



PARTNERS

*in*

HEALTH

University of Tasmania Faculty of Health Science  
& Department of Health and Human Services

# **Partners in Health State-wide Nurse Preceptor Education Program**

## **Participant Assessment Handbook**

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**PRECEPTOR PROGRAM  
LEARNING OUTCOMES**

Name of Preceptee: \_\_\_\_\_

<b>Learning outcome</b>	<b>Assessment criteria</b>
<p><b>1.</b> Demonstrate an understanding of the ANMC competencies and, where relevant, advanced (specialist) nursing competencies</p>	<p><b>1.1</b> Describe the process of the development of the ANMC competencies and advanced practice (specialist) nursing competencies</p> <p><b>1.2</b> Define competence, competencies and standards</p>
<p><b>2.</b> Demonstrate an understanding of the Nursing Code and Scope of Practice Decision Making Framework and their implications for nursing practice</p>	<p><b>2.1</b> Provide evidence of the application of the ANMC competencies to nursing practice</p> <p><b>2.2</b> Discuss the components of the Nursing Code including how these interlink and how they regulate nursing practice</p> <p><b>2.3</b> Discuss, providing examples, the application of the Scope of Nursing Practice Decision Making Framework to nursing practice</p>
<p><b>3.</b> Demonstrate an understanding of preceptorship</p>	<p><b>3.1</b> Discuss the role and responsibilities of preceptor, preceptee, nursing team</p> <p><b>3.2</b> Discuss the factors that may affect an adult's learning</p> <p><b>3.3</b> Describe a variety of learning methods/activities</p> <p><b>3.4</b> Identify strategies to assist in the development of an effective preceptor/preceptee relationship</p> <p><b>3.5</b> Provide, relevant, constructive feedback in a supportive environment</p> <p><b>3.6</b> Provide an effective learning environment</p> <p><b>3.7</b> Discuss strategies for identification of learning needs</p>
<p><b>4.</b> Plan and conduct a competency based assessment using the ANMC competencies when assessing a nurse</p>	<p><b>4.1</b> Discuss the assessment plan with the preceptee</p> <p><b>4.2</b> Outline the rights of the preceptee in relation to the assessment process, including appeals process</p> <p><b>4.3</b> Identify an assessment method appropriate to the individuals learning style</p> <p><b>4.4</b> Discuss how critical analysis will be applied to the assessment process</p> <p><b>4.5</b> Prepare the environment, resources and any additional personnel</p> <p><b>4.6</b> Provide evidence to justify the decision reached</p>

	<p><b>4.7</b> Discuss the importance of giving and receiving feedback</p> <p><b>4.8</b> Demonstrate an understanding of what constitutes an unsatisfactory assessment</p> <p><b>4.9</b> Develop a plan for ongoing development if competence is not achieved</p>
<p><b>5.</b> Demonstrate an understanding of undergraduate and other relevant nursing programs</p>	<p><b>5.1</b> Discuss aspects of a range of nursing education programs requiring preceptorship or assessment</p> <p><b>5.2</b> Discuss aspects of nurse education programs relevant to the practice setting</p> <p><b>5.3</b> Demonstrate an understanding of issues that may be of concern to students undertaking various nursing education programs</p> <p><b>5.4</b> Demonstrate an understanding of issues in undertaking assessments associated with individual performance management</p>



**Learning Outcome 4**

**Planned and conducted a competency based assessment using the ANMC competencies when assessing a nurse**

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**Learning Outcome 5**

**Demonstrated an understanding of undergraduate and other relevant nursing programs**

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**Program Facilitator Signature:** \_\_\_\_\_

**Program Facilitator Name:**  
**(Print)** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Acknowledgement by preceptee that the assessment is fair and valid, and that timely, constructive feedback has been received from the workshop provider*

**Signature of preceptee:** \_\_\_\_\_

**Preceptee Name (Print)**

## ASSESSMENT OF THE ASSESSOR/PRECEPTOR IN ACTUAL/MOCK SCENARIO

Name of Preceptee: \_\_\_\_\_

Preceptor/Assessor: \_\_\_\_\_

Assessment activity: \_\_\_\_\_

Date Completed: \_\_\_\_\_

**Learning Outcome:** Using the ANMC Competency Standards as a framework for assessment, the assessee will carry out an effective assessment of a peer utilising skills based on the principles of competency-based assessment.

<b>Key: A = Achieved competence</b>		<b>NA = Not yet achieved competence</b>	
<b>PERFORMANCE CRITERIA</b>	<b>AREA FOR ASSESSMENT</b>		<b>FACILITATOR FEEDBACK</b>
	<b>A</b>	<b>NA</b>	
1. Provides an effective environment for the assessment to take place			
2. Demonstrates effective communication skills prior to the assessment			
3. Demonstrates effective communication skills during the assessment			
4. Demonstrates effective communication skills on completion of the assessment			
5. Demonstrates a professional attitude			
6. Provides accurate and sufficient documentation to achieve NBT approved assessor status			
7. Identifies and directly relates the relevant ANMC competencies to the assessment			

**Comments:**

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**Signature of preceptee** \_\_\_\_\_

# ASSESSMENT REQUIREMENTS

Following the completion of the preceptor workshop and within 2 months of having attended the workshop you are required to assess the competence of a minimum of **two (2)** nurses.

Documentation in relation to the following two (2) tasks is required to be submitted within this period:

1. a minimum of two (2) competency assessment/ episodes of practice sheets completed by **each** nurse you have assessed
2. an overall summary regarding the demonstration of competence for **each** nurse assessed
3. following attendance at the first compulsory follow-up session for preceptor/assessor's where self evaluation of your role as a preceptor/assessor is discussed and reviewed, complete the Post Workshop Evaluation form.

The nurses you assess are required to write an Episode of Practice in relation to the assessment and clearly identify the ANMC competencies they demonstrated.

Your role as a preceptor is to review the Episode of Practice documentation with the nurse, facilitating critical thinking and analysis of the nurse's practice and outcome of care.

## SUBMISSION OF DOCUMENTATION:

Your **three (3)** completed assessment tasks are to be submitted to the facilitator of the Preceptor Workshop within the 2 month period and following attendance at the first compulsory feedback session for Preceptor/Assessors. On successful completion of the assessment requirements, the Preceptor Workshop facilitator will advise the Nursing Board of Tasmania of your competence as a Preceptor/Assessor, You will subsequently be issued with a Statement of Attainment.

## METHODS FOR SUBMITTING EVIDENCE:

You may provide evidence in a variety of ways, such as:

- audio/video
- written documentation
- or you may request direct observation from a Nursing Board of Tasmania Preceptor/Assessor.

## EXTENSION:

A maximum of one-month extension may be granted, in extenuating circumstances, by your Preceptor Workshop facilitator.

## FOLLOW-UP PRECEPTOR SUPPORT SESSIONS:

The first follow-up session is compulsory for you to attend so that you can critically analyse your role as a preceptor/assessor, receive feedback in relation to your strengths and areas for further development from the program provider and peers. It

is “highly recommended” that you attend further follow-up sessions as planned by your Provider and in consultation with you as a means of support and reflection on your role as a preceptor.

**FEEDBACK WILL BE PROVIDED BY:**

Follow-up:

- one compulsory follow-up session using peer and facilitator review
- additional follow-up sessions as planned by Provider in consultation with preceptors.
- facilitator feedback on a one to one basis.

**OR**

- A Nursing Board of Tasmania Preceptor/Assessor will provide you with constructive feedback. You are required to sign the assessment form to confirm receipt of feedback.


















 <p><b>PARTNERS</b> <i>in</i> <b>HEALTH</b> <small>University of Tasmania Faculty of Health Science &amp; Department of Health and Human Services</small></p>	<h1>PLOTTING DEMONSTRATION OF COMPETENCE</h1>													
<b>ACTIVITY SHEET NO</b>	<b>REGISTERED NURSE – ANMC COMPETENCY NUMBER</b>													
<b>One</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>
<b>Two</b>														
<b>Three</b>														
<b>Four</b>														

















# PLOTTING DEMONSTRATION OF COMPETENCE

ACTIVITY SHEET NO	ENROLLED NURSE – ANMC COMPETENCY NUMBER									
One	1	2	3	4	5	6	7	8	9	10
Two										
Three										
Four										





