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| **Otago Polytechnic Bachelor of Nursing| Te Kura Tapuhi**  **Clinical Lecturer Summative Assessment** | | | |
| **Year 2 BN604002 Mental Health and Addictions** | | | |
| **Tauira ID:** | | **Tauira Name:** | |
| **Clinical Placement:** | | **Dates:** | |
| **Requirements** | **Pass** | | **Fail** |
| **1. Placement Orientation Worksheet**  **Pass  Fail** | Orientation to organisation is collected in a timely manner with appropriate information and detail to enable safe, professional practice within the clinical placement. | | Placement orientation is not completed with factual information **or** does not contain appropriate detail to enable safe, professional practice. |
| **2. Clinical reasoning**  .  **Pass  Fail** | Clearly documents comprehensive assessment findings using the Te Whare Tapa Whā/mental state and risk assessment, alcohol and substance misuse and any other assessment frameworks, including relevant pharmacological considerations.  Demonstrates the ability to analyse gathered data, effectively linking theory to practice to identify one (1) relevant patient safety issue//problem. Establishes appropriate person-centered goal, incorporates evidence-based interventions, and evaluates the effectiveness of care. | | Demonstrates limited documentation of assessment findings using the Te Whare Tapa Whā/mental state and risk assessment, alcohol and substance misuse and any other assessment frameworks, including relevant pharmacological considerations.  Shows limited ability to analyse data requiring further development in linking theory to practice and identifying one (1) relevant patient safety issue/problem. Person-centered goals and interventions are partially addressed, no evidence-based interventions evaluation of care, needs further refinement to ensure comprehensive care |
| Feedback: | | |
| **3. Evidence of Meeting Nursing Council Competency Standards**  **Pass  Fail**  . | Provides clear and comprehensive written evidence demonstrating how the specified descriptor was met by the tauira during the clinical learning experience. Includes a relevant and specific example involving an individual, whānau, or community, effectively linking the example to descriptors and demonstrating its application in practice. | | Provides limited or unclear written evidence, with insufficient demonstration of how the specified descriptors was met by the tauira during the clinical learning experience. Examples, if included, lack relevance or specificity to an individual, whānau, or community, and do not clearly link to the descriptor or its application in practice. |
| Feedback: | | |
| **4.Reflection on practice**  **Pass  Fail** | Provides thoughtful and insightful reflection on clinical practice, clearly identifying strengths, areas for improvement, and learning opportunities. Effectively links experiences to evidence-based practice and outlines a realistic and actionable plan for future development. | | Provides limited or superficial reflection on clinical practice, with minimal identification of strengths, areas for improvement, or learning opportunities. Does not effectively link experiences to evidence-based practice and fails to outline a clear plan for future action. |
| Feedback: | | |
| **5. Preceptor Clinical Competence Assessment**  **Pass  Fail** | Receives RN preceptor feedback indicating a minimum performance rating of 2 for all six pou, demonstrating satisfactory competence and safe nursing practice at the expected level | | Does not receive RN preceptor feedback indicating a minimum performance rating of 2 for all six pou, reflecting the need for further development in achieving satisfactory competence and safe nursing practice as the expected level |
| Feedback: | | |
| **6.Clincial Hours**  **Pass  Fail** | Successfully completed 120 hours of clinical practice, with all clinical hours accurately documented and verified by an RN preceptor. | | Has not completed the required 120 hours of clinical practice, or clinical hours are not accurately documented or verified by an RN preceptor. |
| **Kaiako feedback**  **Tauira learning goal for next clinical learning experience**  **Kaiako name:**  **Kaiako signature and date:**  **Tauira name:**  **Tauira signature and date:**  **Pass Fail** | | | |