Supervisor’s summative report

Updated February 2019

Registered nurse

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 [Registered nurse 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 that specify how the standard is demonstrated 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.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](https://www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/reentry-to-practice.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 nurse)

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 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 summative self-assessment summary

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| **Supervisee’s self-assessment** | | | | | | | | |
| **Self-assessment of supervisee’s competency development against the** [Registered 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 competency met. | | | | | | | | |
|  | ***Addressed*** | | ***Summative assessment*** | | | | | |
|  |  |  |  | 1 | 2 | 3 | 4 | 5 |
| 1. Thinks critically and analyses nursing practice. | Yes | No |  |  |  |  |  |  |
| 1. Engages in therapeutic and professional relationships. | Yes | No |  |  |  |  |  |  |
| 1. Maintains the capability for practice. | Yes | No |  |  |  |  |  |  |
| 1. Comprehensively conducts assessments. | Yes | No |  |  |  |  |  |  |
| 1. Develops a plan for nursing practice. | Yes | No |  |  |  |  |  |  |
| 1. Provides safe, appropriate and responsive quality nursing practice. | Yes | No |  |  |  |  |  |  |
| 1. Evaluates outcomes to inform nursing practice. | Yes | No |  |  |  |  |  |  |

Supervisor assessment

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| **Supervisor’s report** | | | | | | | | |
| **List details of the supervisee’s competence against the** [Registered 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 competency achieved met. | | | | | | | | |
|  | ***Addressed*** | | ***Summative assessment*** | | | | | |
|  |  |  |  | 1 | 2 | 3 | 4 | 5 |
| 1. Thinks critically and analyses nursing practice. | Yes | No |  |  |  |  |  |  |
| 1. Engages in therapeutic and professional relationships. | Yes | No |  |  |  |  |  |  |
| 1. Maintains the capability for practice. | Yes | No |  |  |  |  |  |  |
| 1. Comprehensively conducts assessments. | Yes | No |  |  |  |  |  |  |
| 1. Develops a plan for nursing practice. | Yes | No |  |  |  |  |  |  |
| 1. Provides safe, appropriate and responsive quality nursing practice. | Yes | No |  |  |  |  |  |  |
| 1. Evaluates outcomes to inform nursing 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 the Registered nurse standards for practice**

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| **Standard 1: Thinks critically and analyses nursing practice** |
| The registered nurse:  1.1 accesses, analyses, and uses the best available evidence, that includes research findings, for safe, quality practice  1.2 develops practice through reflection on experiences, knowledge, actions, feelings and beliefs to identify how these shape practice  1.3 respects all cultures and experiences, which includes responding to the role of family and community that underpin the health of Aboriginal and Torres Strait Islander peoples and people of other cultures  1.4 complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions  1.5 uses ethical frameworks when making decisions  1.6 maintains accurate, comprehensive and timely documentation of assessments, planning, decision-making, actions and evaluations, and  1.7 contributes to quality improvement and relevant research. |
| **Summative assessment**  **Rating:** Competent  Not competent  **If not competent please provide comments below:** |
| **Date: Principal supervisor’s signature:** |

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| **Standard 2: Engages in therapeutic and professional relationships** |
| The registered nurse:  2.1 establishes, sustains and concludes relationships in a way that differentiates the boundaries between professional and personal relationships  2.2 communicates effectively, and is respectful of a person’s dignity, culture, values, beliefs and rights  2.3 recognises that people are the experts in the experience of their life  2.4 provides support and directs people to resources to optimise health-related decisions  2.5 advocates on behalf of people in a manner that respects the person’s autonomy and legal capacity  2.6 uses delegation, supervision, coordination, consultation and referrals in professional relationships to achieve improved health outcomes  2.7 actively fosters a culture of safety and learning that includes engaging with health professionals and others, to share knowledge and practice that supports person-centred care  2.8 participates in and/or leads collaborative practice, and  2.9 reports notifiable conduct of health professionals, health workers and others. |
| **Summative assessment**  **Rating:** Competent  Not competent  **If not competent please provide comments below:** |
| **Date: Principal supervisor’s signature:** |

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| **Standard 3: Maintains the capability for practice** |
| The registered nurse:  3.1 considers and responds in a timely manner to the health and wellbeing of self and others in relation to the capability for practice  3.2 provides the information and education required to enhance people’s control over health  3.3 uses a lifelong learning approach for continuing professional development of self and others  3.4 accepts accountability for decisions, actions, behaviours and responsibilities inherent in their role, and for the actions of others to whom they have delegated responsibilities  3.5 seeks and responds to practice review and feedback  3.6 actively engages with the profession, and  3.7 identifies and promotes the integral role of nursing practice and the profession in influencing better health outcomes for people. |
| Summative assessment  Rating: Competent  Not competent  If not competent please provide comments below: |
| Date: Principal supervisor’s signature: |

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| **Standard 4: Comprehensively conducts assessments** |
| The registered nurse:  4.1 conducts assessments that are holistic as well as culturally appropriate  4.2 uses a range of assessment techniques to systematically collect relevant and accurate information and data to inform practice  4.3 works in partnership to determine factors that affect, or potentially affect, the health and wellbeing of people and populations to determine priorities for action and/or for referral, and  4.4 assesses the resources available to inform planning. |
| Summative assessment  Rating: Competent  Not competent  If not competent please provide comments below: |
| Date: Principal supervisor’s signature: |

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| **Standard 5: Develops a plan for nursing practice** |
| The registered nurse:  5.1 uses assessment data and best available evidence to develop a plan  5.2 collaboratively constructs nursing practice plans until contingencies, options priorities, goals, actions, outcomes and timeframes are agreed with the relevant persons  5.3 documents, evaluates and modifies plans accordingly to facilitate the agreed outcomes  5.4 plans and negotiates how practice will be evaluated and the time frame of engagement, and  5.5 coordinates resources effectively and efficiently for planned actions. |
| Summative assessment  Rating: Competent  Not competent  If not competent please provide comments below: |
| Date: Principal supervisor’s signature: |

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| **Standard 6: Provides safe, appropriate and responsive quality nursing practice** |
| The registered nurse:  6.1 provides comprehensive safe, quality practice to achieve agreed goals and outcomes that are responsive to the nursing needs of people  6.2 practises within their scope of practice  6.3 appropriately delegates aspects of practice to enrolled nurses and others, according to enrolled nurse’s scope of practice or others’ clinical or non-clinical roles  6.4 provides effective timely direction and supervision to ensure that delegated practice is safe and correct  6.5 practises in accordance with relevant policies, guidelines, standards, regulations and legislation, and  6.6 uses the appropriate processes to identify and report potential and actual risk related system issues and where practice may be below the expected standards. |
| 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 inform nursing practice** |
| The registered nurse:  7.1 evaluates and monitors progress towards the expected goals and outcomes  7.2 revises the plan based on the evaluation, and  7.3 determines, documents and communicates further priorities, goals and outcomes with the relevant persons. |
| 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 demonstrated competence against each standard within the *Registered nurse standards for practice* 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 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 below:

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| AHPRA  Nursing and Midwifery Registrations **or** Notifications (select appropriate division)  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 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 the learning objectives are not achievable [↑](#footnote-ref-4)