Supervisor’s summative report

Updated February 2019

Midwife

The supervisor’s summative report template is a tool to provide final assessment to the Nursing and Midwifery Board of Australia (NMBA).

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

The NMBA’s[Framework for assessing standards for practice for registered nurses, enrolled nurses and midwives](https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/frameworks/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 summative (final) report template

Supervision reports, completed by the supervisor in consultation with the supervisee, are to be submitted 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* (SPP) and otherwise as required by the NMBA
* upon completion of an approved period or supervised practice
* together with an application for general registration following a period of provisional registration.

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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisee registration number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Commencement date of SPP/Placement**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Conclusion date of SPP/Placement:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of approved supervised practice location/education provider**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Have there been any changes to the practice location since provisional registration was granted (for the purpose of supervised practice)**

[ ]  Yes

[ ]  No

If yes, please provide details

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**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 midwife)

[ ]  Other − please list\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Supervision level at completion:** (please tick level of supervision at time of report)

[ ]  Level 1 (Direct) [ ]  Level 2 (Indirect)

**4. How many hours has the supervisee completed?**

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| **Activity** | **Since last report**  | **Cumulative in total** |
| Hours of direct patient/client, mother/child contact: (e.g. assessment and/or treatment of individuals*)* |  |  |
| Hours of professional development (outside of client/mother/child 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 summative self-assessment summary**

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| **Supervisee’s self-assessment** |
| **Self-assessment of supervisee’s competency development against the** [Midwife 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 competency met. |
|  | ***Addressed*** | ***Summative assessment*** |
|  |  |  |  | 1 | 2 | 3 | 4 | 5 |
| 1. Promotes health and wellbeing through evidence-based midwifery practice
 | Yes [ ]  | No [ ]  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Engages in professional relationships and respectful partnerships
 | Yes [ ]  | No [ ]  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Demonstrates the capability and accountability for midwifery practice
 | Yes [ ]  | No [ ]  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Understands comprehensive assessments
 | Yes [ ]  | No [ ]  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Develops a plan for midwifery practice
 | Yes [ ]  | No [ ]  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Provides safety and quality in midwifery practice
 | Yes [ ]  | No [ ]  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Evaluates outcomes to improve midwifery practice
 | Yes [ ]  | No [ ]  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Supervisor assessment**

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| **Supervisor’s report** |
| **List details of the supervisee’s competence against the** [Midwife standards for practice](https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx) ***(to be completed by the 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 competency met. |
|  | ***Addressed*** | ***Summative assessment*** |
|  |  |  |  | 1 | 2 | 3 | 4 | 5 |
| 1. Promotes health and wellbeing through evidence-based midwifery practice
 | Yes [ ]  | No [ ]  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Engages in professional relationships and respectful partnerships
 | Yes [ ]  | No [ ]  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Demonstrates the capability and accountability for midwifery practice
 | Yes [ ]  | No [ ]  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Understands comprehensive assessments
 | Yes [ ]  | No [ ]  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Develops a plan for midwifery practice
 | Yes [ ]  | No [ ]  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Provides safety and quality in midwifery practice
 | Yes [ ]  | No [ ]  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Evaluates outcomes to improve midwifery practice
 | Yes [ ]  | No [ ]  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Supervision report (summative)

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| **Learning objectives listed in supervised practice plan** *(attach additional sheet if required)* | **Summative assessment (evaluation)**1. Met
2. Not yet met but may be achievable[[2]](#footnote-3)
3. Not met and not achievable[[3]](#footnote-4)
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**Have issues or problems noted in formative (interim) reports been resolved (if applicable)?**

Yes **[ ]**  No **[ ]**  Not applicable **[ ]**

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| **Issue or problem noted in formative report**  | **Measures taken and outcome**  |
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**Summative assessment report against standards for practice**

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| **Standard 1: Promotes health and wellbeing through evidence-based midwifery practice** |
| The midwife: 1. identifies what is important to women as the foundation for using evidence to promote informed decision-making, participation in care, and self-determination
2. accesses, analyses, and uses the best available evidence, that includes research findings, for safe, quality midwifery practice
3. uses health assessment and health education to support birth and reproductive health, and minimise the potential for complications
4. undertakes ongoing processes of reflection to ensure professional judgements acknowledge how personal culture impacts on practice
5. supports access to maternity care for the woman
6. supports the development, implementation and evaluation of evidenced-based health initiatives and programs, and
7. identifies and promotes the role of midwifery practice and the midwifery profession in influencing better health outcomes for women.
 |
| **Summative assessment****Rating:** Competent **[ ]**  Not competent **[ ]**  **If considered not competent please provide comments below:** |
| **Date: Principal supervisor’s signature:** |

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| **Standard 2: Engages in professional relationships and respectful partnerships** |
| The midwife: 1. supports the choices of the woman, with respect for families and communities in relation to maternity care
2. partners with women to strengthen women’s capabilities and confidence to care for themselves and their families
3. practises ethically, with respect for dignity, privacy, confidentiality, equity and justice
4. practises without the discrimination that may be associated with race, age, disability, sexuality, gender identity, relationship status, power relations and/or social disadvantage
5. practises cultural safety that is holistic, free of bias and exposes racism
6. practises in a way that respects that family and community underpin the health of Aboriginal and/or Torres Strait Islander Peoples
7. develops, maintains and concludes professional relationships in a way that differentiates the boundaries between professional and personal relationships, and
8. participates in and/or leads collaborative practice.
 |
| **Summative assessment****Rating:** Competent **[ ]**  Not competent **[ ]**  **If not competent please provide comments below:** |
| **Date: Principal supervisor’s signature:** |

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| **Standard 3:** **Demonstrates the capability and accountability for midwifery practice** |
| The midwife: 1. understands their scope of practice[[4]](#footnote-5)
2. practises within relevant legal parameters and professional standards, codes and guidelines
3. participates in own continuing professional development to maintain the required knowledge and skill base for safe and effective practice
4. contributes to a culture that supports learning, teaching, knowledge transfer and critical reflection
5. engages in timely consultation, referral and documentation
6. uses relevant processes to identify, document and manage complexity and risk
7. recognises and responds appropriately where safe and quality practice may be compromised, and
8. considers and responds in a timely manner to the health and wellbeing of self and others in relation to the capability for practice.
 |
| **Summative assessment****Rating:** Competent **[ ]**  Not competent **[ ]**  **If not competent please provide comments below:** |
| **Date: Principal supervisor’s signature:** |
| **Standard 4:** **Undertakes comprehensive assessments** |
| The midwife: 1. works in partnership to determine factors that affect, or potentially affect, the health and wellbeing of women, communities and populations
2. uses assessment techniques to systematically collect relevant and accurate information
3. analyses information and data and communicates assessments and anticipated outcomes as the basis for midwifery practice, and
4. assesses the resources that are available to inform planning.
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| **Summative assessment****Rating:** Competent **[ ]**  Not competent **[ ]**  **If not competent please provide comments below:** |
| **Date: Principal supervisor’s signature:** |

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| **Standard 5:** **Provides safety and quality in midwifery practice** |
| The midwife: 1. interprets assessment data and best available evidence to develop a plan for practice
2. collaboratively develops plans until options, priorities, goals, actions, anticipated outcomes and timeframes are agreed with the woman, and/or relevant others
3. co-ordinates resources effectively and efficiently for planned actions, and
4. documents, evaluates and modifies plans to facilitate the anticipated outcomes.
 |
| **Summative assessment****Rating:** Competent **[ ]**  Not competent **[ ]**  **If not competent please provide comments below:** |
| **Date: Principal supervisor’s signature:** |

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| **Standard 6:** **Undertakes comprehensive assessments** |
| The midwife: 1. actively contributes to quality improvement and research activities
2. practises to achieve the agreed goals and anticipated outcomes that meet the needs of the woman
3. is responsible for consultation and referral and/or escalation in situations that are outside the individual’s scope of practice, and
4. provides and accepts effective and timely direction, allocation, delegation, teaching and supervision.
 |
| **Summative assessment****Rating:** Competent **[ ]**  Not competent **[ ]**  **If not competent please provide comments below:** |
| **Date: Principal supervisor’s signature:** |

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| **Standard 7:** **Evaluates outcomes to improve midwifery practice** |
| The midwife: 1. evaluates and monitors progress towards planned goals and anticipated outcomes
2. revises plan and actions based on evidence and what is learned from evaluation
3. uses evaluation and reflection to inform future practice and professional development
 |
| **Summative assessment****Rating:** Competent **[ ]**  Not competent **[ ]**  **If not competent please provide comments below:** |
| **Date: Principal supervisor’s signature:** |

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| **Supervisee’s response (supervisee to complete)** |
| **This summative report and its contents have been discussed with me by my principal supervisor** Yes **[ ]**  No **[ ]**  |
| **Supervisee’s summary comments:**  |

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| **Supervisor summary (supervisor to complete)** |
| **This summative report and its contents have been discussed with the supervisee** Yes **[ ]**  No **[ ]**  |
| **Supervisor’s summary comments:**  |

Recommendation for registration (to be completed by the principal supervisor):

I declare that the supervisee named in this document has completed the minimum number of supervised practice hours specified by the Nursing and Midwifery Board of Australia, has been deemed competent in all the standards for practice elements and can be recommended for general registration.

Yes **[ ]**  No\* **[ ]**

\*supporting documentation must be attached

Principal supervisor’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal supervisor’s registration number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisee’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Principal supervisor declaration

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of principal supervisor) declare that the information contained in the attached supervision report about the work of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of supervise) 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 the contact us section of the AHPRA website ([www.ahpra.gov.au](http://www.ahpra.gov.au))

|  |  |
| --- | --- |
| AHPRA Nursing and Midwifery Registrations **or** Notifications (select appropriate division ) GPO Box 9958In 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 2001Adelaide SA 5001 | Canberra ACT 2601Perth WA 6001 | Melbourne VIC 3001Hobart TAS 7001 | Brisbane QLD 4001Darwin NT 0801 |

For information on the Nursing and Midwifery Board of Australia refer to the NMBA website <http://www.nursingmidwiferyboard.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. Not achievable during the time period of placement. Supervisors are required to explain rationale and plan [↑](#footnote-ref-3)
3. Supervisors should contact the NMBA as soon as practical if learning objectives are not achievable [↑](#footnote-ref-4)
4. See the glossary in these standards for a definition of scope of practice. [↑](#footnote-ref-5)