Supervisor’s formative report – Enrolled nurse

Updated February 2019

Enrolled nurse

The supervisor’s formative report template is a tool to provide progress updates to the Nursing and Midwifery Board of Australia (NMBA) at intervals agreed in the supervised practice plan and supervision guidelines.

It is essential that you read the relevant [Enrolled nurse standards for practice](http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx) in conjunction with this document. When completing this document the standards, domains, and indicators are to be considered.

The NMBA’s[Framework for assessing standards for practice for registered nurses, enrolled nurses and midwives](http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines/Framework-for-assessing-national-competency-standards.aspx) should also be referred to throughout the duration of the program and during the completion of this document.

Supervision formative (interim) report template

The supervisor must work with the supervisee to provide regular reports to the Australian Health Practitioner Regulation Agency (AHPRA) for the NMBA’s consideration:

* as stipulated by the NMBA on approval of a supervised practice plan and otherwise as required by the NMBA,
* to propose or justify changes in supervision, including level of supervision, and
* with application for renewal of registration by a supervisee.

For information on reports and reporting requirements, please refer to the NMBA’s [Supervision guidelines for nurses and midwives](http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx).

Supervision report details

**Date of report:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of supervisee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature of supervisee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is the purpose of this report?**

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|  | | Progress (provide details below) | | | |
|  | |  | | 1 Month | |
|  | |  | | 3 Months | |
|  | |  | | 6 Months | |
|  |  | | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Commencement date of reporting period**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Conclusion date of reporting period**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of current approved supervised practice location**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of current approved Ward/Unit/Clinic**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of principal supervisor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature of principal supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of secondary supervisor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature of secondary supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of additional supervisor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature of additional supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Have there been any changes in the principal or secondary supervisors since supervision commenced?**

Yes**[[1]](#footnote-2)**

No

If yes, please provide details

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**2. Reason for supervision (tick one):**

Provisional registration/general registration with conditions for re-entry to practice − Supervised practice component only (Pathway 1)

Condition or undertaking requiring supervision for a health, performance, or conduct matter

Registration with condition (e.g. internationally qualified nurse)

Other − please list\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Supervisee suitable for ongoing registration:**  Yes  No

**4. Current Level of supervision:** (please tick level of supervision at time of report)

Level 1 (Direct)  Level 2 (Indirect)

**5. Anticipated supervision completion date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Changes recommended to the previously agreed supervised practice plan, if any and reasons for changes:**

(Please attach separate sheets if necessary)

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**7. Is a change of supervision level proposed?**

No

Yes – from Level \_\_\_\_\_\_ to Level \_\_\_\_\_\_

If **yes**, a change of level is being proposed − describe how the registrant’s performance has been evaluated and the key outcomes of that assessment in relation to a change of supervision level.

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8. How many hours has the supervisee completed?

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| **Activity** | **This period** | **Cumulative** |
| Hours of direct patient/client contact: (e.g. assessment and/or treatment of individuals*)* |  |  |
| Hours of professional development (outside of patient/client related activity) occurring during rostered hours at practice location |  |  |
| Hours taken as sick leave or absent from practice (on a rostered day of practice) |  |  |

Supervisee progress self-assessment

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| **Supervisee’s self-assessment** | | | | | | | | |
| **Self-assessment of supervisee’s competency development against the** [Enrolled nurse standards for practice](https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx) ***(to be completed by the supervisee)***  Mark with a cross on the scale of 1 to 5 where 5 is standard for practice met. | | | | | | | | |
|  | ***Addressed*** | | ***Cumulative progress*** | | | | | |
|  |  |  |  | 1 | 2 | 3 | 4 | 5 |
| 1. Functions in accordance with the law, policies and procedures affecting enrolled nurse practice | Yes | No |  |  |  |  |  |  |
| 1. Practises nursing in a way that ensures the rights, confidentiality, dignity and respect of people are upheld | Yes | No |  |  |  |  |  |  |
| 1. Accepts accountability and responsibility for own actions | Yes | No |  |  |  |  |  |  |
| 1. Interprets information from a range of sources in order to contribute to planning appropriate care | Yes | No |  |  |  |  |  |  |
| 1. Collaborates with the registered nurse, the person receiving care, and the healthcare team when developing plans of care | Yes | No |  |  |  |  |  |  |
| 1. Provides skilled and timely care to people receiving care and others whilst promoting their independence and involvement in care decision-making | Yes | No |  |  |  |  |  |  |
| 1. Communicates and uses documentation to inform and report care | Yes | No |  |  |  |  |  |  |
| 1. Provides nursing care that is informed by research evidence | Yes | No |  |  |  |  |  |  |
| 1. Practises within safety and quality improvement guidelines and standards | Yes | No |  |  |  |  |  |  |
| 1. Engages in ongoing development of self as a professional | Yes | No |  |  |  |  |  |  |

Supervisor assessment

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| **Supervisor’s report** | | | | | | | | |
| **List details of the supervisee’s competence development against the** [Enrolled nurse standards for practice](https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx) ***(to be completed by principal supervisor  – if further comment is required please elaborate within report)*:**  Mark with a cross on the scale of 1 to 5 where 5 is standard for practice met. | | | | | | | | |
|  | ***Addressed*** | | ***Cumulative progress*** | | | | | |
|  |  |  |  | 1 | 2 | 3 | 4 | 5 |
| 1. Functions in accordance with the law, policies and procedures affecting enrolled nurse practice | Yes | No |  |  |  |  |  |  |
| 1. Practises nursing in a way that ensures the rights, confidentiality, dignity and respect of people are upheld | Yes | No |  |  |  |  |  |  |
| 1. Accepts accountability and responsibility for own actions | Yes | No |  |  |  |  |  |  |
| 1. Interprets information from a range of sources in order to contribute to planning appropriate care | Yes | No |  |  |  |  |  |  |
| 1. Collaborates with the registered nurse, the person receiving care, and the healthcare team when developing plans of care | Yes | No |  |  |  |  |  |  |
| 1. Provides skilled and timely care to people receiving care and others whilst promoting their independence and involvement in care decision-making | Yes | No |  |  |  |  |  |  |
| 1. Communicates and uses documentation to inform and report care | Yes | No |  |  |  |  |  |  |
| 1. Provides nursing care that is informed by research evidence | Yes | No |  |  |  |  |  |  |
| 1. Practises within safety and quality improvement guidelines and standards | Yes | No |  |  |  |  |  |  |
| 1. Engages in ongoing development of self as a professional | Yes | No |  |  |  |  |  |  |

Supervision report on progress

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| **Learning objectives listed in supervised practice plan** | **Progress in achieving goals**   1. Met 2. Not yet met but achievable 3. Not met and not achievable[[2]](#footnote-3) |
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| **Emerging issues or problems (if applicable)** | **Measures to address emerging issues or problems** |
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| **Summary statement on performance during this period of supervision and ongoing recommendations for further supervision (supervisor to complete)** |
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| **Supervisee’s response (supervisee to complete)** |
| **This formative report and its contents have been discussed with me by my principal supervisor** Yes No |
| **Summary statement:** |

Principal supervisor declaration

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of principal supervisor) declare that the information contained in the attached supervision report about the work of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of supervisee) is true and correct.

**Signature of principal supervisor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of supervisee**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who do you send it to?

All documentation should be sent to the AHPRA office in your capital city, as listed on contact us section of the AHPRA website ([www.ahpra.gov.au](http://www.ahpra.gov.au))

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| AHPRA  Nursing and Midwifery Registrations **or** Notifications (select as applicable)  GPO Box 9958  In your capital city (refer below) | | You may contact the Australian Health Practitioner Regulation Agency on 1300 419 495 or you can lodge a web enquiry at [www.ahpra.gov.au](http://www.ahpra.gov.au) | |
| Sydney NSW 2001  Adelaide SA 5001 | Canberra ACT 2601  Perth WA 6001 | Melbourne VIC 3001  Hobart TAS 7001 | Brisbane QLD 4001  Darwin NT 0801 |

For information on the Nursing and Midwifery Board of Australia refer to the website: [www.nursingmidwiferyboard.gov.au](http://www.occupationaltherapyboard.gov.au)

1. A [Request for change in circumstances for nurses and midwives undertaking supervised practice (form ACCL-40)](http://www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Forms.aspx)  is to be submitted to the NMBA with each change of supervisor (Pathway 2 registrants completing an [approved program of study](http://www.nursingmidwiferyboard.gov.au/Accreditation/Approved-Programs-of-Study.aspx) are not required to complete this form if remaining at the same practice location). [↑](#footnote-ref-2)
2. Supervisors should contact the NMBA as soon as practical if the learning objectives are not achievable [↑](#footnote-ref-3)