

College of Registered Nurses of Newfoundland and Labrador 1033 Topsail Road, Mount Pearl, NL A1N 5E9

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Instructions

This form must be completed by the assigned preceptor who has direct knowledge of the Internationally Educated Nurse's (IENs)/Re-Entry Nurse's practice. In situations where there is more than one preceptor, the assigned preceptor is responsible for completing the form with input from each preceptor. This form is to be completed upon completion of the SPEPP (minimum of 450 hours for RNs and 900 hours for NPs) and should be reviewed with the applicant.

The SPEPP assists IENs/Re-Entry Nurses gain currency of practice and concurrently enhance their nursing knowledge, skill, and judgement. Applicants should demonstrate an understanding of the College's Standards of Practice for Registered Nurses and Nurse Practitioners, the Scope of Practice Framework, and other relevant legislative, regulatory, and employer/organization documents.

APPLICANT INFORMATION	
First name	College Number
Last name	Date supervision started DD / MMM / YY
Email address	Date supervision ended DD / MMM / YY
PRECEPTOR(S) INFORMATION	
Site Name (e.g., Hospital name, Unit name)	Email address
First name	
Last name	
Site Name (e.g., Hospital name, Unit name)	Email address
First name	
Last name	



Site Name (e.g., Hospital name, Unit name)		Email address
First name		
Last name		
Site Name (e.g., Hospital name, Unit name)	_	Email address
First name		
Last name		
Site Name (e.g., Hospital name, Unit name)	-	Email address
First name		
Last name		
Site Name (e.g., Hospital name, Unit name)	_	Email address
First name		
Last name		
Site Name (e.g., Hospital name, Unit name)	_	Email address
First name		
Last name		



Input should be sought from all preceptors and the Supervised Practice Experience Partnership Program Final Assessment Form for Preceptors must be completed after a minimum of 450 hours for RNs or 900 hours for NPs under supervision and should be reviewed with the applicant. Part A, B, and C must be completed for IEN and re-entry RN/NP applicants. Part D reflects the advanced knowledge and competencies of NPs and must be completed for re-entry NPs only.

Within the context of beginning practice, indicate if the applicant has met, or not met the competency requirements as listed below:

Part A: Demonstrates the ability to provide competent and safe nursing care.	Met	Not Met
 Recognizes the limits of their competencies when client's health care needs are complex or change 		
 Demonstrates initiative to attain knowledge and skills to provide safe, competent, evidence-based care 		
Works within their own knowledge, skill, and judgement		
Applies critical thinking and problem-solving skills when practicing nursing		
Part B: Demonstrates the ability to work as an effective member of the health care team.	Met	Not Met
Operates within their role within the health care team		
Uses effective communication skills with clients and the healthcare team		
 Collaborates and consults with colleagues in a clear, effective, professional, and timely manner 		
Part C: Demonstrates an understanding of effective documentation principles and technology and applies this knowledge to practice setting(s).	Met	Not Met
Applies policies and procedures used in the practice setting(s)		
Part D: (Re-Entry NPs ONLY): Utilizes their advanced knowledge, skill, judgement and authority to diagnose, treat, and manage acute and chronic physical and mental illnesses.	Met	Not Met
 Collaborates and consults appropriately with the client and interprofessional team members in the provision of care to optimize client outcomes 		



Part D: (Re-Entry NPs ONLY): Utilizes their advanced knowledge, skill, judgement and authority to diagnose, treat, and manage acute and chronic physical and mental illnesses. (Continued)	Met	Not Met
 Provides relevant assessment, diagnoses health conditions/illnesses, and communicates the diagnosis, treatment options, and expected outcomes to the client within the NP's scope of practice and level of competence 		
 Selects from a range of relevant interventions, which may include but not limited to invasive and non-invasive procedures, pharmacologicals, non-pharmacologicals, blood and blood products, medical gases, complementary and/or alternative therapies, medical/health equipment and supplies, as well as relevant programs and services in the management of client care 		
Comments: Please Provide commentary on the overall performance of the applicant:		