Examination of written and verbal communication

Assessment of competences for ANP / ACP / SCP

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | **NOT competent** | **Competent** | **Signature and date** |
| Written and verbal communication |
| 1 | Accurate, comprehensive and timely written communication that is legible and adheres to professional and legal standards as set out in the NNM code of conduct (or practitioner’s professional body) and the trust standard |  |  |  |
| 2 | Accurate, comprehensive and timely verbal communication is clear and adheres to professional and legal standards as set out in the NNM code of conduct (or practitioner’s professional body) and the trust standard |  |  |  |
| 3 | Can present a patient’s clinical history and the clinical findings in a clear and succinct manner |  |  |  |
| 4 | Can refer patients to other health teams via the accepted pathway while adhering to ethical and legal requirements with verbal and written data according to trust policy |  |  |  |
| 5 | Provides appropriate handover of patients to all members of the multidisciplinary team (verbal and written data) |  |  |  |
| 6 | Can communicate with patients, relatives and the multidisciplinary team effectively |  |  |  |
| 7 | Demonstrates knowledge and ability to communicate all aspects of the patient pathway to patients, relatives and the multidisciplinary team |  |  |  |
| 8 | Can follow trust process when emotional circumstances, bereavement and clinical incidents occur |  |  |  |
| 9 | Can critically analyse own ability to communicate and demonstrates an awareness of own limitations and when to involve other professionals |  |  |  |
| 10 | Describes core components of written and verbal communication |  |  |  |
| 11 | Demonstrates professional behaviours that are commensurate with the role and working within their code of conduct |  |  |  |

|  |
| --- |
| **Assessor’s comments**: |
|  |
| **This practitioner has completed these outcomes to the appropriate standard.****Assessor’s name:****Signature and date:** | **Practitioner’s signature:****Date:** |