



EASTERN INSTITUTE OF TECHNOLOGY
TE AHO A MĀUI

Information for
Practicum Venues
for Bachelor of
Nursing and
Certificate in
Contemporary New
Zealand Nursing
Practice Students
2024

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This booklet has been designed as a guide to help you as a nursing lecturer supervising and assessing students in the practicum environment.

Thanks Sue

A handwritten signature in black ink, appearing to read "Sue", written in a cursive style.

Bachelor of Nursing

Programme Aims for the Bachelor of Nursing

The aims of the Bachelor of Nursing degree programme are to enable graduates to:

1. Meet the Nursing Council of New Zealand Competencies for Entry to the Register of Comprehensive Nurses
2. Synthesise relevant principles and theories from nursing, the natural sciences and humanities to promote wellness, to prevent illness, to restore health, and to facilitate coping
3. Use critical thinking, ethical principles and the nursing process to assist individuals, families, groups and communities meet their health goals
4. Accept responsibility and accountability for own nursing practice
5. Value the contribution of nursing research, and utilise research as a basis for practice
6. Enhance the quality of nursing and health practices through the use of leadership skills and a knowledge of organisational and political systems
7. Embrace a personal ethic of social responsibility; and exhibit ethical behaviour in all professional activities
8. Appreciate the impact of rapidly changing technology and expanding knowledge development on health care; demonstrate skills and attributes for life-long learning, and a commitment to help others learn
9. Recognise the importance of the Treaty of Waitangi in New Zealand, and demonstrate a commitment to providing care which is acceptable to an increasingly diverse society
10. Integrate historical perspectives into an analysis of contemporary nursing.

Bachelor of Nursing Curriculum

Year One

Year Two

Year Three

BN5.001 Inquiry for Nursing <i>15 credits</i>	BN6.001 Pathophysiology for Nursing 1 <i>15 credits</i>	BN7.001 Pharmacology for Nursing Practice <i>15 credits</i>
BN5.002 Applied Science for Nursing 1 <i>15 credits</i>	BN6.002 Knowledge for Nursing Practice 3 <i>45 credits</i>	BN7.002 Knowledge for Nursing Practice 5 <i>45 credits</i>
BN5.003 Knowledge for Nursing Practice 1 <i>30 credits</i>	BN6.003 Pathophysiology for Nursing 2 <i>15 credits</i>	BN7.003 Evidence-Based Practice for Nursing <i>15 credits</i>
BN5.004 Whaiora <i>15 credits</i>	BN6.004 Knowledge for Nursing Practice 4: <i>45 credits</i>	BN7.004 Knowledge for Nursing Practice 6 <i>45 credits</i>
BN5.005 Applied Science for Nursing 2 <i>15 credits</i>		
BN5.006 Knowledge for Nursing Practice 2 <i>30 credits</i>		
BN5.007 Practicum Block		

120 credits constitutes a full time year

Overview of the Bachelor of Nursing Programme – Course Descriptors

Year One

BN5.001 Inquiry for Nursing Practice

The aim of this course is to develop students' academic and interpersonal skills to underpin their ongoing development of knowledge and capabilities required in nursing inquiry and practice.

BN5.002 Applied Science for Nursing 1

The aim of this course is to provide students with fundamental knowledge regarding the structure and function of the human body as it will be applied in the nursing context.

BN5.003 Knowledge for Nursing Practice 1

The aim of this course is to introduce students to professional nursing practice, developing their foundational nursing knowledge and skills and critical awareness to provide safe and effective nursing care in a defined context.

BN5.004 Whaiora

The aim of this course is to introduce students to hauora Māori and its application in the delivery of health care.

BN5.005 Applied Science for Nursing 2

The aim of this course is to expand students' knowledge regarding the structure and function of the human body which underlies nursing skills, pathophysiology and pharmacology.

BN5.006 Knowledge for Nursing Practice 2

The aim of this course is to build on students' professional nursing knowledge and skills and critical awareness to provide safe and effective nursing care in a limited range of acute nursing contexts.

Year Two

BN6.001 Pathophysiology for Nursing 1

The aim of this course is to build on students' existing knowledge of anatomy and physiology, to develop an understanding of specialised pathophysiology in relation to long-term conditions across the lifespan.

BN6.002 Knowledge for Nursing Practice 3

The aim of this course is to continue to build on professional nursing knowledge and skills and critical thinking to provide safe and effective nursing care for individuals across the life span living with complex long-term physical and mental health conditions and their whānau.

BN6.003 Pathophysiology for Nursing 2

The aim of this course is to build on students' existing knowledge to develop an understanding of specialised pathophysiology in relation to acute mental and physical health conditions across the lifespan.

BN6.004 Knowledge for Nursing Practice 4

The aim of this course is to continue to build on students' professional nursing knowledge and skills and critical thinking required to provide safe and effective nursing care for individuals across the lifespan experiencing acute physical and mental health conditions, and their whānau.

Year Three

BN7.001 Pharmacology for Nursing

The aim of this course is to develop students' understanding of the fundamental scientific and physiological properties of commonly used medications and their ability to apply this knowledge in the context of medication prescription and administration in the New Zealand health context.

BN7.002 Knowledge for Nursing Practice 5

The aim of this course is to develop students' skills and knowledge to critically analyse contemporary issues that impact on the profession of nursing and primary health care across the lifespan, in whānau and communities, from a New Zealand perspective.

BN7.003 Evidence-Based Practice for Nursing

The aim of this course is to develop students' knowledge and skills to enable their critical analysis of evidence and its application to nursing contexts.

BN7.004 Knowledge for Nursing Practice 6

The aim of this this capstone nursing practice course is for students to achieve graduate level competence in the provision of safe and effective nursing care.

BN5.007 Practicum Block

The aim of this course is to give the student the opportunity to revise and further update their practicum skills.

Overview of Practicum Courses

The table below shows the plan of practicum across the BN programme. Simulated clinical learning opportunities are integrated throughout the curriculum and are in addition to the practicum hours shown below.

<p>Year One Semester one <u>Practicum hours:</u> 56 <u>Course:</u> BN5.003 Knowledge for Nursing Practice 1 Practicum areas: <u>Four days in aged residential care</u></p>	<p>Year One Semester two <u>Practicum hours:</u> 72 <u>Course:</u> BN5.006 Knowledge for Nursing Practice 2 Practicum areas: <u>Two, four day weeks hospital experience</u></p>	<p>Simulated practice experiences</p> <p>Timetabled clinical practice labs 1:1 and group sessions by appointment</p> <p>Clinical competence scenarios</p> <p>Pre-practicum days</p> <p>Extracurricular options</p>
<p>Year Two Semester one <u>Practicum hours:</u> 200 <u>Course:</u> BN6.002 Knowledge for Nursing Practice 3 Practicum areas: <u>Hospital areas</u> and primary health venues where people are experiencing long term conditions</p>	<p>Year Two Semester two <u>Practicum hours:</u> 264 <u>Course:</u> BN6.004 Knowledge for Nursing Practice 4 Practicum areas: <u>Inpatient acute hospital experiences</u></p>	
<p>Year Three Semester one <u>Practicum hours:</u> 200 <u>Course:</u> BN7.002 Knowledge for Nursing Practice 5 Areas: <u>Primary health venues and related hospital clinical settings</u></p>	<p>Year Three Semester two <u>Practicum hours:</u> 368 <u>Course:</u> BN7.004 Knowledge for Nursing Practice 6 Areas: <u>Area of practice negotiated with student to meet registration requirements</u></p>	
<p>BN5.007 Practicum Block The aim of this course is to give the student the opportunity to revise and further update their practicum skills.</p>		

School of Nursing: Summary of Key Positions Related to Practicum

Roles and Responsibility	Staff Name	Contact Information
Executive Dean	Helen Ryan Stewart	Phone: 06 830 1411 Email: hryanstewart@eit.ac.nz
Acting Head of School	Sue Floyd	Phone: 06 830 1515 Email: sfloyd@eit.ac.nz
Assistant Head of School	Katie Rongonui	Phone: 06 830 1609 Email: krongonui@eit.ac.nz
Nursing Practicum Manager	Sue Floyd	Phone: 06 830 1515 Email: sfloyd@eit.ac.nz
Programme Coordinator	Katie Rongonui	Phone: 06 830 1609 Email: krongonui@eit.ac.nz
Tairāwhiti BN Site Coordinator	Adrianna Grogan	Phone: 06 869 3091 Email: agrogan@eit.ac.nz
RN Competence Programme Coordinator	Alinka Julian	Phone: 06 830 1372 Email: ajulian@eit.ac.nz
CAT Centre Coordinator	TBC	

Practicum Course Coordinators

Roles and Responsibility	Staff Name	Contact Information
Year 1		
BN5.003 Knowledge for NursingPractice 1	Grace Brodie	Phone: 06 830 1563 Email: gbrodie@eit.ac.nz
BN5.006 Knowledge for NursingPractice 2	Abby Davis	Phone: 06 830 1166 Email: adavis@eit.ac.nz
Year 2		
BN6.002 Knowledge for NursingPractice 3	Sharon Stuart	Phone: 06 830 1541 Email: sstuart@eit.ac.nz
BN6.004 Knowledge for NursingPractice 4	Tracey Konig	Phone: TBC Email: TKongi@eit.ac.nz
Year 3		
BN7.002 Knowledge for Professional Nursing Practice 5	Te Rangi Saunders	Phone: TBC Email: TSaunders@eit.ac.nz
BN7.004 Knowledge for Professional Nursing Practice 6	Alinka Julian	Phone: 06 830 1372 Email: ajulian@eit.ac.nz

Student Related Information

Learning Objectives

Students should bring with them, the learning objectives for the experience — ask to see them. The learning objectives tell you what the student hopes to achieve during their placement, i.e. catheterisation, complex wound dressings, admitting a patient, gain more confidence with IVs, and can assist with the assignment of patient care.

Student Capability

Each practicum paper has core skills which indicate the expected level of student achievement. However, it must be remembered that all students will work at their own pace in attaining these skills.

Student Responsibilities

- Set personal learning objectives appropriate for the venue each week
- Contact the venue or clinical charge nurse prior to the practicum experience to receive duty roster
- Ensure that you know the covering lecturer's name and mobile number prior to going on practicum
- Ensure MRSA screening is up to date
- Be on time to the venue and wear the appropriate uniform/dress code
- If you are sick or unable to attend you must telephone the ward/venue and the practicum lecturer before the start time of your shift
- Ensure you have a practicum evaluation completed as required
- Ensure you have your verification of attendance form signed each day by a Registered Nurse and hand this in on the **first Monday** after practicum is completed.

Student Learning in Practicum Situations

Staff in the School of Nursing would like to work with you in partnership, to provide a quality learning experience for students placed in your area.

Some characteristics of a good learning environment worth considering are:

Safety

- The level of expertise and the personal learning needs of the student are acknowledged.
- The student is able to express what s/he is able, or not able to do without feeling inadequate.
- There is an awareness of the boundaries of the student role.

Opportunities / Inclusion

- The student is able to care for a person, with support.
- The student works with, observes, and is included in the health care team.
- An interest is taken in student learning and acknowledgement is made of their achievements.

Feedback/Reflection

- The student has the opportunity to ask questions and seek rationales for nursing actions.
- The student is able to reflect on and critique nursing practice.
- The student has the opportunity to express feelings and be included in appropriate team feedback/debating sessions.

The student must be able to:

- Provide the lecturer and RN with three appropriate written objectives for each week
- Have an understanding of the area they are working in and the common health related issues within this context.
- Verbally articulate a plan of care for their client/s, and carry this out under supervision of the RN, i.e. able to plan, prioritise, implement and evaluate care given using the Clinical Reasoning Cycle.
- Provide a concise and accurate handover to staff.
- Provide a time management plan for their shift, be it on a handover sheet/ or in a notebook.
- Provide rationale for all actions and begin to make some independent decisions under supervision of the RN, for example if a client's blood pressure is low be able to articulate possible actions, e.g. retake the BP in a certain timeframe. They should also be able articulate some rationale as to why the BP is low. It could be happening, for example a postoperative client may have excessive wound ooze, a client in elder care may have been given a beta blocker.
- Written documentation should be accurate, concise and relevant.
- The student should be displaying clear verbal communication skills and demonstrate confidence in their ability. If they are asked a question they should be able to recognise the significance of it even if they are unsure of the answer.
- There should be ongoing progress in all areas throughout the practicum period.
- **NB: all medication administration** is under direct supervision of the RN.

Uniforms

Clinical Uniform

A nurse's uniform identifies the wearer as belonging to a professional group, one which has a code of ethics and standards for care and practice. The way in which an individual student wears a uniform or conducts him/herself while in uniform will reflect on other students and on the School of Nursing/EIT.

Uniform standards are required in the interests of hygiene, the prevention of injury and cross-infection to the patient/client, and the personal presentation of the student as a representative of EIT and as a member of the nursing profession. Students whose appearance is not up to standard will not be allowed in the CAT Centre or clinical laboratories at EIT or clinical practice until they meet the required standard. Students may wear uniforms to and from clinical practice provided that they wear the complete uniform as specified by the School of Nursing. Students may be exposed to various infectious risks through their clinical practice and, therefore, it is advised that if they wish to visit a shopping centre or similar before/after clinical, they should have a change of clothing.

Students are expected to wear a clean uniform each day and protect it from unnecessary soiling where appropriate. Any issues, difficulties or individual requirements regarding the approved uniform must be discussed with the Course Coordinator of the relevant clinical course.

Name badge, watch, notebook and pens are considered part of the uniform.

Lecturer Responsibilities

- **All** students allocated to you will be visited regularly as per the Memorandum of Understanding and details of these are given under specific courses.
- A file note will be completed on each student at the end of the practicum and stored in a central point.
- A file note must be completed and placed in the student's main file on any student who has been of concern on practicum. A learning contract must be given to the student with objectives and when the student is expected to meet these objectives.
- Liaise with ward and venue staff as appropriate to ensure student has appropriate learning experiences in the practicum setting.
- Work with students to assist them to develop and achieve practicum learning objectives.
- Undertake effective, valid and reliable evaluation of students in consultation with registered nurse preceptor.
- Assess performance of students in accordance with domains of competence and give appropriate feedback.
- Maintain full and accurate student records on the template.

- Meet with the Nursing Practicum Manager as necessary or as requested.

- According to the memorandum of understanding, practicum lecturers are on call via mobile phone between 0700 hours and 1800 hours Monday to Friday. Out of this time period, Practicum Manager, Head of School Nursing, Assistant Head of School Nursing or the Programme Coordinator for the Bachelor of Nursing are available.
 - Students are seen three times per week in the first week of practicum in year one and then a minimum of twice per week in the second week of practicum. If a problem/issue is identified then the lecturer will see the student more as required until the problem/issue resolved (please see flow chart).
 - Students are seen a minimum of twice per week in year two and first semester in year three. If a problem/issue is identified then the lecturer will see the student more as required until the problem/issue resolved (please see flow chart).
 - Students in transition to registered nurse practice are seen a minimum of once per week. If a problem/issue is identified then the lecturer will see the student more as required until the problem/issue resolved (please see flow chart).
 - When practicum lecturers meet the students at their clinical venue for their onsite practicum supervision they must be proactive to ensure they speak with the RN working with the student.

Immunisations and MRSA Screening

General Information

In order to meet the requirements of health care agencies that students have contact with during practicum placements, all students undertaking the Bachelor of Nursing programme are required to know their current immunity status and be offered appropriate immunisation to maintain their own health safety and that of their clinical patients. All immunity status testing is available through your GP, the EIT health centre or the laboratory.

Covid-19

All pre-registration nursing students are required to provide evidence of two Covid-19 vaccinations.

Hepatitis B

All pre-registration nursing students are required to know and provide proof of their Hepatitis B surface antibody and surface antigen status within the last five years. If students have a negative antibody status it is strongly recommended the student completes a Hepatitis B immunisation course.

Measles, Mumps and Rubella (MMR)

All pre-registration nursing students are required to have evidence of having received two vaccinations of MMR as a child or provide proof of their MMR antibody status. If students are not immune to MMR it is a requirement the student is immunised (unless pregnant or likely to be within the next three months).

Pertussis (whooping cough)

All pre-registration nursing students are required to have evidence of a pertussis vaccination in the last 10 years.

Tuberculosis

Students are required to complete a tuberculosis questionnaire. Students who are identified as high risk for active TB will be required to be assessed and may be required to have a Quantiferon Gold blood test.

Varicella

Students must provide proof they have had Varicella and if not immune they will need to be immunised.

Methicillin Resistant Staphylococcus Aureus (MRSA)

All practicum placements require students to have a recent MRSA clearance.

MRSA Policy Hawke's Bay Students

The MRSA policy for students in Hawke's Bay aligns with the requirements of the Hawke's Bay District Health Board.

All students must sign a MRSA Declaration form prior to commencing all practicum placements. A copy of this form is available on EIT online under the practicum course sites and on the practicum site. The student must complete the declaration, provide a copy of the last negative MRSA swab result and then hand these into the practicum Course Coordinator prior to clinical placement. Please note: failure to submit a signed declaration will result in students being denied entry to their clinical venue.

MRSA Policy Tairāwhiti Students

The MRSA policy for students in Tairāwhiti aligns with the requirements of the Hauora Tairāwhiti.

Practicum Hours for BN Students

The range of practicum hours in the practice courses of the BN reflects the NCNZ (2010) requirement of a minimum of 1100 practice hours for each student. Students will be supported in practicum by RNs in the form of preceptor, Clinical Liaison Nurse(s) and EIT clinical lecturer/Academic Liaison Nurse. Students will receive formative and summative feedback at agreed points during the student's practicum experience. Students must demonstrate safe practice within all competencies and must demonstrate sufficient knowledge in order to provide safe nursing care. Clinical simulation in the Clinical Arts and Technology (CAT) Centre at EIT is not included in clinical hours. The minimum hours for each clinical course must be obtained in order to pass the clinical course.

At the completion of the Bachelor of Nursing programme all students must have completed a minimum of 1100 practicum hours.

Practicum Absence

Attendance on practicum is compulsory and in event of being unable to attend, students **must** telephone the ward/agency **and** the practicum lecturer at least one hour prior to the duty. This is considered a professional responsibility and failure to notify either the venue or the lecturer has serious consequences. The student must complete the designated minimum practice hours in order to meet NCNZ requirements so therefore all missed practicum hours must be made up. This is organised at an appropriate time by the Nursing Practicum Manager.

Please also refer to the BN programme regulations in the BN programme handbook.

Absence for two or more consecutive days will require a medical certificate or practitioner's statement.

If a student has continued absence from practicum they will be required to pay for their makeup days if there are more than two days to make up

Public Holidays

Students are not expected to work on public holidays.

Guidelines for Exposure to Infectious Diseases

Student exposure to patients with certain infectious diseases while on practicum may affect their part-time employment in other health care agencies, or require time away from subsequent scheduled practicum. Both of these may affect the student's income or expenses and ability to successfully complete a practicum course. While nursing students are accorded honorary staff status while on practicum within district health board facilities, Accident Compensation Commission guidelines / regulations do not accord this same status to students.

ACC has indicated it will examine student exposure to infectious diseases while on practicum on a case by case basis, but this leaves the student financially unprotected.

Needle Stick Injuries

If, during practicum experience, students receive a needle stick injury the following procedures should be followed.

Notify your supervising lecturer immediately.

- If working within Hawke's Bay District Health Board or Tairāwhiti District Health follow their Blood Borne Viruses Exposure Policy found in the Infection Control Manual. (Each area should have a copy of this Manual.) If unsure contact the Infection Control Nurse - IMMEDIATELY.

- For students working outside these areas follow agency protocols and follow guidelines for Blood Borne Viruses Exposure.

Escorting of Patients

- Students are able to assist with the transfer / escort of patients / clients requiring a nurse escort only if a Registered Nurse is also in attendance for the duration of the transfer / escort.
- Students must also gain approval from their supervising lecturer prior to the transfer / escort.
- For a transfer / escort that does not require a nurse escort, students must gain approval from their supervising lecturer prior to the transfer /escort.

These requirements apply to all students on all practicum experiences i.e. hospital or community.

Flight Team

Students in specific venues (e.g. ICU, CCU, SCBU) may get an opportunity to work with the flight team at the discretion of flight team coordinator, preceptor and lecturer. A three-day learning package has been developed for this purpose.

Venepuncture

Students on practicum placement are permitted to withdraw blood under the guidance of a Registered Nurse who will take responsibility for this.

Fluid and Medication Management

Students should familiarise themselves with the appropriate DHB or agency policy in regard to IV fluids and medications. All clinical areas will have policy manuals regarding student responsibilities. It is expected that the student will access this policy manual and have knowledge of what they are allowed or not allowed to do in relation to their programme, and level in that programme.

For example, students may administer some vaccinations, catheterise males and perform venepuncture. There may be some instances where student nurses need to complete an educational module prior to undertaking certain interventions.

Please note all medications must be checked by a RN or practicum lecturer at the patient's bedside, but may be administered by a student with the RN or practicum lecturer signing for the medication.

At all times students work under the direct supervision of a registered nurse in accordance with relevant organisational policies.

Evaluation of Practicum Course and Placement

Students are strongly encouraged to evaluate each practicum as part of their professional responsibilities and in order to provide Course Coordinators and the Practicum Manager with reliable data from which to make changes. Completion and submission of this survey implies that the student consents for this information to be fed back to clinical areas and clinical lecturers, whilst maintaining anonymity for the student with this process.



Non Disclosure of Information

I _____

currently residing at _____,

have been accepted as a nursing student. As part of my nursing education I will be permitted to work with individuals, families, community groups and colleagues in relation to health and nursing needs.

I have read and understand the Nursing Council of New Zealand Code of Conduct (June 2012)	
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I have read and understand the Nursing Council of New Zealand guidelines: Social Media and Electronic Communication (January 2013)	
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(Both available on both BN practicum and Bachelor of Nursing site on EIT online)

I agree that I will not, at any time divulge any information concerning the condition, treatment, or personal circumstances of any person in any agency or situation to which I have been given access.	
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I understand that only those professional persons involved in the individual's care, who have a need to know about the patient may be allowed access to information relevant to the patient's health.	
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Signed: _____

Date: _____



MRSA Declaration

All students must sign a MRSA Declaration form prior to commencing all practicum placements.

Please confirm below that you have met the EIT/HBDHB MRSA policy requirements

Students are not routinely screened for MRSA.

IF YOU HAVE A SKIN CONDITION YOU MUST BE SEEN BY OCCUPATIONAL HEALTH AT HAWKE'S BAYDHB TWO WEEKS PRIOR TO GOING ON PLACEMENT.

The occupational health nurses Jane O’Kane or Jude McCool will decide if you need to be swabbed for MRSA. (There is no charge for this)

They can be contacted on 8788109 ext. 2665/2601

	YES	NO
Do you have eczema or psoriasis?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any flaky skin or dandruff?	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked yes to any of these questions, you will need to see the occupational health nurses

Signed: _____ Student Name: _____ Date: _____

Please hand this form into your Course Coordinator prior to your practicum placement.

MRSA Policy

Students will now be required to have MRSA swabs in the following circumstances:

- any student with eczema or psoriasis
- any student with flaky skin or dandruff

A copy of this form is available on EIT online under the practicum course sites and on the practicum site. The student must complete the declaration and then hand these into the practicum Course Coordinator prior to clinical placement.

Please note: Failure to submit a signed declaration will result in students being denied entry to their clinical venue.

Student Evaluation

Practicum evaluation is done in conjunction with the RN, the student and the lecturer. It is the student's responsibility to ensure that this form is given to you at the commencement of the practicum placement if applicable. These forms have been a cause of frustration amongst some nursing staff, who may feel alienated and confused by the academic writing style. The assessment forms have been constructed this way to meet the Nursing Council Domains of Competence. If you don't think that the student is meeting the requirements ***please be specific in your descriptions***, ie "student talks abruptly to patients, she told Mrs # to stop complaining and that there was nothing more that she could do for her . . ."

Here are some guidelines for you, under the headings that you will come across.

Nursing Council of New Zealand Domains and Competency

Domain One: Professional Responsibility

This domain contains competencies that relate to professional, legal and ethical responsibilities and cultural safety. These include being able to demonstrate knowledge and judgement and being accountable for own actions and decisions, while promoting an environment that maximises patients' safety, independence, quality of life and health.

1.1 Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional ethical and relevant legislated requirements.
This covers legislation, acts, ethics, codes, policies and standards that underpin practice. e.g. Privacy Act, the Code of Rights and workplace health and safety requirements. Refer to the NCNZ Code of Conduct and other guidelines.

NCNZ Indicators:

- Practises nursing in accord with relevant legislation/codes/policies and upholds client rights derived from that legislation.
- Accepts responsibility for actions and decision making within scope of practice
- Identifies breaches of law that occur in practice and procedural guidelines that have implications for practice.
- Uses professional standards of practice

Possible examples of your practice may include any the following items:

- Any act or legislation e.g. HPCA, Privacy, mental health act, public health act, medicines act etc.
- Code of conduct
- Code of rights
- Health and Safety regulations
- DHB/ Practice policy, protocol and guidelines

1.2 Demonstrates the ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice.

This is specific to Māori, in relation to the Treaty. How do you partner in care? How do you protect or advocate? How do you facilitate patient/whānau participation?

NCNZ Indicators:

- Understands the Treaty of Waitangi/Te Tiriti o Waitangi and its relevance to the health of Māori in Aotearoa/New Zealand
- Demonstrates knowledge of differing health and socio-economic status of Māori and non-Māori
- Applies the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice.

Possible examples of your practice may include any the following items:

- Practicing with partnership, protection and participation principles
- Providing protected time for the family to have karakia, whānau hui, whakawhānaugatanga, care of taonga, care of tūpāpaku
- Utilising Te Wahanga Hauora Māori service
- Understanding of tikanga
- Use of Te Reo when working with patients and whanau.

1.3 Demonstrates accountability for directing, monitoring and evaluating nursing care that is provided by enrolled nurses and others

Delegation occurs up, down or sideways e.g. asking a colleague for help (sideways), escalating a difficult situation to a manager(up), directing a patient's family or carers (down). Refer to the NCNZ Direction and Delegation Guidelines.

NCNZ Indicators:

- Understands accountability for directing, monitoring and evaluating nursing care provided by enrolled nurses and others
- Seeks advice from a senior registered nurse if unsure about the role and competence of enrolled nurses and others when delegating work
- Takes into consideration the role and competence of staff when delegating work
- Makes appropriate decisions when assigning care, delegating activities and providing direction for enrolled nurses and others.

Possible examples of your practice may include any the following items:

- How you direct, monitor and evaluate EN's and/or HCA's in delegating certain tasks e.g. a shower, set of observations.

1.4 Promotes an environment that enables health consumer safety, independence, quality of life, and health.

How do you promote a safe working environment? How do you anticipate and mitigate clinical risk? How do you promote patient wellbeing and safety e.g. hazard identification, reporting incidents, infection control guidelines?

NCNZ Indicators:

- Identifies and reports situations that affect client or staff members' health or safety
- Accesses, maintains and uses emergency equipment and supplies
- Maintains infection control principles
- Recognises and manages risks to provide care that best meets the needs and interest of clients and the public.

Possible examples of your practice may include any the following items:

- Reporting/removing hazards (e.g. broken equipment, cleaning up wet floors)
- Reporting incidents
- Early mobilisation
- Providing referrals to appropriate services for rehabilitation and support services required
- Discusses/ assesses with client their current issues and works to improve these e.g. concerns about discharge as has no one at home to provide personal cares
- Transfers patients safely internally/ externally e.g. informs patient, family, ward receiving etc.
- Following protocol to ensure evidence-based care and best practice
- Deteriorating client health status / Increased EWS
- Infection control guidelines

1.5 Practices nursing in a manner that the client determines as being culturally safe.

How do you care for patients who have different cultural requirements from your own? How do you ascertain their beliefs and how you do respond? How do you know if the patient determines your care is culturally safe? Think broadly and beyond ethnicity. Culture includes many things that are part of our everyday lives e.g. religion, disability, sexuality, beliefs, food, family culture and language.

NCNZ Indicators:

- Applies the principle of cultural safety in own nursing practice
- Recognises the impact of the culture of nursing on client care and endeavours to protect the client's wellbeing within this culture
- Practice in a way that respects each client's identity and right to hold personal beliefs, values and goals
- Assists the client to gain appropriate support and representation from those who understand the client's culture, needs and preferences
- Consults with members of cultural and other groups as requested and approved by the client
- Reflects on his/her own practice and values that impact on nursing care in relation to the client's age, ethnicity, culture, beliefs, gender, sexual orientation and/or disability.
- Avoids imposing prejudice on others and provides advocacy when prejudice is apparent

Possible examples of your practice may include any the following items:

- How you interact with clients of a different culture to your own
- How you ascertain what the client's beliefs/needs are and what you do to respond to these
- Utilisation of appropriate services to support patients and their families
- Examples may include how you work safely with Māori, internationally born, people with different sexual preferences to your own, children, elderly, teenagers etc.
- Examples may include that you are aware of the implications of the patient's cultural needs for your practice.

Domain Two: Management of Nursing Care

This domain contains competencies related to client assessment and managing client care, which is responsive to clients' needs, and which is supported by nursing knowledge and evidence-based research.

2.1 Provides planned nursing care to achieve identified outcomes.

How do you plan care? Do you use nursing models of care? Consider how you plan for an acute episode or a chronic illness, long term or short term. Who do you involve in the planning?

NCNZ Indicators:

- Contributes to care planning, involving clients and demonstrating an understanding of client's rights, to make informed decisions
- Demonstrates understanding of the processes and environments that support recovery
- Identifies examples of the use of evidence in planned nursing care
- Undertakes practice procedures and skills in competent safe way
- Administers interventions, treatments and medication, within legislation, codes and scope of practice; and according to authorised prescription, established policy and guidelines

Possible examples of your practice may include any the following items:

- How you have planned your nursing care
- How you have used a nursing model of care to provide care e.g. Te Whare Tapa Whā with the four cornerstones of Māori health
- Integrating/ collaborating with other services into patient care to ensure best outcomes.

2.2 Undertakes a comprehensive and accurate nursing assessment of health consumers in a variety of settings.

How do you conduct your assessments? Do you use an assessment framework e.g. SOAP (subjective, objective, assessment, plan), mini-mental state examination, falls risk, InterRai? This could be initial assessment or assessment following a procedure, new medication or a regular reassessment. Consider how often you assess; you may have noticed something using your observation skills Iha! prompted you to undertake a more focused assessment.

NCNZ Indicators:

- Undertakes assessment in an organised and systematic way
- Uses suitable assessment tools and methods to assist the collection of data
- Applies relevant research to underpin nursing assessment.

Possible examples of your practice may include any the following items:

- Pick an instance where you have completed an assessment on a client and explain what actions/tools/processes you have used to complete this assessment and the rationale behind your actions and plan going forward
- Show evidence of the accurate use of an assessment tool in practice and how this assessment affected care planning and delivery
- You will need to include an example that shows you are able to assess a client with complex needs e.g. a patient that is becoming unwell or has complex medical conditions such as diabetes/chronic ulcers etc.

2.3 Ensures documentation is accurate and maintains confidentiality of information.
How do you maintain clear, concise, organised and current documentation?

NCNZ Indicators:

- Maintains clear, concise, timely, accurate and current client records within a legal and ethical framework
- Demonstrates literacy and computer skills necessary to record, enter, store, retrieve, and organise data essential for care delivery.

Possible examples of your practice may include any the following items:

- Reflect on a time you document the why, what you did and how you did it, what did you do with the documentation.

2.4 Ensures the health consumer has adequate explanation of the effects, consequences and alternative of proposed treatment options.
How do you describe and explain a treatment, medication or a procedure to the patient? Do you encourage questions? Do they need a support person/interpreter family member? Do you describe the alternatives and possible outcomes? Do you use printed information?

NCNZ Indicators:

- Provides appropriate information to clients to protect their rights and allow informed decisions
- Assesses the readiness of the client to participate in health education
- Makes appropriate professional judgement regarding the extent to which the client is capable of participating in decisions related to his/her health
- Discusses ethical issues related to health care/nursing practice
- Facilitates the client's access to appropriate therapies or interventions and respects the client's right to choose amongst alternatives

- Seeks clarification from relevant members of the health care team regarding the individual's request to change and /or refuse care
- Takes the client's preferences into consideration when providing care.

Possible examples of your practice may include any the following items:

- Code of rights
- Interpreters
- Support networks / people
- Patient information pamphlets / leaflets

2.5 Acts appropriately to protect oneself and others when faced with unexpected health consumer responses, confrontation, personal threat or other crisis situations.
What systems does your work area have for crisis situations and what is your role in managing these? For example, cardiac arrest, security threat, anaphylaxis and other significant events.

NCNZ Indicators:

- Understands emergency procedures and plans and lines of communication to maximise effectiveness in a crisis situation
- Takes action in situations that compromise client safety and wellbeing
- Implements nursing responses, procedures, and protocols for managing threats to safety within the practice environment

Possible examples of your practice may include any the following items:

- Anaphylaxis
- Rapid Response
- Cardiac arrest
- Patient violence
- Threats
- Mass casualties

2.6 Evaluates client's progress toward expected outcomes in partnership with health consumers. *How do you assess if your care is safe and effective? How have you involved patients in care planning? How do you contribute to discussions and planning for the patients?*

NCNZ Indicators:

- Identifies criteria for evaluation of expected outcome of care
- Evaluates the effectiveness of the client's response to prescribed treatments, interventions and health education in collaboration with the health consumer and other health care team members
- Reflects on client feedback on the evaluation of nursing care and health service delivery

Possible examples of your practice may include any the following items:

- Communication techniques
- How you plan your care
- How you involve the health consumer in the planning of care
- How you advocate for the patient
- How you contribute to or initiate a MDT discussion planning interventions for patient needs

2.7 Provides health education appropriate to the needs of the health consumer within a nursing framework. *Why is health education important and how do you ensure you are offering it in a timely, consistent and appropriate way. Do you use printed resources or websites? Is it age and ability appropriate e.g. quit smoking, green prescription or a new medication? It could be to a patient, family or caregivers. How do you evaluate the effectiveness of your education?*

NCNZ Indicators:

- Checks clients' level of understanding of health care when answering their questions and providing information
- Uses informal and formal methods of teaching that are appropriate to the patient's or group's abilities
- Participates in health education, and ensures that the client understands relevant information related to their health care
- Educates client to maintain and promote health

Possible examples of your practice may include any the following items:

- How you educate
- Communication styles
- Pamphlets other media
- Resources you may use to achieve patient education

2.8 Reflects upon and evaluates with peers and experienced nurses the effectiveness of nursing care.

How do you reflect on practice? Does your area have a system for seeking advice or debriefing? Have you made changes to patient care following reflection or professional discussion? Do you talk with your preceptor and/ or practicum lecturer?

NCNZ Indicators:

- Identifies one's own level of competence and seeks assistance and knowledge as necessary
- Determines the level of care required by individual health consumers
- Accesses advice, assistance, debriefing and direction as necessary

Possible examples of your practice may include any the following items:

- Debrief
- Discussion
- Changes in patient care due to reflection/ professional discussion
- Advocating for patients
- Evidence of seeking feedback on own performance and recognise limitations in own knowledge.

2.9 Maintains professional development.

How do you promote a safe working environment? How do you anticipate and mitigate clinical risk? How do you promote patient wellbeing and safety e.g. hazard identification, reporting incidents, infection control guidelines?

NCNZ Indicators:

- Contributes to the support, direction and teaching of colleagues to enhance professional development
- Updates knowledge related to administration of interventions. Treatments, medications and best practice guidelines within area of practice
- Takes responsibility for one's own professional development and for sharing knowledge with others

Possible examples of your practice may include any the following items:

- Reading journal articles
- In service training
- Attending study days and activities to extend knowledge e.g. spending time with CNS's and specialist teams
- Self-directed learning completed.

Domain Three: Interpersonal Relationships

This domain contains competencies related to interpersonal and therapeutic communication with health consumers, other nursing staff and interprofessional communication and documentation.

3.1 Establishes, maintains and concludes therapeutic relationships with health consumers.
It is all about communication. How do you approach people every day; new patients or patients you have known/or a long time? How do you form trusting relationships quickly and how do you maintain your longer-term professional relationship with patients? How do you demonstrate knowledge of verbal and nonverbal skills (body language) in your communication with patients?

NCNZ Indicators:

- Initiates, maintains and concludes therapeutic interpersonal interactions with patients
- Incorporates therapeutic use of self and psychotherapeutic communication skills as the basis for nursing care for patients with mental health needs
- Utilises effective interviewing and counselling skill in interaction with clients
- Demonstrates respect, empathy, and interest in the health consumer
- Establishes rapport and trust with the health consumer.

Possible examples of your practice may include any the following items:

- How you establish trust and create a relationship with patients/techniques used
- Describe how you establish, how you maintain, and how you conclude a professional relationship with a patient
- How you maintain a therapeutic relationship
- How I when you conclude the relationship
- You will need to include an example that shows you are doing this with patients with complex needs e.g. Interacting with a patient that has a chronic illness.

3.2 Practises nursing in a negotiated partnership with the health consumer where and when possible.

Consider the patient's right to refuse treatment - do you practice informed consent? How will the planned care work for the patient e.g. can they get to an appointment? What do you discuss with the patient to get the care they need in the right way, at the right time and place?

NCNZ Indicators:

- Undertakes nursing care that ensures clients receive and understand relevant and current information concerning their health care that contributes to informed choice
- Implements nursing care in a manner that facilitates the independence, self- esteem and safety of the client and an understanding of therapeutic an partnership principles
- Recognises and supports the personal resourcefulness of people with mental and
- /or physical illness
- Acknowledges family/whanau perspectives and supports their participation in services.

Possible examples of your practice may include any the following items:

- An example of how you practice in partnership with the client
- Evidence of treating patients and family/whanau with courtesy, respect and compassion, involves patient/family/whanau in care and decision making.

3.3 Communicates effectively with health consumers and members of the health care team.
Consider the many techniques you use to communicate with patients and to the team. How do you know they are effective?

NCNZ Indicators:

- Uses a variety of effective communication techniques
- Employs appropriate language to context
- Provides adequate time for discussion
- Endeavours to establish alternative communication methods when clients are unable to verbalise
- Accesses an interpreter when appropriate
- Discussions concerning health care consumers are restricted to settings, learning situation and or relevant members of the health care team

Possible examples of your practice may include any the following items:

- Techniques used to communicate
- Timely and complete handovers
- Use of interpreters
- Describe a time when you used a range of communication skills to communicate effectively with patients, colleagues or the health care team. Could include but not limited to: verbal, phone, e-mail, referrals, discharges, pamphlets, etc.

Domain Four: Interprofessional Health Care & Quality Improvement

This domain contains competencies to demonstrate that, as a member of the health care team, the nurse evaluates the effectiveness of care and promotes a nursing perspective within the interprofessional activities of the team.

4.1 Collaborates and participates with colleagues and members of the health care team to facilitate and coordinate care.

This is about the wider team, sometimes outside your own organisation. How do you work with other providers? How do you approach handover, multi-disciplinary meetings or case reviews? How do you organise a referral e.g. to a dietician or podiatrist, or discuss and plan care with others.

NCNZ Indicators:

- Promotes a nursing perspective and contribution within the interprofessional activities of the health care team
- Maintains and documents information necessary for continuity of care and recovery
- Develops and discharge plan and follow up care in consultation with the client and other members of the health care team
- Takes appropriate formal referrals to other health care team members and other health related sectors for clients who require consultation

Possible examples of your practice may include any the following items:

- How you collaborate and participate to facilitate and coordinate care e.g. referral to District Nurses to take over ongoing care of a wound for a patient.

4.2 Recognises and values the roles and skills of all members of the health care team in the delivery of care.

Do you recognise when different skills are needed e.g. a physiotherapist, a social worker, a doctor? How do roles and clinical skills differ? How do you recognise and coordinate this e.g. in a discharge plan, patient deterioration, and coordination of a procedure or appointment?

NCNZ Indicators:

- Contributes to the coordination of care to maximise health outcomes for the health consumer
- Collaborates, consults with and provides accurate information to the health consumer and other health professionals about the prescribed interventions or treatments
- Demonstrates a comprehensive knowledge of community services and resources and actively supports service users to use them.

Possible examples of your practice may include any the following items:

- An example that shows how the MDT that you work with and their roles and the value you think they bring to the clients care e.g. how they helped a client achieve their discharge plan
- You will need to include an example that shows you are aware of the roles of the health care team in the delivery of care e.g. you may utilise the pastoral care person to support the clients with prayer pre-operatively to help relieve anxiety.

4.3 Participates in quality improvement activities to monitor and improve standards of nursing.

This could be participation in a clinical audit, survey, or nursing care quality initiative e.g. procedure technique, wound dressing, medication administration, documentation or communication process. Hazards, unsafe equipment or incident reporting. Focus on nursing practice.

NCNZ Indicators:

- Reviews policies, processes, procedures based on relevant research
- Recognises and identifies improvement in practice issues and refers them to appropriate people
- Distributes research findings that indicate changes to practice to colleagues.

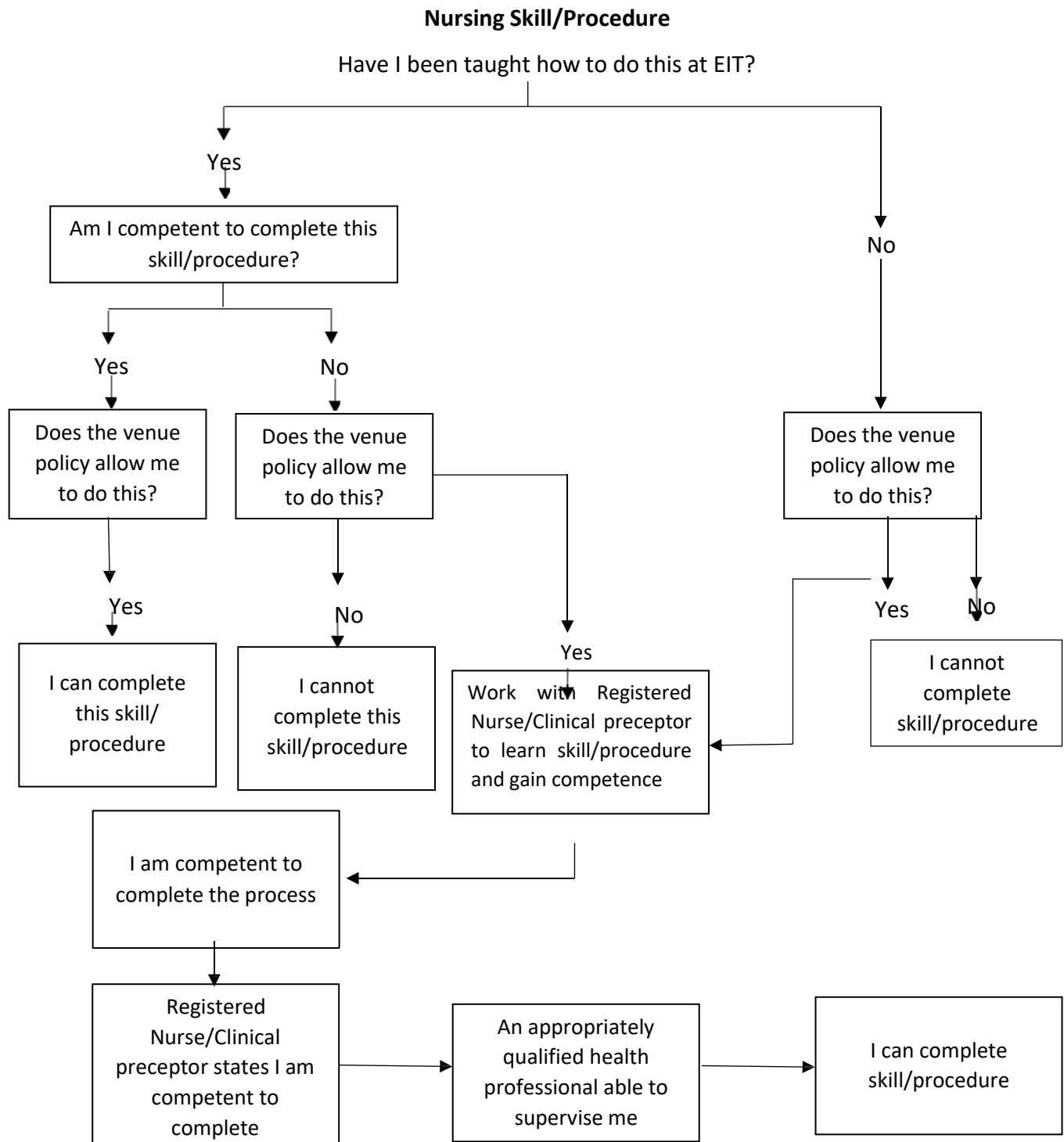
Possible examples of your practice may include any the following items:

- Participation in team meetings
- Participation in surveys
- Participation in work specific projects
- Reporting of hazards / unsafe equipment/ incidents
- Evidence of participating in discussion in department/organisation quality improvement activities
- Describe a time when you contributed to the change processes to improve the standard of nursing care.

Student assessment forms are completed **twice per practicum experience** in all courses. ***If a student's performance in any placement is causing concern an earlier assessment is required to allow the student the opportunity to improve performance.***

Students have a lecturer mentor who will work collaboratively with both the Registered Nurse preceptor and student to complete the assessments and discuss issues arising where necessary. All assessments are kept on the student's file and as they move through the programme there is a "hand-over" meeting between lecturers to ensure continuity.

EIT Nursing Student Scope of Practice Flowchart



Reference

Levett-Jones, T. & Bourgeois, S. (2007). *The clinical placement: An essential guide for nursing students*. Marrickville, Australia: Elsevier Australia

Critical Core Skills

Students must competently and safely demonstrate appropriate core skills critical to nursing in a simulated environment prior to clinical experience.

These skills include but are not inclusive

Year One	<ul style="list-style-type: none"> Hand washing Bed making Vital signs Use of sterile gloves Aseptic technique Infection control Wound care Removal of sutures and clips Nutritional requirements Oral medication administration Subcutaneous injection administration Intramuscular injection administration Urine testing Bowel assessment Drug calculations Therapeutic communication Nursing care plans Head to toe assessment Manual handling Pain assessment Documentation Muscular and skeletal assessment Abdominal assessment Mini mental examination Catheterisation
Year Two	<ul style="list-style-type: none"> IV Therapy Blood transfusions Documentation Comprehensive patient assessment Professional Communication Cardiovascular Assessment Neurological Assessment Respiratory Assessment Neurovascular Assessment Glasgow Coma Scale Mental Status Examination Mental Health Compulsory and Treatment Act 1992 DSM-5 Psychopharmacology medications and drug calculations
Year Three	<ul style="list-style-type: none"> HEADSS Assessment Ottawa Charter Family Assessment Model Screening Requirements Smoking Cessation Managing change Negotiating Integration of theory into practice Medication and drug calculations Delegation and supervision Cardiovascular risk assessment

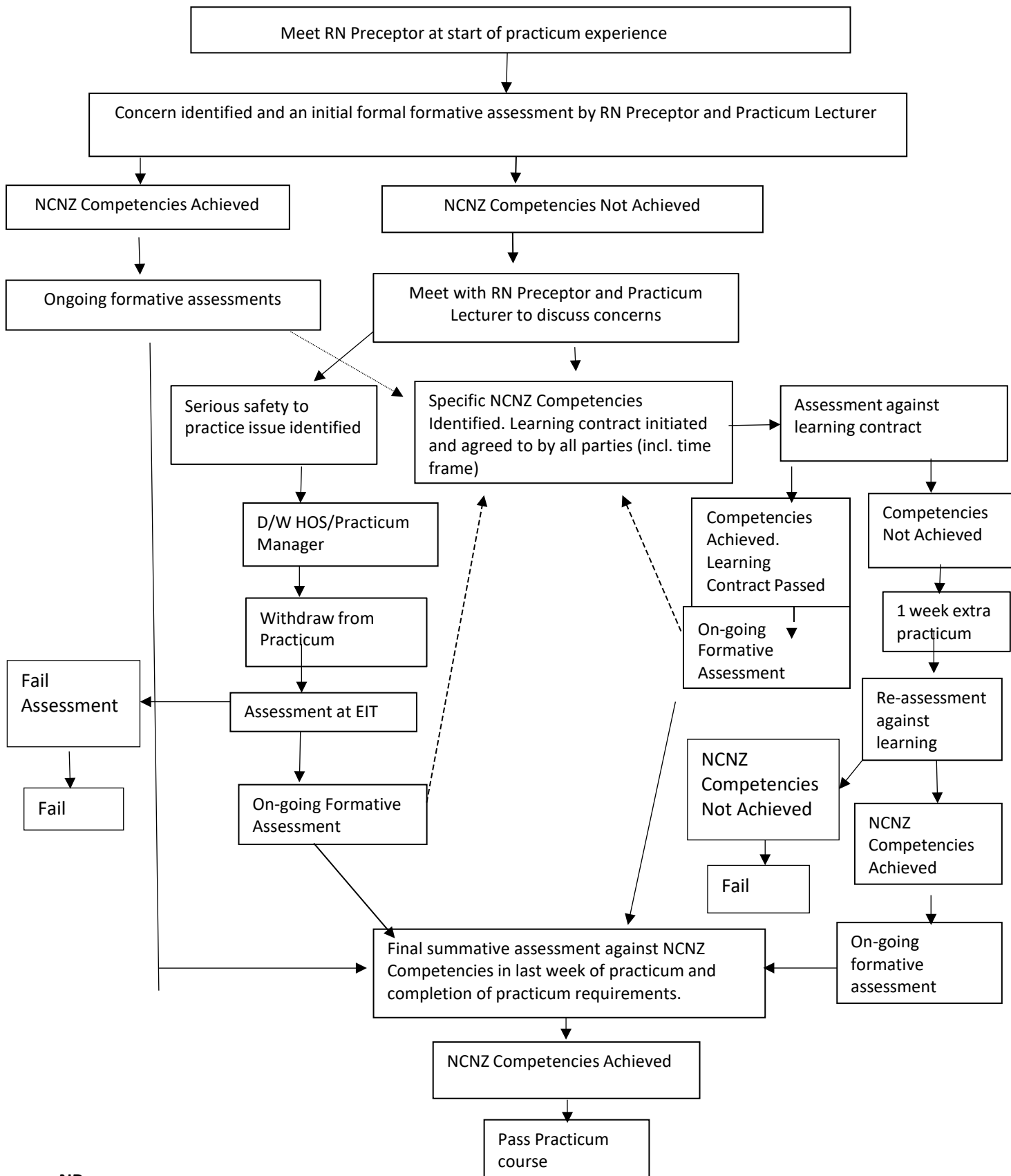
Students of Concern

Inevitably you will come across a few students who fall into this category. It is vital that you communicate your concerns with the lecturers and document specific instances that have worried you as soon as possible. This enables strategies to be put in place, which are educationally sound, in order to assist the student to improve their performance. The student will fail the paper if improvements are not achieved. If it is difficult to assess a student because of erratic attendance this matter should be discussed with the lecturer and, in this instance, the lecturer can recommend that the student do additional practicum time to ensure that satisfactory observation and assessment can occur.

Guidelines for Professional Attitudes and Behaviours

<p>Professional Expectations</p>	<p>Demonstrates respect for new or different attitudes, beliefs, values and practices. Demonstrates commitment to Cultural Safety. Maintains client dignity and safety and promotes client rights.</p>	<p>Validates perceptions about others' behaviour when upset by it. Acknowledges other's position. Takes responsibility for own actions. Accepts responsibility to work collaboratively with peers, lecturers and clinicians.</p>	<p>Actively listens, able to discuss and allows others to state their opinions. Able to maintain and terminate professional relationships with clients and colleagues. Uses appropriate communication channels with peers, lecturers and clinical agencies.</p>	<p>Contributes appropriately and effectively to groups. Demonstrates commitment to programme. Seeks new learning opportunities. Seeks guidance when necessary.</p>	<p>Comments are appropriate to the topic. Able to identify key points and generalise. Able to make ideas real. Able to problem solve. Able to apply concepts. Able to put ideas into context.</p>	<p>Able to plan and prepare for classes, study, assignment work and clinical practice. Meets deadlines. Follows processes and policies accurately. Appropriate use of supports.</p>	<p>Is aware of the professional responsibility of nursing and maintains a therapeutic relationship with client and families at all times. Maintains inter-professional relationships. Maintains professional boundaries.</p>	<p>Works within professional frameworks. Works within EIT, BN and agency policies, guidelines and standards. Speaks for self (support person providing support only). Demonstrates honesty and high level of personal integrity. Provides safe nursing care. Wears uniforms professionally.</p>
<p>Below Professional Expectations (continuance in the programme may be reviewed)</p>	<p>Is unwilling to allow others to have opinions or values different from their own. Labels others. Makes statements insulting to another person/s or group. Displays contempt for others.</p>	<p>Makes assumption about others or assumes own perceptions are the only correct ones. May misread others as hostile. Gestures anger or disinterest towards others. Avoids problem ownership. Responds with blame. Complains about others without satisfactory reason.</p>	<p>Fails to listen. Reframes topic/s and is unaware of doing so. Talks while others are talking. Dominates a discussion or talks over others. Makes statements that leave others afraid to speak. Is suspicious of others intent. Has difficulty maintaining professional relationships with clients or colleagues.</p>	<p>Unable to respond to questions or speak spontaneously. Some avoidance behaviours in interpersonal situations. Attendance minimal. Has difficulty hearing feedback or responding to guidance.</p>	<p>Comments (verbal or written) often off topic. Over-generalises in discussions. Has difficulty problem solving. Has difficulty staying on task. Unable to acknowledge context.</p>	<p>Ineffective study/work plan. Consistently absent or arrives late for class or clinical practice. Does not hand in or complete work on time. Frequent requests for extensions for assessments. Minimal or no use of available professional supports. Frequent personal crises/relationship upheaval. Failing course.</p>	<p>Personal and professional roles merge or become personal. Difficulty in distinguishing between a social / personal and a therapeutic relationship between nurse/client and nurse /interdisciplinary team. Has difficulty or is unable to terminate a relationship with client. Uses social media or a public place to discuss class or clinical issues.</p>	<p>Demonstrates behaviours outside professional frameworks or relevant policies, guidelines and standards. Allows others to speak for them. Uses any substance which could potentially affect clinical judgement. Does not recognise or have strategies to manage own health issues. Demonstrates dishonesty. Provides unsafe nursing care. Uniform not worn professionally.</p>

Flow Chart regarding Unsatisfactory Student Performance in Practicum



NB:

At any point during formative assessments if concerns re performance against NCNZ competencies are raised, a learning contract will be initiated as per Flowsheet.



Learning Contract

Learning Contract: Bachelor of Nursing Practicum

Date:

Student:

Student ID:

To meet the competencies _____ you must be able to achieve the following Nursing Council competencies:

Please refer to your Bachelor of Nursing Programme Handbook 2023, specifically:

Students who are unsuccessful in any BN course may repeat the course once only.

If at any point it is determined that a student is not meeting competencies that relate to professionalism or that impact patient safety, the School reserves the right to instigate a learning contract. A student who does not meet the conditions of the learning contract within the timeframe stipulated will not be allowed to pass the relevant course.

This learning contract was initiated because on close assessment it was found that the following Nursing Council New Zealand competencies were not met:

Nursing Council New Zealand Competency	Evidence	Action

Lecturer Signature: Student Signature:

Preceptor Signature: Date:



Practicum Incidents

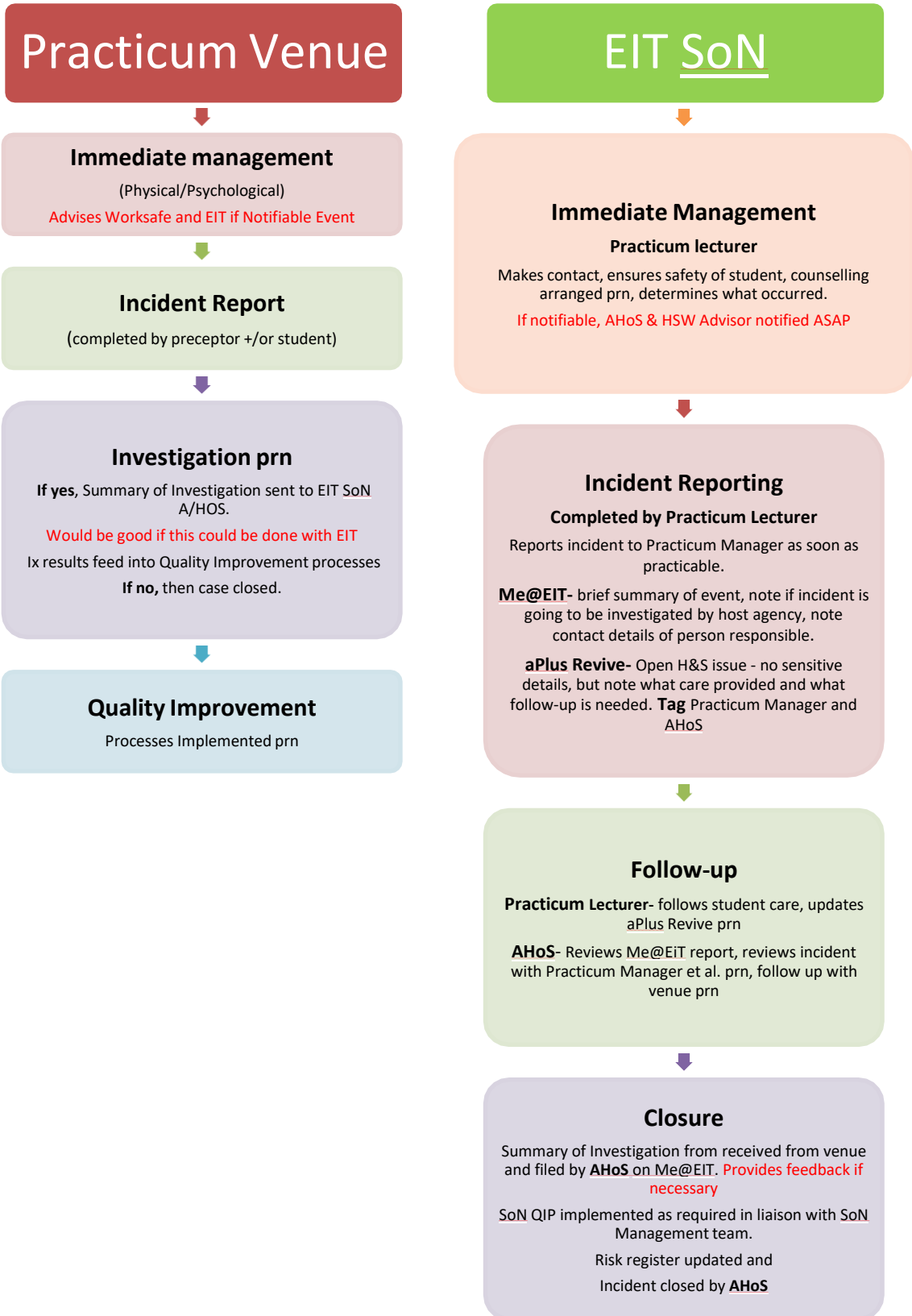
While a student is in a practicum placement, there may be an occasion whereby the student witnesses or is involved in an incident which compromises safety.

Safety refers to incidents that potentially lead to physical or psychological harm to the student, an agency staff member, and/or a patient/client.

Depending on the situation, the student may have a professional obligation to document the incident that the student observed or was involved in.

Process:

- 1 Student immediately contacts their practicum lecturer and their RN preceptor/ ALN or CLN to discuss.
- 2 The student and/or the practicum lecturer will discuss the incident with the agency.
- 3 The agency's Policies and Procedures will be implemented and any documentation completed.
- 4 The student and the practicum lecturer debrief. The RN preceptor may also be involved in the debriefing, if appropriate.
- 5 The practicum lecturer will notify the Nursing Practicum Manager.
- 6 The Nursing Practicum Manager will record the process as below.



REGISTERED NURSE COMPETENCY PROGRAMME

Registered Nurse Competence Programme students come from a variety of backgrounds. Some are New Zealand nurses returning to practice after a greater than five-year absence. Some nurses are required by Nursing Council New Zealand (NCNZ) to complete a competence assessment programme after concerns have been raised about their practice. Many Registered Nurse Competence Programme students are internationally educated nurses wishing to practice in New Zealand and gain a New Zealand Practising Certificate. All international Registered Nurse Competence Programme students have a minimum of two years practicing as a registered nurse, and have met NCNZ language requirements. Australian nurses are not considered international nurses but nurses from all other countries are.

Evaluation Form

Practicum evaluation is done in conjunction with the RN, the student, and/or the Lecturer. It is the student's responsibility to ensure that this form is given to you at the commencement of the practicum placement if applicable.

These forms have been a cause of frustration amongst some nursing staff, who may feel alienated and confused by the academic writing style. The assessment forms have been constructed this way to meet the Nursing Council Domains of Competence. If you don't think that the student is meeting the requirements ***please be specific in your descriptions***, ie "student talks abruptly to patients, she told Mrs # to stop complaining and that there was nothing more that she could do for her . . ."

EIT Student assessment forms are completed at the end of the first week of practicum and again at the end of the second week of practicum. If a student's performance in any placement is causing concern, an earlier assessment is required to allow the student the opportunity to improve performance.

Students have a practicum lecturer who will liaise with you about the progress of the students and with who you can discuss concerns which may be of a social nature.

Nursing Council Competency Assessment

NCNZ request that the preceptoring RN complete the documentation in collaboration with the practicum lecturers. The Domains of Competence is a significant document because it is the document that states the Registered Nurse Competence Programme student is safe to practice in NZ. As it takes some time to complete, the EIT practicum lecturers, who are experienced with this document, will make a time with you to help complete it if you wish.

Applicant Number

Report for Competence Assessment Programme for Internationally

Competence assessment form for the registered nurse scope of practice

This form is to be used by internationally qualified nurses completing a competence assessment programme to gain registration as a registered nurse in New Zealand. All registered nurses assessing nurses in competency assessment programmes must have appropriate preceptor or assessment preparation. In some instances the registered nurse completing the assessment must be a Council-approved assessor.

Please refer to the competencies for the registered nurse scope of practice for the specific indicators for each competency. Sufficient comments must be completed by the registered nurse preceptor/clinical educator under each competency to substantiate the assessment.

First Name(s) Last Name

Current Postal Address

Email address: Date of birth

Date Course Started /..... /..... Date Course Completed /..... /.....

Locations(s) of clinical placement(s) (please specify institution, ward type and practice area)

.....

Theory hours completed Clinical hours completed

Assessor (name and signature)

Position **Date**.....

Address and phone number

I do / do not support the applicant's request for registration with the Nursing Council of New Zealand

Signature **Date**

Name **Position**

Institution

COMMENTS

There are four domains of competence for the registered nurse scope of practice. Evidence of safety to practise as a registered nurse is demonstrated when the nurse meets all the competencies within all four domains.

Domain One: Professional Responsibility		
Competency	Met / Not Met Please complete this box	Please supply a supporting comment of how the nurse has met each competency, this can be an action or an example <i>Please refer to the indicators in the registered nurse scope of practice for each competency.</i>
Competency 1.1 Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical and relevant legislated requirements.		
Competency 1.2 Demonstrates the ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice.		
Competency 1.3 Demonstrates accountability for directing, monitoring and evaluating nursing care that is provided by enrolled nurses and others.		
Competency 1.4 Promotes an environment that enables client safety, independence, quality of life, and health.		
Competency 1.5 Practises nursing in a manner that the client determines as being culturally safe.		

Domain Two: Management of Nursing Care		
Competency	Met / Not Met Please complete this box	Please supply a supporting comment of how the nurse has met each competency, this can be an action or an example <i>Please refer to the indicators in the registered nurse scope of practice for each competency.</i>
Competency 2.1 Provides planned nursing care to achieve identified outcomes.		
Competency 2.2 Undertakes a comprehensive and accurate nursing assessment of clients in a variety of settings.		
Competency 2.3 Ensures documentation is accurate and maintains confidentiality of information.		
Competency 2.4 Ensures the client has adequate explanation of the effects, consequences and alternatives of proposed treatment options.		
Competency 2.5 Acts appropriately to protect oneself and others when faced with unexpected client responses, confrontation, personal threat or other crisis situations.		
Competency 2.6 Evaluates client's progress toward expected outcomes in partnership with clients.		

Domain Three: Interpersonal Relationships		
Competency	Met / Not Met Please complete this box	Please supply a supporting comment of how the nurse has met each competency, this can be an action or an example <i>Please refer to the indicators in the registered nurse scope of practice for each competency.</i>
Competency 3.1 Establishes, maintains and concludes therapeutic interpersonal relationships with client.		
Competency 3.2 Practises nursing in a negotiated partnership with the client where and when possible.		
Competency 3.3 Communicates effectively with clients and members of the health care team.		
Domain Four: Interprofessional Health Care & Quality Improvement		
Competency	Met / Not Met Please complete this box	Please supply a supporting comment of how the nurse has met each competency, this can be an action or an example <i>Please refer to the indicators in the registered nurse scope of practice for each competency.</i>
Competency 4.1 Collaborates and participates with colleagues and members of the health care team to facilitate and coordinate care.		
Competency 4.2 Recognises and values the roles and skills of all members of the health care team in the delivery of care.		
Competency 4.3 Participates in quality improvement activities to monitor and improve standards of nursing.		

Registered Nurse Competencies and Indicators

Domain One: Professional Responsibility

Competency 1.1 Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical and relevant legislated requirements.

Indicator: Practises nursing in accord with relevant legislation/codes/policies and upholds client rights derived from that legislation.

Indicator: Accepts responsibility for actions and decision making within scope of practice.

Indicator: Identifies breaches of law that occur in practice and reports them to the appropriate person(s).

Indicator: Demonstrates knowledge of, and accesses, policies and procedural guidelines that have implications for practice.

Indicator: Uses professional standards of practice.

Competency 1.2 Demonstrates the ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice.

Indicator: Understands the Treaty of Waitangi/Te Tiriti o Waitangi and its relevance to the health of Maori in Aotearoa/New Zealand.

Indicator: Demonstrates knowledge of differing health and socio-economic status of Maori and non-Maori.

Indicator: Applies the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice.

Competency 1.3 Demonstrates accountability for directing, monitoring and evaluating nursing care that is provided by enrolled nurses and others.

Indicator: Understands accountability for directing, monitoring and evaluating nursing care provided by enrolled nurses and others.

Indicator: Seeks advice from a senior registered nurse if unsure about the role and competence of enrolled nurses and others when delegating work.

Indicator: Takes into consideration the role and competence of staff when delegating work.

Indicator: Makes appropriate decisions when assigning care, delegating activities and providing direction for enrolled nurses, and others.

Competency 1.4 Promotes an environment that enables client safety, independence, quality of life, and health.

Indicator: Identifies and reports situations that affect client or staff members' health or safety.

Indicator: Accesses, maintains and uses emergency equipment and supplies.

Indicator: Maintains infection control principles.

Indicator: Recognises and manages risks to provide care that best meets the needs and interests of clients and the public.

Competency 1.5 Practices nursing in a manner that the client determines as being culturally safe.

Indicator: Applies the principles of cultural safety in own nursing practice.

Indicator: Recognises the impact of the culture of nursing on client care and endeavours to protect the client's wellbeing within this culture.

Indicator: Practises in a way that respects each client's identity and right to hold personal beliefs, values and goals.

Indicator: Assists the client to gain appropriate support and representation from those who understand the client's culture, needs and preferences.

- Indicator:** Consults with members of cultural and other groups as requested and approved by the client.
- Indicator:** Reflects on his/her own practice and values that impact on nursing care in relation to the client's age, ethnicity, culture, beliefs, gender, sexual orientation and/or disability.
- Indicator:** Avoids imposing prejudice on others and provides advocacy when prejudice is apparent.

Domain Two: Management of Nursing Care

Competency 2.1 Provides planned nursing care to achieve identified outcomes.

- Indicator:** Contributes to care planning, involving clients and demonstrating an understanding of client's rights, to make informed decisions.
- Indicator:** Demonstrates understanding of the processes and environments that support recovery.
- Indicator:** Identifies examples of the use of evidence in planned nursing care.
- Indicator:** Undertakes practice procedures and skills in a competent and safe way.
- Indicator:** Administers interventions, treatments and medications, (for example: intravenous therapy, calming and restraint), within legislation, codes and scope of practice; and according to authorised prescription, established policy and guidelines.

Competency 2.2 Undertakes a comprehensive and accurate nursing assessment of clients in a variety of settings.

- Indicator:** Undertakes assessment in an organised and systematic way.
- Indicator:** Uses suitable assessment tools and methods to assist the collection of data.
- Indicator:** Applies relevant research to underpin nursing assessment.

Competency 2.3 Ensures documentation is accurate and maintains confidentiality of information.

- Indicator:** Maintains clear, concise, timely, accurate and current client records within a legal and ethical framework.
- Indicator:** Demonstrates literacy and computer skills necessary to record, enter, store, retrieve and organise data essential for care delivery.

Competency 2.4 Ensures the client has adequate explanation of the effects, consequences and alternatives of proposed treatment options.

- Indicator:** Provides appropriate information to clients to protect their rights and to allow informed decisions.
- Indicator:** Assesses the readiness of the client to participate in health education.
- Indicator:** Makes appropriate professional judgement regarding the extent to which the client is capable of participating in decisions related to his/her care.
- Indicator:** Discusses ethical issues related to health care/nursing practice, (for example: informed consent, privacy, refusal of treatment and rights of formal and informal clients).
- Indicator:** Facilitates the client's access to appropriate therapies or interventions and respects the client's right to choose amongst alternatives.
- Indicator:** Seeks clarification from relevant members of the health care team regarding the individual's request to change and/or refuse care.
- Indicator:** Takes the client's preferences into consideration when providing care.

Competency 2.5 Acts appropriately to protect oneself and others when faced with unexpected client responses, confrontation, personal threat or other crisis situations.

- Indicator:** Understands emergency procedures and plans and lines of communication to maximise effectiveness in a crisis situation.
- Indicator:** Takes action in situations that compromise client safety and wellbeing.
- Indicator:** Implements nursing responses, procedures and protocols for managing threats to safety within the practice environment.

Competency 2.6 Evaluates client's progress toward expected outcomes in partnership with client

Indicator: Identifies criteria for evaluation of expected outcomes of care.

Indicator: Evaluates the effectiveness of the client's response to prescribed treatments, interventions and health education in collaboration with the client and other health care team members. (Beginning registered nurses would seek guidance and advice from experienced registered nurses).

Indicator: Reflects on client feedback on the evaluation of nursing care and health service delivery.

Competency 2.7 Provides health education appropriate to the needs of the client within a nursing framework.

Indicator: Checks clients' level of understanding of health care when answering their questions and providing information.

Indicator: Uses informal and formal methods of teaching that are appropriate to the client's or group's abilities.

Indicator: Participates in health education, and ensures that the client understands relevant information related to their health care.

Indicator: Educates client to maintain and promote health.

Competency 2.8 Reflects upon, and evaluates with peers and experienced nurses, the effectiveness of nursing care.

Indicator: Identifies one's own level of competence and seeks assistance and knowledge as necessary.

Indicator: Determines the level of care required by individual clients.

Indicator: Accesses advice, assistance, debriefing and direction as necessary.

Competency 2.9 Maintains professional development.

Indicator: Contributes to the support, direction and teaching of colleagues to enhance professional development.

Indicator: Updates knowledge related to administration of interventions, treatments, medications and best practice guidelines within area of practice.

Indicator: Takes responsibility for one's own professional development and for sharing knowledge with others.

Although nurses involved in management, education, research and policy making are exempt from being assessed against the above competencies in domain two, they are required to provide evidence of how they contribute to the management of care.

Competencies for nurses involved in management:

Competency: Promotes an environment that contributes to ongoing demonstration and evaluation of competencies.

Competency: Promotes a quality practice environment that supports nurses' abilities to provide safe, effective and ethical nursing practice.

Competency: Promotes a practice environment that encourages learning and evidence-based practice.

Competency: Participates in professional activities to keep abreast of current trends and issues in nursing.

Competencies for nurses involved in education:

Competency: Promotes an environment that contributes to ongoing demonstration and evaluation of competencies.

Competency: Integrates evidence-based theory and best practice into education activities.

Competency: Participates in professional activities to keep abreast of current trends and issues in nursing.

Competencies for nurses involved in research:

Competency: Promotes a research environment that supports and facilitates research mindedness and research utilisation.

Competency: Supports and evaluates practice through research activities and application of evidence-based knowledge.

Competency: Participates in professional activities to keep abreast of current trends and issues in nursing.

Competencies for nurses involved in policy:

Competency: Utilises research and nursing data to contribute to policy development, implementation and evaluation.

Competency: Participates in professional activities to keep abreast of current trends and issues in nursing.

Domain Three: Interpersonal Relationships
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Competency 3.1 Establishes, maintains and concludes therapeutic interpersonal relationships with client.

Indicator: Initiates, maintains and concludes therapeutic interpersonal interactions with clients.

Indicator: Incorporates therapeutic use of self and psychotherapeutic communication skills as the basis for nursing care for clients with mental health needs.

Indicator: Utilises effective interviewing and counselling skills in interactions with clients.

Indicator: Demonstrates respect, empathy and interest in client.

Indicator: Establishes rapport and trust with the client.

Competency 3.2 Practises nursing in a negotiated partnership with the client where and when possible.

Indicator: Undertakes nursing care that ensures clients receive and understand relevant and current information concerning their health care that contributes to informed choice.

Indicator: Implements nursing care in a manner that facilitates the independence, self-esteem and safety of the client and an understanding of therapeutic and partnership principles.

Indicator: Recognises and supports the personal resourcefulness of people with mental and/or physical illness.

Indicator: Acknowledges family/whanau perspectives and supports their participation in services.

Competency 3.3 Communicates effectively with clients and members of the health care team.

Indicator: Uses a variety of effective communication techniques.

Indicator: Employs appropriate language to context.

Indicator: Provides adequate time for discussion.

Indicator: Endeavours to establish alternative communication methods when clients are unable to verbalise.

Indicator: Accesses an interpreter when appropriate.

Indicator: Discussions concerning clients are restricted to settings, learning situations and orrelevant members of the health care team.

Although nurses involved in management, education, research and policy making are exempted from being assessed against the above competencies in domain three, they are required to provide evidence of how they contribute to interpersonal relationships.

Competencies for nurses involved in management, education, policy and research:

Competency: Establishes and maintains effective interpersonal relationships with others, including utilising effective interviewing and counselling skills and establishing rapport and trust.

Competency: Communicates effectively with members of the health care team, including using a variety of effective communication techniques, employing appropriate language to context and providing adequate time for discussion.

Domain Four: Interprofessional Health Care & Quality Improvement

Competency 4.1 Collaborates and participates with colleagues and members of the healthcare team to facilitate and coordinate care.

Indicator: Promotes a nursing perspective and contribution within the interprofessional activities of the health care team.

Indicator: Provides guidance and support to those entering as students, beginning practitioners and those who are transferring into a new clinical area.

Indicator: Collaborates with the client and other health team members to develop and plan of care.

Indicator: Maintains and documents information necessary for continuity of care and recovery.

Indicator: Develops a discharge plan and follow up care in consultation with the client and other members of the health care team.

Indicator: Makes appropriate formal referrals to other health care team members and other health related sectors for clients who require consultation.

Competency 4.2 Recognises and values the roles and skills of all members of the health care team in the delivery of care.

Indicator: Contributes to the co-ordination of care to maximise health outcomes for the client.

Indicator: Collaborates, consults with and provides accurate information to the client and other health professionals about the prescribed interventions or treatments.

Indicator: Demonstrates a comprehensive knowledge of community services and resources and actively supports service users to use them.

Competency 4.3 Participates in quality improvement activities to monitor and improve standards of nursing.

Indicator: Reviews policies, processes, procedures based on relevant research.

Indicator: Recognises and identifies researchable practice issues and refers them to appropriate people.

Indicator: Distributes research findings that indicate changes to practice to colleagues

ENGLISH LANGUAGE PROFICIENCY

First Name(s) _____

Last Name _____

English Language Test Passed (please tick) IELTS OET

Scores: Listening_____Reading_____Writing_____Speaking_____

Fluency in English in General Conversation

Fluency in English in Discussion of Nursing Practice Issues

Fluency in English in Written Communication, ie. Nursing Notes

Signature_____Date _____

Name_____Position _____

Institution _____

The personal information collected on this report form is required and held by the Nursing Council of New Zealand for use concerning the applicant's registration under the Health Practitioners Competence Assurance Act 2003. The applicant has right of access to personal information held by the Council.