

National Competence Assessment Document for the Undergraduate Intellectual Disability Nursing Student



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



University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

Catherine McAuley School of Nursing and
Midwifery,
University College Cork
&
COPE Foundation

NU1051 Intellectual Disability

Full Nursing Student Name (as per Candidate Register):

Nursing Student College ID number:

Higher Education Institution:

**Intellectual Disability Practice
Placement Year One 2021**

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ICE (In the case of Emergency) please contact:

Name: _____

Contact Number: _____

Or please contact:

Name: _____

Contact Number: _____

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**SCHOOL OF NURSING AND MIDWIFERY, UCC AND
PARTICIPATING HEALTH SERVICE PROVIDERS**

SAMPLE PRACTICE PLACEMENT AGREEMENT 2021/22

INTRODUCTION

As a **Nursing or Midwifery** student you are studying to obtain a University Degree that will allow you to register with the Nursing and Midwifery Board of Ireland (NMBI) and upon registration, to work as a Registered Nurse or Registered Midwife. Part of being a nurse or midwife is the ability to demonstrate professionalism. Regardless of their position, an effective nurse or midwife is someone who exhibits caring, compassion, empathy, and commitment whilst up-holding the values of accountability, respect, and integrity and the willingness to continuously deliver the highest-quality care to patients/clients/women and babies. To help students, we have listed out key areas that provide evidence of the student demonstrating professionalism in their role.

During your study you will gain practice experiences in various health care settings, interacting with individuals, members of staff and other health care professionals. It is therefore essential that you agree with the conditions set out below to ensure that you can learn effectively and become a competent nurse or midwife. These conditions are based upon NMBI's *Programmes Standards and Requirements and Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives* (2021) <https://www.nmbi.ie/NMBI/media/NMBI/Code-of-Professional-Conduct-and-Ethics.pdf?ext=.pdf>, University College Cork's (UCC) Student Policies <http://www.ucc.ie/en/study/undergrad/orientation/policies/>, and the School of Nursing and Midwifery's Student Policies <http://www.ucc.ie/en/nursingmidwifery/students/bscnursemid/>. Failure to comply with the conditions set out in this agreement, which you will be asked to sign, may result in you not being allowed to continue in your BSc Nursing or BSc Midwifery programme.

Student Name: _____ **Student ID Number:** _____

I AGREE THAT:

1. I will listen to individuals and respect their views, treat individuals politely and considerately, and respect their privacy, dignity, and their right to refuse to take part in teaching.
2. I will act according to NMBI's *Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives* (2021).
3. My views about a person's lifestyle, culture, beliefs, race, colour, gender, sexuality, age, social status, disability or perceived economic worth will not prejudice my interaction with individuals, members of staff, or fellow students.
4. I will respect and uphold an individual's trust in me.
5. I will always make clear to individuals that I am a nursing or midwifery student and not a registered nurse or registered midwife.
6. I will maintain appropriate standards of dress, cleanliness and appearance.
7. I will wear a health service provider identity badge with my name clearly identified.

8. I will familiarise myself and comply with the Health Service Provider's values, policies and procedures.
9. I have read and understood the guidelines as set out in the current Clinical Practice Placement Guidelines <http://www.ucc.ie/en/nursingmidwifery/students/bscnursemid/>.
10. I understand and accept to be bound by the principle of confidentiality of individuals' records and data. I will therefore take all necessary precautions to ensure that any personal data concerning individuals, which I have learned by virtue of my position as a nursing student or a midwifery student, will be kept confidential. I confirm that I will not discuss individuals with any other party outside the clinical setting, except anonymously. When recording data or discussing care outside the clinical setting, I will ensure that individuals cannot be identified by others. I will respect all Health Service Providers' and individuals' records. I understand that patient/client /women's records must never be left where an unauthorised person can access them. I also understand that at the end of a clinical placement shift, any notes that I record containing patient/client/women's details, medical and/or details of patients/clients, women and babies, staff, or other confidential HSP information (e.g. handover notes) must be either shredded on site or placed in a HSP confidentiality bin for shredding at a later date. Professional or personal issues around confidentiality should be addressed with the Preceptor/CPC/CDC/Link Lecturer. I understand that in preparing for clinical practice placement I am required to complete the **Fundamentals of GDPR Learning Module** on HSEland <https://www.hseland.ie/dash/Account/Login>
11. I have read and understand the BSc Programme's Grievance and Disciplinary Procedures <http://www.ucc.ie/en/nursingmidwifery/students/bscnursemid/>
12. I understand that, if I have (or if I develop) an impairment or condition, **it is my responsibility** to seek advice regarding the possibility that it may impact on my ability to learn, to perform safely in the clinical environment, or affect my personal welfare or the welfare of others. An appropriate person to seek advice from in the clinical setting may be an Allocations Liaison Officer, Clinical Placement Coordinator, Staff Nurse or Staff Midwife. I understand **it is also my responsibility** to declare the impairment or condition on the relevant health disclosure form which can be found at the following link: <https://www.ucc.ie/en/academicgov/aago-policies/fitnesstopractise/> I accept that only through disclosure of this impairment/condition can an appropriate plan of support to reach required clinical learning outcomes/competencies be explored. In addition, in the event that a preceptor or other health care professional observes or is made aware by the student of an impairment or condition, it is their responsibility to seek advice regarding the possibility that the impairment or condition may impact on your ability to learn, to perform safely in the clinical environment, or affect your personal welfare or welfare of others. After seeking advice, the appropriate support and action/reasonable accommodations will be provided and taken. Following a discussion with the host health service provider, I also understand, that is my responsibility to provide consent for my host health care provider to disclose my impairment or condition to external clinical sites where I may be placed so that the appropriate support, assessment and reasonable accommodations can be undertaken and implemented.
13. I understand that if I have any criminal conviction(s) during the programme that I will declare same on the relevant Fitness to Practice disclosure form that can be located at the following link: <https://www.ucc.ie/en/academicgov/aago-policies/fitnesstopractise/>

14. If I am returning from a period of illness/hospitalisation/surgery, it is expected that I report this to the Allocation Liaison Officer (attached to my Health Service Provider), as I may be required to attend the occupational health department prior to accessing my clinical placement.
15. I understand and accept that any dispute between parties in relation to this Agreement, outside of UCC's and NMBI's relevant regulations, may be referred to the BSc Nursing and Midwifery Joint Disciplinary Committee for a decision.
16. I confirm that I shall endeavour to recognise my own limitations and shall seek help/support when my level of experience is inadequate to handle a situation (whether on my own or with others), or when I or other individuals perceive that my level of experience may be inadequate to handle a situation.
17. I shall conduct myself in a professional and responsible manner in all my actions and communications (verbal, written and electronic including text, e-mail or social communication media).
18. I will attend all scheduled teaching sessions and all scheduled clinical placements, as I understand these are requirements for satisfactory programme completion. If I am unable to attend any theoretical or Mandatory/Essential Skills element (including online requirement) of the programme, I will notify the Attendance Monitoring Executive Assistant in G.03 (prior to scheduled date) and provide a written explanation for the Module Leader as soon as possible and in accordance with the current Mandatory and Essential Skills Policy (<http://www.ucc.ie/en/nursingmidwifery/students/bscnursemid/>). I will also inform the relevant HSP Allocation Liaison Officer prior to the commencement date of my clinical placement. If I am then unable to attend my scheduled clinical placement due to the above reasons, I will act according to Local Health Service Provider Guidelines and the Practice Placement Agreement, and will inform the relevant personnel in a timely manner e.g. Clinical Placement Coordinator, Clinical Nurse Manager, Clinical Midwifery Manager as soon as possible.
19. I understand that students are **not permitted** to arrange/book holidays during clinical placement blocks.
20. I understand that when engaging in **social media** and **social networking** that I must act professionally at all times and keep posts positive in addition to patient or person free. I will respect patient/client's /woman's privacy and confidentiality. I understand that I must protect my professionalism and reputation. I will keep my personal and professional life separate. I will check my privacy settings and respect the privacy of others. I will consider the implications of what I am posting. I will avoid posting in haste or anger. I will not respond to other posts in haste. Please read NMBI's Guidance document in relation to social media and social networking: [Guidance to Nurses and Midwives on Social Media and Social Networking](#)
21. I understand that if I have a conscientious objection based on religious or moral beliefs, which is relevant to my professional practice, I will share this with an appropriate person in the clinical setting. Even if I have a conscientious objection, I will provide care to a patient in an emergency where there is a risk to the patient's life. The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (2014 p.17; Addendum 19/12/18) states that it is not a breach of any part of this code for nurses and midwives to provide services under the Health (Termination of Pregnancy) Act 2018.

22. I know that I have a personal responsibility to protect myself, my patients/clients/women and babies and the general public from the potential of Covid-19 virus transmission. I will ensure that:

- I am aware of COVID-19 symptoms or other related pandemic symptoms. Please see: <https://www2.hse.ie/coronavirus/>
- I understand that if I have symptoms of COVID-19 or acute infections such as symptoms of viral respiratory tract infection or gastroenteritis, that I will undertake not to present myself to clinical placement or to the University.
- I am aware that if I have had close contact with someone with COVID-19 that I am not to present to clinical placement or to the University and should avoid public places for a period of 14 days after the last day of close contact with the COVID-19 case.
- I will ensure that I keep myself up to date with and adhere to current Public Health Advice regarding COVID-19.
- I will undertake the Infection Prevention and Control training recommended by the School of Nursing and Midwifery and the HSE.
- I will ensure that I abide by the rule of 'bare below the elbows/bare above the wrist' while on clinical placement.
- I will comply with Infection Prevention and Control directions given by HSE and other Clinical staff when I am in clinical areas.
- I undertake to cooperate with requirements for management of outbreaks or other incidents of infection including providing samples for testing where required.
- I will commit to declaring that I am free of key symptoms of COVID-19 each day before I present myself to clinical placement by completing the **UCC Clinical Students Covid App**.

Students can move from a placement in one institution to a placement in another without an interval of time as part of their programme. Thus, I undertake to:

- Adhere to recommended Infection Prevention and Control Practice at all times when interacting with all individuals during clinical placement.
- Complete the **UCC Clinical Students Covid App** and not present to the new placement area if a day pass has not been issued.
- Complete the **UCC Clinical Students Covid App** in cases when I am reassigned from one institution/service to another on completion of the placement in one institution/service. (For example, if I am moving from one hospital to a community unit or from a primary care service to a hospital).
- Similarly, I understand that if I work in a healthcare setting during the same period as attending clinical placements, I should complete this **UCC Clinical Students Covid App** on an ongoing basis.

By my signature hereunder I confirm that I have read and understood all the above conditions and that I agree to comply with ALL of these for the duration of the BSc Programme.

Student Signature: _____ **Date:** ____/____/____

Signed on behalf of the Health Service Provider:

Health Service Provider: _____
Please print name

Director of Nursing/Midwifery/Nominee/Title: _____
Please print name

Signature: _____ Date: ____/____/____

Signed on behalf of University College Cork:

Head, School of Nursing and Midwifery/Nominee/Title: _____
Please print name

Signature: _____ Date: ____/____/____

STUDENT DECLARATION - YEAR ONE

I declare that I have achieved and completed all the signed domains and reflective notes through my own efforts, and that all signatures are the authentic signatures of the relevant named personnel.

Student Name (please print name): _____

Student Signature: _____

Date: _____

NU1051: STUDENT SELF-ASSESSMENT FORM – END OF YEAR 1

The following is a summary of my self-assessment for NU1051 Intellectual Disability Nursing Practice.

I confirm that all the required elements of my Clinical Practice Placements have been met and signed off as being complete as follows:

Name and Student ID on front cover of Booklet	Yes ___	No ___
Practice Placement details completed	Yes ___	No ___
Preceptor/Associate Preceptor/Assessor Signatures completed	Yes ___	No ___
Student declaration (above) signed	Yes ___	No ___
Student & Preceptor/Associate Preceptor/Assessor signatures/dates for all domains achieved	Yes ___	No ___
Assessment of Practice Interviews completed & ALL signed with dates by student and Preceptors/Associate Preceptors/Assessors.	Yes ___	No ___
Reflective Notes written up with dates and Preceptor/Associate Preceptor/Assessor signatures	Yes ___	No ___
Reflection Time Record Sheet completed & signed	Yes ___	No ___

Professional Behaviour and Standards

Nursing and Midwifery undergraduate programmes prepare students for entry onto a professional Register with the Nursing and Midwifery Board of Ireland (NMBI). The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (2014, pg. 8) states that “every nurse and midwife has a responsibility to uphold the values of the professions to ensure their practice reflects high standards of professional practice and protects the public”. Thus any suspected forgery of a signature or other unprofessional tampering with Competency Assessment Document (CAD) and timesheet entries is deemed to be a very serious issue and will necessitate the invoking of the “Joint Health Service Provider and School of Nursing and Midwifery Disciplinary Procedures for Pre-registration BSc Nursing and BSc Midwifery students”. Under this procedure, if a student is found to have signed/forged another person’s signature, the disciplinary committee will recommend appropriate actions under the auspices of the joint disciplinary procedures. A minimum penalty as follows will apply: **A fail judgement for the clinical practice module will automatically be recorded for anybody who is found to have forged another person’s signature** either while on placement in clinical practice or within their competency assessment documentation.

If a situation exists where a student finds it difficult to access a preceptor or associate preceptor to sign their CAD while on a placement area or within a short time frame of leaving a placement area **(three weeks maximum)** the student is advised to discuss this in the first instance with their Clinical Placement Co-ordinator or Clinical Nurse/Midwife/ Manager or Associate Preceptor or Link Lecturer. If a difficulty continues to arise the student should make contact with the Practice Module Leader to discuss the matter.

Note: Please refer to School of Nursing and Midwifery website where further information relating to the BSc Programme can be accessed. Specific guidelines relating to professional and clinical matters are available for your information on this website. It is important that each student takes the time to familiarise themselves with these matters at the commencement of each academic year. Students must read and be familiar with the Practice Placement Guidelines booklet. <https://www.ucc.ie/en/nursingmidwifery/students/bscnursemid/>

Submission of NU1051 Competency Assessment Document (CAD)

Students must submit their CADs at the agreed submission date(s) (as per grid on the school of nursing and midwifery website). For students who are unable to submit their booklet by the agreed submission date, an **Extension Request Form** (see Appendix 2) must be submitted in advance of the submission date to G.03, School of Nursing and Midwifery. The Extension Request Form must detail the reason for which an extension is required. Failure to complete the above **will** result in your CAD not being processed in time for the relevant examination board. **In addition** to completing the Extension Request Form, if making up time/ paying back time or doing additional time, students **must** consult with the Practice Module Leader to confirm whether or not they must also submit their CAD for review on the specified submission date.

Students must collect their CADs from UCC in a timely manner so as to enable their availability on clinical placement. Should the relevant sections of your CAD be incomplete, this will impact on your pass and progression. Please ensure these elements of your CAD are fully completed and if not you will have only one opportunity to complete same for the **Final Exam Board**.

The clinical module NU1051 (Part B of BSc programme, see Appendix 1) is assessed when the CAD is examined and when evidence of completion of scheduled time is received by the

Allocations Office, School of Nursing and Midwifery, UCC. Students must submit their time-sheets to the allocations office on or before the specific date indicated on the time-sheet.

In relation to the CAD and similar to the Practice Placement Guidelines "Entries made in error should be bracketed and have a single line drawn through them so that the original entry is still legible. Errors should be signed and dated. No attempt should be made to alter or erase the entry made in error. Erasure fluid should never be used.

If an enquiry or litigation is initiated, then the record must not be altered in any way either by the addition of further entries or by altering an entry made in error". (Recording Clinical Practice Professional Guidance (NMBI, November 2015, pg. 13).

<http://www.nmbi.ie/Standards-Guidance/More-Standards-Guidance/Recording-Clinical-Practice>

These extracts are taken directly from Recording Clinical Practice Professional Guidance (NMBI, November 2015).

LOSS OF CAD: STUDENT RESPONSIBILITIES

The CAD remains the **responsibility** of the student during the completion of the clinical elements of the programme. Once the clinical module results have been successfully completed and ratified at an examination board in year 1, the CAD is maintained on file in the School of Nursing and Midwifery, UCC thereafter as a permanent record of student attainment of the clinical elements of the programme.

The CAD contains most of the evidence of attainment of the requirements for passing the clinical module in each of the years of the BSc programme. **It is each student's individual responsibility to ensure that they photocopy the relevant sections of their CAD after completion of each placement and retain such photocopies in a safe manner. Thus, in the rare event of a CAD being stolen or lost etc. * the student has some evidence of what had been attained up to the time of the loss of the CAD.**

In the event of a CAD being misplaced it is the students' responsibility to compile the evidence of having completed all the relevant competencies etc and present such evidence to the Practice Module Leader by the dates specified in the assignment submission grid.

Evidence of having completed all the clinical module requirements verified by preceptor/associate preceptor signatures is required for students to PASS the clinical module.

*** If your CAD is lost or stolen please make contact with your Practice Module Leader and Clinical Placement Co-ordinator.**

Extra Clinical Time for Extended Leave

If a student has been absent from clinical placement for one calendar year or more they are recommended to undertake one week acute nursing clinical placement which is extra to NMBI requirements. This placement is to facilitate re-visiting of domains of competence.

Please refer to the NU1051 module descriptor for further requirements for completion of the module.

Guidelines for Completing the National Competency Assessment Document

Introduction

This guide has been developed to help Preceptors, Undergraduate Nursing Students and all other stakeholders involved in Competency Assessment. Please read and become familiar with these pages. We recommend that they are read in conjunction with the Higher Education Institute (HEI) regulations and guidelines for assessment in practice placement.

Practice placement represents 50% of the undergraduate nursing programme and the development of skills, knowledge, professional behavior and attitudes represents a key component in the undergraduate nursing students' attainment of competence to practice as a registered nurse. In keeping with the requirements of the Nursing and Midwifery Board of Ireland (NMBI), the National Competency Assessment Document acts as the record of continuous achievements by the Undergraduate Nursing Student that is NMBI's requirement for registration. It is also a fundamental component for the successful progression through the undergraduate nursing programme.

Domains of Competence for entry to the NMBI Register¹

The Nursing and Midwifery Board of Ireland (NMBI) defines competence as the attainment of knowledge, intellectual capacities, practice skills, integrity and professional and ethical values required for safe, accountable and effective practice as a Registered Nurse.

There are six domains of competence that the undergraduate nursing student must reach upon completion of the education programme for entry to the Nursing Register held by the NMBI. These comprise of:

Domain 1: Professional values and conduct of the nurse competences

Knowledge and appreciation on the virtues of caring, compassion, integrity, honesty, respect and empathy as a basis for upholding the professional values of nursing and identity as a nurse.

Domain 2: Nursing practice and clinical decision-making competences

Knowledge and understanding of the principles of delivering safe and effective nursing care through the adoption of a systematic and problem solving approach to developing and delivering a person centred plan of care based on an explicit partnership with the person and his/her primary carer.

Domain 3: Knowledge and cognitive competences

Knowledge and understanding of the health continuum, life and behavioural sciences and their underlying principles that underpin a competence knowledge base for nursing and healthcare practice.

Domain 4: Communication and interpersonal competences

Knowledge, appreciation and development of empathic communication skills and techniques for effective interpersonal relationships with people and other professionals in healthcare settings.

Domain 5: Management and team competences

Using management and team competences in working for the person's well-being, recovery, independence and safety through recognition of the collaborative partnership between the person, family and multidisciplinary health care team.

¹ Adapted from Nurse Registration Programmes Standards and Requirements (NMBI, 2016:17)

Domain 6: Leadership potential and professional scholarship competences

Developing professional scholarship through self-directed learning skills, critical questioning/reasoning skill and decision-making skills in nursing and the foundation for lifelong professional education, maintaining competency and career development.

Assisting Undergraduate Nursing Students to Develop Competence

The purpose of the registration education programme is to ensure that upon successful completion of the programme, the graduate is equipped with the knowledge, understanding, professional attributes and skills necessary to practice as a competent and professional nurse. Undergraduate nursing students vary widely in their life experience on entry to an education programme. They normally develop their confidence and competence to practice as a nurse over the duration of their programme but at different rates of progress. This depends on their prior knowledge and experience in healthcare, and also the rate at which they begin to apply knowledge and skills and professional values to practice placement as they encounter patients, service users, interdisciplinary colleagues and family members.

Situational learning theories such as the cognitive apprenticeship model and the self-efficacy theory provide a suitable educational foundation for clinical teaching and assessment (McSharry, 2012; McSharry and Lathlean, 2017). In the first instance it is essential that nursing students are facilitated to participate in all the activities of the nursing team on the unit where nursing students feel a sense of belonging and part of the community of practice as nursing students move along a continuum of learning starting with observation (McSharry, 2012). The teaching methods posited by Collins, Brown & Holum (1991) that the preceptor can employ involves six techniques to ensure the nursing student moves along this continuum and develops both performance and clinical reasoning and thinking competence. The first one is **modelling** where the preceptor demonstrates the object to be learned. This is followed by **coaching** which involves delegating and guiding the nursing student's activity and observation of the performance (Collins *et al*, 1991). The preceptor provides ongoing appropriate feedback. McSharry and Lathlean (2017) purport that the preceptor should try to verbalise their thought processes while participating in practice so that the nursing student uses their problem solving and clinical reasoning skills. The **scaffolding** technique assesses what level the nursing student is at and plans activities to progress the nursing student along the learning continuum. This teaching strategy is akin to continual assessment.

The aforementioned techniques focus on developing the nursing student's ability to perform in practice the next three strategies focus on developing the nursing students' thinking skills. The first one is **articulation**. This is where the preceptor questions the nursing students to illicit their problem solving skills. It involves the preceptor questioning the nursing student on their rationale for care and why they have chosen one action over the other or indeed challenge them with "what if" scenarios to assess what action the nursing student may have taken if the practice situation became more complex (Collins *et al*, 1991; McSharry, 2012). **Reflection** in practice is another technique that accesses the nursing students' cognition. The preceptor at the end of the shift or following a learning opportunity encourages the student's self-reflection or assesses their performance; that is their strengths and weaknesses. Finally the teaching technique of **exploration** is where the preceptor encourages the nursing student to set their future learning goals and practice more independently (Collins *et al*, 1991; McSharry, 2012; McSharry and Lathlean, 2017).

It is important that preceptors have the ability to articulate and dialogue practice, carry out contextual questioning, encouraging nursing student's self-evaluation, provide situational, context specific feedback and be aware of strategies that build the students' self-efficacy and confidence to practice and learn. Nursing students should have the opportunity to

reflect on their care delivery in an analytical way within the milieu of practice, in order to identify how they can achieve best practice in line with current professional standards (McSharry, 2012; McSharry and Lathlean, 2017). Nursing students are currently allocated protected reflective time in practice placement to facilitate this learning strategy and this can be facilitated or directed by the Preceptor/Associate Preceptor, Clinical Placement Co-ordinator (CPC); Link Academic Staff(NMBI 2016).

The overarching aim of the programme is to ensure that the graduate acquires the competences for critical analysis, problem-solving, decision-making, collaborative team-working, leadership, professional scholarship, effective interpersonal communication and reflection that are 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 practice. Within a complex and changing healthcare service and population focus, it is essential that preceptors facilitate nursing students to achieve these outcomes and that practice is informed by the best available evidence and that graduates develop a capacity for Continuing Professional Development (CPD) to maintain competence over a potentially long professional career.

Levels of Competence for National Competency Assessment

Competence is defined as the attainment of knowledge, intellectual capacities, practice skills, integrity and professional and ethical values required for safe, accountable and effective practice as a Registered Nurse. To assist in determining if a nursing student has met the required level of competence, NMBI have detailed performance criteria for each domain and relevant indicators which demonstrate if the performance criteria have been met.

(Benner, 1984)
Novice
The nursing student has no/limited experience and understanding of the clinical situation therefore they are taught about the situation in terms of tasks or skills taking cognisance of the theory taught in the classroom. The nursing student is taught rules to help them apply theory to clinical situations and to perform tasks.
Advanced beginner
The nursing student demonstrates acceptable performance based on previous experience gained in real clinical situations.
Competent
A nursing student who has gained experience and therefore can plan actions with a view to achieving efficiency and long term goals. She/he has the ability to manage the complexity of clinical situations.

(Steinaker & Bell, 1979)
Exposure
The nursing student has the opportunity to observe a situation taking cognisance of the learning objectives of the programme and the practice placement.
Participation
The nursing student becomes a participant rather than an observer with the support of the preceptor where learning opportunities are identified in partnership.
Identification
The nursing student takes more responsibility for their own learning and participation and initiates appropriate action and evaluates same.
Internalisation
The nursing student makes informed decisions based on the information available and works as an autonomous practitioner.
Dissemination.
The nursing student uses critical analysis to determine the outcomes of their actions and can give rationale for their action to others.

The level of competence required for each year of the programme

During each practice placement, nursing students have to achieve all domains and all indicators at the stated minimum level. In cases where the level is identified as 'and/or' the HEI will have a local policy identifying which level of competency is required. This level may vary according to the practice placement learning opportunities.

In cases where students may not be exposed to a specific learning opportunity to meet a required indicator, the preceptor must contact the CPC and/or Academic Link to put a plan in place to meet the learning outcome of this indicator. For example, the student and Preceptor, through simulated learning and discussion, can achieve the required learning outcomes.

Please see below the level of competence required for each year:

Year	Benner	Steinaker and Bell	Level of Supervision
Year 1	Novice	Exposure and/or participation	Direct supervision
Year 2	Advanced beginner	Participation and/ or identification	Close supervision
Year 3	Advanced beginner	Participation and/or identification	Indirect supervision
Year 4 Supernumerary	Advanced beginner	Identification	Distant supervision
Year 4/4.5 Internship	Competent	Internalisation and dissemination	Distant supervision

Supervision for Undergraduate Nursing Students²

Existing standards for undergraduate nursing education programmes

Supervision requirements of undergraduate nursing students by Preceptors throughout the four/four-and-a-half years of the programme are explicitly defined within the Nurse Registration Programmes Standards and Requirements (NMBI, 2016) document. The Explanation of Terms (page 135) describes indirect and direct supervision within the context of the Scope of Nursing and Midwifery Practice Framework.

² Chief Education Officer, 14.04.16, Addendum to Standards and Requirements for Nursing Undergraduate Education Programmes

Supervision

Supervision is defined by NMBI as 'the provision of oversight, direction, guidance or support by a nurse or midwife to nursing students. Supervision may be direct or indirect' (NMBI, 2016). *'Direct supervision means that the supervising nurse or midwife is actually present and works with the nursing student undertaking a delegated role or activity. Indirect supervision implies that the nurse or midwife does not directly observe the nursing student undertaking a delegated role or activity. Both direct and indirect supervision can include oversight, direction, guidance and support and evaluation'* (NMBI, 2016).

Year 1: This level recognises that the undergraduate nursing student is a **novice** to the world of nursing and requires exposure to and participation in all aspects of practice. It is expected that a Registered Nurse will **directly supervise** the nursing student when participating in the care provided to people in the practice setting across the life continuum. ***Direct supervision is defined as the Preceptor being present and working continuously with the undergraduate nursing student while providing delegated nursing care to children/persons/service users.*** It is further expected that the nursing student will have a basic understanding of the broad concepts underpinning such care. The undergraduate nursing student may require continuous prompting in the provision of person-centred nursing care and considerable direction in identifying their learning needs.

Year 2: This level recognises that the undergraduate nursing student is an **advanced beginner** and has had some exposure and participation in the provision of care in the practice environment. The undergraduate nursing student needs both the assistance and **close supervision** of the Registered Nurse while participating in the provision of person-centred nursing. ***Close supervision is defined as the presence or close proximity to the undergraduate nursing student while providing delegated nursing care to patients/service users and supports family members.*** Frequent prompting may be required to support the nursing student in the provision of person-centred nursing and in the identification of its underpinning evidence. The nursing student begins to identify learning needs through discussion with the Preceptor/Associate Preceptor.

Year 3: At this level, the nursing student is an advanced beginner under the **indirect supervision** of the Registered Nurse. The nursing student can identify the needs of persons and primary carers in practice and begins to adopt a problem-solving approach to the provision of safe nursing care. ***Indirect supervision is defined as the Preceptor being accessible to the undergraduate nursing student for guidance and support while providing delegated nursing care to children/persons/service users and supports family members.*** The undergraduate nursing student actively participates in the assessment, planning, delivery and evaluation of person-centred nursing and is able to provide a rationale for actions. It may be difficult for the nursing student to prioritise care in particular or complex situations.

Year 4/4.5: At this level, the undergraduate nursing student will be expected to competently apply a systematic approach to the provision of person-centred practice to an allocation of patients/service users under the **distant supervision** of a Registered Nurse. ***Distant supervision is defined as the undergraduate nursing student providing safe and effective delegated nursing care to children/persons/service users and supporting family members. The undergraduate nursing student accepts responsibility for the provision of delegated care and recognises when the guidance and support of the Preceptor and Registered Nurse is required and seeks such assistance in a timely manner.*** The nursing student must demonstrate the evidence-based practice and critical thinking. The nursing student is capable of supporting the person and their primary carers and to work collaboratively with professional colleagues within the clinical environment. The nursing student also possesses many attributes including practical and technical skills,

communication and interpersonal skills, organisational and managerial skills and the ability to perform as part of the healthcare team, demonstrating a professional attitude, accepting responsibility and being accountable for one's own practice.

National Competence Assessment Document

Each undergraduate nursing student has a National Competence Assessment Document that is shared with the Preceptor/Associate Preceptor throughout the practice experience. This forms the basis of regular discussion of learning needs and also ensures records of achievement are completed regularly.

Each practice placement requires a clinical assessment. A Preceptor who has relevant expertise in assessment must complete the assessment³. The assessment should usually involve one assessor (Preceptor) and one nursing student but may include other assessors. Learning experiences must be monitored by a Registered Nurse and the placement's final assessment process must involve a Registered Nurse. Protected time must be set aside to complete the assessment⁴.

Assessments should be carried out within the context of practice so that evidence of skills, professional behaviour and knowledge is captured. While facilitating the nursing student's learning using the teaching methods of coaching and articulation the Preceptor/Associate Preceptor will use a combination of assessment methods, for example, questioning and/or direct observation. Questioning allows the Preceptor to assess the nursing student's knowledge, problem-solving and clinical reasoning skills while also assessing the nursing student's attitudes such as respect, compassion, care and commitment to the patient. Observation measures the accuracy of practice and demonstration of affective skills such as caring and compassion and level of autonomy.

The fundamental requirement of each Preceptor/Associate Preceptor is to support and facilitate nursing students to understand the specific practice placement learning outcomes and to meet their learning needs during practice placement. These must be discussed at the preliminary interview to allow students to identify their learning needs and agree with an achievable learning plan.

As a Preceptor/Associate Preceptor, there is an additional requirement not only to support and facilitate the nursing student but also to take part in their assessments of practice. Nursing students undertaking the registration education programme do so under the supervision of a Registered Nurse who has been designated as their Preceptor/Associate Preceptor and under the wider supervision and direction of a team of Registered Nurses within each practice setting. In some cases, an undergraduate nursing student will require additional guidance and support to achieve aspects of their practice which have been identified to them as not meeting the required standard. In some cases, a Learning Support Plan will be developed and the nursing student will avail of the support of the CPC. The support of the CPC is required to ensure that the nursing student clearly understands what they are required to achieve. Initially, a Learning Support Plan, consistent with the local policy, will be devised and implemented in a timely manner.

The Preceptor/Associate Preceptor/Supervisor should facilitate the undergraduate nursing student to achieve the appropriate level of competence. Comments should be written by the nursing students and the Preceptor/Associate Preceptor/Supervisor at every stage of the assessment process, preliminary, mid-point and final interview. If the Preceptor/Associate

³ Adapted from Nurse Registration Programmes Standards and Requirements (NMBI, 2016:124)

⁴ Adapted from Nurse Registration Programmes Standards and Requirements (NMBI, 2016:126)

Preceptor/Supervisor is concerned that the nursing student may not be able to achieve the required level of competence during or by the end of the practice placement, the CPC and Link Academic Staff are informed as per local policy.

In some practice placements, certain learning opportunities may not be available to achieve a particular competency indicator. In this situation, the competency indicator must be achieved using appropriate alternative learning opportunities, for example, practice placement discussion, clinical skills simulations and/or review of PPPGs. If this is the case the Preceptor should consult with the CPC and/or Link Academic Staff.

Assessment decision	Criteria
Achieved	The undergraduate nursing student has consistently demonstrated the achievement of all of the Domains of Competence as per NMBI and demonstrates safe practice.
Not achieved	The undergraduate nursing student has not consistently demonstrated the achievement of all the Domains of Competence as per NMBI and/or demonstrates unsafe practice.

Guidance for Completion of the National Competence Assessment Document

Nursing student responsibilities

The nursing student must take advantage of every opportunity to engage with the Preceptor/Associate Preceptor/Supervisor and to avail of the learning opportunities. In addition, the nursing student is responsible for the completion and submission of the National Competence Assessment Document as per HEI policy.

The nursing student is required to demonstrate the following:

- Familiarise themselves with the local HEI and healthcare providers' policies, protocols, procedures and guidelines (PPPGs) relevant to undertaking practice placement.
- Familiarise themselves with practice placement learning outcomes.
- Follow the local HEI attendance policies and processes.
- Regularly seek feedback from the Preceptor/Associate Preceptor/Supervisor to help make a realistic self-assessment of the experience and achievement.
- Make the National Competence Assessment Document available to the Preceptor/Associate Preceptors/Supervisor, CNM, and CPCs upon request.
- Submit the National Competence Assessment Document to the designated School/Department office of the HEI by the required submission date. As with all work submitted it is the nursing student's responsibility to keep a copy of all work submitted.

Preceptor/Associate Preceptor responsibilities

The Preceptors/Associate Preceptors provide guidance and support to the nursing student while on practice placement. The Preceptors/Associate Preceptors should be supported by the CPC and/or Link Academic Staff regarding the nursing student's competences while on practice placement.

The Preceptor is required to:

- Be a registered practitioner with NMBI.
- Have experience in the area of clinical practice.
- Have completed a teaching and assessing course approved by NMBI and updates in line with local policy.
- Maintain undergraduate nursing students' supernumerary status.
- Ensure the student is orientated to the practice placement area and practice placement learning outcomes on the first day of placement.
- Agree on specific practice placement learning outcomes at the preliminary interview. This must occur within the first two days of placement.
- Supervise, organise, coordinate and evaluate appropriate nursing student learning activities in the practice placement area and provide feedback as required.
- Provide learning opportunities that will fulfil the requirements of the six domains of competence.
- Conduct preliminary, mid-placement (where applicable) and final interviews.
- Guide reflective practice with undergraduate nursing students.
- Ensure the implementation of protected time for reflective practice every week.

- Ask questions to determine the nursing student's ability to link theory to practice towards the provision of safe and effective evidence-based care, using the six domains of competence for entry to the Register.
- Provide evidence of the nursing student's achievement or the lack of achievement as required by the HEI.
- Provide nursing students, if required, with additional learning supports in a timely manner, in line with HEI policy.
- Ensure that the National Competence Assessment Document is completed in line with the HEI policy.

Clinical Placement Coordinator responsibilities

The CPC provides guidance, support, facilitation and monitoring of the practice-based learning of undergraduate nursing students during practice placement. The CPC ensures that all the requirements of the education programme are met by the practice placement in accordance with local policy.

The CPC is required to:

- Regularly liaise with the Preceptor/Associate Preceptors to discuss the progress of nursing students.
- Provide support and guidance to the Preceptor/Associate Preceptor to ensure that students have the opportunity to achieve the required learning outcomes and competences.
- Provide support and guidance to the nursing student to ensure that they have the opportunity to achieve the required learning outcomes and competences of the practice placement.
- Ensure that the nursing student has been assigned a Preceptor/ Associate Preceptor/Supervisor, in line with NMBI standards and requirements⁵.
- Liaise with Link Academic Staff, as required, in line with HEI policies and procedures.

Supervisors on non-nurse-led practice placements are required to:

- Provide learning opportunities to the nursing student in line with specific practice placement learning outcomes.
- Supervise the nursing students and indicate when specific learning outcomes have been achieved or not achieved.
- The CPC /link academic staff/ practitioner registered with NMBI is responsible for the final assessment of the student in consultation with the supervisor.

Support Role: Link Lecturer

The link lecturer is a member of academic staff, who maintains a link and liaises with identified practice areas. While the link lecturer will not routinely visit students on placement, the link lecturer role is integral to the overall provision of practice placement experiences for students undertaking the BSc Programme.

Specific Roles and Responsibilities:

To link to named clinical placement areas. Access to link lecturers/ placement information for each clinical placement area are identified on the integrated 'ARC Web' system on the SoNM website. This system provides web-based access to the central allocations record system. It provides the student with all their past, current, and planned placements on an

⁵ Adapted from Nurse Registration Programmes Standards and Requirements (NMBI, 2016:124–3.2.6.6)

individual basis. The student will also be able to view their record of absenteeism and made-up time to date.

Please Note: Each student receives an automated email generated through ARC from his or her allocated link lecturer prior to commencing placement. Contact details for the link lecturer are included in this email and students are encouraged to contact their link lecturer as required. All students are aware that their link lecturers are available to them.

- To act as a resource for students, preceptors and Clinical Placement Co-ordinators (CPC) attached to linked placement area, particularly in using Clinical Assessment Documents.
- To be available by telephone or email to address clinical learning queries specific to students in their allocated placement area.
- To meet with students to review their progress in achieving clinical learning competencies and to support their learning in practice as required.
- To attend additional meetings with students and relevant clinical staff in the event of learning issues arising for example, additional support required for a student; processing a supportive learning plan and follow up.
- To liaise with clinical colleagues in the facilitation and completion of clinical learning environment audits.

Competence Assessment Process

Competence in Practice

As an Undergraduate Nursing Student, competence to practice as a Nurse is acquired gradually and successively across your programme of study as you gain knowledge, skills and professional acumen and apply these in practice placements. Achievement of competence for entry to the NMBI professional register is assessed continuously throughout each year of your programme and you will be deemed competent when you have met all theory and practice requirements of your programme.

Progression

For each year of the programme, there is a National Competency Assessment Document(s) is/are completed during the one or more practice placement experiences you undertake. Within each Document you will find a number of indicators related to the six domains of practice that must be achieved to progress clinically and to achieve the practice elements of your studies for that year. In order to provide your Preceptor/Associate Preceptor with the evidence of your achievement of clinical competence, you will need to demonstrate skills, undertake activities, discuss, answer questions, prepare written notes, present case studies or undertake reflection on situations you have encountered.

In all settings you will be able to develop your knowledge, skills and competence through interactions with patients, service users, nursing colleagues and members of the multidisciplinary team. It is necessary to both acquire and maintain competence; hence your Preceptor/Associate Preceptor will be reviewing with you at a preliminary, mid-point and final interview, to assess your learning needs as well as your proficiency in nursing. This will encompass the development of professional values, your interpersonal communication, team working, self-management, decision-making, professional scholarship and leadership potential.

Prior to Practice Placement

Prior to practice placement, the nursing student is to familiarise themselves with the HEI practice placement /Competence Assessment policy and all other HEI policies that relate to practice placement such as reasonable accommodations policy; attendance policy, etc.. In advance of the preliminary interview, the nursing student must complete their self-evaluation of learning needs and expectations in line with practice placement learning outcomes and identify their specific learning needs for the placement.

All nursing students will be supervised and assessed primarily by a Preceptor/Associate Preceptor. The Preceptor/Associate Preceptor can discuss the student's progress with other Registered Nurses within the practice placement. Only a Registered Nurse who has completed teaching and assessing programme recognised by the NMBI can sign off the National Competence Assessment Document.

Preliminary Interview

In both short practice placement (less than four weeks) and longer practice placement (four weeks or more), the student will complete an orientation to the practice placement on the first day. Within the **first two days of commencing placement**, the student will undertake a preliminary interview with the Preceptor/Associate Preceptor. At this interview, the student will review their identified learning needs and discuss learning opportunities available in that setting. The student and Preceptor will review the practice placement learning outcomes to identify the student's learning needs and learning opportunities necessary to achieve the domains of competences and/or indicators.

Mid Interview (where applicable)

The mid interview provides the student and Preceptor/Associate Preceptor with an opportunity to review the student's achievements to date and provide feedback on what areas of practice need further development and to identify priorities and opportunities for their achievement.

It is important that at this mid interview, a note of the nursing student's learning needs and progress is completed and agreed with the Preceptor/Associate Preceptor. The student should inform and discuss with the Preceptor/Associate Preceptor and/or CPC if they are having difficulties in gaining the experience necessary to achieve the competences agreed.

At the mid interview, the Preceptor may identify that the student is not achieving the agreed learning for this stage of the practice placement. This should be discussed with the CPC and Preceptor/Associate Preceptor/Academic Link Staff in line with local policy. In this case, additional supports will be provided by the HEI and Associated Health Care Provider (AHCP) to assist the student to meet the outcomes specified in line with local policy.

*****Note: If completing a short practice placement (less than 3 weeks), the mid interview is not necessary*****

Final Interview

The final interview allows for a review and a record of the overall learning during the practice placement.

Students must fulfil all the requirements of the six domains and/or indicators to achieve competence in the practice placement. Where competence is not achieved, it is important that clear feedback is given and recorded as to how the student can improve their learning. Precise areas for improvement in practice will be identified. This should be discussed with the CPC and Preceptor/Associate Preceptor/Supervisor/Academic Link Staff in line with local policy.

Undergraduate nursing students who do not achieve the relevant level of competence will be afforded further opportunities to achieve their requirements through a period of additional practice placement in line with HEI local policy.

Reflective Practice

Reflection is a process of knowledge acquisition originating in practice and best suited to solving complex practice based problems (Schön, 1987). Reflection is about reviewing experience from practice so that it may be described, analysed, evaluated and consequently used to inform and change future practice in a positive way (Bulman, 2008). It involves opening one's practice for others to examine, and consequently requires courage and open mindedness, as well as a willingness to take on board, and act on, criticism. Ultimately and importantly, reflection in nursing is connected with professional motivation to move on and do better within practice in order to learn from experience and critically examine 'Self' (Bulman, et al., 2012).

Gibbs model of reflective practice is used in the National Competency Assessment Document to guide nursing students on the process of reflection. Reflection must relate to situations encountered by the nursing students in their practice placement whereby learning is of value to the enhancement of professional nursing practice. Particular situations may include a positive experience where something went well or a negative experience where the nursing student needs to think and reflect about what has happened and how to deal with the situation effectively if it occurs again in the future. Following each part of Gibbs reflective cycle, the nursing student must integrate his/her learning from the experience with theory to further inform his/her professional practice in the practice placement setting. Reflection has the opportunity to enhance clinical reasoning while having a positive impact on patient/service user care (Caldwell & Grobbel, 2013).

The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives encourages the use of reflective practice in the development of understanding for professional responsibilities in caring for patient/service user in a safe, ethical and effective way (NMBI, 2014). Being safe, effective and ethical is being mindful of doing what is right and good. It is being aware of the consequences of one's decision and action on the other. To realise effective healthcare practice the practitioner must necessarily develop ethical competence (Johns, 2013). Ethical practice requires ethical or moral courage. It demands constant reflection and awareness of one's own practice and the effect it can have on others and the importance of advocating for what is needed to make the moral community strong (Canadian Nurses Association, 2010).

The nursing student who engages in reflection as part of their learning can create an objective view of their progress and see what is going well and what needs to be developed further. Regular or daily reflection helps after an event such as carrying out a clinical procedure, engaging with patients/service users/staff, critical incidents or just a difficult day. Clinical learning is also enhanced when nursing students are empowered to reflect on their experiences of the practice placement setting.

As a nursing student, it is not enough to only engage in reflection after the experience has occurred, known as reflection-on-action. Reflective practitioners must also develop the ability to reflect-in-action which will allow them to solve problems more effectively when facing uncertainty and novel situations (Stoner & Cennamo, 2018).

Reflection-on-action is the retrospective analysis and interpretation of practice in order to uncover the knowledge used and accompanying feelings within a particular situation. It occurs after the event and therefore contributes to the continuing development of skills, knowledge and practice.

Reflection - in - action is the process whereby the nursing student recognises a new situation or problem and thinks about it while still acting. The nursing student is able to select and remix responses from previous experience, when deciding how to solve a problem in practice.

Protected Time for Reflection

In order to guide a nursing student, Preceptors, CPCs and Link Academic Staff must have a sound knowledge of reflective practice, its concept, its foundational theories, influences and values (Parish & Crookes, 2014) to be able to support and facilitate nursing students to develop effective reflective practice. All the key people involved in the clinical learning environment should devise innovative and effective ways to maximise the opportunity for nursing students to reflect on and learn from their clinical experience and that specific periods of protected time be identified for reflection during supernumerary and internship placements (Nurse Education Forum, 2000). NMBI (2016) recommends a minimum 4 hours reflective time per week allocated for reflection during supernumerary nursing and specialist placement.

Guidelines for Reflective Writing

As part of the nursing student's competency assessment, he/she is required to complete ONE piece of reflective writing per placement regardless of duration. The purpose of the reflective writing is to demonstrate learning. The reflective writing is to provide one source of evidence relevant to the learning that has been achieved and must be linked to the practice placement learning outcomes in a particular domain. The nursing student should follow the template provided in the competence assessment document

The Nursing Student, Preceptor/CPC/Link Academic Staff must ensure that Patient, Person, Service User, or staff are not identified in the reflective writing piece.

ABBREVIATION OF TERMS

HEI – Higher Education Institution
CPC – Clinical Placement Coordinator
CNM – Clinical Nurse Manager
NMBI – Nursing and Midwifery Board of Ireland
AHCP – Associated Health Care Providers

GLOSSARY OF TERMS

Associated Health Care Providers

Hospitals and services that provide practice placement for nursing students.

Assessment of clinical practice

The key concepts associated with clinical assessment are that assessment must judge the nursing student's abilities in clinical practice, including an opportunity for self-assessment, make explicit the expected outcomes and criteria and include feedback (NMBI, 2016).

Applicant

Applicant refers to an individual who applies to NMBI to have his/her name entered in the relevant division of the register as maintained by the Board.

Assessment

Assessment involves determining the extent to which an individual reaches the desired level of competence in skill, knowledge, understanding or attitudes in relation to a specific goal. Assessment measures the integration and application of theory to client care learned throughout the programme and requires the candidate nurse to demonstrate proficiency within practice through the achievement of learning outcomes.

Candidate

A candidate means a person pursuing a training course leading to entry to a division of the register and whose name has been entered on the Candidate Register.

Candidate Register

The Board shall establish and maintain a Register of Candidates admitted for training on which the name of every such candidate shall be entered.

Clinical Placement Co-ordinator

Drennan (An Evaluation of The Role of the Clinical Placement Co-ordinator in Student Nurse Support in the Clinical Area, 2002) defined the CPC as 'an experienced nurse who provides dedicated support to nursing students in a variety of clinical settings.' The primary functions of the role include guidance, support, facilitation and monitoring of learning and competence attainment among undergraduate nursing students through reflective practice.

Competence

The attainment of knowledge, intellectual capacities, practice skills, integrity and professional and ethical values required for safe, accountable and effective practice as a Registered Nurse. Competence relates to ensuring the individual nurse's scope of practice with a division of the register is maintained through continuing professional development. The nurse may need to upskill, update or adapt

competence if she/he works in a different practice setting or with a different profile of services use (NMBI, 2016).

Competences

The development of competence for a specified discipline represents the goal of an education programme; competences are specified in a manner that renders them assessable and develops incrementally throughout a programme of study. 'Competences represent a dynamic combination of cognitive and meta-cognitive knowledge, intellectual and practical skills and ethical values' (Nursing Subject Area Group (SAG) of the Tuning Project, 2011).

Competence framework

A complete collection of competences and their indicators that are central to and set the standards of effective performance for a particular client group (Nursing and Midwifery Council, 2010).

Domains of competence

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

Indicators

Statements of the behaviour that would be observed when the effective performance of competence is demonstrated.

Knowledge

The cognitive representation of ideas, events or happenings. It can be derived from practical or professional experience as well as from formal instruction or study. It can comprise description, memory, understanding, thinking, analysis, synthesis, debate and research.

Learning support

When an undergraduate nursing student requires additional guidance and support to achieve the agreed practice placement learning outcomes, a learning support plan will be put in place in line with HEI policy and procedures and in a timely manner.

Learning outcomes

Defined as 'statements of what a learner is expected to know, understand and be able to demonstrate after completion of learner experience and are the expression in terms of the level of competence to be obtained by the learner' (Nursing Subject Area Group (SAG) of the Tuning Project, 2011). Site-specific learning outcomes are required for each practice placement.

Practitioner registered with NMBI

Any Registered Nurse or midwife who has completed the prescribed education preparation programme recognised by NMBI leading to registration, demonstrates competence to practice and is registered on the active register of nurses and midwives maintained by NMBI.

Preceptor/Associate Preceptor

A Preceptor/Associate Preceptor is a Registered Nurse. They are responsible for orientating, supervising and assessing the candidate nurse. The role involves facilitating learning opportunities and assessing the competence of the candidate nurse on a continuing basis throughout the period of supervised practice.

The Preceptor/Associate Preceptor is an experienced Registered Nurse who acts as a role model and resource person for the candidate nurse assigned to him/her.

Primary carer

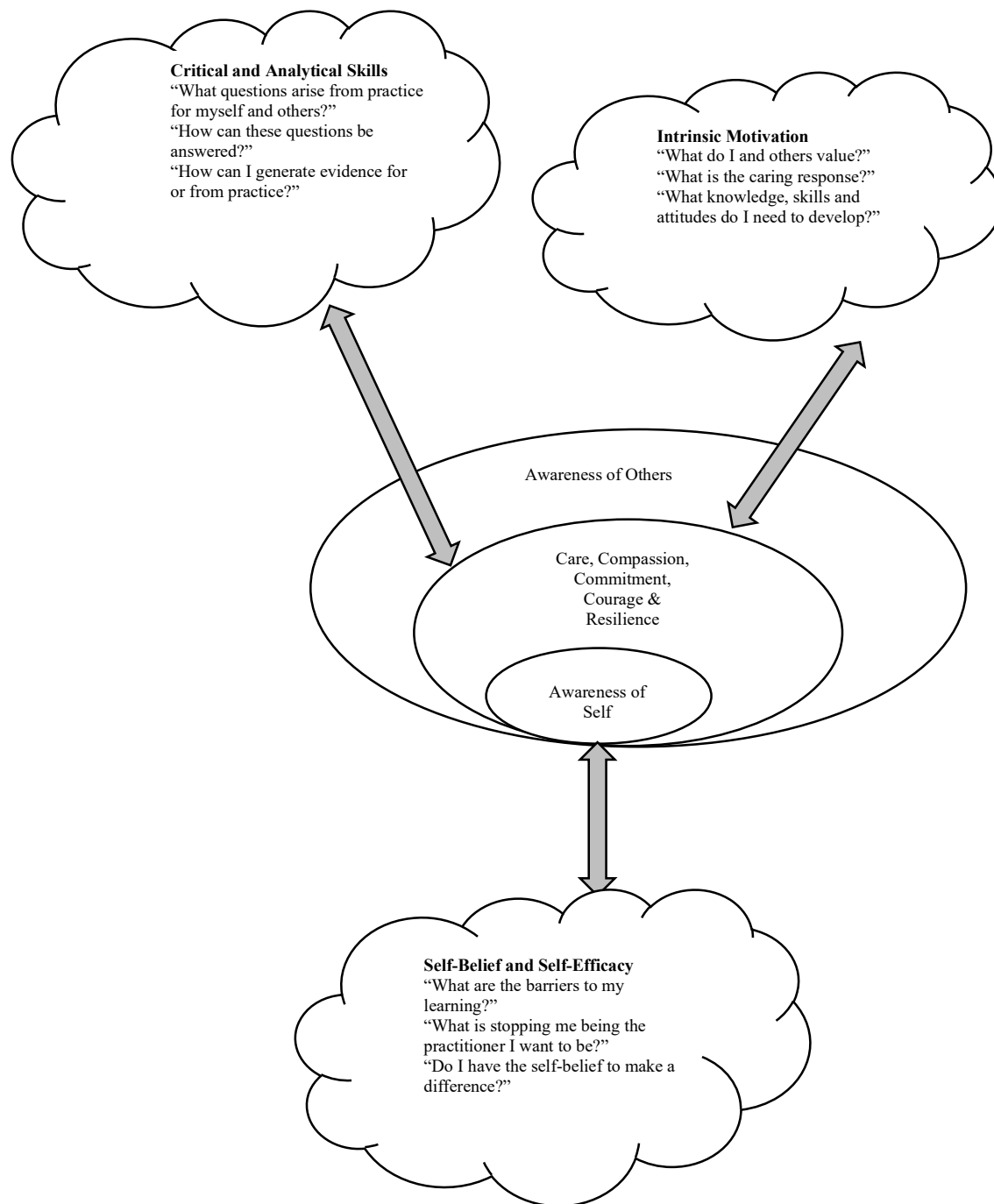
Someone who is providing an ongoing significant level of care to a person who is in need of care in the home due to illness or disability or frailty (HSE, 2016).

Supervisor

The Supervisor is a member of the multidisciplinary team, health and social care or education professionals registered with another regulatory body.

SELF-EVALUATION OF LEARNING NEEDS AND EXPECTATIONS

A Guide to help you with your Self-Evaluation

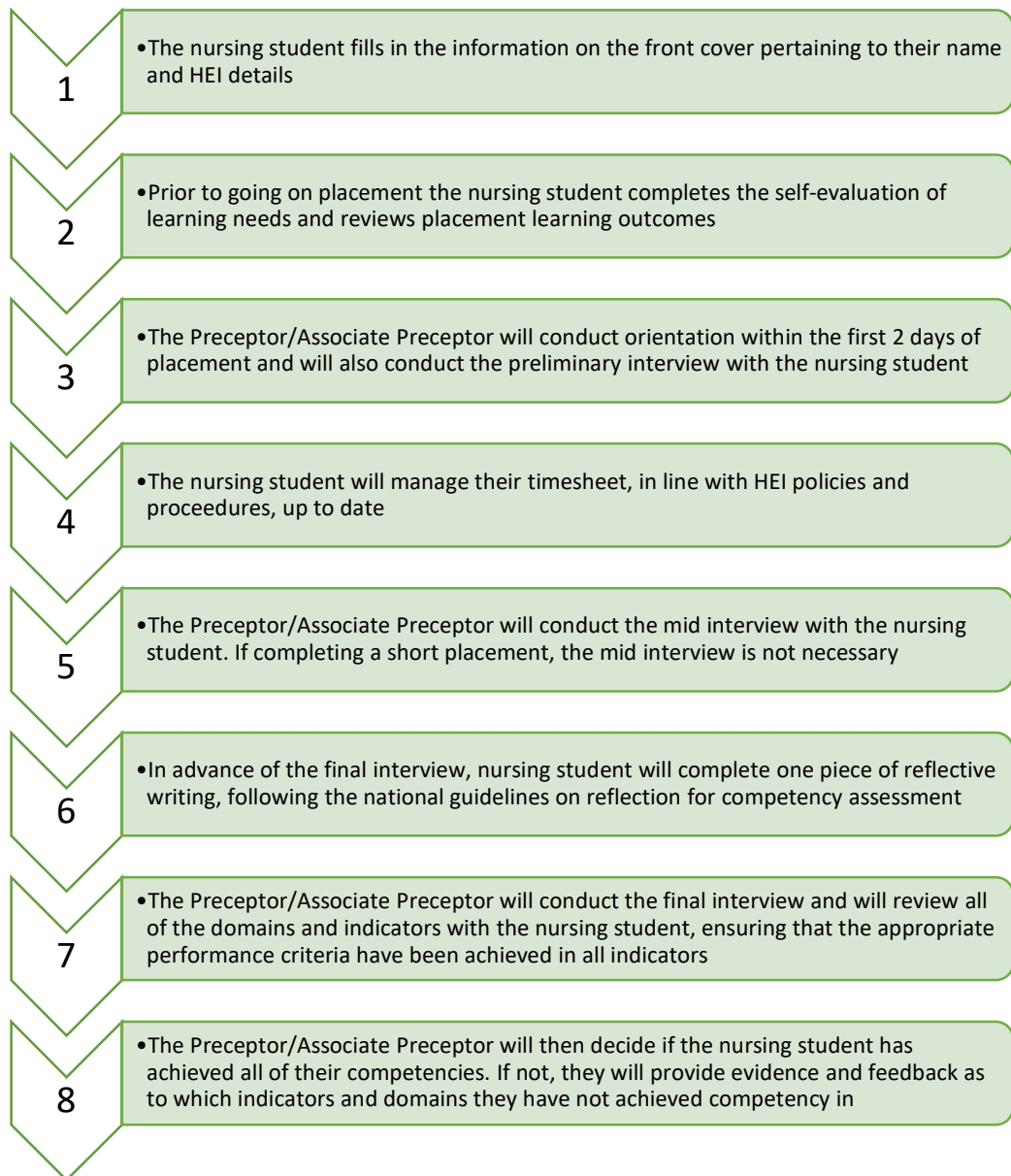


(McLean, 2012)

Values for Nurses and Midwives in Ireland (NMBI, 2016) With thanks to the Faculty of Health Sciences of the University of Southampton for allowing use of some of their principles outlined in their assessment of practice document for adult nursing students.

NMBI Definition of terms	
Year 1	Year 2
Benner (1984)	
Novice - nursing student has no/limited experience and understanding of the clinical situation, therefore they are taught about the situation in terms of tasks or skills taking cognisance of the theory taught in the classroom. The nursing student is taught rules to help them apply theory to clinical situations and to perform tasks	Novice - nursing student has no/limited experience and understanding of the clinical situation, therefore they are taught about the situation in terms of tasks or skills taking cognisance of the theory taught in the classroom. The nursing student is taught rules to help them apply theory to clinical situations and to perform tasks
Steinaker & Bell (1979)	
Exposure – the nursing student has the opportunity to observe a situation taking cognisance of the learning objectives of the programme and the practice placement Participation – the nursing student becomes a participant rather than an observer with the support of the preceptor where learning opportunities are identified in partnership	Participation - the nursing student becomes a participant rather than an observer with the support of the preceptor where learning opportunities are identified in partnership
Direct supervision: The student will have a basic understanding of the broad concepts underpinning person centred care. Student may require continuous prompting and considerable direction identifying their learning needs.	Close Supervision: Close supervision is defined as the presence or close proximity to the undergraduate student whilst s/he provides delegated nursing care to patient's /service users and supports family members.
Explanation: Student is exposed and participates in all aspects of practice. The student will have a basic understanding of the broad concepts underpinning person centred care. Student may require continuous prompting and considerable direction identifying their learning needs	Explanation: Frequent prompting may be required to support the student in the provision of person centred care and identification of underpinning evidence. The student begins to identify their learning needs through discussion with preceptor
Year 3	Year 4/4.5
Benner (1984)	
Advanced Beginner – the nursing student demonstrates acceptable performance based on previous experience gained in real clinical situations	Competent – a nursing student who has gained experience and therefore can plan actions with a view to achieving efficiency and long term goals. S/he has the ability to manage the complexity of clinical situations
Steinaker & Bell (1979)	
Identification – the nursing student takes more responsibility for their own learning and participation and initiates appropriate action and evaluates same	Internalisation - the nursing student makes informed decisions based on the information available and works as an autonomous practitioner Dissemination – the nursing student uses critical analysis to determine the outcomes of their actions and can give rationale for their action to others
Indirect supervision - Indirect supervision is defined as the preceptor being accessible to the undergraduate student for guidance and support whilst s/he provides delegated nursing care to patients/service users and supports family members	Distant supervision - is defined as the undergraduate nursing student providing safe and effective delegated nursing care to patients/service users and supporting family members. The undergraduate nursing student accepts responsibility for the provision of delegated care and recognises when s/he requires the guidance and support of the preceptor and Registered Nurse and seeks such assistance in a timely manner.
Student identifies needs of persons and primary carers in practice and begins to adopt a problem solving approaching provision of safe care. Actively participates in assessment, planning, delivery & evaluation of person centred care and provides rational for actions. It may be difficult for students to prioritise care in particular complex situations	Explanation: Competently apply a systematic approach to the provision of person centred practice to an allocation of 4 -6 patients/service users under distant supervision. The student must demonstrate evidence based practice and critical thinking. Must demonstrate collaborative work with professional colleagues. The student possesses many attributes including practical and technical skills, communication and interpersonal skills, organisational and managerial skills and the ability to perform as part of the health care team, demonstrating a professional attitude, accepting responsibility and being accountable for one's own practice

GUIDELINES FOR COMPLETING THE NMBI NATIONAL COMPETENCY ASSESSMENT DOCUMENT FLOWCHART



Practice placement learning support can be implemented in conjunction with a CPC in a timely manner

Progress notes can be made at any time during placement, in line with HEI policy and procedures

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**Intellectual Disability
Practice Placement Year One
(Short Placement)**

**NMBI National Competence Assessment Document – YEAR ONE:
Practice Placement Details**

PRACTICE PLACEMENT

Name of Practice Placement	
Number of Weeks in this Practice Placement	
Type of Practice Placement (e.g. Health and Social Development of the Child, Specialist)	
Name of Health Service Provider	
Phone number of Placement	
Name of CNM	
Name of Preceptor	
Name of Associate Preceptor	
Name of CPC	

**NMBI National Competence Assessment Document – YEAR ONE:
Self-Evaluation**

**PRACTICE PLACEMENT: SELF-EVALUATION OF LEARNING NEEDS AND
EXPECTATIONS**

To be completed by the Nursing Student prior to practice placement, incorporating theory and clinical skills learning to date. Learning plan agreed with Preceptor/Associate Preceptor for practice placement (in accordance with the practice placement learning outcomes).

The previous applicable experiences that I bring with me to this practice placement are...

--

The learning outcomes and opportunities that I hope to achieve during this practice placement are...

--

Any concerns that I have about this practice placement are...

--

The relevant theoretical and practical learning that I bring to this practice placement are...

--

**NMBI National Competence Assessment Document – YEAR ONE:
Competence Assessment Interviews**

PRACTICE PLACEMENT: PRELIMINARY INTERVIEW
To be completed within the first two days

Name of Preceptor	
Name of Associate Preceptor	
Learning needs identified by Nursing Student (refer to practice placement learning outcomes) To be completed by Nursing student	
Learning plan agreed with Preceptor/Associate Preceptor for practice placement (in accordance with the practice placement learning outcomes) To be completed by preceptor/associate preceptor	
Orientation to Placement	Date:
Nursing Student Signature	Date:
Preceptor/Associate Preceptor Signature	Date:
Proposed Date for Final Interview	Date:

If the nursing student requires additional learning support, these must be introduced in a timely manner, as per local policy and procedures.

**NMBI National Competence Assessment Document – YEAR ONE:
Competence Assessment Interviews (Reflection)**

**REFLECTIVE PRACTICE: NURSING STUDENT REFLECTION USING GIBBS MODEL OF
REFLECTION (1988)**

Reflection must relate to situations encountered by the nursing student in this practice placement.

As part of the nursing student's competence assessment, he/she is required to complete ONE piece of reflective writing per practice placement regardless of duration. The purpose of the reflective writing is to demonstrate learning. The reflective writing is to provide one source of evidence relevant to the learning that has been achieved and must be linked to the practice placement learning outcomes in a particular domain. The nursing student should follow the template provided in the national competence assessment document.

*The Nursing Student, Preceptor/CPC/Link Academic Staff must ensure that **Patient, Person, Service User, or staff are not identified in the reflective writing piece.***

Description – What happened?
Feelings – What were you thinking and feeling?
Evaluation – What was good and bad about the experience?
Analysis – What sense can you make of the situation?

Conclusion - What else could you have done?			
Action Plan - If it arose again, what would you do?			
Nursing Student Signature		Date:	
Preceptor/Associate Preceptor Signature		Date:	

BSc. Nursing Students
Reflection Time Record Sheet

During clinical placements each student is expected to complete **5 hours** of reflective time per week, to augment their learning. This can be spent outside the practice placement area.

This is a record of how the student spent this time.

Note: only one row to be used per week of placement to account for the 5 hours spent on reflective time per week.

Date	Activity Theme/Reflection Topic	Student Signature	Total Hours

**NMBI National Competence Assessment Document – YEAR ONE:
Competence Assessment Interviews**

PRACTICE PLACEMENT: PROGRESS NOTES

Progress notes will be operationalised in each HEI in accordance to local policy

Preceptor/Associate Preceptor/Supervisor can use this space to write any progress notes they may have on nursing students development of competences			
Signature		Date	
Signature		Date	
Signature		Date	
Signature		Date	

NMBI National Competence Assessment Document – YEAR ONE Six Domains of Competence

NMBI have determined that to practise safely and effectively as a Registered Nurse, a nursing student must demonstrate competence in the following Six Domains of Competence:

1. Professional Values and Conduct of the Nurse Competences
2. Nursing Practice and Clinical Decision-Making Competences
3. Knowledge and Cognitive Competences
4. Communication and Interpersonal Competences
5. Management and Team Competences
6. Leadership Potential and Professional Scholarship Competences

Competence is defined as the attainment of knowledge, intellectual capacities, practice skills, integrity and professional and ethical values required for safe, accountable and effective practice as a Registered Nurse. To assist in determining if a nursing student has met the required level of competence, NMBI has detailed performance criteria for each domain and relevant indicators which demonstrate if the performance criteria have been met.

Year 1: This level recognises that the undergraduate nursing student is a **novice** to the world of nursing and requires exposure to and participation in all aspects of practice. It is expected that a Registered Nurse will **directly supervise** the nursing student when participating in the care provided to people in the practice setting across the life continuum. **Direct supervision is defined as the Preceptor being present and working continuously with the undergraduate nursing student while providing delegated nursing care to children/persons/service users.** It is further expected that the nursing student will have a basic understanding of the broad concepts underpinning such care. The undergraduate nursing student may require continuous prompting in the provision of person-centred nursing care and considerable direction in identifying their learning needs.

In Year 1, at the end of each practice placement, nursing students have to achieve all domains and all indicators at exposure and/or participation level.

Novice
The nursing student has no/limited experience and understanding of the clinical situation therefore they are taught about the situation in terms of tasks or skills taking cognisance of the theory taught in the classroom. The nursing student is taught rules to help them apply theory to clinical situations and to perform tasks.
Exposure
The nursing student has the opportunity to observe a situation taking cognisance of the learning objectives of the programme and the practice placement.
Participation
The nursing student becomes a participant rather than an observer with the support of the preceptor where learning opportunities are identified in partnership.

**NMBI National Competence Assessment Document – YEAR ONE:
Six Domains of Competence**

***E – Exposure: The nursing student observes an activity or situation and can discuss the core elements and relates theoretical knowledge**

****P – Participation: The nursing student safely participates under direct supervision and demonstrates knowledge**

YEAR 1: NOVICE	Not Achieved Sign/Date	Achieved Sign/Date E*	Sign/Date P**
<p>Domain 1: Professional values and conduct of the nurse competences Knowledge and appreciation on the virtues of caring, compassion, integrity, honesty, respect and empathy as a basis for upholding the professional values of nursing and identity as a nurse.</p>			
<p>Domain 2: Nursing practice and clinical decision-making competences Knowledge and understanding of the principles of delivering safe and effective nursing care through the adoption of a systematic and problem solving approach to developing and delivering a person centred plan of care based on an explicit partnership with the person and their primary carer.</p>			
<p>Domain 3: Knowledge and cognitive competences Knowledge and understanding of the health continuum, life and behavioural sciences and their underlying principles that underpin a competence knowledge base for nursing and healthcare practice.</p>			
<p>Domain 4: Communication and interpersonal competences Knowledge, appreciation and development of empathic communication skills and techniques for effective interpersonal relationships with people and other professionals in healthcare settings.</p>			
<p>Domain 5: Management and team competences Using management and team competences in working for the person’s well-being, recovery, independence and safety through recognition of the collaborative partnership between the person, family and multidisciplinary health care team.</p>			
<p>Domain 6: Leadership potential and professional scholarship competences Developing professional scholarship through self-directed learning skills, critical questioning/reasoning skill and decision-making skills in nursing and the foundation for lifelong professional education, maintaining competence and career development.</p>			

**NMBI National Competence Assessment Document – YEAR ONE:
Competence Assessment Interviews
PRACTICE PLACEMENT: FINAL INTERVIEW**

Name of Preceptor	
Name of Associate Preceptor	
Nursing Student’s review of progress during practice placement (refer to original practice placement learning outcomes and nursing student self-evaluation of learning). To be completed by Nursing student	
Preceptor/Associate Preceptor’s review of nursing student’s progress during practice placement (refer to original practice placement learning outcomes and nursing student self-evaluation of learning). To be completed by preceptor/associate preceptor	

Competence achieved			
Yes		No*	
Preceptor/Associate Preceptor Signature			
Nursing Student Signature			
Date			

***If no, please indicate the domains and indicators which were not achieved. Contact the CPC in line with local policies and procedures.**

Preceptor/Associate Preceptor Signature		Date	
CPC Signature		Date	

Additional Supportive Interview

Student's view of his/her progress	
Preceptor's concern about student's progress	
Decisions reached	
Student signature	Date
Preceptor signature	Date
Review Date:	
Comment:	
Student signature	Date
Preceptor signature	Date

SUPPORTIVE LEARNING PLAN FOR PRACTICE PLACEMENT

Student Name: _____ **Intake Year:** _____

I.D Number: _____

Practice Placement Area: _____

Practice Placement Dates: From _____ **To** _____

Preceptor/Associate Preceptor Name & Grade:

Date _____ **Time** _____

List all persons present:

Description of specific concern/s as described by Student and Preceptor
(Link specific concerns with the Domains).

Agreed Goals

(Suggested and recommended methods to facilitate achievement of Domains)

Continue on next page

Student Signature: _____

Preceptor/Associate Preceptor Signature _____

Link Lecturer Signature: _____

CPC/CDC Signature: _____

Review Date Agreed: _____

Date of Review Meeting: _____

Evaluation of agreed goals

Student Signature: _____

Preceptor/Associate Preceptor Signature: _____

Link Lecturer Signature: _____

CPC/CDC Signature: _____

Review Date Agreed: _____

Date of Review Meeting: _____

Evaluation of agreed goals in the event of an open SLP

Student Signature _____

Preceptor/Associate Preceptor Signature _____

Link Lecturer Signature _____

CPC/CDC Signature _____

Review Date Agreed _____

**Intellectual Disability
Practice Placement Year One
(Short Placement)**

**NMBI National Competence Assessment Document – YEAR ONE:
Practice Placement Details**

PRACTICE PLACEMENT

Name of Practice Placement	
Number of Weeks in this Practice Placement	
Type of Practice Placement (e.g. Health and Social Development of the Child, Specialist)	
Name of Health Service Provider	
Phone number of Placement	
Name of CNM	
Name of Preceptor	
Name of Associate Preceptor	
Name of CPC	

**NMBI National Competence Assessment Document – YEAR ONE:
Self-Evaluation**

**PRACTICE PLACEMENT: SELF-EVALUATION OF LEARNING NEEDS AND
EXPECTATIONS**

To be completed by the Nursing Student prior to practice placement, incorporating theory and clinical skills learning to date. Learning plan agreed with Preceptor/Associate Preceptor for practice placement (in accordance with the practice placement learning outcomes).

The previous applicable experiences that I bring with me to this practice placement are...

--

The learning outcomes and opportunities that I hope to achieve during this practice placement are...

--

Any concerns that I have about this practice placement are...

--

The relevant theoretical and practical learning that I bring to this practice placement are...

--

**NMBI National Competence Assessment Document – YEAR ONE:
Competence Assessment Interviews**

PRACTICE PLACEMENT: PRELIMINARY INTERVIEW
To be completed within the first two days

Name of Preceptor	
Name of Associate Preceptor	
Learning needs identified by Nursing Student (refer to practice placement learning outcomes) To be completed by Nursing student	
Learning plan agreed with Preceptor/Associate Preceptor for practice placement (in accordance with the practice placement learning outcomes) To be completed by preceptor/associate preceptor	
Orientation to Placement	Date:
Nursing Student Signature	Date:
Preceptor/Associate Preceptor Signature	Date:
Proposed Date for Final Interview	Date:

If the nursing student requires additional learning support, these must be introduced in a timely manner, as per local policy and procedures.

**NMBI National Competence Assessment Document – YEAR ONE:
Competence Assessment Interviews (Reflection)**

**REFLECTIVE PRACTICE: NURSING STUDENT REFLECTION USING GIBBS MODEL OF
REFLECTION (1988)**

Reflection must relate to situations encountered by the nursing student in this practice placement.

As part of the nursing student's competence assessment, he/she is required to complete ONE piece of reflective writing per practice placement regardless of duration. The purpose of the reflective writing is to demonstrate learning. The reflective writing is to provide one source of evidence relevant to the learning that has been achieved and must be linked to the practice placement learning outcomes in a particular domain. The nursing student should follow the template provided in the national competence assessment document.

*The Nursing Student, Preceptor/CPC/Link Academic Staff must ensure that **Patient, Person, Service User, or staff are not identified in the reflective writing piece.***

Description – What happened?
Feelings – What were you thinking and feeling?
Evaluation – What was good and bad about the experience?
Analysis – What sense can you make of the situation?

Conclusion - What else could you have done?			
Action Plan - If it arose again, what would you do?			
Nursing Student Signature		Date:	
Preceptor/Associate Preceptor Signature		Date:	

BSc. Nursing Students
Reflection Time Record Sheet

During clinical placements each student is expected to complete **5 hours** of reflective time per week, to augment their learning. This can be spent outside the practice placement area.

This is a record of how the student spent this time.

Note: only one row to be used per week of placement to account for the 5 hours spent on reflective time per week.

Date	Activity Theme/Reflection Topic	Student Signature	Total Hours

**NMBI National Competence Assessment Document – YEAR ONE:
Competence Assessment Interviews**

PRACTICE PLACEMENT: PROGRESS NOTES

Progress notes will be operationalised in each HEI in accordance to local policy

Preceptor/Associate Preceptor/Supervisor can use this space to write any progress notes they may have on nursing students development of competences			
Signature		Date	
Signature		Date	
Signature		Date	
Signature		Date	

NMBI National Competence Assessment Document – YEAR ONE Six Domains of Competence

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5. Management and Team Competences
6. Leadership Potential and Professional Scholarship Competences

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Exposure
The nursing student has the opportunity to observe a situation taking cognisance of the learning objectives of the programme and the practice placement.
Participation
The nursing student becomes a participant rather than an observer with the support of the preceptor where learning opportunities are identified in partnership.

**NMBI National Competence Assessment Document – YEAR ONE:
Six Domains of Competence**

***E – Exposure: The nursing student observes an activity or situation and can discuss the core elements and relates theoretical knowledge**

****P – Participation: The nursing student safely participates under direct supervision and demonstrates knowledge**

YEAR 1: NOVICE	Not Achieved Sign/Date	Achieved Sign/Date E*	Sign/Date P**
<p>Domain 1: Professional values and conduct of the nurse competences Knowledge and appreciation on the virtues of caring, compassion, integrity, honesty, respect and empathy as a basis for upholding the professional values of nursing and identity as a nurse.</p>			
<p>Domain 2: Nursing practice and clinical decision-making competences Knowledge and understanding of the principles of delivering safe and effective nursing care through the adoption of a systematic and problem solving approach to developing and delivering a person centred plan of care based on an explicit partnership with the person and their primary carer.</p>			
<p>Domain 3: Knowledge and cognitive competences Knowledge and understanding of the health continuum, life and behavioural sciences and their underlying principles that underpin a competence knowledge base for nursing and healthcare practice.</p>			
<p>Domain 4: Communication and interpersonal competences Knowledge, appreciation and development of empathic communication skills and techniques for effective interpersonal relationships with people and other professionals in healthcare settings.</p>			
<p>Domain 5: Management and team competences Using management and team competences in working for the person’s well-being, recovery, independence and safety through recognition of the collaborative partnership between the person, family and multidisciplinary health care team.</p>			
<p>Domain 6: Leadership potential and professional scholarship competences Developing professional scholarship through self-directed learning skills, critical questioning/reasoning skill and decision-making skills in nursing and the foundation for lifelong professional education, maintaining competence and career development.</p>			

**NMBI National Competence Assessment Document – YEAR ONE:
Competence Assessment Interviews
PRACTICE PLACEMENT: FINAL INTERVIEW**

Name of Preceptor	
Name of Associate Preceptor	
Nursing Student's review of progress during practice placement (refer to original practice placement learning outcomes and nursing student self-evaluation of learning). To be completed by Nursing student	
Preceptor/Associate Preceptor's review of nursing student's progress during practice placement (refer to original practice placement learning outcomes and nursing student self-evaluation of learning). To be completed by preceptor/associate preceptor	

Competence achieved			
Yes		No*	
Preceptor/Associate Preceptor Signature			
Nursing Student Signature			
Date			

***If no, please indicate the domains and indicators which were not achieved. Contact the CPC in line with local policies and procedures.**

Preceptor/Associate Preceptor Signature		Date	
CPC Signature		Date	

Additional Supportive Interview

Student's view of his/her progress	
Preceptor's concern about student's progress	
Decisions reached	
Student signature	Date
Preceptor signature	Date
Review Date:	
Comment:	
Student signature	Date
Preceptor signature	Date

SUPPORTIVE LEARNING PLAN FOR PRACTICE PLACEMENT

Student Name: _____ **Intake Year:** _____

I.D Number: _____

Practice Placement Area: _____

Practice Placement Dates: From _____ **To** _____

Preceptor/Associate Preceptor Name & Grade:

Date _____ **Time** _____

List all persons present:

Description of specific concern/s as described by Student and Preceptor
(Link specific concerns with the Domains).

Agreed Goals

(Suggested and recommended methods to facilitate achievement of Domains)

Continue on next page

Student Signature: _____

Preceptor/Associate Preceptor Signature _____

Link Lecturer Signature: _____

CPC/CDC Signature: _____

Review Date Agreed: _____

Date of Review Meeting: _____

Evaluation of agreed goals

Student Signature: _____

Preceptor/Associate Preceptor Signature: _____

Link Lecturer Signature: _____

CPC/CDC Signature: _____

Review Date Agreed: _____

Date of Review Meeting: _____

Evaluation of agreed goals in the event of an open SLP

Student Signature _____

Preceptor/Associate Preceptor Signature _____

Link Lecturer Signature _____

CPC/CDC Signature _____

Review Date Agreed _____

**Intellectual Disability
Practice Placement Year One
(Short Placement)**

**NMBI National Competence Assessment Document – YEAR ONE:
Practice Placement Details**

PRACTICE PLACEMENT

Name of Practice Placement	
Number of Weeks in this Practice Placement	
Type of Practice Placement (e.g. Health and Social Development of the Child, Specialist)	
Name of Health Service Provider	
Phone number of Placement	
Name of CNM	
Name of Preceptor	
Name of Associate Preceptor	
Name of CPC	

**NMBI National Competence Assessment Document – YEAR ONE:
Self-Evaluation**

**PRACTICE PLACEMENT: SELF-EVALUATION OF LEARNING NEEDS AND
EXPECTATIONS**

To be completed by the Nursing Student prior to practice placement, incorporating theory and clinical skills learning to date. Learning plan agreed with Preceptor/Associate Preceptor for practice placement (in accordance with the practice placement learning outcomes).

The previous applicable experiences that I bring with me to this practice placement are...

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The learning outcomes and opportunities that I hope to achieve during this practice placement are...

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Any concerns that I have about this practice placement are...

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The relevant theoretical and practical learning that I bring to this practice placement are...

--

**NMBI National Competence Assessment Document – YEAR ONE:
Competence Assessment Interviews**

PRACTICE PLACEMENT: PRELIMINARY INTERVIEW
To be completed within the first two days

Name of Preceptor	
Name of Associate Preceptor	
Learning needs identified by Nursing Student (refer to practice placement learning outcomes) To be completed by Nursing student	
Learning plan agreed with Preceptor/Associate Preceptor for practice placement (in accordance with the practice placement learning outcomes) To be completed by preceptor/associate preceptor	
Orientation to Placement	Date:
Nursing Student Signature	Date:
Preceptor/Associate Preceptor Signature	Date:
Proposed Date for Final Interview	Date:

If the nursing student requires additional learning support, these must be introduced in a timely manner, as per local policy and procedures.

**NMBI National Competence Assessment Document – YEAR ONE:
Competence Assessment Interviews (Reflection)**

**REFLECTIVE PRACTICE: NURSING STUDENT REFLECTION USING GIBBS MODEL OF
REFLECTION (1988)**

Reflection must relate to situations encountered by the nursing student in this practice placement.

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The Nursing Student, Preceptor/CPC/Link Academic Staff must ensure that Patient, Person, Service User, or staff are not identified in the reflective writing piece.

Description – What happened?
Feelings – What were you thinking and feeling?
Evaluation – What was good and bad about the experience?
Analysis – What sense can you make of the situation?

Conclusion - What else could you have done?			
Action Plan - If it arose again, what would you do?			
Nursing Student Signature		Date:	
Preceptor/Associate Preceptor Signature		Date:	

BSc. Nursing Students
Reflection Time Record Sheet

During clinical placements each student is expected to complete **5 hours** of reflective time per week, to augment their learning. This can be spent outside the practice placement area.

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Note: only one row to be used per week of placement to account for the 5 hours spent on reflective time per week.

Date	Activity Theme/Reflection Topic	Student Signature	Total Hours

**NMBI National Competence Assessment Document – YEAR ONE:
Competence Assessment Interviews**

PRACTICE PLACEMENT: PROGRESS NOTES

Progress notes will be operationalised in each HEI in accordance to local policy

Preceptor/Associate Preceptor/Supervisor can use this space to write any progress notes they may have on nursing students development of competences			
Signature		Date	
Signature		Date	
Signature		Date	
Signature		Date	

NMBI National Competence Assessment Document – YEAR ONE Six Domains of Competence

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Year 1: This level recognises that the undergraduate nursing student is a **novice** to the world of nursing and requires exposure to and participation in all aspects of practice. It is expected that a Registered Nurse will **directly supervise** the nursing student when participating in the care provided to people in the practice setting across the life continuum. **Direct supervision is defined as the Preceptor being present and working continuously with the undergraduate nursing student while providing delegated nursing care to children/persons/service users.** It is further expected that the nursing student will have a basic understanding of the broad concepts underpinning such care. The undergraduate nursing student may require continuous prompting in the provision of person-centred nursing care and considerable direction in identifying their learning needs.

In Year 1, at the end of each practice placement, nursing students have to achieve all domains and all indicators at exposure and/or participation level.

Novice
The nursing student has no/limited experience and understanding of the clinical situation therefore they are taught about the situation in terms of tasks or skills taking cognisance of the theory taught in the classroom. The nursing student is taught rules to help them apply theory to clinical situations and to perform tasks.
Exposure
The nursing student has the opportunity to observe a situation taking cognisance of the learning objectives of the programme and the practice placement.
Participation
The nursing student becomes a participant rather than an observer with the support of the preceptor where learning opportunities are identified in partnership.

**NMBI National Competence Assessment Document – YEAR ONE:
Six Domains of Competence**

***E – Exposure: The nursing student observes an activity or situation and can discuss the core elements and relates theoretical knowledge**

****P – Participation: The nursing student safely participates under direct supervision and demonstrates knowledge**

YEAR 1: NOVICE	Not Achieved Sign/Date	Achieved Sign/Date E*	Sign/Date P**
<p>Domain 1: Professional values and conduct of the nurse competences Knowledge and appreciation on the virtues of caring, compassion, integrity, honesty, respect and empathy as a basis for upholding the professional values of nursing and identity as a nurse.</p>			
<p>Domain 2: Nursing practice and clinical decision-making competences Knowledge and understanding of the principles of delivering safe and effective nursing care through the adoption of a systematic and problem solving approach to developing and delivering a person centred plan of care based on an explicit partnership with the person and their primary carer.</p>			
<p>Domain 3: Knowledge and cognitive competences Knowledge and understanding of the health continuum, life and behavioural sciences and their underlying principles that underpin a competence knowledge base for nursing and healthcare practice.</p>			
<p>Domain 4: Communication and interpersonal competences Knowledge, appreciation and development of empathic communication skills and techniques for effective interpersonal relationships with people and other professionals in healthcare settings.</p>			
<p>Domain 5: Management and team competences Using management and team competences in working for the person’s well-being, recovery, independence and safety through recognition of the collaborative partnership between the person, family and multidisciplinary health care team.</p>			
<p>Domain 6: Leadership potential and professional scholarship competences Developing professional scholarship through self-directed learning skills, critical questioning/reasoning skill and decision-making skills in nursing and the foundation for lifelong professional education, maintaining competence and career development.</p>			

**NMBI National Competence Assessment Document – YEAR ONE:
Competence Assessment Interviews
PRACTICE PLACEMENT: FINAL INTERVIEW**

Name of Preceptor	
Name of Associate Preceptor	
Nursing Student’s review of progress during practice placement (refer to original practice placement learning outcomes and nursing student self-evaluation of learning). To be completed by Nursing student	
Preceptor/Associate Preceptor’s review of nursing student’s progress during practice placement (refer to original practice placement learning outcomes and nursing student self-evaluation of learning). To be completed by preceptor/associate preceptor	

Competence achieved			
Yes		No*	
Preceptor/Associate Preceptor Signature			
Nursing Student Signature			
Date			

***If no, please indicate the domains and indicators which were not achieved. Contact the CPC in line with local policies and procedures.**

Preceptor/Associate Preceptor Signature		Date	
CPC Signature		Date	

Additional Supportive Interview

Student's view of his/her progress	
Preceptor's concern about student's progress	
Decisions reached	
Student signature	Date
Preceptor signature	Date
Review Date:	
Comment:	
Student signature	Date
Preceptor signature	Date

SUPPORTIVE LEARNING PLAN FOR PRACTICE PLACEMENT

Student Name: _____ **Intake Year:** _____

I.D Number: _____

Practice Placement Area: _____

Practice Placement Dates: From _____ **To** _____

Preceptor/Associate Preceptor Name & Grade:

Date _____ **Time** _____

List all persons present:

Description of specific concern/s as described by Student and Preceptor
(Link specific concerns with the Domains).

Agreed Goals

(Suggested and recommended methods to facilitate achievement of Domains)

Continue on next page

Student Signature: _____

Preceptor/Associate Preceptor Signature _____

Link Lecturer Signature: _____

CPC/CDC Signature: _____

Review Date Agreed: _____

Date of Review Meeting: _____

Evaluation of agreed goals

Student Signature: _____

Preceptor/Associate Preceptor Signature: _____

Link Lecturer Signature: _____

CPC/CDC Signature: _____

Review Date Agreed: _____

Date of Review Meeting: _____

Evaluation of agreed goals in the event of an open SLP

Student Signature _____

Preceptor/Associate Preceptor Signature _____

Link Lecturer Signature _____

CPC/CDC Signature _____

Review Date Agreed _____

**Intellectual Disability
Practice Placement Year One
(Short Placement)**

**NMBI National Competence Assessment Document – YEAR ONE:
Practice Placement Details**

PRACTICE PLACEMENT

Name of Practice Placement	
Number of Weeks in this Practice Placement	
Type of Practice Placement (e.g. Health and Social Development of the Child, Specialist)	
Name of Health Service Provider	
Phone number of Placement	
Name of CNM	
Name of Preceptor	
Name of Associate Preceptor	
Name of CPC	

**NMBI National Competence Assessment Document – YEAR ONE:
Self-Evaluation**

**PRACTICE PLACEMENT: SELF-EVALUATION OF LEARNING NEEDS AND
EXPECTATIONS**

To be completed by the Nursing Student prior to practice placement, incorporating theory and clinical skills learning to date. Learning plan agreed with Preceptor/Associate Preceptor for practice placement (in accordance with the practice placement learning outcomes).

The previous applicable experiences that I bring with me to this practice placement are...

--

The learning outcomes and opportunities that I hope to achieve during this practice placement are...

--

Any concerns that I have about this practice placement are...

--

The relevant theoretical and practical learning that I bring to this practice placement are...

--

**NMBI National Competence Assessment Document – YEAR ONE:
Competence Assessment Interviews**

PRACTICE PLACEMENT: PRELIMINARY INTERVIEW
To be completed within the first two days

Name of Preceptor	
Name of Associate Preceptor	
Learning needs identified by Nursing Student (refer to practice placement learning outcomes) To be completed by Nursing student	
Learning plan agreed with Preceptor/Associate Preceptor for practice placement (in accordance with the practice placement learning outcomes) To be completed by preceptor/associate preceptor	
Orientation to Placement	Date:
Nursing Student Signature	Date:
Preceptor/Associate Preceptor Signature	Date:
Proposed Date for Final Interview	Date:

If the nursing student requires additional learning support, these must be introduced in a timely manner, as per local policy and procedures.

**NMBI National Competence Assessment Document – YEAR ONE:
Competence Assessment Interviews (Reflection)**

**REFLECTIVE PRACTICE: NURSING STUDENT REFLECTION USING GIBBS MODEL OF
REFLECTION (1988)**

Reflection must relate to situations encountered by the nursing student in this practice placement.

As part of the nursing student’s competence assessment, he/she is required to complete ONE piece of reflective writing per practice placement regardless of duration. The purpose of the reflective writing is to demonstrate learning. The reflective writing is to provide one source of evidence relevant to the learning that has been achieved and must be linked to the practice placement learning outcomes in a particular domain. The nursing student should follow the template provided in the national competence assessment document.

*The Nursing Student, Preceptor/CPC/Link Academic Staff must ensure that **Patient, Person, Service User, or staff are not identified in the reflective writing piece.***

Description – What happened?
Feelings – What were you thinking and feeling?
Evaluation – What was good and bad about the experience?
Analysis – What sense can you make of the situation?

Conclusion - What else could you have done?			
Action Plan - If it arose again, what would you do?			
Nursing Student Signature		Date:	
Preceptor/Associate Preceptor Signature		Date:	

BSc. Nursing Students
Reflection Time Record Sheet

During clinical placements each student is expected to complete **5 hours** of reflective time per week, to augment their learning. This can be spent outside the practice placement area.

This is a record of how the student spent this time.

Note: only one row to be used per week of placement to account for the 5 hours spent on reflective time per week.

Date	Activity Theme/Reflection Topic	Student Signature	Total Hours

**NMBI National Competence Assessment Document – YEAR ONE:
Competence Assessment Interviews**

PRACTICE PLACEMENT: PROGRESS NOTES

Progress notes will be operationalised in each HEI in accordance to local policy

Preceptor/Associate Preceptor/Supervisor can use this space to write any progress notes they may have on nursing students development of competences			
Signature		Date	
Signature		Date	
Signature		Date	
Signature		Date	

NMBI National Competence Assessment Document – YEAR ONE Six Domains of Competence

NMBI have determined that to practise safely and effectively as a Registered Nurse, a nursing student must demonstrate competence in the following Six Domains of Competence:

1. Professional Values and Conduct of the Nurse Competences
2. Nursing Practice and Clinical Decision-Making Competences
3. Knowledge and Cognitive Competences
4. Communication and Interpersonal Competences
5. Management and Team Competences
6. Leadership Potential and Professional Scholarship Competences

Competence is defined as the attainment of knowledge, intellectual capacities, practice skills, integrity and professional and ethical values required for safe, accountable and effective practice as a Registered Nurse. To assist in determining if a nursing student has met the required level of competence, NMBI has detailed performance criteria for each domain and relevant indicators which demonstrate if the performance criteria have been met.

Year 1: This level recognises that the undergraduate nursing student is a **novice** to the world of nursing and requires exposure to and participation in all aspects of practice. It is expected that a Registered Nurse will **directly supervise** the nursing student when participating in the care provided to people in the practice setting across the life continuum. **Direct supervision is defined as the Preceptor being present and working continuously with the undergraduate nursing student while providing delegated nursing care to children/persons/service users.** It is further expected that the nursing student will have a basic understanding of the broad concepts underpinning such care. The undergraduate nursing student may require continuous prompting in the provision of person-centred nursing care and considerable direction in identifying their learning needs.

In Year 1, at the end of each practice placement, nursing students have to achieve all domains and all indicators at exposure and/or participation level.

Novice
The nursing student has no/limited experience and understanding of the clinical situation therefore they are taught about the situation in terms of tasks or skills taking cognisance of the theory taught in the classroom. The nursing student is taught rules to help them apply theory to clinical situations and to perform tasks.
Exposure
The nursing student has the opportunity to observe a situation taking cognisance of the learning objectives of the programme and the practice placement.
Participation
The nursing student becomes a participant rather than an observer with the support of the preceptor where learning opportunities are identified in partnership.

**NMBI National Competence Assessment Document – YEAR ONE:
Six Domains of Competence**

***E – Exposure: The nursing student observes an activity or situation and can discuss the core elements and relates theoretical knowledge**

****P – Participation: The nursing student safely participates under direct supervision and demonstrates knowledge**

YEAR 1: NOVICE	Not Achieved Sign/Date	Achieved Sign/Date E*	Sign/Date P**
<p>Domain 1: Professional values and conduct of the nurse competences Knowledge and appreciation on the virtues of caring, compassion, integrity, honesty, respect and empathy as a basis for upholding the professional values of nursing and identity as a nurse.</p>			
<p>Domain 2: Nursing practice and clinical decision-making competences Knowledge and understanding of the principles of delivering safe and effective nursing care through the adoption of a systematic and problem solving approach to developing and delivering a person centred plan of care based on an explicit partnership with the person and their primary carer.</p>			
<p>Domain 3: Knowledge and cognitive competences Knowledge and understanding of the health continuum, life and behavioural sciences and their underlying principles that underpin a competence knowledge base for nursing and healthcare practice.</p>			
<p>Domain 4: Communication and interpersonal competences Knowledge, appreciation and development of empathic communication skills and techniques for effective interpersonal relationships with people and other professionals in healthcare settings.</p>			
<p>Domain 5: Management and team competences Using management and team competences in working for the person’s well-being, recovery, independence and safety through recognition of the collaborative partnership between the person, family and multidisciplinary health care team.</p>			
<p>Domain 6: Leadership potential and professional scholarship competences Developing professional scholarship through self-directed learning skills, critical questioning/reasoning skill and decision-making skills in nursing and the foundation for lifelong professional education, maintaining competence and career development.</p>			

**NMBI National Competence Assessment Document – YEAR ONE:
Competence Assessment Interviews
PRACTICE PLACEMENT: FINAL INTERVIEW**

Name of Preceptor	
Name of Associate Preceptor	
Nursing Student’s review of progress during practice placement (refer to original practice placement learning outcomes and nursing student self-evaluation of learning). To be completed by Nursing student	
Preceptor/Associate Preceptor’s review of nursing student’s progress during practice placement (refer to original practice placement learning outcomes and nursing student self-evaluation of learning). To be completed by preceptor/associate preceptor	

Competence achieved			
Yes		No*	
Preceptor/Associate Preceptor Signature			
Nursing Student Signature			
Date			

***If no, please indicate the domains and indicators which were not achieved. Contact the CPC in line with local policies and procedures.**

Preceptor/Associate Preceptor Signature		Date	
CPC Signature		Date	

Additional Supportive Interview

Student's view of his/her progress	
Preceptor's concern about student's progress	
Decisions reached	
Student signature	Date
Preceptor signature	Date
Review Date:	
Comment:	
Student signature	Date
Preceptor signature	Date

SUPPORTIVE LEARNING PLAN FOR PRACTICE PLACEMENT

Student Name: _____ **Intake Year:** _____

I.D Number: _____

Practice Placement Area: _____

Practice Placement Dates: From _____ **To** _____

Preceptor/Associate Preceptor Name & Grade:

Date _____ **Time** _____

List all persons present:

Description of specific concern/s as described by Student and Preceptor
(Link specific concerns with the Domains).

Agreed Goals

(Suggested and recommended methods to facilitate achievement of Domains)

Continue on next page

Student Signature: _____

Preceptor/Associate Preceptor Signature _____

Link Lecturer Signature: _____

CPC/CDC Signature: _____

Review Date Agreed: _____

Date of Review Meeting: _____

Evaluation of agreed goals

Student Signature: _____

Preceptor/Associate Preceptor Signature: _____

Link Lecturer Signature: _____

CPC/CDC Signature: _____

Review Date Agreed: _____

Date of Review Meeting: _____

Evaluation of agreed goals in the event of an open SLP

Student Signature _____

Preceptor/Associate Preceptor Signature _____

Link Lecturer Signature _____

CPC/CDC Signature _____

Review Date Agreed _____

**Intellectual Disability
Practice Placement Year One
(Long Placement)**

**NMBI National Competence Assessment Document – YEAR ONE:
Practice Placement Details
PRACTICE PLACEMENT**

Name of Practice Placement	
Number of Weeks in this Practice Placement	
Type of Practice Placement (health and Social Development of the Child, Specialist)	
Name of Health Service Provider	
Phone number of Placement	
Name of CNM	
Name of Preceptor	
Name of Associate Preceptor	
Name of CPC	

**NMBI National Competence Assessment Document – YEAR ONE:
Self-Evaluation**

**PRACTICE PLACEMENT: SELF-EVALUATION OF LEARNING NEEDS AND
EXPECTATIONS**

To be completed by the Nursing Student prior to practice placement, incorporating theory and clinical skills learning to date.

Learning plan agreed with Preceptor/Associate Preceptor for practice placement (in accordance with the practice placement learning outcomes).

The previous applicable experiences that I bring with me to this practice placement are...

The learning outcomes and opportunities that I hope to achieve during this practice placement are...

Any concerns that I have about this practice placement are...

The relevant theoretical and practical learning that I bring to this practice placement are...

**NMBI National Competence Assessment Document – YEAR ONE:
Competence Assessment Interviews**

PRACTICE PLACEMENT: PRELIMINARY INTERVIEW

To be completed within the first two days

Name of Preceptor	
Name of Associate Preceptor	
Learning needs identified by Nursing Student (refer to practice placement learning outcomes) To be completed by Nursing student	
Learning plan agreed with Preceptor/Associate Preceptor for practice placement (in accordance with the practice placement learning outcomes) To be completed by preceptor/associate preceptor	
Orientation to practice placement date	Date:
Nursing Student signature	Date:
Preceptor/Associate Preceptor signature	Date:
Proposed date for mid interview	Date:
Proposed date for final interview	Date:

**NMBI National Competence Assessment Document – YEAR ONE:
Competence Assessment Interviews**

PRACTICE PLACEMENT: MID INTERVIEW

Name of Preceptor			
Name of Associate Preceptor			
Nursing Student's review of progress during practice placement to date (refer to practice placement learning outcomes)			
To be completed by Nursing student			
Preceptor/Associate Preceptor's review of nursing student's progress during practice placement to date (in accordance with the practice placement learning outcomes)			
To be completed by preceptor/associate preceptor			
Nursing Student signature		Date:	
Preceptor/Associate Preceptor signature		Date:	
Does the nursing student require additional learning support to achieve competences?	Yes*	No	
CPC signature (if yes above)		Date:	

*If yes, contact CPC and adhere to local policy and procedures

**NMBI National Competence Assessment Document – YEAR ONE:
Competence Assessment Interviews (Reflection)**

**REFLECTIVE PRACTICE: NURSING STUDENT REFLECTION USING GIBBS MODEL OF
REFLECTION (1988)**

Reflection must relate to situations encountered by the nursing student in this practice placement.

As part of the nursing student's competence assessment, he/she is required to complete ONE piece of reflective writing per practice placement regardless of duration. The purpose of the reflective writing is to demonstrate learning. The reflective writing is to provide one source of evidence relevant to the learning that has been achieved and must be linked to the practice placement learning outcomes in a particular domain. The nursing student should follow the template provided in the national competence assessment document.

The Nursing Student, Preceptor/CPC/Link Academic Staff must ensure that Patient, Person, Service User, or staff are not identified in the reflective writing piece.

Description – What happened?
Feelings – What were you thinking and feeling?
Evaluation – What was good and bad about the experience?

Analysis - What sense can you make of the situation?

Conclusion - What else could you have done?

Action Plan - If it arose again, what would you do?

Nursing Student Signature		Date:	
Preceptor/Associate Preceptor Signature		Date:	

BSc. Nursing Students
Reflection Time Record Sheet

During clinical placements each student is expected to complete **5 hours** of reflective time per week, to augment their learning. This can be spent outside the practice placement area.

This is a record of how the student spent this time.

Note: only one row to be used per week of placement to account for the 5 hours spent on reflective time per week.

Date	Activity Theme/Reflection Topic	Student Signature	Total Hours

**NMBI National Competence Assessment Document – YEAR ONE:
Competence Assessment Interviews**

PRACTICE PLACEMENT: PROGRESS NOTES

Progress notes will be operationalised in each HEI in accordance to local policy

Preceptor/Associate Preceptor/Supervisor can use this space to write any progress notes they may have on nursing students development of competences			
Signature		Date	
Signature		Date	
Signature		Date	
Signature		Date	

NMBI National Competence Assessment Document – YEAR ONE Six Domains of Competence

NMBI have determined that to practise safely and effectively as a Registered Nurse, a nursing student must demonstrate competence in the following Six Domains of Competence:

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4. Communication and Interpersonal Competences
5. Management and Team Competences
6. Leadership Potential and Professional Scholarship Competences

Competence is defined as the attainment of knowledge, intellectual capacities, practice skills, integrity and professional and ethical values required for safe, accountable and effective practice as a Registered Nurse. To assist in determining if a nursing student has met the required level of competence, NMBI has detailed performance criteria for each domain and relevant indicators which demonstrate if the performance criteria have been met.

Year 1: This level recognises that the undergraduate nursing student is a **novice** to the world of nursing and requires exposure to and participation in all aspects of practice. It is expected that a Registered Nurse will **directly supervise** the nursing student when participating in the care provided to people in the practice setting across the life continuum. **Direct supervision is defined as the Preceptor being present and working continuously with the undergraduate nursing student while providing delegated nursing care to children/persons/service users.** It is further expected that the nursing student will have a basic understanding of the broad concepts underpinning such care. The undergraduate nursing student may require continuous prompting in the provision of person-centred nursing care and considerable direction in identifying their learning needs.

In Year 1, at the end of each practice placement, nursing students have to achieve all domains and all indicators at exposure and/or participation level.

Novice
The nursing student has no/limited experience and understanding of the clinical situation therefore they are taught about the situation in terms of tasks or skills taking cognisance of the theory taught in the classroom. The nursing student is taught rules to help them apply theory to clinical situations and to perform tasks.

Exposure
The nursing student has the opportunity to observe a situation taking cognisance of the learning objectives of the programme and the practice placement.
Participation
The nursing student becomes a participant rather than an observer with the support of the preceptor where learning opportunities are identified in partnership.

DOMAIN 1: PROFESSIONAL VALUES AND CONDUCT OF THE NURSE

Criteria related to practising safety, compassionately and professionally under direct supervision of a Preceptor/Associate Preceptor/Registered Nurse.

***E - Exposure: The nursing student observes an activity or situation and can discuss the core elements and relates theoretical knowledge**

****P - Participation: The nursing student safely participates under direct supervision and demonstrates knowledge**

1.1 Demonstrates safe, person-centred care		Not Achieved	Achieved
		Sign/Date	Sign/Date
		Sign/Date	Sign/Date
		E*	P**
a.	Clarifies with Preceptor/Associate Preceptor/Registered Nurse instructions that are not clear		
b.	Applies principles of safe moving and handling		
c.	Adheres to principles of infection control		
d.	Promotes a safe and therapeutic environment for all persons		
e.	Recognises and responds to situations where a person's rights need to be balanced with risk		
f.	Is able to discuss clearly how to recognise and respond to situations of risk to vulnerable people		

1.2 Demonstrates compassion in providing nurse care		Not Achieved	Achieved
		Sign/Date	Sign/Date
		Sign/Date	Sign/Date
		E*	P**
a.	Shows respect, kindness, compassion towards the person and their families		
b.	Acts in a professional manner that is inclusive and person centred		
c.	Supports persons experiencing psychological or emotional distress		
d.	Supports persons to maintain their dignity in all nursing, health, life and social care interventions		
e.	Seeks help and guidance from the Registered Nurse when a person's healthcare needs are not being met		

1.3 Demonstrates responsible and professional practice		Not Achieved Sign/Date	Achieved Sign/Date E*	Achieved Sign/Date P**
a.	Works within the level of competence under the guidance and supervision of a Registered Nurse			
b.	Takes responsibility for completing delegated nursing interventions			
c.	Adheres to local policies, procedures and guidelines (PPPG's)			
d.	Adheres to reporting policy in respect of any untoward incidents or near misses			

DOMAIN 2: NURSING PRACTICE AND CLINICAL DECISION MAKING

Criteria related to delivering effective, person-centred nursing care under direct supervision of a Preceptor/Associate Preceptor/Registered Nurse.

2.1 Assesses the person's nursing and health needs		Not Achieved Sign/Date	Achieved Sign/Date E*	Achieved Sign/Date P**
a.	Monitors and records changes in a person's sensory, physical, emotional, psychological, behavioural, social, spiritual life or developmental status			
b.	Gathers information systematically in a person-centred manner			
c.	Documents and reports observations accurately			
d.	Participates in risk assessment with a person under the supervision of Preceptor/Associate Preceptor/RNID			
e.	Participates in assessment or re-assessment of a person's sensory, physical, emotional, psychological, behavioural, social and spiritual life or developmental status			

2.2 Plans and prioritises person-centred nursing care/support		Not Achieved Sign/Date	Achieved Sign/Date E*	Achieved Sign/Date P**
a.	Identifies with Preceptor/Associate Preceptor/Registered Nurse how information gathered is structured using an appropriate framework			
b.	Assists a Registered Nurse to plan an aspect of nursing care/support			
c.	Reviews with Preceptor/Associate Preceptor/Registered Nurse and the person the structure of goals for an individual plan of care			
d.	Identifies with Preceptor/Associate Preceptor/Registered Nurse and the person the individuals actual and potential goals			
e.	Identifies with Preceptor/Associate Preceptor/Registered Nurse and the person interventions to meet an individual's developmental, nursing, health, life or social goal			

2.3 Undertakes nursing interventions		Not Achieved Sign/Date	Achieved Sign/Date E**	Achieved Sign/Date P*
a.	Ensures consent of the person prior to undertaking nursing interventions			
b.	Builds relationships with the persons to meet their developmental and health, life and social needs: <ul style="list-style-type: none"> • Demonstrates respect for human rights, autonomy, empowerment, social inclusion and individuality • Builds on a person's personal preferences, strengths and abilities • Promotes independent living to the person's maximum and potential abilities • Provides a supportive presence for the person • Promotes optimum physical health • Provides psychosocial support for optimum mental health/resilience • Promotes physical, emotional and sensory health • Affords protection to vulnerable persons 			
c.	Undertakes an education or training session with the person			
d.	Undertakes a group or social activity with a person			
e.	Maintains the person's dignity, rights and independence when undertaking nursing care			
f.	Records nursing interventions, observations and feedback from the person or carer and inter-professional colleagues accurately and concisely			
g.	Uses clinical equipment safely, showing awareness of limitations and associated hazards in usage and disposal			
h.	Assists the Registered Nurse in the safe administration and management of medicines			
i.	Carries out instructions responsible and timely manner in accordance with local policies, procedures and guidelines			

2.4 Evaluates person-centred nursing care		Not Achieved Sign/Date	Achieved Sign/Date E*	Achieved Sign/Date P**
a.	Gathers and records information in accordance with a person's nursing care plan			
b.	Assists the Registered Nurse and the person to review an individual's plan of nursing care in light of observations and feedback from the person and health care team			
c.	Assists the Registered Nurse and the individual to review and revise as necessary the planned outcomes or interventions of a person's plan of nursing care			
d.	Assists the Registered Nurse to carry out a re-assessment of a person's nursing and healthcare needs			

2.5 Utilises clinical judgment		Not Achieved	Sign/Date E*	Achieved Sign/Date P**
a.	Recognises and reports if a person appears to be at risk			
b.	Recognises and reports if a person's physical, psychological, emotional or social status has changed			
c.	Is able to discuss clearly how to act in an emergency and in administering essential life-saving interventions			

DOMAIN 3: NURSING KNOWLEDGE AND COGNITIVE COMPETENCE

Criteria related to application of knowledge and understanding of the health continuum and of principles from health and life sciences underpinning practice under the direct supervision of a Preceptor/Associate Preceptor/Registered Nurse.

3.1 Practises from a competent knowledge base		Not Achieved Sign/Date	Achieved Sign/Date E*	Achieved Sign/Date P**
a.	Applies knowledge of the philosophical underpinnings to intellectual disability nursing to everyday practice			
b.	Applies knowledge from the health and life sciences to the nursing care needs of a person in the practice setting			
c.	Is able to discuss clearly how medication calculations and management are carried out safely			

3.2 Uses critical thinking and reflection to inform practice		Not Achieved Sign/Date	Achieved Sign/Date E*	Achieved Sign/Date P**
a.	Sources information relevant to an evidence-based nursing intervention			
b.	Applies knowledge of local policies, procedures and guidelines to an aspect of nursing intervention encountered in the practice setting			

DOMAIN 4: COMMUNICATION AND INTERPERSONAL COMPETENCE

Criteria related to effective communication and empathic interpersonal skills under the direct supervision of a Preceptor/Associate Preceptor/Registered Nurse.

4.1 Communicates in a person-centred manner		Not Achieved Sign/Date	Achieved Sign/Date E* Sign/Date P**	
a.	Demonstrates ability to listen to and observe verbal and non-verbal body language, seeking clarification where necessary.			
b.	Demonstrates respect for a person's rights and choices			
c.	Collaborates with the person as an active partner in nursing intervention			
d.	Responds empathetically to the person's expressive language			
e.	Uses assistive/augmentative/alternative systems to support communication			
f.	Challenges negative stereotypes, beliefs and stigma			
g.	Demonstrates awareness of power imbalances between a person and significant others e.g. professionals, families etc.			
4.2 Communicates accurately with the multi-professional, multi-agency team		Not Achieved Sign/Date	Achieved Sign/Date E* Sign/Date P**	
a.	Communicates clearly with other team members			
b.	Demonstrates safe and effective communication skills in oral, written and electronic modes			
c.	Demonstrates accurate reporting, recording and documents clinical observations			
d.	Ensures that confidential information is maintained securely in accordance with local, national and professional guidelines & policies			

DOMAIN 5: NURSING MANAGEMENT AND TEAM COMPETENCE

Criteria related to application of management and team working competence under the direct supervision of a Preceptor/Associate Preceptor/Registered Nurse

5.1 Practises in a collaborative manner		Not Achieved Sign/Date	Achieved Sign/Date E*	Achieved Sign/Date P**
a.	Collaborates with the person, family, and members of the multi professional, multi-agency team in a manner that values their roles and responsibilities			
b.	Develops a professional relationship by working in partnership with the person, family, and members of the multi-professional and multi-agency team			

5.2 Manages team, others and self safely		Not Achieved Sign/Date	Achieved Sign/Date E*	Achieved Sign/Date P**
a.	Recognises and responds appropriately to situations that challenge self			
b.	Recognises, reports and responds appropriately to a change or deterioration in the person's sensory, physical or emotional state or behaviour			
c.	Recognises actual and potential risks and hazards whilst undertaking therapeutic or clinical interventions and escalates these to the Registered Nurse			

DOMAIN 6: LEADERSHIP POTENTIAL AND PROFESSIONAL SCHOLARSHIP COMPETENCES

Criteria related to effective leadership potential and self-awareness under the direct supervision of a preceptor/Associate Preceptor/Registered Nurse.

6.1 Develop leadership potential		Not Achieved Sign/Date	Sign/Date E*	Achieved p**
a.	Demonstrate the constructive use of feedback appraisal on the development of self-awareness and competence as a nurse			

6.2 Develop professional scholarship		Not Achieved Sign/Date	Sign/Date E*	Achieved p**
a.	Communicate an example of self-directed learning used to enhance professional performance in practice			
b.	Communicate with the multidisciplinary team regarding to the plan of nursing care intervention			
c.	Identify the use of relevant opportunities for learning in the practice setting			

**NMBI National Competence Assessment Document – YEAR ONE:
Competence Assessment Interviews**

PRACTICE PLACEMENT: FINAL INTERVIEW

Name of Preceptor	
Name of Associate Preceptor	
Nursing student's review of progress during practice placement (refer to original practice placement learning outcomes and nursing student self-evaluation of learning) To be completed by Nursing student	
Preceptor/Associate Preceptor's review of nursing student's progress during practice placement (refer to original practice placement learning outcomes) To be completed by preceptor/associate preceptor	

Competence achieved			
Yes		No*	
Preceptor Signature			
Nursing Student Signature			
Date			

**NMBI National Competence Assessment Document – YEAR ONE:
Competence Assessment Interviews**

***If no, please indicate the domains and indicators which were not achieved.
Contact the CPC in line with local policies and procedures.**

Preceptor Signature		Date	
CPC Signature		Date	

Additional Supportive Interview

Student's view of his/her progress	
Preceptor's concern about student's progress	
Decisions reached	
Student signature	Date
Preceptor signature	Date
Review Date:	
Comment:	
Student signature	Date
Preceptor signature	Date

SUPPORTIVE LEARNING PLAN FOR PRACTICE PLACEMENT

Student Name: _____ **Intake Year:** _____

I.D Number: _____

Practice Placement Area: _____

Practice Placement Dates: From _____ **To** _____

Preceptor/Associate Preceptor Name & Grade:

Date _____ **Time** _____

List all persons present:

Description of specific concern/s as described by Student and Preceptor
(Link specific concerns with the Domains).

Agreed Goals

(Suggested and recommended methods to facilitate achievement of Domains)

Continue on next page

Student Signature: _____

Preceptor/Associate Preceptor Signature: _____

Link Lecturer Signature: _____

CPC/CDC Signature: _____

Review Date Agreed: _____

Date of Review Meeting: _____

Evaluation of agreed goals in the event of an open SLP

Student Signature: _____

Preceptor/Associate Preceptor Signature: _____

Link Lecturer: _____

CPC/CDC Signature: _____

Review Date Agreed: _____

Date of Review Meeting: _____

Evaluation of agreed goals in the event of an open SLP

[Empty rectangular box for evaluation content]

Student Signature _____

Preceptor/Associate Preceptor Signature _____

Link Lecturer Signature _____

CPC/CDC Signature _____

Review Date Agreed _____

**Intellectual Disability
Practice Placement Year One
(Long Placement)**

**NMBI National Competence Assessment Document – YEAR ONE:
Practice Placement Details
PRACTICE PLACEMENT**

Name of Practice Placement	
Number of Weeks in this Practice Placement	
Type of Practice Placement (health and Social Development of the Child, Specialist)	
Name of Health Service Provider	
Phone number of Placement	
Name of CNM	
Name of Preceptor	
Name of Associate Preceptor	
Name of CPC	

**NMBI National Competence Assessment Document – YEAR ONE:
Self-Evaluation**

**PRACTICE PLACEMENT: SELF-EVALUATION OF LEARNING NEEDS AND
EXPECTATIONS**

To be completed by the Nursing Student prior to practice placement, incorporating theory and clinical skills learning to date.

Learning plan agreed with Preceptor/Associate Preceptor for practice placement (in accordance with the practice placement learning outcomes).

The previous applicable experiences that I bring with me to this practice placement are...

--

The learning outcomes and opportunities that I hope to achieve during this practice placement are...

--

Any concerns that I have about this practice placement are...

--

The relevant theoretical and practical learning that I bring to this practice placement are...

--

**NMBI National Competence Assessment Document – YEAR ONE:
Competence Assessment Interviews**

PRACTICE PLACEMENT: PRELIMINARY INTERVIEW

To be completed within the first two days

Name of Preceptor	
Name of Associate Preceptor	
Learning needs identified by Nursing Student (refer to practice placement learning outcomes) To be completed by Nursing student	
Learning plan agreed with Preceptor/Associate Preceptor for practice placement (in accordance with the practice placement learning outcomes) To be completed by preceptor/associate preceptor	
Orientation to practice placement date	Date:
Nursing Student signature	Date:
Preceptor/Associate Preceptor signature	Date:
Proposed date for mid interview	Date:
Proposed date for final interview	Date:

**NMBI National Competence Assessment Document – YEAR ONE:
Competence Assessment Interviews**

PRACTICE PLACEMENT: MID INTERVIEW

Name of Preceptor			
Name of Associate Preceptor			
Nursing Student's review of progress during practice placement to date (refer to practice placement learning outcomes)			
To be completed by Nursing student			
Preceptor/Associate Preceptor's review of nursing student's progress during practice placement to date (in accordance with the practice placement learning outcomes)			
To be completed by preceptor/associate preceptor			
Nursing Student signature		Date:	
Preceptor/Associate Preceptor signature		Date:	
Does the nursing student require additional learning support to achieve competences?	Yes*	No	
CPC signature (if yes above)		Date:	

*If yes, contact CPC and adhere to local policy and procedures

**NMBI National Competence Assessment Document – YEAR ONE:
Competence Assessment Interviews (Reflection)**

**REFLECTIVE PRACTICE: NURSING STUDENT REFLECTION USING GIBBS MODEL OF
REFLECTION (1988)**

Reflection must relate to situations encountered by the nursing student in this practice placement.

As part of the nursing student's competence assessment, he/she is required to complete ONE piece of reflective writing per practice placement regardless of duration. The purpose of the reflective writing is to demonstrate learning. The reflective writing is to provide one source of evidence relevant to the learning that has been achieved and must be linked to the practice placement learning outcomes in a particular domain. The nursing student should follow the template provided in the national competence assessment document.

The Nursing Student, Preceptor/CPC/Link Academic Staff must ensure that Patient, Person, Service User, or staff are not identified in the reflective writing piece.

Description – What happened?
Feelings – What were you thinking and feeling?
Evaluation – What was good and bad about the experience?

Analysis - What sense can you make of the situation?

Conclusion - What else could you have done?

Action Plan - If it arose again, what would you do?

Nursing Student Signature		Date:	
Preceptor/Associate Preceptor Signature		Date:	

BSc. Nursing Students
Reflection Time Record Sheet

During clinical placements each student is expected to complete **5 hours** of reflective time per week, to augment their learning. This can be spent outside the practice placement area.

This is a record of how the student spent this time.

Note: only one row to be used per week of placement to account for the 5 hours spent on reflective time per week.

Date	Activity Theme/Reflection Topic	Student Signature	Total Hours

**NMBI National Competence Assessment Document – YEAR ONE:
Competence Assessment Interviews**

PRACTICE PLACEMENT: PROGRESS NOTES

Progress notes will be operationalised in each HEI in accordance to local policy

Preceptor/Associate Preceptor/Supervisor can use this space to write any progress notes they may have on nursing students development of competences			
Signature		Date	
Signature		Date	
Signature		Date	
Signature		Date	

NMBI National Competence Assessment Document – YEAR ONE Six Domains of Competence

NMBI have determined that to practise safely and effectively as a Registered Nurse, a nursing student must demonstrate competence in the following Six Domains of Competence:

1. Professional Values and Conduct of the Nurse Competences
2. Nursing Practice and Clinical Decision-Making Competences
3. Knowledge and Cognitive Competences
4. Communication and Interpersonal Competences
5. Management and Team Competences
6. Leadership Potential and Professional Scholarship Competences

Competence is defined as the attainment of knowledge, intellectual capacities, practice skills, integrity and professional and ethical values required for safe, accountable and effective practice as a Registered Nurse. To assist in determining if a nursing student has met the required level of competence, NMBI has detailed performance criteria for each domain and relevant indicators which demonstrate if the performance criteria have been met.

Year 1: This level recognises that the undergraduate nursing student is a **novice** to the world of nursing and requires exposure to and participation in all aspects of practice. It is expected that a Registered Nurse will **directly supervise** the nursing student when participating in the care provided to people in the practice setting across the life continuum. **Direct supervision is defined as the Preceptor being present and working continuously with the undergraduate nursing student while providing delegated nursing care to children/persons/service users.** It is further expected that the nursing student will have a basic understanding of the broad concepts underpinning such care. The undergraduate nursing student may require continuous prompting in the provision of person-centred nursing care and considerable direction in identifying their learning needs.

In Year 1, at the end of each practice placement, nursing students have to achieve all domains and all indicators at exposure and/or participation level.

Novice
The nursing student has no/limited experience and understanding of the clinical situation therefore they are taught about the situation in terms of tasks or skills taking cognisance of the theory taught in the classroom. The nursing student is taught rules to help them apply theory to clinical situations and to perform tasks.
Exposure
The nursing student has the opportunity to observe a situation taking cognisance of the learning objectives of the programme and the practice placement.
Participation
The nursing student becomes a participant rather than an observer with the support of the preceptor where learning opportunities are identified in partnership.

DOMAIN 1: PROFESSIONAL VALUES AND CONDUCT OF THE NURSE

Criteria related to practising safety, compassionately and professionally under direct supervision of a Preceptor/Associate Preceptor/Registered Nurse.

***E - Exposure: The nursing student observes an activity or situation and can discuss the core elements and relates theoretical knowledge**

****P - Participation: The nursing student safely participates under direct supervision and demonstrates knowledge**

1.1 Demonstrates safe, person-centred care		Not Achieved	Achieved	
		Sign/Date	Sign/date E*	Sign/Date P**
a.	Clarifies with Preceptor/Associate Preceptor/Registered Nurse instructions that are not clear			
b.	Applies principles of safe moving and handling			
c.	Adheres to principles of infection control			
d.	Promotes a safe and therapeutic environment for all persons			
e.	Recognises and responds to situations where a person's rights need to be balanced with risk			
f.	Is able to discuss clearly how to recognise and respond to situations of risk to vulnerable people			

1.2 Demonstrates compassion in providing nurse care		Not Achieved	Achieved	
		Sign/Date	Sign/Date E*	Sign/Date P**
a.	Shows respect, kindness, compassion towards the person and their families			
b.	Acts in a professional manner that is inclusive and person centred			
c.	Supports persons experiencing psychological or emotional distress			
d.	Supports persons to maintain their dignity in all nursing, health, life and social care interventions			
e.	Seeks help and guidance from the Registered Nurse when a person's healthcare needs are not being met			

1.3 Demonstrates responsible and professional practice		Not Achieved Sign/Date	Achieved Sign/Date E*	Achieved Sign/Date P**
a.	Works within the level of competence under the guidance and supervision of a Registered Nurse			
b.	Takes responsibility for completing delegated nursing interventions			
c.	Adheres to local policies, procedures and guidelines (PPPG's)			
d.	Adheres to reporting policy in respect of any untoward incidents or near misses			

DOMAIN 2: NURSING PRACTICE AND CLINICAL DECISION MAKING

Criteria related to delivering effective, person-centred nursing care under direct supervision of a Preceptor/Associate Preceptor/Registered Nurse.

2.1 Assesses the person's nursing and health needs		Not Achieved Sign/Date	Achieved Sign/Date E*	Achieved Sign/Date P**
a.	Monitors and records changes in a person's sensory, physical, emotional, psychological, behavioural, social, spiritual life or developmental status			
b.	Gathers information systematically in a person-centred manner			
c.	Documents and reports observations accurately			
d.	Participates in risk assessment with a person under the supervision of Preceptor/Associate Preceptor/RNID			
e.	Participates in assessment or re-assessment of a person's sensory, physical, emotional, psychological, behavioural, social and spiritual life or developmental status			

2.2 Plans and prioritises person-centred nursing care/support		Not Achieved Sign/Date	Achieved Sign/Date E*	Achieved Sign/Date P**
a.	Identifies with Preceptor/Associate Preceptor/Registered Nurse how information gathered is structured using an appropriate framework			
b.	Assists a Registered Nurse to plan an aspect of nursing care/support			
c.	Reviews with Preceptor/Associate Preceptor/Registered Nurse and the person the structure of goals for an individual plan of care			
d.	Identifies with Preceptor/Associate Preceptor/Registered Nurse and the person the individuals actual and potential goals			
e.	Identifies with Preceptor/Associate Preceptor/Registered Nurse and the person interventions to meet an individual's developmental, nursing, health, life or social goal			

2.3 Undertakes nursing interventions		Not Achieved Sign/Date	Sign/Date E**	Achieved Sign/Date P*
a.	Ensures consent of the person prior to undertaking nursing interventions			
b.	Builds relationships with the persons to meet their developmental and health, life and social needs: <ul style="list-style-type: none"> • Demonstrates respect for human rights, autonomy, empowerment, social inclusion and individuality • Builds on a person's personal preferences, strengths and abilities • Promotes independent living to the person's maximum and potential abilities • Provides a supportive presence for the person • Promotes optimum physical health • Provides psychosocial support for optimum mental health/resilience • Promotes physical, emotional and sensory health • Affords protection to vulnerable persons 			
c.	Undertakes an education or training session with the person			
d.	Undertakes a group or social activity with a person			
e.	Maintains the person's dignity, rights and independence when undertaking nursing care			
f.	Records nursing interventions, observations and feedback from the person or carer and inter-professional colleagues accurately and concisely			
g.	Uses clinical equipment safely, showing awareness of limitations and associated hazards in usage and disposal			
h.	Assists the Registered Nurse in the safe administration and management of medicines			
i.	Carries out instructions responsible and timely manner in accordance with local policies, procedures and guidelines			

2.4 Evaluates person-centred nursing care		Not Achieved Sign/Date	Sign/Date E*	Achieved Sign/Date P**
a.	Gathers and records information in accordance with a person's nursing care plan			
b.	Assists the Registered Nurse and the person to review an individual's plan of nursing care in light of observations and feedback from the person and health care team			
c.	Assists the Registered Nurse and the individual to review and revise as necessary the planned outcomes or interventions of a person's plan of nursing care			
d.	Assists the Registered Nurse to carry out a re-assessment of a person's nursing and healthcare needs			

2.5 Utilises clinical judgment		Not Achieved	Sign/Date E*	Achieved Sign/Date P**
a.	Recognises and reports if a person appears to be at risk			
b.	Recognises and reports if a person's physical, psychological, emotional or social status has changed			
c.	Is able to discuss clearly how to act in an emergency and in administering essential life-saving interventions			

DOMAIN 3: NURSING KNOWLEDGE AND COGNITIVE COMPETENCE

Criteria related to application of knowledge and understanding of the health continuum and of principles from health and life sciences underpinning practice under the direct supervision of a Preceptor/Associate Preceptor/Registered Nurse.

3.1 Practises from a competent knowledge base		Not Achieved Sign/Date	Achieved Sign/Date E*	Achieved Sign/Date P**
a.	Applies knowledge of the philosophical underpinnings to intellectual disability nursing to everyday practice			
b.	Applies knowledge from the health and life sciences to the nursing care needs of a person in the practice setting			
c.	Is able to discuss clearly how medication calculations and management are carried out safely			

3.2 Uses critical thinking and reflection to inform practice		Not Achieved Sign/Date	Achieved Sign/Date E*	Achieved Sign/Date P**
a.	Sources information relevant to an evidence-based nursing intervention			
b.	Applies knowledge of local policies, procedures and guidelines to an aspect of nursing intervention encountered in the practice setting			

DOMAIN 4: COMMUNICATION AND INTERPERSONAL COMPETENCE

Criteria related to effective communication and empathic interpersonal skills under the direct supervision of a Preceptor/Associate Preceptor/Registered Nurse.

4.1 Communicates in a person-centred manner		Not Achieved Sign/Date	Achieved Sign/Date E*	Achieved Sign/Date P**
a.	Demonstrates ability to listen to and observe verbal and non-verbal body language, seeking clarification where necessary.			
b.	Demonstrates respect for a person's rights and choices			
c.	Collaborates with the person as an active partner in nursing intervention			
d.	Responds empathetically to the person's expressive language			
e.	Uses assistive/augmentative/alternative systems to support communication			
f.	Challenges negative stereotypes, beliefs and stigma			
g.	Demonstrates awareness of power imbalances between a person and significant others e.g. professionals, families etc.			
4.2 Communicates accurately with the multi-professional, multi-agency team		Not Achieved Sign/Date	Achieved Sign/Date E*	Achieved Sign/Date P**
a.	Communicates clearly with other team members			
b.	Demonstrates safe and effective communication skills in oral, written and electronic modes			
c.	Demonstrates accurate reporting, recording and documents clinical observations			
d.	Ensures that confidential information is maintained securely in accordance with local, national and professional guidelines & policies			

DOMAIN 5: NURSING MANAGEMENT AND TEAM COMPETENCE

Criteria related to application of management and team working competence under the direct supervision of a Preceptor/Associate Preceptor/Registered Nurse

5.1 Practises in a collaborative manner		Not Achieved Sign/Date	Achieved Sign/Date E*	Achieved Sign/Date P**
a.	Collaborates with the person, family, and members of the multi professional, multi-agency team in a manner that values their roles and responsibilities			
b.	Develops a professional relationship by working in partnership with the person, family, and members of the multi-professional and multi-agency team			

5.2 Manages team, others and self safely		Not Achieved Sign/Date	Achieved Sign/Date E*	Achieved Sign/Date P**
a.	Recognises and responds appropriately to situations that challenge self			
b.	Recognises, reports and responds appropriately to a change or deterioration in the person's sensory, physical or emotional state or behaviour			
c.	Recognises actual and potential risks and hazards whilst undertaking therapeutic or clinical interventions and escalates these to the Registered Nurse			

DOMAIN 6: LEADERSHIP POTENTIAL AND PROFESSIONAL SCHOLARSHIP COMPETENCES

Criteria related to effective leadership potential and self-awareness under the direct supervision of a preceptor/Associate Preceptor/Registered Nurse.

6.1 Develop leadership potential		Not Achieved Sign/Date	Sign/Date E*	Achieved p**
a.	Demonstrate the constructive use of feedback appraisal on the development of self-awareness and competence as a nurse			

6.2 Develop professional scholarship		Not Achieved Sign/Date	Sign/Date E*	Achieved p**
a.	Communicate an example of self-directed learning used to enhance professional performance in practice			
b.	Communicate with the multidisciplinary team regarding to the plan of nursing care intervention			
c.	Identify the use of relevant opportunities for learning in the practice setting			

**NMBI National Competence Assessment Document – YEAR ONE:
Competence Assessment Interviews**

PRACTICE PLACEMENT: FINAL INTERVIEW

Name of Preceptor	
Name of Associate Preceptor	
Nursing student's review of progress during practice placement (refer to original practice placement learning outcomes and nursing student self-evaluation of learning) To be completed by Nursing student	
Preceptor/Associate Preceptor's review of nursing student's progress during practice placement (refer to original practice placement learning outcomes) To be completed by preceptor/associate preceptor	

Competence achieved			
Yes		No*	
Preceptor Signature			
Nursing Student Signature			
Date			

**NMBI National Competence Assessment Document – YEAR ONE:
Competence Assessment Interviews**

***If no, please indicate the domains and indicators which were not achieved.
Contact the CPC in line with local policies and procedures.**

Preceptor Signature		Date	
CPC Signature		Date	

Additional Supportive Interview

Student's view of his/her progress	
Preceptor's concern about student's progress	
Decisions reached	
Student signature	Date
Preceptor signature	Date
Review Date:	
Comment:	
Student signature	Date
Preceptor signature	Date

SUPPORTIVE LEARNING PLAN FOR PRACTICE PLACEMENT

Student Name: _____ **Intake Year:** _____

I.D Number: _____

Practice Placement Area: _____

Practice Placement Dates: From _____ **To** _____

Preceptor/Associate Preceptor Name & Grade:

Date _____ **Time** _____

List all persons present:

Description of specific concern/s as described by Student and Preceptor
(Link specific concerns with the Domains).

Agreed Goals

(Suggested and recommended methods to facilitate achievement of Domains)

Continue on next page

Student Signature: _____

Preceptor/Associate Preceptor Signature: _____

Link Lecturer Signature: _____

CPC/CDC Signature: _____

Review Date Agreed: _____

Date of Review Meeting: _____

Evaluation of agreed goals in the event of an open SLP

Student Signature: _____

Preceptor/Associate Preceptor Signature: _____

Link Lecturer: _____

CPC/CDC Signature: _____

Review Date Agreed: _____

Date of Review Meeting: _____

Evaluation of agreed goals in the event of an open SLP

[Empty rectangular box for evaluation content]

Student Signature _____

Preceptor/Associate Preceptor Signature _____

Link Lecturer Signature _____

CPC/CDC Signature _____

Review Date Agreed _____

**Intellectual Disability
Practice Placement Year One
(Long Placement)**

**NMBI National Competence Assessment Document – YEAR ONE:
Practice Placement Details
PRACTICE PLACEMENT**

Name of Practice Placement	
Number of Weeks in this Practice Placement	
Type of Practice Placement (health and Social Development of the Child, Specialist)	
Name of Health Service Provider	
Phone number of Placement	
Name of CNM	
Name of Preceptor	
Name of Associate Preceptor	
Name of CPC	

**NMBI National Competence Assessment Document – YEAR ONE:
Self-Evaluation**

**PRACTICE PLACEMENT: SELF-EVALUATION OF LEARNING NEEDS AND
EXPECTATIONS**

To be completed by the Nursing Student prior to practice placement, incorporating theory and clinical skills learning to date.

Learning plan agreed with Preceptor/Associate Preceptor for practice placement (in accordance with the practice placement learning outcomes).

The previous applicable experiences that I bring with me to this practice placement are...

The learning outcomes and opportunities that I hope to achieve during this practice placement are...

Any concerns that I have about this practice placement are...

The relevant theoretical and practical learning that I bring to this practice placement are...

**NMBI National Competence Assessment Document – YEAR ONE:
Competence Assessment Interviews**

PRACTICE PLACEMENT: PRELIMINARY INTERVIEW

To be completed within the first two days

Name of Preceptor	
Name of Associate Preceptor	
Learning needs identified by Nursing Student (refer to practice placement learning outcomes) To be completed by Nursing student	
Learning plan agreed with Preceptor/Associate Preceptor for practice placement (in accordance with the practice placement learning outcomes) To be completed by preceptor/associate preceptor	
Orientation to practice placement date	Date:
Nursing Student signature	Date:
Preceptor/Associate Preceptor signature	Date:
Proposed date for mid interview	Date:
Proposed date for final interview	Date:

**NMBI National Competence Assessment Document – YEAR ONE:
Competence Assessment Interviews**

PRACTICE PLACEMENT: MID INTERVIEW

Name of Preceptor			
Name of Associate Preceptor			
Nursing Student's review of progress during practice placement to date (refer to practice placement learning outcomes)			
To be completed by Nursing student			
Preceptor/Associate Preceptor's review of nursing student's progress during practice placement to date (in accordance with the practice placement learning outcomes)			
To be completed by preceptor/associate preceptor			
Nursing Student signature		Date:	
Preceptor/Associate Preceptor signature		Date:	
Does the nursing student require additional learning support to achieve competences?	Yes*	No	
CPC signature (if yes above)		Date:	

*If yes, contact CPC and adhere to local policy and procedures

**NMBI National Competence Assessment Document – YEAR ONE:
Competence Assessment Interviews (Reflection)**

**REFLECTIVE PRACTICE: NURSING STUDENT REFLECTION USING GIBBS MODEL OF
REFLECTION (1988)**

Reflection must relate to situations encountered by the nursing student in this practice placement.

As part of the nursing student's competence assessment, he/she is required to complete ONE piece of reflective writing per practice placement regardless of duration. The purpose of the reflective writing is to demonstrate learning. The reflective writing is to provide one source of evidence relevant to the learning that has been achieved and must be linked to the practice placement learning outcomes in a particular domain. The nursing student should follow the template provided in the national competence assessment document.

The Nursing Student, Preceptor/CPC/Link Academic Staff must ensure that Patient, Person, Service User, or staff are not identified in the reflective writing piece.

Description – What happened?
Feelings – What were you thinking and feeling?
Evaluation – What was good and bad about the experience?

Analysis - What sense can you make of the situation?

Conclusion - What else could you have done?

Action Plan - If it arose again, what would you do?

Nursing Student Signature		Date:	
Preceptor/Associate Preceptor Signature		Date:	

BSc. Nursing Students
Reflection Time Record Sheet

During clinical placements each student is expected to complete **5 hours** of reflective time per week, to augment their learning. This can be spent outside the practice placement area.

This is a record of how the student spent this time.

Note: only one row to be used per week of placement to account for the 5 hours spent on reflective time per week.

Date	Activity Theme/Reflection Topic	Student Signature	Total Hours

**NMBI National Competence Assessment Document – YEAR ONE:
Competence Assessment Interviews**

PRACTICE PLACEMENT: PROGRESS NOTES

Progress notes will be operationalised in each HEI in accordance to local policy

Preceptor/Associate Preceptor/Supervisor can use this space to write any progress notes they may have on nursing students development of competences			
Signature		Date	
Signature		Date	
Signature		Date	
Signature		Date	

NMBI National Competence Assessment Document – YEAR ONE Six Domains of Competence

NMBI have determined that to practise safely and effectively as a Registered Nurse, a nursing student must demonstrate competence in the following Six Domains of Competence:

1. Professional Values and Conduct of the Nurse Competences
2. Nursing Practice and Clinical Decision-Making Competences
3. Knowledge and Cognitive Competences
4. Communication and Interpersonal Competences
5. Management and Team Competences
6. Leadership Potential and Professional Scholarship Competences

Competence is defined as the attainment of knowledge, intellectual capacities, practice skills, integrity and professional and ethical values required for safe, accountable and effective practice as a Registered Nurse. To assist in determining if a nursing student has met the required level of competence, NMBI has detailed performance criteria for each domain and relevant indicators which demonstrate if the performance criteria have been met.

Year 1: This level recognises that the undergraduate nursing student is a **novice** to the world of nursing and requires exposure to and participation in all aspects of practice. It is expected that a Registered Nurse will **directly supervise** the nursing student when participating in the care provided to people in the practice setting across the life continuum. **Direct supervision is defined as the Preceptor being present and working continuously with the undergraduate nursing student while providing delegated nursing care to children/persons/service users.** It is further expected that the nursing student will have a basic understanding of the broad concepts underpinning such care. The undergraduate nursing student may require continuous prompting in the provision of person-centred nursing care and considerable direction in identifying their learning needs.

In Year 1, at the end of each practice placement, nursing students have to achieve all domains and all indicators at exposure and/or participation level.

Novice
The nursing student has no/limited experience and understanding of the clinical situation therefore they are taught about the situation in terms of tasks or skills taking cognisance of the theory taught in the classroom. The nursing student is taught rules to help them apply theory to clinical situations and to perform tasks.

Exposure
The nursing student has the opportunity to observe a situation taking cognisance of the learning objectives of the programme and the practice placement.
Participation
The nursing student becomes a participant rather than an observer with the support of the preceptor where learning opportunities are identified in partnership.

DOMAIN 1: PROFESSIONAL VALUES AND CONDUCT OF THE NURSE

Criteria related to practising safety, compassionately and professionally under direct supervision of a Preceptor/Associate Preceptor/Registered Nurse.

***E - Exposure: The nursing student observes an activity or situation and can discuss the core elements and relates theoretical knowledge**

****P - Participation: The nursing student safely participates under direct supervision and demonstrates knowledge**

1.1 Demonstrates safe, person-centred care		Not Achieved	Achieved	
		Sign/Date	Sign/date E*	Sign/Date P**
a.	Clarifies with Preceptor/Associate Preceptor/Registered Nurse instructions that are not clear			
b.	Applies principles of safe moving and handling			
c.	Adheres to principles of infection control			
d.	Promotes a safe and therapeutic environment for all persons			
e.	Recognises and responds to situations where a person's rights need to be balanced with risk			
f.	Is able to discuss clearly how to recognise and respond to situations of risk to vulnerable people			

1.2 Demonstrates compassion in providing nurse care		Not Achieved	Achieved	
		Sign/Date	Sign/Date E*	Sign/Date P**
a.	Shows respect, kindness, compassion towards the person and their families			
b.	Acts in a professional manner that is inclusive and person centred			
c.	Supports persons experiencing psychological or emotional distress			
d.	Supports persons to maintain their dignity in all nursing, health, life and social care interventions			
e.	Seeks help and guidance from the Registered Nurse when a person's healthcare needs are not being met			

1.3 Demonstrates responsible and professional practice		Not Achieved Sign/Date	Achieved Sign/Date E*	Achieved Sign/Date P**
a.	Works within the level of competence under the guidance and supervision of a Registered Nurse			
b.	Takes responsibility for completing delegated nursing interventions			
c.	Adheres to local policies, procedures and guidelines (PPPG's)			
d.	Adheres to reporting policy in respect of any untoward incidents or near misses			

DOMAIN 2: NURSING PRACTICE AND CLINICAL DECISION MAKING

Criteria related to delivering effective, person-centred nursing care under direct supervision of a Preceptor/Associate Preceptor/Registered Nurse.

2.1 Assesses the person's nursing and health needs		Not Achieved Sign/Date	Achieved Sign/Date E*	Achieved Sign/Date P**
a.	Monitors and records changes in a person's sensory, physical, emotional, psychological, behavioural, social, spiritual life or developmental status			
b.	Gathers information systematically in a person-centred manner			
c.	Documents and reports observations accurately			
d.	Participates in risk assessment with a person under the supervision of Preceptor/Associate Preceptor/RNID			
e.	Participates in assessment or re-assessment of a person's sensory, physical, emotional, psychological, behavioural, social and spiritual life or developmental status			

2.2 Plans and prioritises person-centred nursing care/support		Not Achieved Sign/Date	Achieved Sign/Date E*	Achieved Sign/Date P**
a.	Identifies with Preceptor/Associate Preceptor/Registered Nurse how information gathered is structured using an appropriate framework			
b.	Assists a Registered Nurse to plan an aspect of nursing care/support			
c.	Reviews with Preceptor/Associate Preceptor/Registered Nurse and the person the structure of goals for an individual plan of care			
d.	Identifies with Preceptor/Associate Preceptor/Registered Nurse and the person the individuals actual and potential goals			
e.	Identifies with Preceptor/Associate Preceptor/Registered Nurse and the person interventions to meet an individual's developmental, nursing, health, life or social goal			

2.3 Undertakes nursing interventions		Not Achieved Sign/Date	Achieved Sign/Date E**	Achieved Sign/Date P*
a.	Ensures consent of the person prior to undertaking nursing interventions			
b.	Builds relationships with the persons to meet their developmental and health, life and social needs: <ul style="list-style-type: none"> • Demonstrates respect for human rights, autonomy, empowerment, social inclusion and individuality • Builds on a person's personal preferences, strengths and abilities • Promotes independent living to the person's maximum and potential abilities • Provides a supportive presence for the person • Promotes optimum physical health • Provides psychosocial support for optimum mental health/resilience • Promotes physical, emotional and sensory health • Affords protection to vulnerable persons 			
c.	Undertakes an education or training session with the person			
d.	Undertakes a group or social activity with a person			
e.	Maintains the person's dignity, rights and independence when undertaking nursing care			
f.	Records nursing interventions, observations and feedback from the person or carer and inter-professional colleagues accurately and concisely			
g.	Uses clinical equipment safely, showing awareness of limitations and associated hazards in usage and disposal			
h.	Assists the Registered Nurse in the safe administration and management of medicines			
i.	Carries out instructions responsible and timely manner in accordance with local policies, procedures and guidelines			

2.4 Evaluates person-centred nursing care		Not Achieved Sign/Date	Achieved Sign/Date E*	Achieved Sign/Date P**
a.	Gathers and records information in accordance with a person's nursing care plan			
b.	Assists the Registered Nurse and the person to review an individual's plan of nursing care in light of observations and feedback from the person and health care team			
c.	Assists the Registered Nurse and the individual to review and revise as necessary the planned outcomes or interventions of a person's plan of nursing care			
d.	Assists the Registered Nurse to carry out a re-assessment of a person's nursing and healthcare needs			

2.5 Utilises clinical judgment		Not Achieved	Sign/Date E*	Achieved Sign/Date P**
a.	Recognises and reports if a person appears to be at risk			
b.	Recognises and reports if a person's physical, psychological, emotional or social status has changed			
c.	Is able to discuss clearly how to act in an emergency and in administering essential life-saving interventions			

DOMAIN 3: NURSING KNOWLEDGE AND COGNITIVE COMPETENCE

Criteria related to application of knowledge and understanding of the health continuum and of principles from health and life sciences underpinning practice under the direct supervision of a Preceptor/Associate Preceptor/Registered Nurse.

3.1 Practises from a competent knowledge base		Not Achieved Sign/Date	Achieved Sign/Date E*	Achieved Sign/Date P**
a.	Applies knowledge of the philosophical underpinnings to intellectual disability nursing to everyday practice			
b.	Applies knowledge from the health and life sciences to the nursing care needs of a person in the practice setting			
c.	Is able to discuss clearly how medication calculations and management are carried out safely			

3.2 Uses critical thinking and reflection to inform practice		Not Achieved Sign/Date	Achieved Sign/Date E*	Achieved Sign/Date P**
a.	Sources information relevant to an evidence-based nursing intervention			
b.	Applies knowledge of local policies, procedures and guidelines to an aspect of nursing intervention encountered in the practice setting			

DOMAIN 4: COMMUNICATION AND INTERPERSONAL COMPETENCE

Criteria related to effective communication and empathic interpersonal skills under the direct supervision of a Preceptor/Associate Preceptor/Registered Nurse.

4.1 Communicates in a person-centred manner		Not Achieved Sign/Date	Achieved Sign/Date E*	Achieved Sign/Date P**
a.	Demonstrates ability to listen to and observe verbal and non-verbal body language, seeking clarification where necessary.			
b.	Demonstrates respect for a person's rights and choices			
c.	Collaborates with the person as an active partner in nursing intervention			
d.	Responds empathetically to the person's expressive language			
e.	Uses assistive/augmentative/alternative systems to support communication			
f.	Challenges negative stereotypes, beliefs and stigma			
g.	Demonstrates awareness of power imbalances between a person and significant others e.g. professionals, families etc.			
4.2 Communicates accurately with the multi-professional, multi-agency team		Not Achieved Sign/Date	Achieved Sign/Date E*	Achieved Sign/Date P**
a.	Communicates clearly with other team members			
b.	Demonstrates safe and effective communication skills in oral, written and electronic modes			
c.	Demonstrates accurate reporting, recording and documents clinical observations			
d.	Ensures that confidential information is maintained securely in accordance with local, national and professional guidelines & policies			

DOMAIN 5: NURSING MANAGEMENT AND TEAM COMPETENCE

Criteria related to application of management and team working competence under the direct supervision of a Preceptor/Associate Preceptor/Registered Nurse

5.1 Practises in a collaborative manner		Not Achieved Sign/Date	Achieved Sign/Date E*	Achieved Sign/Date P**
a.	Collaborates with the person, family, and members of the multi professional, multi-agency team in a manner that values their roles and responsibilities			
b.	Develops a professional relationship by working in partnership with the person, family, and members of the multi-professional and multi-agency team			

5.2 Manages team, others and self safely		Not Achieved Sign/Date	Achieved Sign/Date E*	Achieved Sign/Date P**
a.	Recognises and responds appropriately to situations that challenge self			
b.	Recognises, reports and responds appropriately to a change or deterioration in the person's sensory, physical or emotional state or behaviour			
c.	Recognises actual and potential risks and hazards whilst undertaking therapeutic or clinical interventions and escalates these to the Registered Nurse			

DOMAIN 6: LEADERSHIP POTENTIAL AND PROFESSIONAL SCHOLARSHIP COMPETENCES

Criteria related to effective leadership potential and self-awareness under the direct supervision of a preceptor/Associate Preceptor/Registered Nurse.

6.1 Develop leadership potential		Not Achieved Sign/Date	Sign/Date E*	Achieved p**
a.	Demonstrate the constructive use of feedback appraisal on the development of self-awareness and competence as a nurse			

6.2 Develop professional scholarship		Not Achieved Sign/Date	Sign/Date E*	Achieved p**
a.	Communicate an example of self-directed learning used to enhance professional performance in practice			
b.	Communicate with the multidisciplinary team regarding to the plan of nursing care intervention			
c.	Identify the use of relevant opportunities for learning in the practice setting			

**NMBI National Competence Assessment Document – YEAR ONE:
Competence Assessment Interviews**

PRACTICE PLACEMENT: FINAL INTERVIEW

Name of Preceptor	
Name of Associate Preceptor	
Nursing student's review of progress during practice placement (refer to original practice placement learning outcomes and nursing student self-evaluation of learning)	
To be completed by Nursing student	
Preceptor/Associate Preceptor's review of nursing student's progress during practice placement (refer to original practice placement learning outcomes)	
To be completed by preceptor/associate preceptor	

Competence achieved			
Yes		No*	
Preceptor Signature			
Nursing Student Signature			
Date			

**NMBI National Competence Assessment Document – YEAR ONE:
Competence Assessment Interviews**

***If no, please indicate the domains and indicators which were not achieved.
Contact the CPC in line with local policies and procedures.**

Preceptor Signature		Date	
CPC Signature		Date	

Additional Supportive Interview

Student's view of his/her progress	
Preceptor's concern about student's progress	
Decisions reached	
Student signature	Date
Preceptor signature	Date
Review Date:	
Comment:	
Student signature	Date
Preceptor signature	Date

SUPPORTIVE LEARNING PLAN FOR PRACTICE PLACEMENT

Student Name: _____ **Intake Year:** _____

I.D Number: _____

Practice Placement Area: _____

Practice Placement Dates: From _____ **To** _____

Preceptor/Associate Preceptor Name & Grade:

Date _____ **Time** _____

List all persons present:

Description of specific concern/s as described by Student and Preceptor
(Link specific concerns with the Domains).

Agreed Goals

(Suggested and recommended methods to facilitate achievement of Domains)

Continue on next page

Student Signature: _____

Preceptor/Associate Preceptor Signature: _____

Link Lecturer Signature: _____

CPC/CDC Signature: _____

Review Date Agreed: _____

Date of Review Meeting: _____

Evaluation of agreed goals in the event of an open SLP

Student Signature: _____

Preceptor/Associate Preceptor Signature: _____

Link Lecturer: _____

CPC/CDC Signature: _____

Review Date Agreed: _____

Date of Review Meeting: _____

Evaluation of agreed goals in the event of an open SLP

[Empty rectangular box for evaluation content]

Student Signature _____

Preceptor/Associate Preceptor Signature _____

Link Lecturer Signature _____

CPC/CDC Signature _____

Review Date Agreed _____

Supportive Learning Mechanisms

1. ADDITIONAL SUPPORT

Every effort is made to support and guide a student in achieving their Domains, however, some students may require additional support. The need for additional support does not mean that a student will not achieve or is more likely not to achieve their clinical requirements but quite the contrary, in that, the earlier a preceptor/associate preceptor or indeed the student themselves may see that more support is needed in a specific area then the more likely they are to achieve their clinical requirements. Furthermore, the earlier this is addressed by either party also the more time there is to set out specific objectives to support a student with achieving their identified requirements. Additional support is provided by way of an Additional Supportive Interview or a Supportive Learning Plan.

2. ADDITIONAL SUPPORTIVE INTERVIEW

The Additional Supportive Interview section should (where possible), be implemented prior to the initiation of a Supportive Learning Plan (SLP). This can be done at any time e.g. before, during, or after the mid interview or at any time in a practice placement. The Additional Supportive Interview page is located in the student's CAD in the Student Interviews section. See page for specific requirements to complete.

Process for conducting an Additional Supportive Interview

The Preceptor/Associate preceptor/CPC and/or other relevant personnel request a meeting with the student as soon as possible to address this concern. Depending on the nature of the concern the Link Lecturer (LL) may also attend. The purpose of this meeting is to:

Ascertain the student's view of their practice and progress

Highlight to the student by giving specific examples of the concerns which the Preceptor/CPC and/or relevant personnel have in relation to their Domains, professional nursing practice/other.

Give constructive feedback and direction by giving 2 - 3 specific guidelines to the student on what they need to do or work on to address the identified issue(s) or concern(s).

Specify a date to review the learning/practice/concern with the student/Preceptor/other

The nature of the concern, feedback and direction given with review date of next meeting or other outcome of meeting must be documented in the Additional **Supportive** Interview Section.

It is essential that the Preceptor/Associate Preceptor/CPC or other member of staff document any concerns in the student's clinical booklet in an objective and factual manner, providing examples from student's practice.

The student should be provided with a reasonable timeframe (pending length of placement) to address performance/learning issues identified (two days to one week where possible). This record, including “decisions reached” must be signed and dated by both the student and preceptor. If after this time the original concern(s) remain, a Supportive Learning Plan (SLP) or other mechanism¹⁰ may be introduced in advance of their final interview.

If an Additional Supportive Interview remains open at the end of a clinical placement then this (Additional Supportive Interview) is carried forward to the student’s next clinical placement area. The student, on commencing their next placement must inform his/her Preceptor/CPC/CNM/CMM, if an issue raised in the Additional Supportive Interview is still ongoing. The student must then be assessed and evaluated during the 1st week of placement in relation to issues/actions identified in the Additional Supportive Interview. A decision is then made to either close the Additional Supportive Interview or to progress to opening a Supportive Learning Plan (SLP).

At this meeting (Additional Supportive Interview) however, depending on the nature of the concern and following some discussion, there is a possibility that the need for an SLP or other mechanism may be suggested to the student to assist with their practice/learning issues or to address professional matters. The LL, if not present at the Additional Supportive interview must be informed by the CPC that an Additional Supportive interview has occurred. If an SLP/other mechanism is suggested, then the LL and Practice Module Leader/Programme Leader are informed of the need to arrange a meeting as appropriate.

N/B: [In exceptional circumstances however, and pending nature of event, an SLP/other mechanism may need to be introduced immediately without an Additional Supportive Interview e.g. student performing outside their scope of practice and/or patient/service-user safety concerns].

The Clinical Placement Co-ordinator (CPC) / Link Lecturer (LL) will inform CPC/LL for next placement as appropriate.

¹⁰ Other mechanism for example may include disciplinary procedures, fitness to practice, occupational health etc.

3. SUPPORTIVE LEARNING PLAN

NB – See section on “Additional Support” and “Additional Supportive Interview” above prior to initiating a Supportive Learning Plan.

Definition

A Supportive Learning Plan (SLP) is a structured process to provide additional support to a student in the achievement of agreed clinical learning requirements during a practice placement. The process is a supportive mechanism undertaken by UCC and respective HSP personnel. All personnel involved will demonstrate respect for the dignity of the student and their colleagues, and will maintain confidentiality at all times during the process.

Indicators for a Supporting Learning Plan

The need for a SLP may reflect:

When a student has not achieved requirements using the Additional Supportive Interview section

A requirement for additional support for a student in order to achieve agreed clinical learning requirements at the required rate with respect to the BSc programme and reasonable for that clinical area.

Explicit loss of a student’s earlier level of achievement

The student’s own wishes for additional support because they are not achieving clinical learning requirements relative to their identified learning needs

Where a student could benefit from support in relation to professional behaviour (for example, interpersonal relationships)

Support for a student to practice within their agreed/signed Practice Placement Agreement.

Please note: Placement duration should have no bearing on the need to initiate an SLP.

Timing of Opening an SLP

In the absence of exceptional circumstances, an SLP must **not** be initiated on last day of placement. A Supportive Learning Plan (SLP) can only be initiated during allocated clinical placement time and SLP meetings can only take place during allocated clinical placement time. A student must not be called out of theory (study leave or any other leave) for an SLP meeting.

Setting up a Supportive Learning Plan Meeting

The Preceptor must liaise with the Clinical Placement Co-ordinator (CPC)¹¹ who will contact the area specific Link Lecturer (LL) regarding the need to initiate an SLP. The CPC¹² must liaise with the LL to arrange a meeting of the relevant personnel, consisting of a minimum of four and a maximum of five people. This must include the student, preceptor, LL, CPC and/or the CNM/CMM. The

¹¹Where CPCs are not in place, the preceptor must liaise with the Clinical Development Coordinator or LL.

¹² If no CPC linked to a clinical area the LL arranges the SLP meeting of the relevant personnel, consisting of a minimum of three and a maximum of five persons and must include student, preceptor, LL and a CNM/CMM where possible.

CPC/LL, in advance of the meeting will provide the student and other personnel with the details of the meeting (the process, purpose, date, time, venue and persons to be present).

In the event of the unavailability of a LL for a specific clinical area (ideally the LL should arrange their own cover for SLP meetings), and to avoid an unnecessary delay in the scheduling of an SLP meeting, the CPC or LL are required to inform the Practice Module Leader, Programme Leader if LL (or cover) is unavailable. The Practice Module Leader/Programme Leader will then take responsibility for allocating a replacement LL to attend SLP meeting.

The Process of Conducting and Documenting the SLP Meeting

INITIAL MEETING

The CPC/LL or CNM/CMM will chair the meeting and the LL or CPC will record the process that includes the student's specific learning requirements. All parties, or their representatives, must be present at all meetings relating to the SLP.

First, the student is invited to give a view of his/her progress.

Secondly, the preceptor is asked to comment on the following: (using specific examples/incidents)

why he/she considers it necessary to implement an SLP

identify the student's clinical learning requirements needing attention (See indicators for SLP above).

The student is given the opportunity to respond to the preceptor's comments/concerns.

Thirdly, any other evidence that supports the preceptor's concerns in relation to the student can then be presented e.g. from a CPC/CNM/CMM or LL where relevant. The student is given the opportunity again to respond.

Fourthly, the steps the student needs to take towards achieving their learning requirements must be clearly identified and documented as *Agreed Goals*. The *Agreed Goals* must reflect the associated Domains, and outcomes and indicators specified in the Competency Assessment Document¹³.

The SLP should also identify methods of achieving the *Agreed Goals*. For example, provide a maximum of **three measurable outcomes** (measured by observation, problem-solving exercises, regular communication or other evaluation methods), using active verb statements (e.g. report, plan, document, demonstrate, communicate etc.) to give the student specific direction of how to achieve their clinical learning.

Finally, a reasonable review date must be agreed and set to provide the student with an opportunity to discuss/demonstrate progress by that date or for further supports to be put in place. The SLP must be signed and dated by both the Preceptor, student and all others present at the meeting.

The Link lecturer informs the Practice Placement Module Leader, Programme Leader and Director of Practice Education of the implementation of an SLP. The Link lecturer must place a copy of the SLP in the student's file in G03, School of Nursing & Midwifery, UCC. The original copy must remain in the student's CAD.

¹³ Students can also work to achieve clinical learning outside of identified learning within the SLP during their Clinical Placement if deemed appropriate

REVIEW MEETING

At the review meeting, the CPC/CNM/CMM or LL will either chair the meeting or record the process. Similar to the Initial meeting (as outlined above) the student is asked to comment on his/her progress. Then the preceptor responds to the student's comments. Others present at meeting may comment on the student's progress where relevant. A judgment will be made by the preceptor following discussion (at the meeting) with all parties present whether to continue or close the SLP on the basis of progress made by the student. The section "*Review of student's progress and further recommendations*" in the CAD is intended for use at the review meeting.

The SLP review meeting record must be signed and dated by the preceptor, student and all others present at the meeting. The LL informs the Practice Placement Module Leader, Programme Leader and Director of Practice Education of the outcome of the SLP review meeting. The LL must place a copy of the SLP review meeting in the student's file in G03, SONM, UCC. The original copy must remain in the student's CAD.

The Process of Notification

Student Responsibilities. The student must:

On commencing their next placement, inform his/her preceptor/CPC¹⁴ either verbally or via e-mail that they are carrying an **OPEN SLP** forward from a previous placement **or** previous academic year.

The Clinical Placement Coordinator (CPC) Responsibilities. The CPC must:

Inform the Nurse/Midwife Practice Development Coordinator if a student has an **open** SLP.

Inform the CPC/CDC for the next practice placement of the **open** SLP¹⁵.

Liaise with the student at the commencement of the next clinical placement.

The Link Lecturer (LL) Responsibilities. The LL must:

Inform the Practice Module Leader, Programme Leader, Director of Practice Education and LL in the student's next placement of a student having an **open** SLP.

Liaise with the external hospital sites, in relation to a student going to or leaving a placement with an **open** SLP.

The Programme Leader/Practice Module Leader in consultation with the Allocations Officer (AO), Allocations Liaison Officer (ALO) may consider the suitability of the next placement in order for the student to achieve the learning requirements outlined in the SLP. This is in context of a general or specialist placement. Whilst some re-organisation may be achievable for years one, two or three of the BSc programme however, students must complete the entire 18 weeks of their specialist placements prior to internship placements in year four as stated by ABA, 2005)

"All theory, supernumerary core placements and the specialist placements must be completed prior to students undertaking the final placement of 36 weeks internship which consolidates the completed theoretical learning and supports the achievement of clinical competence within the learning environment" (ABA, 2005, p.20).

Therefore, SLPs may be carried over to specialist placements.

Process for Carrying an Open SLP to the Next Academic Year

Students are required to meet the pass and progression requirements for the respective years. However, if an SLP is initiated during an academic year and remains open at the end of that year, then on commencement of their next clinical placement for the next academic year, a meeting must be held to review the **open SLP**. Follow guidelines for review meeting and student responsibilities outlined above.

¹⁴Where CPCs are not in place, the student must liaise with the Clinical Development Coordinator or LL.

¹⁵ BSc Integrated Children's programme only: Child and Adult specific learning requirements must be achieved in the relative disciplines whereas shared can be achieved in either child or adult placements. These principals remain relevant during the SLP process.

Student Refusal to Engage with the SLP process

The SLP is initiated with the agreement of the student. If a student refuses an SLP, the CPC must arrange a meeting with the student, preceptor, CPC and LL to discuss the matter. This can be done at mid interview or as an additional interview. Here the student's reasons for refusing an SLP must be documented as well as advice given and signed by all present. The student is made aware of the implications of this i.e. they may not achieve Pass and Progression requirements for their clinical module.

If a student refuses to engage with the SLP processes and/or refuses to sign the SLP, in the interest of patient/client safety the student will be notified by the CPC/LL that this refusal to engage with the SLP process may be in breach of the Practice Placement Agreement for example

"I confirm that I shall endeavour to recognise my own limitations and shall seek help/support when my level of experience is inadequate to handle a situation (whether on my own or with others), or when I or others perceive that my level of experience may be inadequate to handle a situation".

"I shall conduct myself in a professional and responsible manner in all my actions and communications (verbal, written and electronic including text, email or social communication media).

The student is advised that this may have implications for their pass and progression to the next academic year.

The student will also be notified by the CPC/LL that they may be removed from placement as deemed appropriate¹⁶. In the event of a student refusing to engage with the SLP processes and / or refusing to sign the SLP, the LL/CPC (if applicable) must organise a meeting to review this situation within a maximum timeframe of 2 weeks with the relevant personnel in the Health Service Provider & School of Nursing & Midwifery, UCC. This meeting **must** include the student, CPC, Nurse/Midwife Practice Development Co-ordinator (N/MPDC), Programme Leader and Director of Undergraduate Practice Education.

Student with Continuous or high volume of SLP's

If a student has continuous open SLP's or has a high number of SLPs within an academic year the LL/CPC (if applicable) must organise a meeting to review this situation prior to completion of the student's clinical placement for that academic year. A review meeting with the relevant personnel in the HSP and SONM, UCC will be held. This meeting **must** include the student, CPC, LL, Nurse/Midwife Practice Development Co-ordinator (N/MPDC) and Programme Leader.

¹⁶ In the event of a student being removed from placement the AO in UCC and ALO in the HSP must be notified immediately by the CPC/LL. Any time missed from clinical practice by the student must be repaid in full as per the NMBI requirements and standards.

SUPPORTIVE LEARNING PLAN (SLP) ALGORITHM

Planning the SLP
<ul style="list-style-type: none">▪ Review outcome of Additional Supportive Interview▪ Preceptor/CNM/CMM/CPC/LL identifies that a student is not achieving their clinical learning requirements, is not conducting themselves in a professional and responsible manner and/or not working within their agreed Practice Placement Agreement (PPA).▪ Preceptor/CNM/CMM liaises with CPC/CDC to discuss the ongoing concerns in relation to a student's failure to progress following Additional supportive interview.▪ Student is informed by the preceptor/CNM/CMM/CPC or LL in advance of the proposed/scheduled SLP meeting and of their preceptors/CNMs concerns.▪ CPC/CDC/LL liaises with all relevant personnel (student, preceptor/CNM/CMM, CPC, LL) to arrange a meeting, giving details of the purpose, date, time and venue.
Initial Meeting
<p>The CPC/LL or CNM/CMM will chair the meeting and either the LL/CPC will record the process.</p> <p>First, the student is invited to give a view of his/her progress.</p> <p>Secondly, the preceptor is asked to comment on the following: (using specific examples/incidents)</p> <ul style="list-style-type: none">• why he/she considers it necessary to implement an SLP• to identify the student's clinical learning requirements needing attention (See indicators for SLP above (pages 154-155)) <p>The student is given the opportunity to respond to the preceptor's comments/concerns.</p> <p>Thirdly, any other evidence that highlights a student's learning deficits is then presented/discussed e.g. from a CPC/CNM/CMM or LL where relevant. The student is given the opportunity again to respond.</p> <p>Fourthly, an appropriate plan with <i>Agreed Goals</i> and support mechanisms are identified to help the student to achieve the learning/practice concern(s).</p> <p>Finally, a time frame is agreed and review date set. SLP is signed and dated by all present.</p> <p>The SLP is documented in the student's Clinical Booklet and a copy must be placed in the student's file in the School of Nursing and Midwifery, GO3, UCC.</p>
Review Meeting
<p>The student's progress is reviewed. Follow procedure as for Initial meeting (outlined above)</p> <ul style="list-style-type: none">▪ Student is invited to give a view of his/her progress.▪ Preceptor/CNM/CMM/CPC/LL gives his/her feedback.▪ If learning/practice concern(s) has been achieved - SLP is signed off and closed▪ If the student is not achieving the <i>Agreed Clinical Goals</i>, a revised plan is formulated with a new review date within a reasonable timeframe. (<i>Refer to 'notification' section above if student with open SLP moving to a new placement area</i>)▪ The section "<i>Review of student's progress and further recommendations</i>" in the <i>Clinical Booklet</i> is intended for use at the review meeting.▪ The SLP review meeting record must be signed and dated by all present at meeting. LL must place a copy of the SLP review meeting in the student's file in G03, SONM, UCC.

On closure of an SLP, there is no requirement to notify future placement areas of the prior existence of an SLP, thus upholding confidentiality.

NU1051 Intellectual Disability Nursing Practice: Assessment and Feedback Sheet

End of YEAR ONE

Assessment of your CAD demonstrates that all assessment requirements and documentation are:

COMPLETE _____ INCOMPLETE _____

1st Submission _____ Date: _____
Practice Module Leader/Link Lecturer

Resubmission: _____ Date: _____
Practice Module Leader/Link Lecturer

If assessed as INCOMPLETE please *attend* to the following as outlined in the page numbers below immediately and resubmit by _____

Number(s)	Page
Details of practice placement	_____
Interview(s) not signed/dated by preceptor/associate preceptor	_____
Interview(s) not signed/dated by student	_____
Reflective notes not written up/included	_____
Reflective note(s) not signed/dated by preceptor/associate preceptor	_____
Reflective note(s) not signed/dated by student	_____
Student declaration not signed	_____
Reflection Time Record Sheet not signed/dated or activity theme filled in	_____
Other (specify)	_____

Comments

Please take note of issue(s) ticked and comments above and ensure that all relevant corrections are made before next CAD submission. If you have any queries please do not hesitate to contact the Practice Module Leader or Link Lecturer listed above

APPENDIX 1 – PRACTICE MODULE DESCRIPTORS AND PROGRAMME REGULATIONS

NU1051 Intellectual Disability Nursing Practice *Please refer to online University Book of Modules 2019/2020*

Note: Please also refer to BSc programme regulations.
Undergraduate calendar entry
BSc Nursing marks and standards can be accessed on the UCC web
<https://www.ucc.ie/admin/registrar/marksandstandards/>

APPENDIX 2: REQUIRED READING PRIOR TO, AND DURING, ALL CLINICAL PLACEMENTS

Please note students are required to refer to the most up to date version of these policy and guidance documents, available at

<http://www.ucc.ie/en/nursingmidwifery/students/bscnursemid/>

1. Disciplinary Policy
2. Grievance Policy
3. Manual Handling and People Load Moving and Handling Training Policy
4. Policy for Repeating Clinical Module
5. Practice Placement Guidelines
6. Mandatory and Essential Skills for BSc Nursing & BSc Midwifery Students
7. Clinical Supportive Mechanisms for Student Learning: Additional Support, Additional Supportive Interview, Supportive Learning Plan BSc Nursing and BSc Midwifery
8. Request for Extension form can be found at:
<https://www.ucc.ie/en/nursingmidwifery/students/forms/>

Appendix 2 is not an exhaustive list and is intended as a guide only, students are required to refer to the School of Nursing & Midwifery web site, current students section, for the most up to date versions of the documents listed above.

<http://www.ucc.ie/en/nursingmidwifery/students/bscnursemid/>