

**EPP ----:** Insert Title

**Trainee**

Name: -------------------------------------------------------------

Title: ---------------------------------------------------------------

Ward or department: -----------------------------------------

**Clinical assessor**

Name: -------------------------------------------------------------

Title: ---------------------------------------------------------------

Method of assessment: -------------------------------------

**Supervision Record**

Please detail your clinical supervision activity.

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| **Date** | **Activity** | **Suggested learning activities** | **Clinical assessors signature** |
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**Skill criteria Knowledge criteria**

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| No errors observed | 5 | Evaluation: *articulates response, what, when how and why*  | 5 |
| Occasional errors, corrected by trainee | 4 | Synthesis: articulates the *connections between the parts*  | 4 |
| Frequent errors, corrected by trainee | 3 | Analysis: *able to examine how parts relate to the whole* | 3 |
| Frequent errors, not corrected by trainee | 2 | Application: *can relate facts to another situation*  | 2 |
| Trainee unable to proceed without instruction/prompting | 1 | Knowledge and understanding: *provides examples and distinguishes differences between examples*  | 1 |

K= knowledge (minimum level indicated in box \*) S= skill (*minimum level 4 for all expanded practices*)

| **Observable criteria** | **Minimum level** | **Tick level of achievement** | **Assessment Outcome** | **Assessors Signature and Date** |
| --- | --- | --- | --- | --- |
|  | **\* State required level i.e. S4, K5** | **1** | **2** | **3** | **4** | **5** | **Pass****✓** | **Fail****✓** |  |
| ***Professional and Legal Practice***  |
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| ***Anatomy, physiology and pathophysiology (if applicable)*** |
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| ***Environmental Preparation & Communication***  |
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| ***Pharmacology & drug administration (if applicable)*** |
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| ***Procedure***  |
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| ***Infection control***  |
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| ***Documentation and Communication***  |
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**Competency Statement**

**Practitioner’s signature and date:**

I am competent in this procedure at this time and understand the standard statement, action and outcome. Having received appropriate training, I accept full responsibility for the maintenance my own competence and have discussed this role as part of my job description with the person to whom I am managerially accountable.

|  |  |
| --- | --- |
| Signature:   | Date: |
| Printed name: | Date: |

**Clinical Assessor’s signature and date:**

I confirm that the above practitioner has achieved the required competency level and is now able to work autonomously in an unsupervised capacity.

|  |  |
| --- | --- |
| Signature:   | Date: |
| Printed name: | Date: |
| Job role: |

Please place one copy of this record in your professional portfolio and give a second copy to your line manager

**EPP --- Assessors Guidelines:**

| **Assessment Criteria** | **Minimum required knowledge and/or skill** |
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| ***Professional Practice and legal framework***  |
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| ***Anatomy, physiology and pathophysiology***  |
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| ***Environmental preparation and communication***  |
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| ***Pharmacology and drug administration***  |
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| ***Procedure***  |
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| ***Infection control*** |
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| ***Documentation and communication***  |
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