BNRSG
Clinical Unit
NUR125;NUR244;NUR343;NUR344;NUR346
Bachelor Nursing
School Health/ Nursing
Background

The Australian Nursing Standards Assessment Tool (ANSAT) has been developed for assessing practice standards of registered nurse practice.

The ANSAT is a practical, one-page tool that reflects the National the Registered Nurse Standards for Practice (2016).

The ANSAT has been developed with input from academics, nurse educators, clinical facilitators, students and other stakeholders. The 23 items have been arranged under the seven domains of the National Registered Nurse Standards for Practice (2016):

1. Thinks critically and analyses nursing practice;
2. Engages in therapeutic and professional relationships;
3. Maintains the capability for practice;
4. Comprehensively conducts assessments;
5. Develops a plan for nursing practice;
6. Provides safe, appropriate and responsive quality nursing practice;

Each item is scored on a scale from 1 to 5, where a higher number indicates greater apparent competence. A score of 3 indicates that the student has achieved a passing level of competence (satisfactory) that would be expected for their stage of practice. Scores of 4 and 5 reflect that the student is demonstrating comfort (4) and sophistication (5) with respect to a given item, while a score of (1) or (2) indicates that competence is not yet satisfactory.

ANSAT items are assessed based on student performance of observable behaviours. A non-exhaustive set of examples of behaviours by domains are provided with the ANSAT to illustrate ways in which expected behaviours might be described for students. An advantage of these performance indicators is that they encourage the facilitator to describe desirable professional behaviours and they provide students with practical performance targets. In this respect the ANSAT also provides a self-directed learning tool that students can use to match the self-rating of behaviour to the behaviours expected of a newly graduated registered nurse.

Acknowledgement

Introduction

Why and how do we assess students’ performance?

Assessment is the process of making a judgement about a student’s performance against established criteria such as learning objectives or professional standards.

With ANSAT, the 7 standards for practice with their related 23 items are the criteria against which the student’s performance during (interim / formative) or at the end of a clinical placement (final / summative) is to be judged. Assessment of student performance during clinical placements involves the learner, the assessor and the university.

The individual who assesses student performance in the workplace/clinical environment is dependent on the model of practice supervision and assessment policy and procedure of the university. Assessors may be a RN preceptor, clinical facilitator, nurse educator or clinical supervisor. Ideally assessment decisions are based on a composite of feedback from relevant clinicians, e.g. ‘buddies’. However, one staff member is designated with the responsibility of completion of the assessment.
Assessment

Criteria

The ANSAT is a criterion based approach to the assessment of performance in the clinical setting. The criteria are the 23 items that compose the tool. The seven standards for practice have assessment items which reflect achievement of competence within that practice standard. Please refer to page 5.

Pass Standard

An advantage of marking students against minimal acceptable standards is that, theoretically at least, all assessors are assessing against the same standard. The target of clinical education is acquisition of a minimum acceptable level of skills and this target enables ranking of students relative to a common standard inclusive of their stage of practice.

Types of Assessment

Charles Darwin University refers to their mid-point assessment as interim and the end of placement assessment as final. Another common terminology is formative or summative.

- Formative (interim) or mid placement
- Summative (final) at the completion of placement

Interim Assessment

The interim or formative assessment in clinical education is designed to help students understand how they are progressing. The purpose of interim assessment is to improve student learning by providing information on strengths and weaknesses. It should be accompanied by strategies that facilitate improvement.

Interim assessment is important in guiding the student towards being able to meet expected behaviours.

It creates an opportunity for the facilitator of student learning and student to review the student’s progress in a non-threatening way. This allows the student to gain a clear picture of how they are progressing and what more they need to do to achieve the learning objectives and improve their performance.

The examples of desirable behaviours listed as the performance indicators published with the ANSAT are helpful in assisting the clinician who assesses to articulate the skills or attitudes that require attention. These sample behaviours are particularly useful for students when providing interim feedback during the placement and outlining aspects of practice requiring improvement. The indicators also guide students on the behaviours that can be worked towards during clinical education.
An ANSAT assessment form is completed during the **interim** (mid placement) feedback session.

The student should receive specific feedback on their performance. When providing feedback it is essential that the assessor is able to provide the student with specific examples of their clinical performance. These examples are evidence of why an item or area of practice has been rated at the level chosen.

The primary focus at **interim** (mid placement) feedback is to identify areas of clinical practice that the student is performing adequately, those areas requiring improvement and collaboratively negotiating strategies with the student to achieve this improvement. These strategies should be discussed with the student and provided to them in written form for them to reflect on after the mid placement discussion.

**Interim Self-Assessment by Student**

Unless students develop the capacity to make judgments about their own learning they cannot be effective learners now or in the future. Active student involvement in understanding assessment processes and contributing to them is essential.

To foster active involvement, students are to be encouraged to **self-assess** using the ANSAT and discuss discrepancies or similarities when self-assessment is compared to the assessment by the nurse who provides the assessment in the clinical setting (clinical assessor). Observation of differences provides opportunities for discussion and a path towards consensus about specific expectations and strategies for achieving this.

**Final Assessment**

**Final** or summative assessment focuses on the ‘whole’ of the student’s performance, that is, the extent to which each criteria / learning objective have been met overall for the clinical placement/course. It provides the student with a grade for the course or placement that contributes to their academic record. ANSAT **final** (summative) assessment takes place towards the end of the placement. Its purpose is to rate the level of achievement reached on completion of the placement. When finalising a student’s clinical assessment, the clinical assessor may draw on the experience of colleagues who have also supervised or supported the student.

While the general processes for completing the ANSAT and discussing it with your student at **final** evaluation are the same as at halfway, there are a number of considerations to keep in mind at this time.

- Base final ratings on your student’s **overall typical performance** for each item during the last 1-2 weeks of the placement. Where possible comments and feedback should refer to more than one example of your student’s performance otherwise they may feel they are being evaluated on the basis of a single incident.
• **Avoid** altering standards. The standards against which you rate the student performance at halfway and final evaluation should remain the same.

• **Give** your student the rating that corresponds with their actual performance. Do not feel the student has to automatically "go up a rating" if their performance has shown some improvement. There may be times when the degree of improvement does not correspond to the descriptors of performance at higher levels of the rating scale. Increasing standards on the rating scale is only one way to indicate improvement. The use of verbal and written feedback is a very effective way of highlighting the development you have observed.

• **Be prepared** to substantiate the ratings and feedback you have provided. Some students may wish to discuss and even challenge your decisions. Keep in mind examples of behaviours that illustrate higher standards on the rating scale.

• **Collaborate** with university staff in the event that your student is not going to pass the evaluation. Seek their advice and support prior to meeting to discuss the evaluation with your student.

**Challenges in Assessment**

Clinicians who assess student learning/practice in the workplace have identified concerns about their roles of teacher, facilitator, mentor and assessor as conflicting. All assessors of student learning report a desire to make a fair, honest and impartial judgement about a student’s performance and often report feeling stressed when grading a student at a level lower than expected or desired by the student.

Performance based assessment in the clinical environment will never be totally free of errors. However, there are several steps an assessor can take to reduce the subjectivity of their judgements and improve consistency within themselves and between assessors.

**Challenges in Scoring**

It is difficult to recall the path to achieving a graduate standard and natural that clinicians who assess may, in some circumstances, have unrealistic expectations of students – either too high or too low.

A genuine difficulty that will be encountered is the ability of clinicians to recall beginner attributes. While experienced facilitators of student learning may have a well-developed concept of beginning level practices, clinicians who are inexperienced in student assessment may be unsure and are encouraged to discuss uncertainties with clinicians who have experience in this area.

Experienced clinicians may also suffer from “upward creep” of a pass standard after exposure to the many excellent students encountered during the times they have supported student learning in the workplace.
**Rater bias**
All people and rating scales are susceptible to biases. It is helpful to be aware of these to minimise their effect.

**Halo effect**
This occurs when an overall impression (for example, a general liking) of the student influences ratings of specific items. This tends to artificially increase item scores because of this overall impression.

**Devil (Horn) effect**
A corollary to the halo effect is the devil effect, or horn effect, where students judged to have a single undesirable trait are subsequently judged to have many poor traits, allowing a single weak point or negative trait to influence perception of performance in general. To give an example, a student’s performance in the Professional practice category (particularly if it is weak) may influence the assessor’s rating of other categories.

Halo and devil effects may be reduced by careful attention to the performance indicators/behavioural cues that are typical for each item and also by assessing observable/demonstrable student behaviours as opposed to being influenced by their general impressions of the student.

**Leniency**
Leniency is the tendency to avoid harsh assessment, usually in order to avoid discomfort in the student/assessor relationship and to avoid negative effects on student morale. To avoid this bias, remember that students can only improve when they are provided with constructive and accurate feedback relative to their performance throughout the placement.

**Central Tendency**
A person applying this bias will not use the full extent of the scoring scale but tend to assess almost everyone as average.

**Anchoring**
This is the tendency to rely too heavily, or "anchor," on a past incident or on one trait or piece of information when making decisions.

An example may be an incident or poor performance of a student in the first week of the placement that continues to influence the facilitator’s rating of the student’s performance 4 weeks later at the end of the placement, even though the student has developed improved ability in this area.

**Outcome bias**
This may be another important source of bias for assessors to consider. This bias influences people to judge a decision more harshly if they are aware of a bad outcome, than they judge the same decision if they are unaware of the bad outcome.

In clinical education, a student whose decision or performance results in patient complications (or improvements) is likely to be assessed more harshly (or favourably) than if there were no observable consequences arising from those actions. Judging single decisions on the basis of their outcomes is problematic because the student has not had a chance to demonstrate learning or reflection arising from knowledge of the outcome. Assessing the quality of decisions should be confined to assessment of the way the student approached the problem and its solution.
Strategies for students having difficulty

The majority of students will progress through their program without significant difficulties. Difficulties may be related to:

- Student attitude, communication, professional practice, self-management or clinical skills in the workplace
- Cultural or linguistic diversity
- Health and/or personal issues

If it has been identified that the student is having difficulty, the first step is to discuss with the student the identified issues that are affecting their placement.

The following points may assist in the evaluation of a student having difficulty.

A student will fail if they:

- Are unsafe with clients;
- Demonstrate unsatisfactory or limited competence (marked inconsistency);
- Only perform safely and appropriately with substantial supervision and/or assistance;
- Demonstrate limited understanding and application of fundamental knowledge and skills; and/or
- Have significant gaps and/or inaccuracies in knowledge and skills
- Fail to demonstrate a level of professionalism

A student will pass if they:

- Demonstrate satisfactory performance;
- Perform safely and appropriately;
- Only require appropriate levels of supervision and guidance;
- Only require occasional prompting; and
- Demonstrate acceptable understanding and application of fundamental knowledge and skills.

What if the student doesn't agree with my evaluation of their performance?

A student may disagree with your evaluation and they have the right to disagree. It is important that you are open to discussing your assessment outcome with the student and this is why using examples to substantiate your grade is so important.

- Avoid reactive or defensive responses
- Don't negotiate the outcome - agree to disagree
- Repeat the evidence you have gathered and how it applies (Dunwoodie, Fitzgerald, Hill & Patane, 2007).
Tool and grading scale

The ANSAT assessment tool utilised by CDU is on page 9. The tool is utilised as the interim and final placement assessment. The behavioural cues that can be utilised to assist in assessment can be found on page 12. This is not an exhaustive list.
### Australian Nursing Standards Assessment Tool

**Student Name:**

**Student ID:**

**NUR244**

**Date of Assessment:**

**Agency Name:**

**Key**

1 = Expected behaviours and practices not performed

2 = Expected behaviours and practices performed below the acceptable/satisfactory standard

3 = Expected behaviours and practices performed at a satisfactory/pass standard

4 = Expected behaviours and practices performed at a proficient standard

5 = Expected behaviours and practices performed at an excellent standard

**Note:** a rating 1 &/or 2 indicates that the competency statement has NOT been achieved

**Assessment Items**

<table>
<thead>
<tr>
<th>RN Circle one number and initial</th>
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1. **Thinks critically and analyses nursing practice**
   - Complies and practices according to relevant legislation and policy
   - Uses an ethical framework to guide decision making and practice
   - Demonstrates respect for individual and culture (including Aboriginal and Torres Strait Islander) preferences and differences
   - Sources and critically evaluates relevant literature and research evidence to deliver quality practice
   - Maintains the use of clear and accurate documentation

2. **Engages in therapeutic and professional relationships**
   - Communicates effectively to maintain personal and professional boundaries
   - Collaborates with the health care team and others to share knowledge that promotes person centred care
   - Participates as an active member of the healthcare team to achieve optimum health outcomes
   - Demonstrate respect for a person’s rights and wishes and advocates on their behalf

3. **Maintains the capability for practice**
   - Demonstrates commitment to life-long learning of self and others
   - Reflects on practice and responds to feedback for continuing professional development
   - Demonstrates skills in health education to enable people to make decisions and take action about their health
   - Recognises and responds appropriately when own or other’s capability for practice is impaired
   - Demonstrates accountability for decisions and actions appropriate to their role

4. **Comprehensively conducts assessments**
   - Completes comprehensive and systematic assessments using appropriate and available sources
   - Accurately analyses and interprets assessment data to inform practice

5. **Develops a plan for nursing practice**
   - Collaboratively constructs a plan informed by the patient/client assessment
   - Plans care in partnership with individuals/significant others/health care team to achieve expected outcomes

6. **Provides safe, appropriate and responsive quality nursing practice**
   - Delivers safe and effective care within their scope of practice to meet outcomes
   - Provides effective supervision and delegates care safely within their role and scope of practice
   - Recognise and responds to practice that may be below expected organisational, legal or regulatory standards

7. **Evaluates outcome to inform nursing practice**
   - Monitors progress toward expected goals and health outcomes
   - Modifies plan according to evaluation of goals and outcomes in consultation with the health care team and others

**RN: GLOBAL RATING SCALE**

- In your opinion as an assessor of student performance, relative to their stage of practice, the overall performance of this student in the clinical unit was:
  - Unsatisfactory
  - Limited
  - Satisfactory
  - Proficient
  - Excellent

**Student Name:** (please print) _________________ Sign: _________________ Date: _________

**Clinical supervisor/teacher or Educator:** _________________ Sign: _________________ Date: _________

**Preceptor/Registered Nurse:** (please print) _________________ Sign: _________________ Date: _________

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### ASSESSOR FEEDBACK:

1. Thinks critically and analyses nursing practice

2. Engages in therapeutic and professional relationships

3. Maintains capability for practice

4. Comprehensively conducts assessments

5. Develops a plan for nursing practice

6. Provides safe, appropriate and responsive quality nursing practice

7. Evaluates outcomes to inform nursing practice

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**STUDENT COMMENTS:**

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Student: How would you rate your overall performance whilst undertaking this clinical placement? (use a ✓ & initial)

- [ ] Unsatisfactory
- [ ] Limited
- [ ] Satisfactory
- [ ] Proficient
- [ ] Excellent

**Assessor scoring rules**

- Circle ONLY ONE number for each item
- If a score falls between numbers on the scale the higher number will be used to calculate a total
- Evaluate the student’s performance against the MINIMUM competency level expected for their level of training. Please see assessors guide pp. 26-28.

The ANSAT feedback and assessment instrument is based on the Nursing and Midwifery Board of Australia RN Practice Standards (2016). Student’s competency is assessed according to each NMBA Domain. CDU expects that students perform their nursing care within the specified Scope of Practice.

It is within this scope that CDU expects the student to be assessed in relation to the NMBA Practice Standards. The instrument is based on Bondy’s work (1983). The grading scale is outlined below.

### Grading scale for ANSAT Competency Standards:

<table>
<thead>
<tr>
<th>Students must attain a minimum rating of:</th>
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<tbody>
<tr>
<td>(NURXXX): Satisfactory Level across all year levels by the completion of placement</td>
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<tr>
<th></th>
<th>Expected behaviours and practices not performed</th>
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<tr>
<td>(1)</td>
<td>Unsatisfactory: unsafe. Not achieving minimum acceptable level of performance for the expected level of practice. Demonstrate behaviours infrequently / rarely. Continuous verbal &amp; / or physical direction required.</td>
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<th></th>
<th>Expected behaviours and practices below acceptable/ satisfactory standard</th>
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<tr>
<td>(2)</td>
<td>Limited: Not yet satisfactory. Demonstrates behaviours inconsistently. Needs guidance to be safe. Continuous verbal &amp; / or physical direction required. Requires close supervision.</td>
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<tr>
<th></th>
<th>Expected behaviours and practices performed at a satisfactory / passing standards</th>
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<tbody>
<tr>
<td>(3)</td>
<td>Satisfactory: This is the passing standard. Demonstrates behaviours consistently to a satisfactory and safe standard. Occasional supportive cues required.</td>
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<th></th>
<th>Expected behaviours and practices performed at a proficient standard</th>
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<tr>
<td>(4)</td>
<td>Good: The student is comfortable and performs above the minimum passing standard with respect to an item. Practice performed at a safe standard. Infrequent supportive cues required. The student’s performance is consistent, reliable and confident.</td>
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<th></th>
<th>Expected behaviours and practices performed at an excellent standard</th>
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<tr>
<td>(5)</td>
<td>Excellent: Demonstrates most behaviours for the item well above minimum passing standard. Demonstrates greater independence in practice with safety a high priority. Supportive cues rarely required. Exhibits a level of excellence / sophistication with respect to an item.</td>
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1. THINKS CRITICALLY AND ANALYSES NURSING PRACTICE

- **Complies and practices according to relevant legislation and local policy**
  - Follows policies and procedures of the facility/organisation (e.g. workplace health and safety / infection control policies)
  - Maintains patient/client confidentiality
  - Arrives fit to work
  - Arrives punctually and leaves at agreed time
  - Calls appropriate personnel to report intended absence
  - Wears an identification badge and identifies self
  - Observes uniform/dress code
  - Maintains appropriate professional boundaries with patients/clients and carers

- **Uses an ethical framework to guide their decision making and practice**
  - Understands and respects patients’/clients’ rights
  - Allows sufficient time to discuss care provision with patient/clients
  - Seeks assistance to resolve situations involving moral/ethical conflict
  - Applies ethical principles and reasoning in all health care activities

- **Demonstrates respect for individual and cultural (including Aboriginal & Torres Strait Islander) preference and differences**
  - Practices sensitively in the cultural context
  - Understands and respects individual and cultural diversity
  - Involves family/others appropriately to ensure cultural/spiritual needs are met

- **Sources and critically evaluates relevant literature and research evidence to deliver quality practice**
  - Locates relevant current evidence (e.g. clinical practice guidelines and systematic reviews, databases, texts)
  - Clarifies understanding and application of evidence with peers or other relevant staff
  - Applies evidence to clinical practice appropriately
  - Participates in quality activities when possible (e.g. assists with clinical audit, journal club)
  - Shares evidence with others

- **Maintains the use of clear and accurate documentation**
  - Uses suitable language and avoids jargon
  - Writes legibly and accurately (e.g. correct spelling, approved abbreviations)
  - Records information according to organisational guidelines and local policy

2. ENGAGES IN THERAPEUTIC AND PROFESSIONAL RELATIONSHIPS

- **Communicates effectively to maintain personal and professional boundaries**
  - Introduces self to patient/client and other health care team members,
  - Greets others appropriately
  - Listens carefully and is sensitive to patient/client and carer views
  - Provides clear instructions in all activities
  - Uses a range of communication strategies to optimise patient/client rapport and understanding (e.g. hearing impairment, non-English speaking, cognitive impairment, consideration of non-verbal communication)
  - Communication with patient/client is conducted in a manner and environment that demonstrates consideration of confidentiality, privacy and patient’s/client’s sensitivities

- **Collaborates with health care team and others to share knowledge that promotes person-centred care**
  - Demonstrates positive and productive working relationships with colleagues
  - Uses knowledge of other health care team roles to develop collegial networks
  - Demonstrates a collaborative approach to practice
  - Identifies appropriate educational resources (including other health professionals)
  - Prioritises safety problems

- **Participates as an active member of the healthcare team to achieve optimum health outcomes**
  - Collaborates with the health care team and patient/client to achieve optimal outcomes
  - Contributes appropriately in team meetings
  - Maintains effective communication with clinical supervisors and peers
  - Works collaboratively and respectfully with support staff

- **Demonstrates respect for a person’s rights and wishes and advocates on their behalf**
  - Advocates for the patient/client when dealing with other health care teams
  - Identifies and explains practices which conflict with the rights/wishes of individuals/groups
  - Uses available resources in a reasonable manner
  - Ensures privacy and confidentiality in the provision of care
3. **MAINTAINS THE CAPABILITY FOR PRACTICE**

- **Demonstrates commitment to lifelong learning of self and others**
  - Links course learning outcomes to own identified learning needs
  - Seeks support from others in identifying learning needs
  - Seeks and engages a diverse range of experiences to develop professional skills and knowledge
  - Supports and encourages the learning of others

- **Reflects on practice and responds to feedback for continuing professional development**
  - Reflects on activities completed to inform practice
  - Plans professional development based on reflection of own practice
  - Keeps written record of professional development activities
  - Incorporates formal and informal feedback from colleagues into practice

- **Demonstrates skills in health education to enable people to make decisions and take action about their health**
  - Assists patients/clients and carers to identify reliable and accurate health information
  - Patient/client care is based on knowledge and clinical reasoning
  - Refers concerns to relevant health professionals to facilitate health care decisions/delivery
  - Provides information using a range of strategies that demonstrate consideration of patient/client needs
  - Prepares environment for patient/client education including necessary equipment
  - Demonstrates skill in patient/client education (e.g. modifies approach to suit patient/client age group, uses principles of adult learning)
  - Educates the patient/client in self-evaluation

- **Recognises and takes appropriate action when capability for own practice is impaired**
  - Identifies when own/other’s health/well-being affect safe practice
  - Advises appropriate staff of circumstances that may impair adequate work performance
  - Demonstrates appropriate self-care and other support strategies (e.g. stress management)

- **Demonstrates accountability for decisions and actions appropriate to their role**
  - Provides care that ensures patient/client safety
  - Provides rationales for care delivery and/or omissions
  - Sources information to perform within role in a safe and skilled manner
  - Complies with recognised standards of practice

4. **COMPRESSIVELY CONDUCTS ASSESSMENTS**

- **Completes comprehensive and systematic assessments using appropriate and available sources**
  - Questions effectively to gain appropriate information
  - Politely controls the assessment to obtain relevant information
  - Responds appropriately to important patient/client cues
  - Completes assessment in acceptable time
  - Demonstrates sensitive and appropriate physical techniques during the assessment process
  - Encourages patients/clients to provide complete information without embarrassment or hesitation

- **Accurately analyses and interprets assessment data to inform practice**
  - Prioritises important assessment findings
  - Demonstrates application of knowledge to selection of health care strategies (e.g. compares findings to normal)
  - Seeks and interprets supplementary information, (e.g. accessing other information, medical records, test results as appropriate)
  - Structures systematic, safe and goal oriented health care accommodating any limitations imposed by patient’s/client’s health status

5. **DEVELOPS A PLAN FOR NURSING PRACTICE**

- **Collaboratively constructs a plan informed by the patient/client assessment**
  - Uses assessment data and best available evidence to construct a plan
  - Completes relevant documentation to the required standard (e.g. patient/client record, care planner and assessment, statistical information)
  - Considers organisation of planned care in relation to other procedures (e.g. pain medication, wound care, allied health therapies, other interventions)

- **Plans and documents care to achieve expected outcomes with clear timeframes for evaluation**
  - Collaborates with the patient/client to prioritise and formulate short and long term goals
  - Formulates goals that are specific, measurable, achievable and relevant, with specified timeframe
  - Advises patient/client about the effects of health care
6. PROVIDES SAFE, APPROPRIATE AND RESPONSIVE QUALITY NURSING PRACTICE

- Delivers safe and effective care within their scope of practice to meet outcomes
  - Performs health care interventions at appropriate and safe standard
  - Complies with workplace guidelines on patient/client handling
  - Monitors patient/client safety during assessment and care provision
  - Uses resources effectively and efficiently
  - Responds effectively to rapidly changing patient/client situations

- Provides effective supervision and delegates safely within their role and scope of practice
  - Accepts and delegates care according to own or other’s scope of practice
  - Seeks clarification when directions/decisions are unclear
  - Identifies areas of own or other’s practice that require direct/indirect supervision
  - Recognises unexpected outcomes and responds appropriately

- Recognises and responds to practice that may be below expected organisational, legal or regulatory standards
  - Identifies and responds to incidents of unsafe or unprofessional practice
  - Clarifies care delivery which may appear inappropriate

7. EVALUATES OUTCOMES TO INFORM NURSING PRACTICE

- Monitors progress towards expected goals and health outcomes
  - Refers patient/client on to other professional/s
  - Begins discharge planning in collaboration with the health care team at the time of the initial episode of care
  - Monitors patient/client safety and outcomes during health care delivery
  - Records and communicates patient/client outcomes where appropriate

- Modifies plan according to evaluation of goals and outcomes in consultation with relevant health care team and others
  - Questions patient/client or caregiver to confirm level of understanding
  - Updates care plans/documentation to reflect changes in care
  - Uses appropriate resources to evaluate effectiveness of planned care/treatment
ANSAT Frequently Asked Questions

Below are a list of frequently asked questions and answers about the ANSAT

1. **When should I score an item using a ‘3’?**
   A 3 should be scored when the student has demonstrated performance of the item that is the minimum performance that you would consider necessary to achieve safe beginning level practice.

2. **When should I score an item using a ‘4’?**
   A 4 should be scored when the student has demonstrated performance of the item in a way that leaves no doubt that the practices are consistently at a beginning level standard.

3. **When should I score an item using a ‘5’?**
   A 5 should be scored when the student has demonstrated an excellent performance in relation to an item. This performance would be superior to that of a student scoring a 4 for the same item.

4. **How is the ANSAT scored?**
   The ANSAT has a maximum raw score of 115. Individual universities may apply additional hurdle requirements on certain items, and may have different weightings for the ANSAT component of a clinical placement/course result. CDU uses a global rating.

5. **How do I assess a student if they don’t demonstrate one of the behaviours described in the examples of performance indicators provided?**
   The list of performance indicators is not meant to be exhaustive, nor are the indicators meant to be a checklist. They are meant to provide a representative range of examples and demonstrate the principle that ‘feedback to students needs to describe the behaviour that the student needs to demonstrate in order to achieve a higher grade’.

6. **Should I rate the student on each performance indicator?**
   No. The student is rated on each of the 23 items on the ANSAT. The performance indicators provide examples of observable behaviours that indicate competency for particular items. Clinicians may use these and other relevant examples to provide feedback to students on the behaviours they are looking for as evidence of competence on a particular item.

7. **The student was not happy with a 3 and complained. What should I say?**
   Describe to the student the behaviours they would need to demonstrate in order for you to feel comfortable about their abilities and award them a 4, or delighted with their abilities and award them a 5. Students need to be clear about why you think their behaviours demonstrate the minimal acceptable performance level. The aim of feedback is to encourage students to become the best practitioners they can be. Provide the student with specific examples to illustrate behaviours that would achieve a higher grade.

8. **If a student scores 1s and 2s will the clinician who assesses recommend to the university to fail the placement?**
   Yes. Students are required to meet the requisite behaviours and practices in all domains areas to pass the clinical placement. Therefore, if a student scores 1s or 2s for any of the assessment items, they...
have not met the requirements of that domain and as such cannot be recommended by the assessor to have passed the placement.

It is very important that students are given explicit advice regarding the behaviours that they would need to demonstrate to achieve a pass or better. It is vital your initial focus is on objectively rating each item, and not on an overall result.

9. **I have a student who has been outstanding. Can I give students 5s?**
Certainly! Raters have a tendency to avoid scale extremes, however, it is very important to use the entire score range. Students should be given the worst or best scores if that is the most appropriate rating. All students should be told what it is they need to do to score a 4 or 5 and they should aim for excellence.

10. **Is the student judged against a beginning level practitioner or their expected ability for their stage of the course?**
Some programs have traditionally used beginning level competencies as the benchmark against which to judge student performance, while others have used the performance that would be expected at the particular stage of the course. For consistent and meaningful use of the ANSAT across programs, the student should be judged on each item against the minimum target attributes required to achieve a beginning level standard expected for their stage of practice.

11. **What do you mean by 1“Expected behaviours and practices not performed”?**
A score of 1 indicates that the student has not reached the minimal acceptable standard for that item. It is very important that students who do not achieve the minimal acceptable standard are provided with very clear examples of the behaviours that they need to demonstrate in order to achieve this. Performance indicators are provided to assist clinicians who facilitate student learning to give appropriate feedback and direction. Many relevant performance indicators have not been listed. For example, ‘does not take calls on mobile phone while assessing a patient’ is not listed as a performance indicator, but it could clearly be raised by a clinician who chose to mark a student below 3 for professional practice. Clinicians and students should collaborate to ensure that performance behaviours and strategies to achieve the required improvement are clear.

12. **What is a fair definition of a beginning level standard /satisfactory?**
In overall terms a student who scores a 3 for most items is performing at a beginning level standard and they are likely to be able to:

- acceptably manage a variety of patients with non-complex needs
- identify the patient/client’s major problems
- establish major goals
- prioritise goals
- select appropriate treatment
- complete treatment safely and effectively within a reasonable time frame
- demonstrate an awareness of limitations and where to seek assistance.
13. **What is a fair definition of an excellent standard?**

In overall terms a student who scores a 5 for most items is performing at an excellent beginning level standard for their stage of practice and also demonstrates:

- the ability to work relatively independently, thoroughly and sensitively.
- fluid, efficient and sensitive handling skills
- flexibility and adaptability
- competent linking of theory and practice
- appropriate reflection and insight
- rational and concise arguments for clinical decisions
- excellent time management

Students who score 3s for most items will be on a path between minimal acceptable and excellent performance.

14. **Time management is an important attribute for a graduate. Where is it rated on the ANSAT?**

Time management is not listed as a separate item as it is an important component of several of the aspects of practice. You will observe in the performance indicators that time management is assessed under the following items in domain 3, statements 5, 6, 7, 8.

15. **How do I assess items in domain 2, statement 3 – “Practices within an evidence based framework” during a clinical placement?**

Perusal of the performance indicators for EBP shows that if the student is applying EBP to patient care they are considering not only available current research evidence but also patient/client preferences, expertise of clinicians and available resources in deciding on the best management plan for their patient/client. This item also means that the student shows the ability to seek out any information relevant to the care of their patients. The student should access “pre-appraised” research evidence – i.e. clinical practice guidelines and systematic reviews. Students should make use of available online databases to locate relevant “pre-appraised” evidence (e.g. Cochrane, Clinical Evidence). It does not mean that the student has to do a literature review whilst on clinical placement, however if time is allocated to the student during the placement to search the literature on a particular topic, this is appropriate and would be assessed under this item. Involvement of the student in quality assurance activities during placement would also enable assessment under of this item.
Bibliography


