

COMPETENCE ASSESSMENT TOOL FOR NURSES



Bord Altranais agus
Cnáimhseachais na hÉireann
Nursing and Midwifery Board
of Ireland



The Competence Assessment Tool for Nurses has been developed for nurses educated and trained outside Ireland who do not qualify for registration under the EU Directive.. It is designed to provide guidance on a period of adaptation and assessment in an Irish health care facility in advance of registration by the Nursing and Midwifery Board of Ireland (NMBI).

This document was re-issued in December 2015 for the relaunch of the NMBI website. This involved updating dated references and redesigning the document.

About NMBI

The Nursing and Midwifery Board of Ireland (NMBI) is the independent, statutory organisation which regulates the nursing and midwifery professions in Ireland. For more information about our role and functions, visit www.NMBI.ie/What-We-Do

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CANDIDATE NURSE DETAILS

FORNAME

[illegible]

SURNAME

[illegible]

NMBI PIN

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HOSPITAL NAME

[illegible]

INTRODUCTION

NMBI, mindful of its regulatory authority to promote high standards of professional education and training and professional conduct among nurses and midwives and its mission to protect the public through these functions, has developed a robust framework for determining eligibility of nurses educated and trained overseas in non-European Union (EU) countries to register with NMBI.

The purpose of this document is to provide nurses in Irish health care institutions involved in the provision of an adaptation programme to nurses from overseas with an assessment framework and accompanying guidance and information. It is also intended to provide a framework of assessment, guidance and information to those nurses from overseas undergoing a period of adaptation. Nurses will find that the guidance provided in this document will assist in the development of a unique programme suited to the individual needs of each Candidate Nurse.

The assessment tool in this document is broadly based on the guidance provided in the Requirements and Standards for Nurse Registration Education Programmes (An Bord Altranais, 2000) which sets out the competencies that nursing students must reach on completion of the education programme for entry to the register. Prior to adopting a competence-based approach to assessment of nurses from overseas NMBI supported a research study that examined the use of a competence based framework in the assessment of nurses from overseas. In order to develop a user friendly and suitable adaptation and assessment framework NMBI also consulted widely with interested parties during the development stage of the framework. Furthermore NMBI acknowledges consultation with the University of Sheffield and the NHS Sheffield Teachings Hospitals NHS Trust in the development of this document.

Section one of this document provides guidance on the provision of a period of adaptation and assessment. A glossary of terms is included to enable nurses to become familiar with new terminology. Section two of the document is the Competence Assessment Tool and accompanying Meeting Record Sheets. The Competence Assessment Tool is the assessment instrument for use during the period of adaptation.

The use of this evidence-based best practice framework will allow for consistency across all health care institutions involved in the provision of an adaptation and assessment programme to nurses from overseas. It will ensure transparency and accountability in the adaptation and assessment process. The use of this framework will facilitate staff in determining the ability of the Candidate Nurse to practice nursing safely and effectively within the Irish health services.

NMBI commends this publication to you and recommends that you use this assessment framework, thereby ensuring that nurses from overseas are supported and guided in a comprehensive manner while achieving competence to practice nursing safely and effectively in Ireland.

A full glossary of all the terms used in this and other NMBI publications is published on our website on www.NMBI/Standards-Guidance/Glossary

SECTION 1

Guidance On The Provision Of A Period Of Adaptation And Assessment

Overview

An applicant from overseas may be required by NMBI to undertake a period of adaptation prior to obtaining registration. A period of adaptation is a period of supervised practice possibly being accompanied by further education and training. The period of adaptation is under the responsibility of a qualified nurse and this period of supervised practice shall be the subject of assessment. An applicant undergoing a period of adaptation will have his/her name entered on a Candidate Register maintained by NMBI and is referred to as a Candidate Nurse.

The purpose of the period of adaptation is to ensure that each Candidate Nurse becomes eligible for registration with NMBI. In order to become eligible for registration the Candidate Nurse must achieve competence. Competence is demonstrated by an ability of the Candidate Nurse to practice safely and effectively fulfilling his/her professional responsibility within his/her scope of practice. The Candidate Nurse works under the responsibility of a qualified nurse to develop the expected competencies for the duration of the period of adaptation. The Candidate Nurse actively engages in the process of adaptation and has a responsibility to negotiate opportunities for learning and to provide the necessary evidence that learning has occurred. The period of adaptation is the subject of an assessment to determine the achievement of competence. The Director of Nursing will attest to the suitability of the Candidate Nurse to have his/her name entered on the Register as maintained by NMBI following this period of adaptation and assessment.

Criteria for the provision of a period of adaptation

Prior to providing a period of adaptation to a Candidate Nurse the following criteria should be considered.

- The Candidate Nurse is placed in a learning environment that is already audited by a process approved by NMBI and has well established mechanisms for supporting learners. Placement in such an area facilitates assessment of suitability for access to the register as maintained by NMBI.
- The Candidate Nurse works with a qualified nurse (the preceptor/assessor) and/or other nursing staff on a daily basis for the duration of the period of adaptation. This enables the Candidate Nurse to develop the requisite knowledge, skills, attitudes and behaviours necessary to demonstrate the achievement of competence.
- The Preceptor/Assessor ideally has one year of post-graduate experience in the clinical area and is aware of the fundamental principles of assessment. It is desirable that each Preceptor/Assessor have completed a teaching and assessing or preceptorship course.

Adaptation strategy

- The principle aim of the period of adaptation is to harness the knowledge and expertise that the Candidate Nurse brings to the programme in ways that empower the nurse to accept and exercise

responsibility and accountability for independent learning, personal growth and self-awareness, and to demonstrate the competence required to have his/her name entered on the register.

- Learner-centred approaches that embrace the processes and competencies of adult learning are encouraged to enable the Candidate Nurse to take control of professional development. Given the cultural background, and the wide ranging knowledge and experience the Candidate Nurse may process, no single teaching and learning strategy will address all needs. A variety of teaching and learning strategies are used in order to build upon existing knowledge and expertise:
- Supervised clinical nursing practice provides experiential learning and enables the Candidate Nurse to achieve and to demonstrate competence.
- Reflective discussions during supervised practice facilitate critical awareness and reflective practice.
- Problem solving enables the Candidate Nurse to assess and manage work in conjunction with peers. This fosters a notion of individual and collective thought and it encourages and enhances a team approach. It allows the Candidate Nurse to demonstrate initiative.
- The use of a learning log provides an opportunity to reflect upon and record personal encounters and to further develop English language-writing skills.

Assessment strategy

The assessment strategy recognises the knowledge, expertise and previous experience of the Candidate Nurse. It acknowledges that the nurse is registered on a professional register of nurses maintained by a nursing regulatory body in another country. In addition it also takes into account the individualised instructions set out in each nurse's NMBI decision letter which states the length of the required period of adaptation. The Competence Assessment Tool is designed to allow for a transparent assessment process that is user-friendly. The focus is on facilitating learning opportunities that allow the Candidate Nurse to further develop independent learning skills and the performance criteria of competence associated with life long learning and continuing professional development. Evidence of competence may be gathered by a number of methods including:

- By direct observation of the Candidate Nurse's performance throughout the period of adaptation
- By question and answer sessions to assess underpinning knowledge
- By reflective discussions between the Candidate Nurse and the Preceptor/Assessor regarding professional progress
- By testimony from other key qualified nursing staff
- By product evidence, e.g. documented nursing care
- By learning log evidence

Learning log

The use of a learning log during the period of adaptation is recommended. The Candidate Nurse may use the learning log to record personal accounts of learning and in so doing engage in reflective practice. To determine competence the Preceptor/Assessor satisfies him/herself that the Candidate Nurse has achieved the learning outcomes and the learning log may assist the Preceptor/Assessor in this endeavour. The log provides documented evidence of learning and the reflective notes may provide evidence that competence has been achieved in the relevant domains.

Attendance

Full attendance of 100% is expected of the Candidate Nurse during the period of adaptation. However 80% is the minimal attendance recommended before final assessment can be undertaken. A full shift is attended to enable achievement of the learning outcomes. Any deviation from this is negotiated locally with the Clinical Nurse Manager or Preceptor/Assessor.

Assessment meetings

To facilitate the assessment process it is recommended that formal meetings take place between the Preceptor/Assessor and the Candidate Nurse. An initial, an intermediate and a final meeting are essential. Meetings are held in private, free from disturbance. All meetings are recorded in the Meeting Record Sheets and entries must be dated and signed.

Initial meeting

- The initial meeting between the Candidate Nurse and the Preceptor/Assessor takes place early in the first week of the period of adaptation.
- The Competence Assessment Tool provides the framework for the discussion.
- The learning outcomes and the Domains of Competence¹ are discussed in detail and opportunities for practice-based learning are identified.
- The Candidate Nurse and the Preceptor/Assessor formulate a learning contract, as learning needs, objectives, resources and strategies are identified.
- A record of the meeting is made in the Initial Meeting Record Sheet.

Intermediate meeting

- The intermediate meeting between the Candidate Nurse and the Preceptor/Assessor takes place at the mid-way point of the period of adaptation (e.g. 3-6 weeks). The decision as to when the intermediate meeting should be held is determined locally by the Preceptor/Assessor and is dependent on the individual adaptation process that each Candidate Nurse will experience.

¹ These are defined as broad categories that represent the functions of the Registered Nurse in contemporary practice.

- The progress of the Candidate Nurse is evaluated and the results are entered on the Competence Assessment Tool under the column 'Intermediate Meeting'. The Preceptor/Assessor initialises each competency indicator under the column 'Progressing, yes or no'.
- Not applicable may be recorded if this is deemed to be the case. A comment on the reason for this should be included on the Intermediate Meeting Record Sheet.
- In the event that the Candidate Nurse is not progressing in an identified area/s a Verifier attends the meeting and the Director of Nursing is notified.
- The learning contract is examined in light of an identified lack of progress. In order to determine the reasons for the lack of progress by the Candidate Nurse the learning needs, objectives, resources and strategies are re-examined.
- An examination of the clinical learning environment to ensure that the environment is conducive to learning may be helpful in light of an identified lack of progress.
- An action plan is drawn up and agreed between the Candidate Nurse, the Preceptor/Assessor and the Verifier that will offer specific guidance and support to facilitate progression.
- The action plan must be documented and should detail the following:
 1. Agreement on the part of the Candidate Nurse and the Preceptor/Assessor as to the exact area/s where a problem/s are identified
 2. Specific details of how the problem area/s will be addressed in the clinical area
 3. An agreed period of time for further supervised practice
 4. An agreed minimum contact time per week that the Preceptor/Assessor and Candidate Nurse will practice together
- A record of the meeting is made in the Intermediate Meeting Record Sheet.

Final meeting

- The final meeting takes place during the final week of clinical placement.
- An 80% attendance record is required.
- If identified during the intermediate meeting that the Candidate Nurse was not progressing in certain competencies, then sufficient attendance (i.e. 12 weeks) to determine that progress should be assessed is required before this final meeting takes place.
- The Candidate Nurse and the Preceptor/Assessor attend the meeting.
- The Verifier attends if:
 - a. Either the Candidate Nurse or the Preceptor/Assessor or both requests his/her presence at the meeting
 - b. Problems are identified during the intermediate meeting
 - c. The Candidate Nurse is deemed not competent

- Progress is evaluated and the results are entered on the Competence Assessment Tool under the column 'Final Meeting'. The Preceptor/Assessor initialises each competency indicator under the column 'Competent' or 'Not Competent'.
- If a Candidate Nurse is deemed not competent and a decision to extend the period of adaptation and assessment beyond 12 weeks is under consideration, this must be notified to and agreed by NMBI.
- A full review and further development of the learning contract and action plan will also be required at this point.
- A record of the meeting is made in the Final Meeting Record Sheet.

Management of assessment documentation

The Candidate Nurse is responsible for managing his/her assessment documentation for the duration of the period of adaptation and assessment. Records of meetings held are documented in the Meeting Record Sheets and on the Competence Assessment Tool. The Candidate Nurse holds the documentation throughout the period of adaptation and assessment and returns all documentation to the Preceptor/Assessor on completion of the period of adaptation. The completed documentation is then held by the hospital for a period of not less than 3 months and as agreed by local policy.

Report of the Director of Nursing

The Preceptor/Assessor advises the Director of Nursing on the outcome of the period of adaptation and assessment. Following this consultation with the Preceptor/Assessor, the Director of Nursing furnishes to NMBI a report on the Candidate Nurse. The report states whether, in the opinion of the Director of Nursing, the Candidate Nurse has or has not demonstrated competence and recommends or does not recommend registration accordingly.

Summary of Adaptation and Assessment

First week of the period of adaptation/assessment

- Initial Meeting is held
- Candidate Nurse and Preceptor/Assessor discuss and plan how the competencies are to be achieved.
- A learning contract is agreed

During the period of adaptation/assessment

- Candidate Nurse works with Preceptor/Assessor and /or other nursing staff in the achievement of competencies.
- Candidate Nurse engages in reflective practice and records learning in learning log.
- Candidate Nurse arranges the dates of intermediate and final meetings with the Preceptor/Assessor.

Mid-way during the period of adaptation/assessment

- Intermediate meeting is held and Candidate Nurse is formally assessed
- Candidate Nurse, Preceptor/Assessor and Verifier (if applicable) discuss progress to date and develop an action plan to promote achievement of competencies if applicable.

Final week of the period of adaptation/assessment

- Candidate Nurse, Preceptor/Assessor and Verifier (if applicable) hold a final meeting.
- Final assessment is carried out and documentation is completed, signed and submitted to the Director of Nursing.
- Director of Nursing submits a report to NMBI that recommends or does not recommend registration.

SECTION 2

Competence Assessment Tool For Nurses From Overseas

Learning Outcomes

Learning outcomes are specific statements about what the nurse should have achieved by the end of a module (Quinn 2000). The purpose of the registration education programme is to ensure that the nurse is equipped with the knowledge and skills necessary to practice as a competent and professional nurse.

The period of adaptation enables the Candidate Nurse to achieve these six learning outcomes:

1. Assist individuals, families and groups achieve optimum health, independence, recovery or a peaceful death in a professional caring manner.
2. Provide and manage direct practical nursing whether health promotional, preventive, curative, rehabilitative or supportive, to individuals, families or groups.
3. Demonstrate a knowledge base and a level of competence in clinical practice skills essential for safe practice, which are grounded in recent evidence-based nursing research, where available.
4. Identify and meet the nursing care needs of the individual, family, community in all health care settings.
5. Demonstrate development of skills of analysis, critical thinking, problem- solving and reflective practice.
6. Act as an effective member of a health care team and participate in the multi-disciplinary team approach to the care of patients/clients.

Domains of Competence

Competence is a complex multidimensional phenomenon and is defined as the ability of the Registered Nurse to practice safely and effectively, fulfilling his/her professional responsibility within his/her scope of practice (NMBI 2015).

All five Domains of Competence represent the level the Candidate Nurse must reach on completion of the adaptation period for entry to the register held by NMBI. The aim is to ensure that the Candidate Nurse acquires the skills of critical analysis, problem-solving, decision-making, reflective skills and abilities essential to the art and science of nursing. Safe and effective practice requires a sound underpinning of theoretical knowledge that informs practice and is in turn informed by that practice. Within a complex and changing healthcare environment it is essential that the best available evidence inform practice. This is reflected in the competencies.

The Domains of Competence represent a broad enabling framework to facilitate the assessment of the Candidate Nurses' clinical practice. Each domain consists of performance criteria and their relevant indicators.

A team and partnership approach will be applied when assessing the Candidate Nurse as the Preceptor/ Assessor will consult with colleagues in determining the Candidate Nurses' competence.

Candidate Nurses are deemed to be either competent or not and where competence has not been achieved the nurse will be given opportunities to develop competence through an action plan. There are no ratings in the verification of competence (An Bord Altranais 2000).



Domain 1. Professional / Ethical Practice

Please sign your initials in the relevant boxes below

Key

1.1 = Performance Criteria **1.1 (a)** = Indicators and associated Critical Elements

1.1	Practices in accordance with legislation affecting nursing practice.	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
1.1 (a)	Integrates accurate and comprehensive knowledge of ethical principles, the Code of Professional Conduct and within the scope of professional nursing practice, in the delivery of nursing practice.	YES	NO	YES	NO	YES	NO
	Utilises and critically evaluates the knowledge of:						
	→ Ethical principles and their implications for nursing practice,						
	→ Code of professional conduct						
	→ Scope of practice.						
1.1 (b)	Fulfils the duty of care in the course of nursing practice.						
	→ Applies and evaluates principles of the above (1.1 a) to nursing practice.						

1.1	Practices in accordance with legislation affecting nursing practice.	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
1.1 (c)	Implements the philosophies, policies, protocols and clinical guidelines of the health care institution.	YES	NO	YES	NO	YES	NO
	→ Utilises and critically evaluates a knowledge of: - Service philosophies including mission statement - Policies and procedures - Standards.						
	→ Integrates the above into nursing practice.						
1.1 (d)	Responds appropriately to instances of unsafe or unprofessional practice.						
	→ Demonstrates knowledge and adapts a proactive approach in the identification and prevention of instances of unsafe or unprofessional practice.						
1.1 (e)	Integrates knowledge of the rights of clients and groups in the health care setting.						
	→ Demonstrates in practice knowledge of: - Client/Patient rights - Freedom of Information Act - Legal Rights						
	→ Disseminates knowledge of the above to individuals/groups/communities and colleagues.						

1.1	Practices in accordance with legislation affecting nursing practice.	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
		YES	NO	YES	NO	YES	NO
1.1 (f)	Serves as an advocate for the rights of clients or groups						
	→ Acts as an advocate for the rights of individuals / groups / communities						
1.1 (g)	Ensures confidentiality in respect to records and interactions.						
	→ Demonstrates confidentiality in nursing practice.						
	→ Maintains patient confidentiality.						
1.1 (h)	Practices in a way that acknowledges the differences in beliefs and cultural practices of individuals/ groups/ communities.						
	→ Demonstrates confidentiality in nursing practice.						
	→ Shows respect for the differences in beliefs and cultural practices of individuals / groups / communities.						
	→ Respects the impact of gender, ethnicity, aging and the family on health and illness.						
	→ Disseminates knowledge of the above to individuals/ groups/ communities and colleagues.						

1.2	Practices within the limits of own competence and takes measures to develop own competence.	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
		YES	NO	YES	NO	YES	NO
1.2 (a)	Determines own scope of practice utilising the principles for determining scope of practice in the Scope of Nursing and Midwifery Practice Framework document.						
	→ Identifies own abilities and learning required with reflective logs in nursing practice.						
	→ Demonstrates dissemination of knowledge and development of skills, attitudes and behaviour to fulfil nurse's role.						
1.2 (b)	Recognises own abilities and level of professional competence.						
	→ Develops and demonstrates practical clinical nursing skills based on observation, participation and integration of knowledge.						
	→ Critically evaluates own ability and level of professional competence within Code of Conduct and Scope of Practice.						
1.2 (c)	Accepts responsibility and accountability for consequences of own actions or omissions.						
1.2 (d)	Consults with supervisors if allocated nursing assignments are beyond competence.						
1.2 (e)	Clarifies unclear inappropriate instructions.						

1.2	Practices within the limits of own competence and takes measures to develop own competence.	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
1.2 (f)	Formulates decisions about care within the scope of professional nursing practice utilising the Decision-Making Framework in the Scope of Nursing and Midwifery Practice Framework document.	YES	NO	YES	NO	YES	NO

Domain 2. Holistic Approaches to Care and the Integration of Knowledge

Please sign your initials in the relevant boxes below

2.1	Conducts a systematic holistic assessment of client needs based on nursing theory and evidence-based practice.	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
2.1 (a)	Uses an appropriate assessment framework safely and accurately.	YES	NO	YES	NO	YES	NO
	→ Implements and utilises an appropriate assessment framework safely and accurately.						
2.1 (b)	Analyses data accurately and comprehensively leading to appropriate identification of findings.						
	→ Identifies client needs and gives rationale for findings.						
2.1 (c)	Incorporates relevant research findings into nursing practice.						
	→ Critically evaluates research findings that underpin nursing practice.						
2.1 (d)	Promotes research designed to improve nursing practice.						
	→ Disseminates findings to colleagues.						

2.2	Plans care in consultation with the client taking into consideration the therapeutic regimes of all members of the health care team.	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
2.2 (a)	Establishes priorities for resolution of identified health needs.	YES	NO	YES	NO	YES	NO
	→ Supports and defends priorities in resolution of identified health needs in consultation with the individual/ group/ community and other members of the health care team.						
2.2 (b)	Identifies expected outcomes including a time frame for achievement.						
2.2 (c)	Identifies criteria for the evaluation of the expected outcomes.						
2.2 (d)	Plans for discharge & follow up care.						
	→ Develops a discharge plan and follow- up care in consultation with the individual/group/community and other members of the health care team.						

2.3	Implements planned nursing care/interventions to achieve the identified outcomes.	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
2.3 (a)	Delivers nursing care in accordance with the plan that is accurate, safe, comprehensive and effective.	YES	NO	YES	NO	YES	NO
	→ Delivers accurate, safe, comprehensive and effective nursing in accordance with the plan.						
2.3 (b)	Creates and maintains a physical, psychosocial, and spiritual environment that promotes safety, security and optimal health.						
	→ Identifies, creates and maintains a physical, psychosocial and spiritual environment for the individual/ group/ community to ensure safety, security and optimal health.						
2.3 (c)	Provides for the comfort needs of individuals.						
2.3 (d)	Acts to enhance the dignity and integrity of individuals/clients/ groups/communities.						
	→ Identifies and maintains sensitivity to the dignity and integrity of individuals/ clients/ groups/ communities.						

2.4	Evaluates client progress toward expected outcomes and reviews plans in accordance with evaluation data and consultation with the client.	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
2.4 (a)	Assesses the effectiveness of nursing care in achieving the planned outcomes.	YES	NO	YES	NO	YES	NO
	→ Critically evaluates the effectiveness of nursing care in achieving the planned outcomes in consultation with the individual/group/community and other members of the health care team.						
2.4 (b)	Determines further outcomes and nursing interventions in accordance with evaluation data and consultation with the client.						
	→ Determines further outcomes and nursing interventions in accordance with evaluation data in consultation with the individual/group/community and other members of the health care team.						

Domain 3. Interpersonal Relationships:

Please sign your initials in the relevant boxes below

3.1	Establishes and maintains caring therapeutic interpersonal relationships with individuals/ clients/ groups/ communities.	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
3.1 (a)	Reflects on the usefulness of personal communication techniques.	YES	NO	YES	NO	YES	NO
	→ Critically evaluates the usefulness of personal communication techniques.						
3.1 (b)	Conducts nursing care ensuring clients receive and understand relevant and current information concerning health care.						
	→ Demonstration of the provision of nursing care that ensures clients: - Receive relevant and current information concerning health care. - Understand relevant and current information concerning health care.						
3.1 (c)	Assists client/groups/communities to communicate needs and to make informed decisions.						
	→ Identify strategies that enable clients/groups/communities to communicate needs and to make informed decisions.						
	→ Implement strategies that enable clients/groups/communities to communicate needs and to make informed decisions.						
	→ Critically evaluates strategies that enable clients/groups/communities to communicate needs and to make informed decisions.						

3.2	Collaborates with all members of the health care team and documents relevant information.	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
3.2 (a)	Participates with all health care personnel in a collaborative effort directed toward decision making concerning clients.	YES	NO	YES	NO	YES	NO
	→ Demonstrates the ability to contribute as part of the health care team in a collaborative effort directed toward decision-making concerning clients.						
3.2 (b)	Establishes and maintains accurate, clear and current client records within a legal and ethical framework.						
	→ Demonstrates the ability to maintain accurate, clear and current client records within a legal and ethical framework.						

Domain 4. Organisation and Management of Care

Please sign your initials in the relevant boxes below

4.1	Effectively manages the nursing care of clients/ groups/ communities.	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
4.1 (a)	Contributes to the overall goal/ mission of the health care institution.	YES	NO	YES	NO	YES	NO
	→ Applies and contributes to the overall goal/mission of the health care institution.						
4.1 (b)	Demonstrates the ability to work as a team member.						
4.1 (c)	Determines priorities for care based on need, acuity and optimal time for intervention.						
4.1 (d)	Selects and utilises resources effectively and efficiently.						
4.1 (d)	Utilises methods to demonstrate quality assurance and quality management.						

4.2	Delegates to other nurses' activities commensurate with their competence and within their scope of professional practice.	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
4.2 (a)	When delegating a particular role/ function account is taken of the principles outlined in the Scope of Nursing and Midwifery Practice Framework.	YES	NO	YES	NO	YES	NO
4.3	Facilitates the co-ordination of care.	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
4.3 (a)	Works with all team members to ensure that client care is appropriate, effective and consistent.	YES	NO	YES	NO	YES	NO
	→ Demonstrates the ability to co- ordinate care and work with all team members to ensure that the client care is appropriate, effective and consistent.						

Domain 5. Personal and Professional Development

Please sign your initials in the relevant boxes below


5.1	Acts to enhance the personal and professional development of self and others.	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
5.1 (a)	Contributes to the learning experiences of colleagues through support, supervision and teaching.	YES	NO	YES	NO	YES	NO
	→ Participates in the support, supervision and teaching of colleagues to enhance their personal and professional development.						
5.1 (b)	Educates clients/ groups/ communities to maintain and promote health.						
	→ Participates in the education of clients/groups/communities.						

To be completed by the Candidate Nurse in partnership with the Preceptor/Assessor

This is a record of a plan to achieve competence and to achieve the learning outcomes. The Candidate Nurse and the Preceptor/Assessor formulate a learning contract, as learning needs, objectives, resources and strategies are identified. The Competence Assessment Tool provides the framework for this.


[illegible][illegible]

[illegible]

SIGNATURE 

(of Candidate Nurse)

DATE

SIGNATURE 

(of Preceptor/Assessor)


DATE  

To be completed by the Preceptor/Assessor in partnership with the Candidate Nurse

The initial meeting record and the plan to achieve the five domains of competence are reviewed and an action plan developed where progress is not being made. Verifier attends if problem/s are identified or if either Preceptor/Assessor or Candidate Nurse requests his/her presence


[illegible]

[illegible]

SIGNATURE 


(of of Candidate Nurse)

DATE


SIGNATURE 

(of of Preceptor/Assessor)

DATE

SIGNATURE 

(of Verifier - if applicable)

DATE 


FINAL MEETING RECORD SHEET

To be completed by the Preceptor/Assessor in the presence of the Candidate Nurse.

Verifier attends if Candidate Nurse deemed not competent or if either Preceptor/Assessor or Candidate Nurse requests his/her presence.

Competent ☐


If learning outcomes have been achieved and Candidate Nurse deemed competent Preceptor/Assessor signs below:

SIGNATURE 
(of Preceptor/Assessor)

OR


Not Competent ☐

If Candidate Nurse deemed not competent Preceptor/Assessor signs below and specifies below Domain(s) of Competence not achieved:

SIGNATURE 
(of Preceptor)


Comments

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
SIGNATURE 


(of Candidate Nurse)

DATE 

SIGNATURE 

(of Preceptor/Assessor)

DATE 

SIGNATURE 

(of Verifier - if applicable)

DATE