

Supervised Practice Experience Partnership Assessment Form for Preceptors



COLLEGE OF NURSES
OF ONTARIO
ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

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Instructions

1. Please save this pdf to your computer.
2. This form must be completed by the organization applying to participate in the Supervised Practice Experience Partnership for the nursing applicant
3. Once completed, save the form for your records. This form does not need to be submitted to CNO.

APPLICANT INFORMATION

First name of applicant

Application Number:

Last name of applicant

Date supervision started DD / MMM / YY

Email address of applicant

Date supervision ended DD / MMM / YY

PRECEPTOR INFORMATION

Name of organization

Email address of preceptor

First name of preceptor

Position of preceptor

Last name of preceptor

Applicant has completed 140 hours of practice experience

Use this assessment form to confirm the applicant demonstrates their accountabilities related to the CNO's standards of practice. Please check either met or unmet.

ASSESSMENT (to be filled by preceptor)

| Scope of Practice | Met | Unmet |
|--|--------------------------|--------------------------|
| The applicant: | | |
| • Demonstrates understanding of how the <i>Regulated Health Profession Act</i> and the <i>Nursing Act</i> applies to their nursing practice. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Determines if they can perform a procedure or activity (Controlled Act vs. non Controlled Act). | <input type="checkbox"/> | <input type="checkbox"/> |
| • Ensures they have an appropriate authorizing mechanism, order or directive when needed. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Seeks clarification from the physician or nurse practitioner when orders are unclear. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Advocates for patients to ensure access to quality health care. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Ensures patient confidentiality and privacy, including the patient's personal health information. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Understands the ethical and legal obligations related to consent. | <input type="checkbox"/> | <input type="checkbox"/> |

Supervised Practice Experience Partnership Assessment Form for Preceptors *continued*



| Scope of Practice | Met | Unmet |
|---|--------------------------|--------------------------|
| • Understands the requirements for delegation of Controlled Acts. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Practices in accordance with all CNO practice standards and guidelines. | <input type="checkbox"/> | <input type="checkbox"/> |
| Competence | Met | Unmet |
| • Demonstrates competence working in a specific practice setting, (competence changes based on experience, knowledge, courses). | <input type="checkbox"/> | <input type="checkbox"/> |
| • Recognizes the limits of their competencies when patient's health care needs are complex or change. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Works within their own knowledge, skill and judgement. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Applies critical thinking and problem-solving skills when practising nursing. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Demonstrates an understanding of effective documentation principles and applies this knowledge to patient care settings. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Understands the regulatory requirements of the CNO's Quality Assurance program. | <input type="checkbox"/> | <input type="checkbox"/> |
| Interprofessional Practice | Met | Unmet |
| • Understands their role within the healthcare team. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Understands the roles and responsibilities of other members of the healthcare team. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Uses effective communication skills with patients and the healthcare team. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Collaborates and consults with colleagues in a clear, effective, professional, and timely manner. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Effectively consults and collaborates within a nursing team (RN, RPN, NP) | <input type="checkbox"/> | <input type="checkbox"/> |
| Practice Environment | Met | Unmet |
| • Identifies and accesses resources to support safe patient care (i.e., nurse educator, manager). | <input type="checkbox"/> | <input type="checkbox"/> |
| • Understands the composition of the health system. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Effectively navigates the health system to ensure safe patient care (home care, hospitals, LTC, retirement homes). | <input type="checkbox"/> | <input type="checkbox"/> |
| • Understands the relationship between CNO standards and employer policies and procedures | <input type="checkbox"/> | <input type="checkbox"/> |
| • Demonstrates skills in conflict prevention and management with patient and the health care team. | <input type="checkbox"/> | <input type="checkbox"/> |
| Patient-centred Care | Met | Unmet |
| • Understands the need for consent, how to obtain consent and promoting the patient's authority and autonomy. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Understands patients' rights and involves them in decisions related to their care. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Demonstrates ability to establish, maintain and discontinue a therapeutic nurse-client relationship. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Respects patient's culture, identity, and choice | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does not impose their personal beliefs and values | <input type="checkbox"/> | <input type="checkbox"/> |
| • Understands personal and professional boundaries | <input type="checkbox"/> | <input type="checkbox"/> |
| • Supports patient safety through knowledge and use of resources (i.e., incident reporting, near misses, system issues) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Takes action in situations where patient safety may be compromised | <input type="checkbox"/> | <input type="checkbox"/> |