









Victorian Clinical Assessment Document

For nurse training courses in cervical screening and sexual and reproductive health

This document was produced in partnership by:

- o Cancer Council Victoria
- o Family Planning Victoria (FPV)
- o The Department of General Practice at University of Melbourne (UoM)
- Melbourne Sexual Health Centre (MSHC) with Melbourne School of Population Health, University of Melbourne

Cancer Council Victoria and each of these training providers, have formed a best practice model for clinical placement with the development of the Victorian Preceptor Program (VPP). The VPP commenced in late 2006 and ensures ongoing collaboration with training providers and Cancer Council Victoria. The VPP aims to ensure high quality and up to date training and provides support for both preceptees (training nurses) and preceptors during clinical placements.

The Victorian Clinical Assessment Document is an initiative of the VPP. It is used by all Victorian cervical screening providers as a guide to assist preceptors in their critical role in cervical screening and sexual and reproductive health education.

Revised June 2019 Review June 2021

The revision of this current document would not have been possible without the commitment and contribution of:

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Course participant (preceptee) contact details

Name:	
Address:	
Phone:	
Workplace:	
Course provider:	
Course date:	
Victorian Clinical Assessment Document due date:	
Victorian Clinical Assessment Document received by course provider:	

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Introduction

To ensure high quality clinical training and education, Cancer Council Victoria and all Victorian cervical screening course providers, adhere to the Australian Government *competency guidelines for cervical screening providers in the renewed National Cervical Screening Program (guidelines)*.

As per the new guidelines, clinical practicum training must include opportunities for trainee-observed and preceptor-supervised clinical consultations and speculum examinations, including taking cervical screening samples. This competency-based clinical training must be adaptive and responsive to the individual learning needs of health care professionals. The number of required consultations, inclusive of the taking of cervical screening samples, will vary greatly. In most cases training should include at least five supervised consultations and cervical sample collections. This number, however, must be tailored to the individual to ensure, that at the end of clinical training, health care professionals demonstrate competency in:

- Effective communication skills that facilitate ability to give informed consent by ensuring the person has a clear understanding of the screening procedure
- Ensuring the client is as physically and psychologically comfortable, throughout the procedure, as possible
- Visualising the cervix (differentiating normal, variations of normal and abnormal) with minimal discomfort to the patient
- Adequate sampling of the transformation zone
- Correct specimen preparation and handling
- Appropriate documentation of the consultation and procedure and completion of pathology request forms
- Communication of screening test results and recommended follow-up.

These competencies, along with additional assessment requirements of the course providers, are included within the assessment component of this document.

Following course attendance and successful completion of all assessments (theory and clinical), preceptees are eligible to be Cancer Council Victoria certified, as a nurse cervical screening provider. This includes eligibility for a Victorian Cytology Service (VCS) practice number. Alternatively, you can negotiate with a medical practitioner to order tests through a private pathology provider.

As per the Australian Government competency guidelines for cervical screening providers in the renewed National Cervical Screening Program. 'Women' is the general term used throughout this document; however, as this document pertains to delivery of a cervical screening service to all applicable persons, providers must ensure these competencies are applied in their delivery of screening services to transgender and intersex persons who have a cervix.

Recommended clinical placement questions

The following two tables provide example questions that are recommended to ensure:

- expectations of both the preceptor and preceptee are clear
- training and learning needs are met during clinical placements

Example questions for preceptors to ask

Which course are you doing?

Have you undertaken any other clinical placements to date? If so, details?

Have you been conducting consultations while supervised by a preceptor (S) or observing a preceptor practice?

What would you like to achieve from your clinical placement today?

Is there any skill or information you would like to focus on?

Are you competent with any of the required skills?

Where are you currently working?

What are your reasons for undertaking this course?

Do you have any questions for me?

Example questions for preceptees to ask

What is the range of experience I could expect from a clinical placement with you?

Will I have to opportunity to take a sexual history from presenting clients?

Could I access your history taking form, for review, prior to clinical placement?

Will I be observing or able to have an active role and undertake cervical screens in the consultation?

How many cervical screens could I expect to complete at a session?

How many sessions of clinical supervision can you offer and how long is the duration of each session?

What time are the sessions? What time should I arrive?

Where are you located and what parking/ public transport is available?

What is the service dress code?

Assessment

All cervical screening courses in Victoria have set core assessments;

- Communication and consultation skills
- Cervical screening
- Provision of test results

Core assessments meet Australian Government competency guidelines for cervical screening providers in the renewed National Cervical Screening Program (NCSP).

All Victorian cervical screening training providers require preceptees to be competent in all core assessments. Required assessment criteria may vary slightly, dependent on the services offered by the training provider and clinic. Refer to individual training provider for details.

Feedback

Throughout all clinical placements a feedback process should be implemented. At the beginning of each placement, preceptees should identify and discuss their specific learning needs with their preceptor. During the feedback process preceptees are encouraged to self-reflect on each consultation and identify what went well, what aspects they were competent in and what aspects require further clarification. Reflection should assist in the development of the individual learning plan and progress should be recorded in the sessional log. Feedback is a joint responsibility of the preceptor and preceptee and should be ongoing.

Midway progress review

Although optional, all Victorian course providers recommend a midway progress meeting with a preceptor. Assessment midway through clinical placements, allows for formal feedback and preceptor recommendation on areas requiring improvement in order to achieve competency.

What is 'competency'?

The Australian Skills Quality Authority (ASQA) is the national regulator for Australia's vocational education and training sector. ASQA regulates courses and training providers to ensure nationally approved quality standards are met.

ASQA define competency as:

The consistent application of knowledge and skill to the standard of performance required in the workplace. It embodies the ability to transfer and apply skills and knowledge to new situations and environments.

This definition must be considered when assessing preceptees for autonomous practice as a nurse cervical screening provider, following training completion.

Note: Training should include a minimum of five unassisted supervised consultations and cervical screening test collections. There is no maximum number of screens, **final assessment is based on competency not number of cervical screening tests.** Depending upon the clinical placement setting and training provider, clinical placement may also include experience in other areas of sexual and reproductive health.

Clinical placement: sessional log

The sessional log provides an overview of clinical placement details. Each clinical placement should be recorded on a separate page as follows:

- **1) Screen number:** a minimum (but not limited to) 5 <u>unassisted</u> supervised clinical consultations, speculum examinations and cervical sample collections must be carried out by the preceptee.
- **2)** Role of preceptee: according to the learning need, clinical practice may be observed by the preceptee or they may carryout cervical screening consultations and sample collection under the guidance/supervision of the preceptor.
- 3) Client ID number: practice number to anonymously identify client. All client information in the sessional log is to remain confidential and unidentifiable.
- 4) Consultation details: reason for client's visit and any relevant case notes.
- 5) Aboriginal and/or Torres Strait Islander: Cervical cancer incidence and mortality rates are higher for Aboriginal and/or Torres Strait Islander people than non-Aboriginal and/or Torres Strait Islander people. Every health professional should ascertain the Aboriginal and/or Torres Strait Islander status for ALL clients attending for cervical screening. This data is collected by the National Screening Register to help improve health outcomes for this population.
- 5) Place of birth and language spoken at home
- **6) Result of cervical screening test:** preceptees are required to contact their preceptee to follow up cervical screening test results.
- **7) Learning actions:** after feedback discussion with preceptor identify learning points and how clinical practice might be improved and developed.
- 8) Preceptor feedback: preceptor to discuss with preceptee their individual learning needs and provide feedback accordingly

Pre	Preceptor name: Placement organisation:								Date:	Hours at placement:
Screen number		Role of preceptee			Consultation details (type of test, reason for test, relevant case notes,	or Torres Strait der?	and language at home	ing test result	Self-reflection: w	hat are your next learning objectives
Screen	observed	supervised	unassisted	Client ID	(type of test, reason for test, relevant case notes, sample tool)	Aboriginal and/or Torres Strait Islander?	Place of birth and language spoken at home	Cervical screening test result		w can you achieve them?
Pred	receptor feedback: Enable the preceptee to acknowledge areas for further learning and plan for future skill development.									
Prec	eptor	Name	9			Preceptor signature				

Prece	ptor r	name:			Placement organisation:			Da	ate: Hours at placement:
Screen number		Role of preceptee		Client ID	Consultation details (type of test, reason for test, relevant case notes,	Aboriginal and/or Torres Strait Islander?	Place of birth and language spoken at home	Cervical screening test result	Self-reflection: what are your next learning objectives
Screen	observed	supervised	unassisted	Clier	sample tool)	Aboriginal and/ Islan	Place of birth spoken a	Cervical screer	and how can you achieve them?
Prec	receptor feedback: Enable the preceptee to acknowledge areas for further learning and plan for future skill development.								
Prec	Preceptor Name					Preceptor signature			

epto	r nam	e:			Placement organisation:			Date: _	Hours at placement:	
number		Role of preceptee	·	t ID	Consultation details	Aboriginal and/or Torres Strait Islander?	Place of birth and language spoken at home	Cervical screening test result	Self-reflection: what are your next learning	
Screen number	observed	supervised	unassisted	Client ID	(type of test, reason for test, relevant case notes, sample tool)		Place of birth spoken	Cervical scree	objectives and how can you achieve them?	
Prec	eptor	feedb	oack: E	nable	the preceptee to acknowledge areas for further learning	g and pla	n for fut	ure skill deve	elopment.	
Preceptor Name						Preceptor signature				

Preceptor Name Preceptor Name Preceptor signature Preceptor			•							
Preceptor feedback: Enable the preceptee to acknowledge areas for further learning and plan for future skill development.	number		Role of preceptee	-	ıt ID		or Torres Strait der?	and language at home	ing test result	Self-reflection: what are your next learning
	Screen	observed	supervised	unassisted	Clier		Aboriginal and/ Islan	Place of birth spoken a	Cervical screer	objectives and how can you achieve them?
Preceptor Name Preceptor signature	Pred	eptor	feedb	ack: E	nable	the preceptee to acknowledge areas for further learning	and pla	n for fut	ure skill deve	elopment.
Preceptor Name Preceptor signature										
Preceptor Name Preceptor signature										
	Preceptor Name						Precep	tor signa	ature	

Preceptor name: ______ Placement organisation: ______ Date: _____ Hours at placement: _____

Precep	eceptor name:			Placement organisation:		Date: Hours at placement:					
		Role of preceptee	<u> </u>			es Strait	nguage e	t result			
Screen number				Client ID	Consultation details (type of test, reason for test, relevant case notes, sample tool)	and/or Torr Islander?	of birth and language spoken at home	Place of birth and language spoken at home Cervical screening test result	Self-reflection: what are your next learning objectives and how can you achieve them?		
Scre	observed	supervised	unassisted			Aboriginal and/or Torres Strait Islander?	Place of birth spoken	Cervical sc			
Prec	Preceptor feedback: Enable the preceptee to acknowledge areas for further learning and plan for future skill development.										
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Prece	eptor n	name:			Placement organisation:			Dat	te: Hours at placement:	
Screen number	Role of preceptee	-	Client ID	Consultation details (type of test, reason for test, relevant case notes	Aboriginal and/or Torres Strait Islander?	Place of birth and language spoken at home	Cervical screening test result	Self-reflection: what are your next learning objectives		
Screen	observed	supervised	unassisted	Clier	(type of test, reason for test, relevant case notes, sample tool)	Aboriginal and/ Islan	Place of birth spoken	Cervical screer	and how can you achieve them?	
Pre	Preceptor feedback: Enable the preceptee to acknowledge areas for further learning and plan for future skill development.									
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Pre	Preceptor Name					Preceptor signature				

Prece	ceptor name: Placement organisation:				Date: Hours at placement:				
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Screen number observed	Role of preceptee		Client ID	Consultation details	Aboriginal and/or Torres Strait Islander?	Place of birth and language spoken at home	Cervical screening test result	Self-reflection: what are your next learning objectives	
	observed	supervised	unassisted	Clier	(type of test, reason for test, relevant case notes, sample tool)		Place of birth spoken	Cervical scree	and how can you achieve them?
Pred	receptor feedback: Enable the preceptee to acknowledge areas for further learning and plan for future skill development.								
Pred	Preceptor Name					Precep	tor sign	ature	

Prece	ceptor name: Placement o				Placement organisation:			Dat	te: Hours at placement:	
Screen number		Role of preceptee	-	ıt ID	Consultation details	Aboriginal and/or Torres Strait Islander?	and language at home	Cervical screening test result	Self-reflection: what are your next learning objectives	
Screen	observed	supervised	unassisted	Client ID	(type of test, reason for test, relevant case notes, sample tool)	Aboriginal and/or Tc	Place of birth and language spoken at home	Cervical screen	and how can you achieve them?	
Prec	Preceptor feedback: Enable the preceptee to acknowledge areas for further learning and plan for future skill development.									
Prec	Preceptor Name					Preceptor signature				

Prece	ptor r	name:			Placement organisation:	Date: Hours at placement:					
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Screen number ved		Role of preceptee	-	Client ID	Consultation details		Place of birth and language spoken at home	Cervical screening test result	Self-reflection: what are your next learning objectives		
Screen	observed	supervised	unassisted	Clier	(type of test, reason for test, relevant case notes, sample tool)	Aboriginal and/or Torres Strait Islander?	Place of birth spoken a	Cervical screer	and how can you achieve them?		
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Prec	Preceptor feedback: Enable the preceptee to acknowledge areas for further learning and plan for future skill development.										
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Screen number		Role of preceptee	-	Client ID	Consultation details (type of test, reason for test, relevant case notes,	Aboriginal and/or Torres Strait Islander?	Place of birth and language spoken at home	Cervical screening test result	Self-reflection: what are your next learning			
Screen	observed	supervised	unassisted	Clier	sample tool)	Aboriginal and/	Place of birth spoken	Cervical scree	objectives and how can you achieve them?			
Preceptor feedback: Enable the preceptee to acknowledge areas for further learning and plan for future skill development.												
Pred	eptor	Name	e			Precep	tor sign	ature				

Prece	receptor name: Date: Hours at placement: Date: Date:									
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Screen number	Role of preceptee		🚆		Consultation details	Aboriginal and/or Torres Strait Islander?	boriginal and/or Torres Strait Islander? Place of birth and language spoken at home		Self-reflection: what are your next learning	
Screen	observed	supervised	unassisted	Clier	(type of test, reason for test, relevant case notes, sample tool)	Aboriginal and/	Place of birth and lang spoken at home	Cervical screening test result	objectives and how can you achieve them?	
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Pred	Preceptor feedback: Enable the preceptee to acknowledge areas for further learning and plan for future skill development.									
Pred	Preceptor Name Preceptor signature									

Prece	receptor name: Placement organisation: Date: Hours at placement:									
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Screen number	Role of preceptee			Consultation details (type of test, reason for test, relevant case notes, sample tool)		Aboriginal and/or Torres Strait Islander?	Place of birth and language spoken at home	ing test result	Self-reflection: what are your next learning	
Screen	observed	supervised	unassisted	Clier	sample tool)	Aboriginal and/	Place of birth spoken	Cervical screening test result	objectives and how can you achieve them?	
Pred	Preceptor feedback: Enable the preceptee to acknowledge areas for further learning and plan for future skill development.									
Pred	Preceptor Name Preceptor signature									

Prece	receptor name: Date: Hours at placement: Date: Date:									
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Screen number	Role of preceptee		🚆		Consultation details	Aboriginal and/or Torres Strait Islander?	boriginal and/or Torres Strait Islander? Place of birth and language spoken at home		Self-reflection: what are your next learning	
Screen	observed	supervised	unassisted	Clier	(type of test, reason for test, relevant case notes, sample tool)	Aboriginal and/	Place of birth and lang spoken at home	Cervical screening test result	objectives and how can you achieve them?	
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Pred	Preceptor Name Preceptor signature									

Prece	ptor r	name:			Placement organisation:				Date: Hours at placement:			
number	Role of preceptee		Role of preceptee		T I D		Consultation details		ler? and language t home ng test result		Self-reflection: what are your next learning	
Screen number	observed	supervised	unassisted	Client ID	(type of test, reason for test, relevant case notes, sample tool)	Aboriginal and/or Torres Strait Islander?	Place of birth and language spoken at home	Cervical screening test result	objectives and how can you achieve them?			
Preceptor feedback: Enable the preceptee to acknowledge areas for further learning and plan for future skill development.												
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Preceptor Name Preceptor signature												

Midway progress review

Although optional, Victorian course providers recommend a midway assessment prior to final assessment.

To be completed by preceptees undertaking all Victorian cervical screening courses.

- Communication and consultation skills
- Cervical screening
- Provision of test results (cervical screening +/- STI)

Core clinical competencies are included as midway assessments and then final assessments within the following page.

Midway progress review Consultation and communication skills

Assessment criteria	Developing competence	Independent practice
Welcomes client, introduces self, explains role.		
Discusses confidentially with client. Maintains a safe and confidential environment throughout consultation.		
Establishes patient identity and reason for visit.		
Asks for client: - Aboriginal and/or Torres Strait Islander status Country of birth Language spoken at home.		
Demonstrates effective communication skills and techniques to aid the collection of sensitive information e.g. - Seeking permission to take history. - Explaining the types and rationale for questions. - Asking open questions and listening to answers. - Paraphrasing, summarising, clarifying and silence.		
Is open and non-judgmental when taking a client history e.g. - Considers own attitudes and values and how these may influence consultation - Uses gender-neutral language when asking about sexual contacts - Does not make assumptions regarding patient sexuality or sexual practices, cultural identity or disability - Delivers relevant sexual and reproductive health information without bias - Uses language to normalise and promote positive sexual and reproductive health.		
Able to identify relevant sexual and reproductive health needs when taking client history. Considers broader health and screening needs and provides advice within own scope of practice or refers appropriately.		
Is aware of referral options and pathways. Where applicable, collaborates with other health care providers to meet needs.		
Checks cervical screening history.		
Provides accurate and clear information on human papillomavirus (common virus, many strains, transmission, natural progression of virus, possible cell change). Uses visual aids and resources if necessary.		
Provides accurate and clear information on the National Cervical Screening Program and cervical screening procedure to facilitate informed consent for examination and sample collection.		
Discusses the National Cancer Screening Register and informs client of opt out process.		
Considers eligibility for self-sampling and able to explain test and follow-up of a positive self-collected cervical screening test.		
Throughout consultation: recognises personal ability, scope of practice and level of professional competence. Seeks assistance and learning opportunities as needed.		
Documents accurate and concise details of the consultation in client file.		

Midway progress review Consultation and communication skills

Australian Government: cervical screening providers in the renewed National Cervical Screening Program (NCSP) required clinical competency.

		at facilitate the woman's ability inderstanding of the screening	
Unassist	ed practice and can progi	ress to final assessment	
or			
Learning	objectives have not beer	n met and a personal learning p	lan has been initiated
Preceptor's nam	e:	Signature:	Date:
Preceptee's nam	ne:	Signature:	Date:
Comments			

Midway progress review Cervical screening

Assessment criteria	Developing Competence	Independent practice
Confirms client's consent to procedure		
Sets up required instruments and equipment.		
Respects the privacy and dignity of clients at all times.		
Identifies and meets the emotional needs of a client throughout procedure.		
Ensures positioning of client to promote comfort and facilitation of optimal sample collection.		
Informs client of ability to stop the examination at any time.		
With consent, performs a vulval examination, informing client prior to any touch.		
Chooses the appropriate speculum and demonstrates safe and comfortable speculum insertion.		
Visualises the cervix with minimal discomfort to client, noting the transformation zone if visible and identifying any variations.		
Appropriate choice of sampling instrument. Demonstrates correct use of instrument to obtain sample from transformation zone.		
Demonstrates safe and comfortable speculum removal.		
Prepares specimen as per laboratory guidelines.		
Adheres to principles and standards of infection control throughout examination and screening procedure.		
Allows client privacy to redress.		
Ensures client is aware of the contact details for the National Cancer Registry and ability to update contact details, add a health care provider or opt off.		
Discusses practice recall procedure and obtains consent to add to recall.		
Discusses method of test results notification.		
Throughout consultation: recognises personal ability, scope of practice and level of professional competence. Seeks assistance and learning opportunities as needed.		

Midway progress review Cervical screening

Australian Government: cervical screening providers in the renewed National Cervical Screening Program (NCSP) required clinical competency.

- Ensuring the woman is as physically and psychologically comfortable, throughout the procedure, as possible
- Visualising the cervix (differentiating normal, variations of normal and abnormal) with minimal discomfort to the woman
- Adequate sampling of the transformation zone
- · Correct specimen preparation and handling
- Appropriate documentation of the consultation and procedure and completion of pathology request forms

	Unassisted practice and can progress to final a or Learning objectives have not been met and a	
Preceptor's name:	Signature:	Date:
Preceptee's name:	Signature:	Date:
Comments		

Midway progress review Provision of test results (cervical screening +/- STI)

Assessment criteria	Developing Competence	Independent practice
Is able to interpret test result/s.		
Refers to current Clinical Management Guidelines to explain correct follow-up process.		
Ensures timely notification of result/s. Articulates a plan for delivery of results in own practice		
Ensures correct client identification prior to delivering test result/s.		
Provides an accurate and clear explanation of test result/s to client.		
Provides an accurate and clear explanation of follow-up process as per current guidelines.		
Provides opportunity for the client to express opinions or concerns and ask questions.		
Offers resources (brochures, web links) to enhance client's understanding of results and/or follow-up.		
Is able to explain partner notification and contact tracing.		
Understands requirements for reporting test results to the Australian Government Department of Health.		
Is familiar with privacy principals when sharing information with appropriate health providers.		

Midway progress review Provision of test results (cervical screening +/- STI)

Australian Government: cervical screening providers in the renewed National Cervical Screening Program (NCSP) required clinical competency.

Communication of screening test r	esults and recommended follow-up	o.
Unassisted practice and can proof	rogress to final assessment	
Learning objectives have not be	peen met and a personal learning p	lan has been initiated
Preceptor's name:	Signature:	Date:
Preceptee's name:	Signature:	Date:
Comments		

Personal learning plans

What learning needs have you identified?	How can you achieve this?	Anticipated date
	-	of completion

Final core clinical competency assessments

To be completed by preceptees undertaking **all Victorian cervical screening** courses.

- Consultation and communication skills Cervical screening
- Cervical screening
- Provision of test results (cervical screening +/- STI)

Core clinical competencies are included as final assessments.

Final assessment Consultation and communication skills

Assessment criteria	Developing Competence	Independent practice
Welcomes client, introduces self, explains role.		
Discusses confidentially with client. Maintains a safe and confidential environment throughout consultation.		
Establishes patient identity and reason for visit.		
Asks for client: - Aboriginal and/or Torres Strait Islander status Country of birth Language spoken at home.		
Demonstrates effective communication skills and techniques to aid the collection of sensitive information e.g. - Seeking permission to take history. - Explaining the types and rationale for questions. - Asking open questions and listening to answers. - Paraphrasing, summarising, clarifying and silence.		
Is open and non-judgmental when taking a client history e.g. - Considers own attitudes and values and how these may influence consultation - Uses gender-neutral language when asking about sexual contacts - Does not make assumptions regarding patient sexuality or sexual practices, cultural identity or disability - Delivers relevant sexual and reproductive health information without bias - Uses language to normalise and promote positive sexual and reproductive health.		
Able to identify relevant sexual and reproductive health needs when taking client history. Consider scope of practice of both clinical service and health practitioner.		
Is aware of referral options and pathways. Where applicable, collaborates with other health care providers as needed to achieve optimal outcomes for client.		
Checks cervical screening history.		
Provides accurate and clear information on human papillomavirus (common virus, many strains, transmission, natural progression of virus, possible cell change). Uses visual aids and resources if necessary.		
Provides accurate and clear information on the National Cervical Screening Program and cervical screening procedure to facilitate informed consent for examination and sample collection.		
Discusses the National Cancer Screening Register and informs client of opt out process.		
Considers eligibility for self-sampling and able to explain test and follow-up of a positive self-collected cervical screening test.		
Throughout consultation: recognises personal ability, scope of practice and level of professional competence. Seeks assistance and learning opportunities as needed.		
Documents accurate and concise details of the consultation in client file.		

Final assessment Consultation and communication skills

Australian Government: cervical screening providers in the renewed National Cervical Screening Program (NCSP) required clinical competency.

Demonstrates competency in:

Effective communication skills that facilitate the woman's ability to give informed consent by ensuring the woman has a clear understanding of the screening procedure
 Independent practice and competent

or		
Learning objectives have no	ot been met and a personal learning p	olan has been initiated
Preceptor's name:	Signature:	Date:
Preceptee's name:	Signature:	Date:
Has this assessment been discusse Comments	d with the preceptee?	□NO

Final assessment Cervical screening

Assessment criteria	Developing Competence	Independent practice
Confirms client's consent to procedure		
Sets up required instruments and equipment.		
Respects the privacy and dignity of clients at all times.		
Identifies and meets the emotional needs of a client throughout procedure.		
Ensures positioning of client to promote comfort and facilitation of optimal sample collection.		
Informs client of ability to stop the examination at any time.		
With consent, performs a vulval examination, informing client prior to any touch.		
Chooses the appropriate speculum and demonstrates safe and comfortable speculum insertion.		
Visualises the cervix with minimal discomfort to client, noting the transformation zone if visible and identifying any variations.		
Appropriate choice of sampling instrument. Demonstrates correct use of instrument to obtain sample from transformation zone.		
Demonstrates safe and comfortable speculum removal.		
Prepares specimen as per laboratory guidelines.		
Adheres to principles and standards of infection control throughout examination and screening procedure.		
Allows client privacy to redress.		
Ensures client is aware of the contact details for the National Cancer Registry and ability to update contact details, add a health care provider or opt off.		
Discusses practice recall procedure and obtains consent to add to recall.		
Discusses method of test results notification.		
Throughout consultation: recognises personal ability, scope of practice and level of professional competence. Seeks assistance and learning opportunities as needed.		

Final assessment Cervical screening

Australian Government: cervical screening providers in the renewed National Cervical Screening Program (NCSP) required clinical competency.

- Ensuring the woman is as physically and psychologically comfortable, throughout the procedure, as possible
- Visualising the cervix (differentiating normal, variations of normal and abnormal) with minimal discomfort to the woman
- Adequate sampling of the transformation zone
- · Correct specimen preparation and handling
- Appropriate documentation of the consultation and procedure and completion of pathology request forms

Independent practice and c	ompetent	
or		
Learning objectives have no	ot been met and a personal learning p	olan has been initiated
Preceptor's name:	Signature:	Date:
Preceptee's name:	Signature:	Date:
Has this assessment been discusse	d with the preceptee?	□NO
Comments Please note: if competency is not act in working towards competency.	chieved in this assessment, please pro	ovide feedback to assist preceptee

Final assessment Provision of test results (cervical screening +/- STI)

Assessment criteria	Developing Competence	Independent practice
Is able to interpret test result/s.		
Refers to current Clinical Management Guidelines to explain correct follow-up process.		
Ensures timely notification of result/s. Articulates a plan for delivery of results in own practice		
Ensures correct client identification prior to delivering test result/s.		
Provides an accurate and clear explanation of test result/s to client.		
Provides an accurate and clear explanation of follow-up process as per current guidelines.		
Provides opportunity for the client to express opinions or concerns and ask questions.		
Offers resources (brochures, web links) to enhance client's understanding of results and/or follow-up.		
Is able to explain partner notification and contact tracing.		
Understands requirements for reporting test results to the Australian Government Department of Health.		
Is familiar with privacy principals when sharing information with appropriate health providers.		

Final assessment Provision of test results (cervical screening +/- STI)

Australian Government: cervical screening providers in the renewed National Cervical Screening Program (NCSP) required clinical competency.

Communication of screening tes	st results and recommended follow-up).
Independent practice and control or Learning objectives have no	competent ot been met and a personal learning pl	an has been initiated
Preceptor's name:	Signature:	Date:
Preceptee's name:	Signature:	Date:
Has this assessment been discusse Comments	d with the preceptee?	□NO

Final check list for course participant

To be completed by preceptee and submitted to the Course Administrator.

Name of course participant:	
Course and date attended:	
VCAD Submission due date:	
Checklist	Tick once complete
Theory assessment of individual course provider	
Clinical placement sessional log	
VPP approved preceptor at each clinical placement	
Midway assessment	
Personal learning plans	
Final assessment by approved preceptor	
Total number of unassisted cervical screening tests completed (minimum of 5)	
Comments (optional)	

Final checklist for nurse educator

To be completed and submitted to the Course Administrator.

Name of course participant:	
Course and date attended:	
VCAD submission due date:	
Date VCAD received:	
Chacklist	Tick once complete
Theory assessment of individual course provider	
Clinical placement sessional log	
VPP approved preceptor at each clinical placement	
Summary of clinical placement hours	
Midway assessment	
Personal learning plans	
Final assessment by approved preceptor	
Total number of supervised & unassisted cervical screening tests completed (minimum of 5)	
Comments (optional)	
Competent & independently practicing Further assessment and/or practice require	ed.
On successful course completion your details are forwarded to Cancer Council Victoria to streamli Certification process. If you do not wish your details to be passed to Cancer Council Victoria please this with your course coordinator.	
I give permission for Cancer Council Victoria to be informed of my name and date of course co	mpletion
Signed Print Name	
Professional title	