.4, 2.1, 3.1, 5.4, 7.2					
	16. Concludes the interaction with the client/patient by considerately concluding the therapeutic relationship.	2.1, 2.2, 5.3, 6.5					
	17. Cleans/tidies area; disposes of waste appropriately, as soon as is practicable; removes gloves/other PPE (as necessary), performs hand hygiene.	1.1, 1.2, 2.2, 3.1, 6.5					
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) or recording such as S8) <i>Please specify:</i> _____	3.4, 5.4, 6.5, 7.1, 7.2, 7.3 <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.	1.1, 1.2, 1.6, 3.2, 5.1	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

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

Lined area for student responses with a large diagonal watermark: **NMBA 2016 ONLY**

Continue on a separate sheet if necessary

How would you rate your overall performance whilst undertaking this clinical activity? (*please initial!*)

Unsatisfactory Satisfactory Good Excellent

**Managing the Care of a Client-Patient
Employer Competencies (Skills Areas)**

Clinical Competency Area	
Competency exemplar:	The management of a client/patient for a span of duty/period of care
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>	The coding below indicates the NMBA Registered Nurse Standards for Practice (NMBA 2016)	Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)
	(Please place your <i>initials</i> in the appropriate column)						

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, 1.3, 1.5, 4.5, 6.1, 6.5					
	2. Verifies the validity of any written orders to provide any aspect of care.	1.6, 4.5, 5.1, 6.5					
	3. Reviews the client/patient documentation / history / information / medication chart / communication(s) from members of the multidisciplinary team.	1.4, 4.1, 4.5, 5.1, 6.5					
	4. Effectively and in a timely manner performs hand hygiene.	1.1, 1.2, 2.2, 3.1, 6.5					
	5. Gathers the necessary equipment for assessment (if appropriate).	1.1, 1.5, 1.6, 4.1, 4.4, 4.5, 5.1, 5.2, 6.5, 7.1, 7.2					
	6. Carries out a comprehensive assessment with / of the client/patient.	4.1-4, 5.1, 6.5, 7.2					
	7. Documents a plan of care in agreement with the client/patient and significant others for the period of care/span of duty.	1.1, 2.3, 3.4, 6.1, 6.5					

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 client/patient a clear explanation regarding the period of care/span of duty.	2.1, 2.3, 3.4, 6.5					
	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.	4.1-6, 5.1, 7.1					
	10. Maintains dignity at all times, provides privacy and comfort measures – displays problem solving abilities.	1.3, 1.4, 2.1, 4.3, 4.4					
	11. Considers the Activities of living in which the client/patient has any deficits and will therefore require assistance.	1.1, 1.3, 3.1, 5.1, 6.1					
	12. Ensure client/patient is comfortable & prepared for any intervention in the time span.	1.4, 2.1, 2.3, 4.3, 5.1, 6.5					
	13. Prepares any intervention/medication.	5.1-5, 6.5, 7.1					
	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, 2.2, 3.1, 4.3, 6.1, 6.2, 7.1					
	15. Assists the client/patient with the intervention/medication.	1.1, 2.2, 3.1, 4.3, 6.1, 6.2, 6.5					

CLOSING THE ACTIVITY	<u>Performance Criteria</u>	The coding below indicates the NMBA Registered Nurse Standards for Practice (NMBA 2016)	Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)
	(Please place your <i>initials</i> in the appropriate column)						
	16. Concludes the period of duty with the client/patient by considerably concluding the therapeutic relationship.	2.1, 2.2, 3.3, 6.5					
	17. Cleans/tidies area; disposes of any waste appropriately and as soon as is practicable; removes gloves & other PPE (as necessary).	1.1, 1.2, 2.2, 3.1, 6.5					
	18. Repositions client/patient maintains privacy dignity, ensures comfort as far as possible at that point.	1.2, 2.3, 2.5, 7.1					
19. Replaces, cleans and/or disposes of equipment appropriately, performs hand hygiene.	1.1, 1.2, 2.2, 3.1, 6.5						
DOCUMENTATION & COMMUNICATION	20. Reporting and Recording of relevant information; i. Nursing Care; ii. Intervention/Medication chart; iii. Other if appropriate (e.g. particular assessment chart) Specify: _____	3.4, 5.4, 6.5, 7.1, 7.2, 7.3	i.				
			ii.				
		<i>May not be necessary</i>	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 client/patient care.	1.1, 1.2, 1.6, 3.2, 5.1	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.)

**Managing the Care of a Group of Clients-Patients
Employer Competencies (Skills Areas)**

Clinical Competency Area	
Competency exemplar:	The management of a group of clients/patients for a span of duty/period of care
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

	<u>Performance Criteria</u>	The coding below indicates the NMBA Registered Nurse Standards for Practice (NMBA 2016)	Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)
	(Please place your <i>initials</i> in the appropriate column)						

PREPARATION FOR THE SPAN OF DUTY	1. Obtains comprehensive handover (recorded/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, 1.3, 1.5, 3.4, 4.5, 6.1, 6.5, 7.1					
	2. Reviews the group of clients/ patients progress notes/ previous medical files/medication chart/nursing care plans /any other documentation from members of the healthcare team to verify the validity of any written orders.	1.1, 1.6, 4.5, 5.1, 6.5					
	3. Performs hand hygiene effectively and in a timely manner.	1.1, 1.2, 2.2, 3.1, 6.5					
	4. Gathers the necessary equipment for assessment (if appropriate).	1.6, 4.1					
	5. Carries out a comprehensive assessment with / of the group of clients/patients.	1.1, 1.4, 2.1, 2.3, 5.1-5, 6.1, 6.5, 7.1					
	6. Prioritizes care according to the group of clients/patient's condition and plans the care in agreement with the individual client/patient and significant others for the period of care/span of duty.	1.1, 1.2, 2.1, 5.1, 5.2, 6.1, 6.3, 7.1, 7.2					

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.) throughout the span of duty.	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.	1.3, 2.1, 2.2, 3.1 4.3, 4.4, 5.1, 5.2 6.1, 6.5, 7.1					
	9. Undertakes assessment of each situation/interaction identifying that it is appropriate to carry out the prioritised and agreed care in the circumstances (i.e. that it is required, appropriate and based on the assessments undertaken; to include health education and promotion).	4.1-4, 3.1, 3.3, 5.2, 5.3					
	10. Maintains dignity at all times, provides privacy and comfort measures – displays problem solving abilities.	1.3, 1.4, 2.1 4.3, 4.4					
	11. Considers the Activities of Living in which the group of clients/ patients has any deficits and will therefore require assistance	1.3, 1.4, 4.1, 6.5					
	12. Ensure the group of clients/patients is comfortable and prepared for any intervention in the time span	1.2, 2.3, 2.5,					
	13. Gathers necessary equipment and checks clinical guidelines for any intervention/medication	1.1, 1.5, 1.6, 4.1, 4.4, 4.5, 5.1, 5.2, 6.5, 7.1, 7.2					

<u>Performance Criteria</u>		The coding below indicates the NMBA Registered Nurse Standards for Practice (NMBA 2016)	Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)
(Please place your <i>initials</i> in the appropriate column)							
	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, 2.2, 3.1, 4.3, 6.1, 6.2, 7.1					
	15. Assists the client/patient to 'have' their intervention/ medication administered.	1.1, 2.2, 3.1, 4.3, 6.1, 6.2, 6.5					
	16. Coordinates the care for a group of clients/patients with the healthcare team.	1.1-6, 3.4, 6.1-5, 5.5					
CLOSING THE ACTIVITY	17. Concludes the period of duty with the individual clients/ patients by considerably concluding the therapeutic relationship.	1.1,1.2, 1.4, 2.1, 2.2, 7.1, 7.2					
	18. Cleans/tidies area; disposes of any waste appropriately and as soon as is practicable; removes gloves and other PPE (as necessary). Performs hand hygiene appropriately.	1.1, 1.2, 2.2, 3.1, 6.5					
	19. Ensures the group of clients/patients dignity, privacy and comfort at the end of a span of duty/ period of care	1.2, 2.1, 3.3, 6.5, 7.1					
	20. Replaces, cleans and/or disposes of equipment according to organisational guidelines. Performs hand hygiene appropriately.	1.1, 1.2, 2.2, 3.1, 6.5					

DOCUMENTATION & COMMUNICATION	21. Reporting and Recording 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, anticoagulant therapy chart, mood assessment etc). <i>Please specify:</i> _____	3.4, 5.4, 6.5, 7.1, 7.2, 7.3 <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.	1.1, 1.2, 1.6, 1.7, 3.2, 5.1	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 & Taylor, C 2013 *Potter and Perry's Fundamentals of Nursing*, 4th Ed, Elsevier, Australia

Tollefson, J 2015, Clinical psychomotor skills: assessment tools for nursing students, 4th Ed., South Melbourne, Vic. Cengage Learning, 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.

Monitoring and Responding to Changes in a Client-Patient Condition
Employer Competencies (Skills Areas)

Clinical Competency Area	
Competency exemplar:	Monitoring and responding to changes in a client/patient condition
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 NMBA Registered Nurse Standards for Practice (NMBA 2016)	Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)
(Please place your <i>initials</i> 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, 3.1, 3.3, 3.4, 4.3, 4.4, 5.1, 5.2, 6.1-5, 7.1					
	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. Performs hand hygiene effectively and in a timely manner.	1.1, 1.2, 2.2, 3.1, 6.5					
	4. Gathers the necessary equipment for assessment (if appropriate).	1.1, 1.5, 1.6, 4.1, 4.4, 5.1, 5.2, 6.5, 7.1, 7.2					
	5. Carries out a comprehensive systematic assessment with / of the group of clients/patients.	1.2, 3.1, 3.3, 3.4, 4.1-4, 5.1, 5.2, 6.1-6, 7.1					
CARRYING OUT THE ACTIVITY	6. Monitors health status of the group of clients/patients (i.e. vital signs/ fluid balance/ mental status, etc.).	1.1-4, 2.1-3, 4.1-4, 5.1, 5.2, 6.1-6, 7.1					
	7. Undertakes assessment of each situation/interaction identifying any changes in a client/patient condition that requires prioritization and immediate or timely response including appropriate escalation.	1.1, 1.2, 2.1-3, 3.1, 3.3, 4.1-4					
	8. Maintains dignity at all times, provides privacy and comfort measures – displays problem solving abilities.	1.3, 1.4, 2.1 4.3, 4.4					
	9. Considers the Activities of living in which the client/ patient has any deficits and will therefore require assistance.	5.1-5					
	10. Ensure the group of clients/patients is comfortable and prepared for any intervention in the time span.	1.2, 1.3, 4.3, 5.2, 6.5					
	11. Gathers necessary equipment and checks clinical guidelines for any intervention/medication.	1.1, 1.5, 1.6 4.1, 4.4, 4.5, 5.1 5.2, 6.5, 7.1, 7.2					
	12. Informs the shift coordinator/on call medical officer regarding the changes in a client/patient condition in an appropriate and timely manner. Follows appropriate escalation protocols.	2.1-3, 5.1,4 6.5,7.1, 7.2					

<u>Performance Criteria</u>		The coding below indicates the NMBA Registered Nurse Standards for Practice (NMBA 2016)		Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)
(Please place your <i>initials</i> in the appropriate column)								
CLOSING THE ACTIVITY	13. Liaises with the healthcare team to deal with the deterioration of the client/patient; must include: i. Accurate assessment recording; ii. Accurate communication during referral; iii. Use of reporting protocols (e.g. ISBAR); iv. Timely and appropriate response whilst awaiting further intervention. v. Other Please Specify: _____	1.1-2, 2.1-3, 5.1-4, 6.1-5, 7.1, 7.2 <i>May not be necessary</i>	i.					
			ii.					
			iii.					
			iv.					
			v.					
CLOSING THE ACTIVITY	14. Monitors health status of the group of clients/patients (i.e. vital signs/ fluid balance/ mental status, etc.).	1.1-4, 2.1-3, 4.1-4, 5.1, 5.2, 6.1-6, 7.1						
	15. Cleans/tidies area; disposes of any waste appropriately and as soon as is practicable; removes gloves and other PPE (as necessary).	1.1, 1.5, 1.6, 4.1, 4.4, 4.5, 5.1, 5.2, 6.5, 7.1, 7.2						
	16. 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						
	17. Replaces, cleans and/or disposes of equipment according to organisational guidelines.	1.1, 1.5, 1.6, 4.1, 4.4, 4.5, 5.1, 5.2, 6.5, 7.1, 7.2						

DOCUMENTATION & COMMUNICATION	18. Reporting and Recording 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 transfer/handover) Specify: _____	3.4, 5.4, 6.5, 7.1, 7.2, 7.3 <i>May not be necessary</i>	i.					
			ii.					
			iii.					
			iv.					
			v.					

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 care for the group of clients/patients.	1.1, 1.2, 1.5, 3.2, 3.3, 4.1, 4.2, 5.1, 6.5, 7.1	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 & Taylor, C 2013 *Potter and Perry's Fundamentals of Nursing*, 4th Ed, Elsevier, Australia

Tollefson, J 2015, Clinical psychomotor skills: assessment tools for nursing students, 4th Ed., South Melbourne, Vic. Cengage Learning, Australia.

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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.

**Teaching a Client-Patient
Employer Competencies (Skills Areas)**

Clinical Competency Area	
Competency exemplar:	Teaching a client/patient
Demonstration of:	The ability to effectively teach a client/patient

	<u>Performance Criteria</u>	The coding below indicates the NMBA Registered Nurse Standards for Practice (NMBA 2016)	Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)
	(Please place your <i>initials</i> in the appropriate column)						

PREPARATION FOR TEACHING THE CLIENT/PATIENT	1. Identifies with the client/patient specific indications for teaching the client/patient (i.e. what initial information is available, if any? Examples may be relaxation techniques, self-medication administration, etc.).	1.1-6, 2.1-5, 4.2, 4.3, 5.1-5, 6.1, 6.5, 7.1-3					
	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).	2.1, 2.2, 3.2, 6.5, 7.1					
	3. Reviews the patient documentation/history/information / medication chart/communication(s) from members of the healthcare team and others (includes family/friends /carers).	1.4, 2.1-5, 4.1, 4.5, 5.1, 6.5					
	4. Considers a range of factors that affect/influence learning and develop strategies to minimise/optimize these factors.	1.1-7, 2.1-5, 4.3, 5.2, 5.3, 6.5, 7.1, 7.2					
	5. Effectively plans the activities to work through with the client/patient (and carer) to optimise their learning.	1.1-7, 2.1-5, 4.3, 5.2, 5.3, 6.5, 7.1, 7.2					
	6. Gathers the necessary equipment for the teaching activity (if appropriate).	1.6, 4.1					
	7. Locates & greets the client/patient & "takes in"/assesses a range of cues (visual, auditory and olfactory) at the point of contact.	2.1-5, 4.1, 4.4, 5.2, 6.5					
	8. Ensures that the setting/environment is conducive to the activity in order to minimise distractions and maximise concentration.	4.1, 4.4, 5.2, 6.5, 7.1, 7.2					
	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.	1.1, 1.2, 2.1, 2.2, 7.1					

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; iv. Appropriate teaching tools and v. Acts appropriately & supportively should this be evident during the activity. vi. Other: Please specify: _____	1.1, 1.2, 1.3, 1.4, 2.1-5, 3.1, 3.2, 3.4, 5.1, 5.3, 6.1, 6.2, 6.5, 7.1	i.					
			ii.					
			iii.					
			iv.					
			v.					
			vi.					
	11. Clear evidence of a developing rapport and a therapeutic relationship in the teaching interaction with the client/patient.	1.1, 1.2, 1.3, 1.4, 2.1-5, 7.1						
12. Uses a range of questioning styles and demonstrates listening skills during exploration/explanation of the activity.	2.1, 2.3, 4.3, 6.5, 7.1, 7.2							

Performance Criteria		The coding below indicates the NMBA Registered Nurse Standards for Practice (NMBA 2016)		Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)	
(Please insert a ✓ in the appropriate column)									
	13. Demonstrates the skill at an appropriate pace, exhibits a professional demeanour which illustrates a sense of caring.	2.1-5, 3.2, 4.2, 4.3, 7.1-3							
	14. Explores & verifies, through the use of an appropriate educative framework, that the client/patient is understanding what is happening; <ul style="list-style-type: none"> a. Knowledge; b. Skill and c. Attitude/behavior. 	1.2, 1.3, 2.1-5, 4.2, 4.3	i.						
			ii.						
			iii.						
	15. Acknowledges and values data from observing the teaching event.	1.1-4, 2.1-5, 3.1-4, 5.1, 7.1							
	16. Demonstrates the ability to give helpful and constructive feedback about all aspects of the teaching activity/skill.	1.3, 2.1-5, 3.4, 6.5, 7.2							
CARRYING OUT THE TEACHING OF A CLIENT/PATIENT	17. Documents the outcome of the teaching event in the nursing plan of care in agreement with the client/patient and significant others.	5.3, 6.5, 7.1, 7.3							
	18. Maintains a therapeutic relationship with the client/patient whilst encouraging and supporting practice of the skill.	2.1-4, 3.4, 6.5							
	19. Maintains dignity at all times, provides privacy and comfort measures – displays problem solving abilities particularly related to; <ul style="list-style-type: none"> i. the maintenance of appropriate personal space; ii. the management of boundary issues and iii. any other Specifically: _____	1.3, 1.4, 2.1 4.3, 4.4, 6.5	i.						
				ii.					
			<i>May not be necessary</i>	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, 2.2, 3.1, 4.3, 6.1, 6.2, 7.1							
	21. Implements appropriate beginning discharge planning & teaching to client/patient and carer.	1.3, 1.4, 1.6, 3.3, 4.3, 4.4, 5.2, 6.5, 7.1, 7.2							
CLOSING THE ACTIVITY	22. Concludes the teaching activity with the client/patient by considerably concluding the therapeutic relationship;	1.2, 1.3, 2.1-5, 4.3							
	23. Facilitates client/patient repositioning to maintain privacy dignity, ensures comfort as far as possible at that point;	1.3, 1.4, 2.1 4.3, 4.4							
	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, 6.5							
	25. Explores with the client/patient if appropriate how to replace, clean and/or dispose of equipment;	1.1, 1.5, 1.6, 4.1, 4.4, 4.5, 5.1 5.2, 6.5, 7.1, 7.2							
DOCUMENTATION & COMMUNICATION	26. Reporting and Recording of relevant information: <ul style="list-style-type: none"> i. Outcome of the client/patients attempt to undertake the skill; ii. Share the observations about their client/patients’; <ul style="list-style-type: none"> a. knowledge; b. skill and c. attitude/behaviour iii. Other if appropriate (e.g. particular assessment chart) Specify i.e. plan _____	3.4, 5.4, 6.5, 7.1, 7.2	i.						
			ii.a						
				ii.b					
				ii.c					
			<i>May not be necessary</i>	iii.					

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Teaching of a Colleague
Employer Competencies (Skills Areas)

Clinical Competency Area	
Competency exemplar:	Teaching of a colleague
Demonstration of:	The ability to effectively teach a colleague

	<u>Performance Criteria</u>	The coding below indicates the NMBA Registered Nurse Standards for Practice (NMBA 2016)	Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)
	(Please place your <i>initials</i> 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.).	1.1-6, 2.1, 2.2, 4.3, 5.2, 5.3, 6.5, 7.1, 7.2					
	2. Considers a range of factors that affect/influence learning and develop strategies to minimise/optimize these factors.	1.1-6, 2.1, 2.2, 4.3, 5.2, 5.3, 6.5, 7.1, 7.2					
	3. Effectively plans the activities to work through with the colleague to optimise their learning.	1.1-6, 2.1, 2.2, 4.3, 5.2, 5.3, 6.5, 7.1, 7.2					
	4. Gathers the necessary equipment for the teaching activities (if appropriate).	1.1, 1.5, 1.6, 4.1 4.4, 4.5, 5.1, 5.2 6.5, 7.1, 7.2					
	5. Ensures that the setting/environment is conducive to the activity in order to minimise distractions and maximise concentration.	4.1, 4.4, 5.2, 6.5, 7.1, 7.2					

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 and ii. Working experience.	1.2, 1.2, 2.1, 2.3, 3.2, 3.4, 6.3, 6.5, 7.1	i.				
			ii.				
	7. Develops rapport and a professional relationship in the teaching interaction with the colleague.	2.1-3, 3.1, 3.2					
	8. Acts appropriately & supportively during the teaching activities.	2.1-3, 6.5					
	9. Uses a range of questioning styles and demonstrates appropriate listening skills during exploration/explanation of the activity.	1.1, 1.2, 1.6, 2.2, 2.3, 5.1, 7.1					
	10. Demonstrates the skill at an appropriate pace, exhibits a professional demeanour which illustrates a sense of caring	1.2, 1.6, 2.1-3, 3.1-4, 5.4, 7.2					
	11. Explores and verifies, through the use of an appropriate educative framework i. Knowledge ii. Skill and iii. Attitude/behaviour	1.2, 1.6, 2.1-3, 3.1-4, 5.4, 7.2	i.				
			ii.				
			iii.				
12. Acknowledges and values data from observing the teaching event.	1.1, 1.2, 1.4, 2.3, 3.4, 4.3, 4.4						
13. Gives constructive feedback about all aspects of the teaching activity/skill.	2.1-3, 3.4, 6.5						
14. Documents the outcome of the teaching event in the anecdotal notes in agreement with the colleague.	5.3, 6.5, 7.1						

<u>Performance Criteria</u>		The coding below indicates the NMBA Registered Nurse Standards for Practice (NMBA 2016)	Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)
(Please place your <i>initials</i> in the appropriate column)							
CLOSING THE ACTIVITY	15. Concludes the period of duty with the colleague by considerably concluding the professional relationship	1.1, 1.2, 2.1-3, 7.2					
	16. Cleans/tidies area; explains the disposal of any waste appropriately and in a timely manner; should include PPE (if applicable).	1.1, 1.2, 2.2, 3.1, 6.5					
	17. Explores with the colleague, if appropriate, how to replace, clean and/or dispose of equipment according to organisational guidelines.	1.1, 1.5, 1.6, 4.1, 4.4, 5.1, 5.2, 6.5, 7.1, 7.2					
DOCUMENTATION & COMMUNICATION	18. Reporting and Recording of relevant information where appropriate;	3.4, 5.4, 6.5, 7.1, 7.2, 7.3	i				
	i. Outcomes of the colleague attempt to undertake the learning activity;		ii a				
	ii. Share the observations about the colleague;		ii b				
	a. knowledge;		ii c				
	b. skill and c. attitude/behavior and iii. Other if appropriate Specify i.e. plan: _____	<i>May not be necessary</i>	iii				
EDUCATIONAL OPPORTUNITY	19. Demonstrates ability to reflect on the activity and to link theory to practice;	1.1, 1.2, 1.6, 3.2, 5.1	i				
	i. Relates to decisions made;		ii				
	ii. Evidence utilised and iii. Implications for assessing and planning of colleague education in the future.		iii				

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

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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.).
