

Practicum skills and competence expectation list Bachelor of Nursing students

This practicum skills and competence expectation list has been developed in partnership by the 5 tertiary providers of BN programmes in the Auckland region. It is intended to guide registered nurses, and others who precept/support student nurses, and outlines clinical competence expectations across the three years of the BN programme. However, care needs to be taken when applying these guidelines in the actual clinical setting as there are a number of factors that impact on students' ability to apply the listed skills/competencies in nursing practice as discussed below.

Student factors

Students enter the programme with a set of skills and experiences that are unique to them and may help or hinder their skill development in the clinical setting. Students' age, level of maturity, ability to communicate, and confidence in personal capabilities are just some of the many factors that impact on learning in, and from, clinical practice. It is a well-known fact that students who feel valued and supported in the clinical setting, and who get the right dose of constructive feedback at the right time, tend to settle quicker, learn faster, and become more effective team members, than students who do not feel welcome, or who are not supported by the clinical team.

Clinical experience

The amount of clinical experience is crucial in skill development. Not only are there differences between tertiary providers in the time and the amount of clinical experiences offered to students across the 3 years, there is also a significant difference in capabilities depending on where the student sits on the clinical time continuum. Many programmes offer several clinical experiences and it must be common sense to realise that there will be a significant difference in level of competence depending on whether it is the first or the last clinical experience of the year, or whether the student has been in a similar setting before.

Clinical context/setting

Students gain clinical experiences in a wide variety of clinical contexts and settings (aged residential care, primary health care, mental health, community/institutional care, and settings such as hospital wards and departments. Care needs to be taken when interpreting the attached general guidelines. For example the suggestion that a 3rd Year BN student accepts responsibility for 3-4 patients is based on the premise that this student is in a general medical/surgical ward with good staffing levels, medium acuity patients, completing the final week of clinical experience. It must be obvious that this guideline does not apply to students entering a new setting in their first week, or gaining experience in operating theatre, the IC Unit, ED, or the neonatal unit. The reader is thus asked to interpret the information below with due care, and in the case of doubt, to contact the tertiary provider for more detailed information.

Year One BN

(Many of the more technical and complex skills will be performed by Year One students in the 2nd semester and towards the end of their clinical experience)

Patient & Nursing Care	<ul style="list-style-type: none"> • Bed baths, assisting with showering & adjunctive care • Ensures patients are safe in their environment • Engages in the provision of fundamental nursing interventions under the supervision of agency staff • Able to gather subjective health data about ADL • With support, can perform a physical assessment • Assists with meals & oral intake when necessary • Pending patient acuity and length of clinical experience, may be caring for 2 patients under supervision by the end of the placement
Vital Signs	<ul style="list-style-type: none"> • Takes TPR, BP & SP02, begins to interpret results & reports & records these • At a beginning level is able to undertake a pain assessment • Takes CBG and reports & records
Elimination Documentation	<ul style="list-style-type: none"> • Assists the client with all forms of elimination and reports & records • Documents vital signs correctly in appropriate records • Can formulate basic nursing entry into progress notes & other commonly used forms
Professional Responsibility	<ul style="list-style-type: none"> • Presents professionally and behaves in a professional manner • With guidance, accesses policies & procedures to support nursing interventions and develop nursing knowledge • Able to locate emergency equipment • Accepts accountability for own actions, is reliable & punctual • Works in a culturally safe manner • Knows own limitations and informs staff when expected to work outside of scope of practice
Interpersonal Relationships	<ul style="list-style-type: none"> • Begins to display good therapeutic communication with patients and others • Negotiates care with patients and others • Displays empathy & a genuine interest in people
Quality Improvement	<ul style="list-style-type: none"> • Begins to articulate the role of the nurse in the clinical setting • Collaborates and works with members of the healthcare team
Medications (always under direct supervision)	<ul style="list-style-type: none"> • Can find information on medications • Demonstrates knowledge of the 5 rights of medication administration • Prepares and administers po/pr/pv/eye/ear/nose medications
Safety	<ul style="list-style-type: none"> • Adheres to hand washing policy and the principles of standard precautions • At a beginning level identifies risks and undertakes risk assessments such as for falls and skin pressure areas • Assists with the mobilisation of patients using principles of safe moving & handling • Maintain a safe and clutter-free environment for patients, self and others

Working with Year One students

Students gaining their first clinical experience need to be thoroughly orientated to the clinical environment, paying particular attention to health and safety aspects. All patient cares need to be carried out under supervision until such time that the agency staff member is certain that the student can safely perform the nursing intervention independently. The latter does not apply to such activities as carrying out wound dressings or the administration of medication.

Role modelling professional behaviour is a crucial aspect of preceptoring Year One students. Likewise, paying attention to the students' ability to communicate and establish/maintain interpersonal/therapeutic relationships with patients is important.

Of equal importance to skill development is the acquisition of professional knowledge. Students need to be able to articulate what has learned, or why one particular intervention is more appropriate than another. Typically, knowledge can't be inferred from observed nursing interventions, and hence it is crucial that preceptors set aside some time each day to engage in dialogue with the student.

The following bullet points are just a few examples of the type of questions/statements that can be used to open up dialogue prior to or after the nursing interventions have been implemented.

- "Let's discuss what we're going to do before we go in there."
- "Having read these patient's notes, what is your understanding of the situation?"
- "Tell me why you are doing that for your patient?"
- "Where would you look to find that information?"
- "What is this medication used for? What is its classification?"
- "Tell me what you assessed on your patient?"
- "What would you do in 'X' or in 'XY' situation?"
- After completing an intervention: "What went well? What didn't go so well? What would you do next time?"
- "Tell me what you thought about that?"

Year Two BN

In addition to the skills/expectations listed under Year One:

Patient & Nursing Care	<ul style="list-style-type: none"> • Pending patient acuity and context, should be caring for approximately 3 patients under supervision by the end of the clinical experience • Can discuss the pathophysiological and psychological processes related to patient's presenting health problems • Anticipates patient's need for care • Formulates an effective nursing care plan • Assesses wounds and carries out simple-moderate dressings • Collects urine/stool/sputum/swab specimens • Able to undertake patient/family/whanau education
Vital Signs	<ul style="list-style-type: none"> • Takes TPR, BP & SP02, records results and reports unusual results • Can undertake a pain assessment and report on same • Takes CBG and reports & records
Elimination Documentation	<ul style="list-style-type: none"> • Assists the client with all forms of elimination and reports & records • Where in use, utilises Early Warning System records appropriately • Formulates basic nursing entries in progress notes & other commonly used forms • Undertakes discharge planning under supervision
Professional Responsibility	<ul style="list-style-type: none"> • Identifies emergency procedures & equipment and assist when instructed to do so • Informs others when knowledge/skills will be/are being exceeded
Interpersonal Relationships	<ul style="list-style-type: none"> • Displays good therapeutic communication with patients and others; negotiates care with patients and others • Displays caring, empathy & an interest in people • Communicates effectively using ISOBAR tool with interprofessional health care team • Gives a concise thorough handover of patients
Quality Improvement	<ul style="list-style-type: none"> • Utilises literature and procedural guidelines/protocols to inform evidence-based practice • Collaborates and works with members of the healthcare team and contributes to clinical audits if the opportunity arises • Begins to reflect on and discusses ethical situations in practice
Medications (always under direct supervision)	<ul style="list-style-type: none"> • Administers prescribed metered dose inhalers (+/- spacer) & nebulisers • Assist with intravenous therapy as per local DHB policy • Prepares medications from ampoule or vial • Administers intramuscular injections
Safety	<ul style="list-style-type: none"> • Maintains asepsis and uses isolation techniques as required • Adheres to hand washing policy and principles of universal precaution • Readily identifies potential risks and undertakes appropriate risk assessments • Identifies and reports on potential hazards and risk for people

Working with Year Two students

Keeping in mind that beginning Year Two students have only had minimal exposure to clinical nursing, students often lack the routines that are often considered 'common sense' by agency staff members. The hospital environment in particular is quite overwhelming for students who lack the insight and/or experience of working in such complex organisations.

Orientation to the clinical area, introduction to key staff, and involvement in discussions and clinical decision-making is critical in order for students to feel part of the team, to manage their stress, and to make the environment conducive to learning.

As a preceptor, you need to know what clinical experiences your student has had. Where was the student placed previously, and what skills/knowledge was mastered? What are the current learning objectives, and are they realistic for the current clinical placement? Work alongside the student. Role-model bedside nursing practice, involving the student in increasingly complex nursing care. After the first few days, allow the student to take the lead in the cares provided. This allows you to observe the student's skills and assess his/her knowledge level. Only delegate nursing interventions after you have observed the student doing these skills previously. This way you know the delegation is safe and appropriate, and well within the student's ability and scope of practice.

The following bullet points are just a few examples of the type of questions/statements that can be used to open up dialogue prior to or after the nursing interventions have been implemented.

- "Tell me what you know about your patient as a person"
- "Tell me what you know about your patient's medical condition and how it affects life (or daily activities)"
- "I want you to do (name activity) while I observe, and afterwards I like you to reflect on it with me."
- "Tell me about your observations while caring for this patient"
- "Share with me your assessment findings of this wound, or this patient, or these lab results"
- "What are you going to do about these assessment findings?"
- "Tell me about the medications your patient is on, and the nursing considerations."
- "Tell me what you are going to tell the doctor when (s)he arrives for the ward round", or "when you telephone the doctor to report on your patient"
- "Tell me about your handover plan for this patient."

Year Three BN (excludes 'pre-graduate/transition/pre-reg' clinical experience)

In addition to the skills/expectations listed under Year Two:

Patient & Nursing Care	<ul style="list-style-type: none"> • Pending clinical context and patient acuity, cares for 3-4 patients under supervision towards the end of the clinical experience • Has a good grasp of pathophysiological and psychological processes related to patients condition • Undertakes comprehensive assessment in an organised & systematic way • Carries out all forms of oxygenation & airway support under supervision • Provides pre- and post-operative care for patients & family education • Demonstrates sound clinical reasoning and recognises & mitigates risk to patients & others • In consultation with RN, initiates advanced patient care
Vital Signs	<ul style="list-style-type: none"> • Taking TPR, BP, SP02, CBG, and ECGs, and records, reports, and actions abnormal findings under RN guidance
Elimination	<ul style="list-style-type: none"> • Assists the client with all forms of elimination and reports & records
Documentation	<ul style="list-style-type: none"> • Documents vital signs in Early Warning System record • Documents observations/assessment finding correctly and concisely • Formulates nursing entries into progress notes with minimal guidance
Professional Responsibility	<ul style="list-style-type: none"> • Locates and identifies emergency procedures & equipment • Informs others when knowledge/skills exceed personal ability/scope of practice • Understands the various aspects of direction & delegation and under RN supervision can monitor and evaluate care delivered by ENs, HCAs & others • Applies the Treaty of Waitangi. Te Tiriti O Waitangi to nursing practice • Accept responsibility for own actions within the scope of practice
Interpersonal Relationships	<ul style="list-style-type: none"> • Displays effective therapeutic communication with patients and others • Discusses care with patients and family/whanau to enable informed decision-making
Quality Improvement	<ul style="list-style-type: none"> • Demonstrates interprofessional understanding and collaboration in care planning • Is an active team player and fits comfortably within the healthcare team • Critically reflects upon own practice & defines learning needs
Medications (always under direct supervision)	<ul style="list-style-type: none"> • Intravenous & blood component therapy as per local DHB policy
Safety	<ul style="list-style-type: none"> • Adheres to hand washing policy and principles of universal precaution • Anticipates potential hazards and risk and actively takes steps to maintain a safe patient/working environment

Working with Year Three students

This is the final year of the BN programme and most nursing curricula offer a significant amount of clinical experiences in order to prepare the student for the health workforce. As preceptor it is important to undertake a solid assessment of the student's level of competence during the first few days. This will maximise active learning time, and also enable appropriate and safe delegation of nursing interventions at an earlier stage.

The focus in this final year is on learning more complex nursing skills, consolidating skills previously mastered, and becoming an effective member of the nursing- and multiprofessional team. Involving students in admissions and discharges, day-to-day clinical decision-making, medical rounds etcetera is essential for widening the students' experiences. Focusing on effective time management, dealing with a heavier workload, contacting members of the multiprofessional team, completing referrals and so on are examples of how students need to be included in a wide range of nursing activities.

The following bullet points are just a few examples of the type of questions/statements that can be used to open up dialogue prior to or after the nursing interventions have been implemented.

- "You'll be the RN this shift and I want you to tell me what you want me to do."
- "What do you think are the top problems we have to pay attention to here?"
- "Tell me what care we should do and what we can delegate to the EN/HCA?"
- "There is a new patient coming up, can you please admit them and give me a report after you do."
- "Explain to me our IVF/blood transfusion procedure as stipulated in our policy."
- "Following on from your patient assessment, what are the nursing considerations?"
- "Tell me what you think about: "the look of that patient", **or** "that patient's wound", **or** "the breathing patterns/sounds, **or** mental state" etcetera
- "Tell me about the medications your patient is on"
- "Tell me what you are going to tell the doctor when he arrives for the ward round", **or** "when you telephone him to report on your patient?"
- "Tell me about your handover plan for this patient."

The pre-graduate/transition/pre-registration clinical experience

This is the final clinical experience before students sit the Nursing Council exam. In line with Council requirements, this placement consists of a minimum of 9 weeks clinical experience in one setting.

Within the hospital setting, students are expected to do all the duties that are routine including weekends and nights. After sufficient orientation to the setting, students are expected to be given increasing responsibilities with decreasing levels of direct supervision.

Aim for negotiated responsibility of four patients midway through the placement. Build on the Year Three skills described on the page before

It is ideal if the student has the same preceptor throughout the placement mirroring their shifts if at all possible.

Giving students the space and the responsibilities to consolidate their nursing practice and experience to some extent the working realities of the registered nurse is crucial.

Monitoring nursing practice, actively engaging in retrospective evaluation of nursing care provided, and ongoing assessment of competence is essential at this final stage of the programme.

Any concerns need to be dealt with immediately, first with the student, and if no improvement follows, with the tertiary education provider as soon as possible so that appropriate measures can be taken to support the student and uphold the standards.

- “You’ll be the RN this shift and I want you to tell me what you want me to do.”
- “What do you think are the top priorities for the next.....time?” “ Why?”
- “Tell me what care we should do and what we can delegate to the EN/HCA?”
- “There is a new patient coming up, can you please admit them and give me a report on your assessment and plan of care after you do.”
- “Explain to me our IVF/blood transfusion procedure as stipulated in our policy.”
- “What considerations are there for this patient when discharged?”
- “Tell me what you think about: “the look of that patient”, **or** “that patient’s wound”, **or** “the breathing patterns/sounds, **or** mental state” etcetera
- “Tell me about the medications your patient is on”
- “Tell me what you are going to tell the doctor when he arrives for the ward round”, **or** “when you telephone him to report on your patient?”
- “Tell me about your handover plan for this patient.”
- “What risk assessments need to be completed for this patient?”

(For much more detailed information see also the MU ‘Preceptor focus sheet for Pre-Grad students’)