



IO 7: Tools, Instruments and Guidelines for the Identification of Individual Competence Profiles

Lead partner: TU Dresden, Germany

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www.project-hceu.eu



The HCEU project

More than any other sector the healthcare sector is already today dependent on the mobility of workers from across Europe and even on an international scale in order to overcome skill shortages that are strongly influencing this sector in EU Member States. So far the mobility of skilled workers is strongly hindered by highly complex and time consuming validation and recognition processes and by missing transparency among healthcare qualifications in the European Member States. HCEU makes a major contribution towards transparency of healthcare qualifications across borders and facilitates processes to formally recognise and validate healthcare qualifications acquired abroad as well as through in- and non-formal learning within different healthcare recognition and validation systems in the European Union.

For this purpose the HCEU consortium makes use of the highly awarded and already in many cases practically applied VQTS model. The VQTS model does not focus on the specificities of national VET systems but uses learning outcomes and work processes to enhance transparency. It provides a 'common language' to describe competences and their acquisition and a way to relate these competence descriptions to concrete qualifications/ certificates and competence profiles of individuals. The VQTS model relates on the one hand to the work process and follows on the other hand a 'development logical' differentiation of a competence profile. This makes it an ideal and comprehensive tool to appreciate the lifelong learning of healthcare professionals in the context of formal recognition processes.

Based on this approach HCEU develops VQTS matrices, profiles, tools and instruments for the healthcare profiles 'nurse' and 'carer for the elderly' for the national contexts of the project partners and in order to facilitate recognition praxis in between those European Member States. In addition HCEU develops transfer kits in order to facilitate the transfer of those tools also to other national (within and beyond Europe) contexts and to other fields within healthcare. Those tools are expected to make a major contribution to the work of VET providers and recognition bodies/authorities involved in transnational mobility of healthcare professionals. In this way HCEU facilitates the establishment of a European labour market that helps to overcome skill shortages and high unemployment rates through fostering mobility of healthcare professionals across the European Member States.

Project



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Please note that the structure of the templates was developed for the RPL Assessment Toolkit for CHC30113 Certificate III in Early Childhood Education and Care as part of the national Recognition of Prior Learning (RPL) Initiative run by the Council of Australian Governments (COAG) RPL Program, including the RPL Assessment Tool Kit developed by the Western Australian Department of Training and Workforce Development under that program.

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Bold and *italic* parts of the templates or forms should be replaced according to national specifications.

This resource provides the following templates:

- Template for the Candidate Information Form
- RPL Assessment Plan Template
- Template for the Workplace Representative Form
- Template for the Third Party Report
- Template for the Candidate Self Evaluation Tool
- Competence Conversation Recording Tools
- Workplace Assessment Tool: Workplace Assessment Tasks (Instruction for candidates)
- Workplace Assessment Tool: Observation Tool
- Template for the RPL Assessment Outcomes Form

Abbreviations:

RPL Recognition of Prior Learning

RB Recognition Bodies

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Step 1

Initial Interview and Planning

This step includes the following tools and templates:

- **Candidate Information Form**
- **RPL Assessment Plan Template**
- **Workplace Representative Form**
- **Third Party Report**
- **Candidate Self Evaluation Tool**

Template for the Candidate Information Form

The following template is the Candidate Information Form to capture initial information about prospective RPL candidates. In completing the form, the candidate provides some initial information and may attach documents such as a resume or references.

The blank form would typically be provided to a person registering their interest in RPL, and could be provided by an RB contact person such as an RPL Coordinator. When providing the form, that person should also give the candidate brief and accurate information about the likely RPL processes.

At the first enquiry or after being accepted for RPL the candidate should also be provided with the Candidate Guide from this RPL Toolkit. That document advises them on the RPL assessment processes involved.

If the prospective RPL candidate completes this form before commencing the RPL assessment process, the RB have some initial information to consider in deciding their RPL eligibility and participation.

Once the candidate is enrolled with the RB, the assessor can also consider the information and any initial evidence provided by the candidate when conducting the initial interview and planning additional sessions (Step 1 of the RPL assessment process recommended in this RPL Toolkit).

Candidate Information Form

Instructions and notes

Use this form if you are applying to participate in Recognition of Prior Learning (RPL). When completed, it will provide information to use in considering your application to participate in RPL.

Personal details

Family name				Given names			
Home address						Postcode	
Postal address						Postcode	
Phone numbers	Home				Work		
	Mobile				Fax		
Email address							
Are you a permanent resident of Country ?	<input type="checkbox"/>	<input type="checkbox"/>	Do you need the assistance of an interpreter?			<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No				Yes	No
Do you have any special needs, e.g. need for special aids or adjustments, to undertake practical assessment?						<input type="checkbox"/>	<input type="checkbox"/>
						Yes	No
If 'Yes', please provide details of any special needs, or discuss these with the RB contact person or RPL assessor before enrolment.							
Current employment (If you are not employed please go to the next section of this form)							
What is your current job title?					How long have you been in this job?		
Who is your current employer?							
Please briefly list your duties in this job.							

Previous employment and other work roles

RPL recognises that you may have gained valuable skills and knowledge in paid and unpaid working roles. In completing the following section, think about working roles relevant to your application.

List brief details of any relevant work you have done (paid or unpaid).	Job title	Employer or organisation	Dates of work

I have attached a resume *(Please attach this if you have one.)*

Yes

No

List some of the tasks you can do (or have done) in paid or unpaid work that might relate to professional care.

Related (non work) experience

RPL also recognises that you may have gained skills and knowledge in experiences such as informal training, hobbies, volunteer work or clubs. For example in informal roles, you might have used people and communications skills; handled funds; worked in committee processes; spoken to stakeholders; participated in informal training or self-development activities. If you have relevant (non-job) experiences, please list them below.

Qualifications, Statements of Attainment or Workplace Training

If you have any qualifications, statements of attainment or other awards from a training organisation, please list them below.

Is there any more information you wish to give in support of your application to participate in RPL? (Attach other pages if needed.)

Declaration

I declare that the information contained in or provided with this application is true and correct.

**Applicant's
signature**

Date

Template for the RPL Assessment Plan

The following template provides the RPL Assessment Plan for the assessor to complete with the candidate during Step 1 of the RPL assessment process (the initial interview and planning session). The Plan should be thought of as a 'living document', to be updated throughout the RPL assessment process.

The RPL Assessment Plan is used to document the requirements and steps in the RPL assessment process for the candidate, such as electives chosen, dates of workplace visits, clusters to be considered, and expectations of the candidate and workplace.

To develop the Plan, the assessor should consider information in the Candidate Information Form as well as information gained in discussions with the candidate at the initial interview and planning session (Step 1). Then, in consultation with the candidate, the assessor should develop the first cut of the Plan for that candidate.

The candidate and the assessor should both make copies and bring them to every RPL assessment activity for updating as the assessment process progresses (for example, by adding information about the Competence conversation sessions, or identified workplace assessment tasks as required).

RPL Assessment Plan

Instructions and notes

This form is for initial completion by the assessor with the candidate in Step 1, at the initial RPL interview and planning session—it sets out the steps in the RPL process for an individual candidate based on their needs and circumstances.

To complete the form, first complete Parts 1 to 6, then, as the RPL assessment process continues, progressively update dates and activities using Part 7. Both the assessor and candidate should keep a copy and bring their copy to each RPL assessment activity for updating if needed.

Candidate's personal details

Family name		Given names		Employer	
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PART 1: COMPETENCE AREAS FOR RPL

COMPETENCE AREAS	Is RPL sought for this area?	
Area 1 – Assessment, diagnosis, planning professional care		
1.1.a to 1.1.c – Gathering data (sub-area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1.2.a to 1.2.c – Nursing diagnosis (sub-area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1.3.a to 1.3.c – Planning professional care (sub-area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Area 2 – Nursing Care		
2.1.a to 2.1.c – Basic care and personal hygiene (sub-area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.2.a to 2.2.d – Nutrition (sub-area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.3.a to 2.3.c – Mobility, movement, positioning (sub-area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.4.a to 2.4.d – Excretion (sub-area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Area 3 – Nursing intervention		
3.1.a to 3.1.c – Participating in medical and diagnostic procedures (sub-area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.a to 3.2.c – Preparing and administering medication (sub-area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

COMPETENCE AREAS	Is RPL sought for this area?	
3.3.a to 3.3.c – Wound management (sub-area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.4.a to 3.4.c – Stoma management (sub-area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.5.a to 3.5.d – Dealing with medical devices (sub-area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.6.a to 3.6.d – Basic and advanced life support (sub-area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Area 4 – Creating & maintaining a healthy and safe environment		
4.1.a to 4.1.c – Hygiene (sub-area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.2.a to 4.2.b – Sterilisation (sub-area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.3.a to 4.3.c – Occupational health and safety (sub-area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.4.a to 4.4.c – Handling on-site disasters (sub-area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Area 5 – Communication & collaboration with other professionals		
5.1.a to 5.1.c – Train and manage other professional caregivers in work activities (sub-area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.2.a to 5.2.c – Professional communication (sub-area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.3.a to 5.3.d – Integrated care (sub-area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Area 6 – Communication & collaboration with patients/clients		
6.1.a to 6.1.b – Communication with patients, clients and relevant others (sub-area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.2.a to 6.2.d – Education & empowerment of patients, clients and relevant others (sub-area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.3.a to 6.3.c – Health promotion & prevention (sub-area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.4.a to 6.4.b – Fostering social life & a stimulating environment (sub-area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.5.a to 6.5.b – Organising daily life & daily life activities (sub-area)	<input type="checkbox"/>	<input type="checkbox"/>

COMPETENCE AREAS	Is RPL sought for this area?	
	Yes	No
Area 7 – Management		
Transversal Competence Areas	Is RPL sought for this area?	
Area A – Monitoring, documenting, quality assurance		
A.1.a to A.1.c – Monitoring and evaluating of patient’s/client’s condition (sub-area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A.2.a to A.2.b – Documentation (sub-area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A.3.a to A.3.d – Promoting quality assurance measures (sub-area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Area B – Ethical, intercultural, legal competence		
B.1.a to B.1.b – Ethical competence (sub-area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B.2.a to B.2.d – Intercultural competence (sub-area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B.3.a to B.3.b – Legal framework (sub-area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Area C – Continuous professional development		
C.1.a to C1.d – Identifying and addressing professional training needs (sub-area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C.2.a to C.2.c – Development of the profession (sub-area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C.3.a to C.3.c – Professional care research (sub-area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Areas(s) not provided for in the <i>RPL Toolkit</i> but required for the (national) qualification		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PART 2: AGREED DATES FOR CANDIDATE TO COMPLETE THEIR SELF-EVALUATION

Candidate self-evaluation and workplace verification	Agreed date for completion	Done?
Candidate Self-evaluation Tools (The candidate should complete the <i>Candidate Self-evaluation Tools</i> , seek workplace verification, and return the completed tools to the assessor before or on the agreed date.)		<input type="checkbox"/>
Workplace Representative Form (The workplace representative should complete a <i>Workplace Representative Form</i> , when verifying the candidate's self-evaluation. The candidate should return it and the assessor should retain it.) This should be returned with the Self-evaluation tools.		<input type="checkbox"/>

PART 3: AGREED DATES AND COVERAGE OF COMPETENCE CONVERSATIONS

Competence conversation interviews (Assessors should add details of the area or sub-area to be addressed in each 'Competence conversation' interview session in the table below. This section will usually be completed <i>after the initial interview</i> and assessor consideration of the candidate's self-evaluation.)	Agreed date	Venue	Done?
			<input type="checkbox"/>

Competence conversation interviews (Assessors should add details of the area or sub-area to be addressed in each 'Competence conversation' interview session in the table below. This section will usually be completed <i>after the initial interview</i> and assessor consideration of the candidate's self-evaluation.)	Agreed date	Venue	Done?
			<input type="checkbox"/>

PART 4: AGREED DATES AND DETAILS OF WORKPLACE ASSESSMENT TASKS

Workplace assessment tasks (Assessors should add the number and brief title of the required workplace assessment tasks below, noting that this section will usually be completed <i>after</i> the Competence conversation interview/s.)	Agreed date	Venue	Done?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

PART 5: THIRD PARTY REPORTING REQUIREMENTS

Third Party Report (Assessor to add brief summary of any required report/s below, noting that this section will usually be completed <i>after other RPL evidence gathering and assessment processes</i> if further workplace verification is required.)	Agreed date	Done?
		<input type="checkbox"/>

PART 6: CANDIDATE AND ASSESSOR SIGN OFF (ON PLAN AS FIRST DEVELOPED)

Signatures					
Assessor's name		Assessor signature		Date	
Candidate's signature				Date	
(If required, update the above information in the following section of the table, or attach additional sheets, as changes to the above are made.)			Any updates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PART 7: ANY ADDITIONAL UPDATES OR CHANGES DURING THE RPL PROCESS

RPL Assessment Plan: Updated Information	Date and assessor and candidate initials

Finalisation of RPL process: Once all the above-listed processes are completed and recorded, the assessor should provide the candidate with feedback, record the outcomes on the *RPL Toolkit's RPL Assessment Outcomes Form*, and follow the RB's procedures to finalise the RPL process.

Template for the Workplace Representative Form

All workplace representatives who verify candidate performance should complete the following form. The assessor should provide it to the workplace representative when verification of candidate skills and knowledge is sought—perhaps by giving it to the candidate with the *Candidate Self-evaluation Tools* so they can in turn give it to the workplace representative, or by giving it directly to the workplace if a *Third Party Report* is requested and negotiated.

The form requires the workplace representative to verify that they understand the process and that any verification and information they provide will be, to the best of their ability, true and correct. The form is intended to reinforce the accountability and significance of workplace verifications.

Confidential Workplace Representative Form

Purpose of this form: Such workplace representatives will typically be working with the candidate in a position of responsibility, perhaps their employer or supervisor, hold higher qualifications than the candidate, and have observed their workplace performance. To ensure all candidates gain recognition for skills and knowledge they genuinely hold, workplace representatives must carefully consider their verification of the candidate and provide accurate statements.

Candidate's name		Candidate's workplace	
Name of workplace representative completing this form		Workplace	
Is the workplace verification related to (tick response):	<i>Candidate Self-evaluation?</i>	<input type="checkbox"/> Yes	<i>Third Party Report?</i> <input type="checkbox"/> Yes
What is your working relationship to the candidate? (e.g. team leader, manager, employer, supervisor)			
Please list your qualifications and give a summary of your experience in professional care:			
How long have you worked with the RPL candidate? (Please provide date range if possible.)			
Have you had an explanation, and do you understand what is required of you, in providing verification of the candidate's skills?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand your responsibilities in verifying a candidate's workplace skills and knowledge as accurately as possible?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like to be provided with more information about the requested workplace verification before you complete it?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to be contacted if further verification of the candidate's skills and knowledge is required?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Declaration: In signing this form you agree that you are appropriately qualified to verify the candidate's current professional care workplace skills and knowledge, and that if you provide the requested workplace verification, it will be, to the best of your knowledge, accurate and correct.			
Workplace representative's signature		Date	

Template for Third Party Report

The following template supports the assessor with designing a Third Party Report where additional workplace verification of any aspect of their workplace skills or knowledge is required. For example, it could be used after candidate-directed workplace activities to gain evidence of application of knowledge.

Third Party Report					
Instructions					
In completing this report, you are asked to provide 'third party' verification as accurately as possible that the candidate can apply the workplace skills and knowledge specified below. Please try to provide examples of how the candidate applies the skills or knowledge. <i>[Assessor to add required skills to table.]</i>					
Details of workplace representative completing this report					
Family name		Given name		Employer	
Please give information on whether the candidate consistently applies the skills and knowledge listed below to the expected workplace standard.					
I have completed and provided a <i>Workplace Representative Form</i>				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Workplace representative's signature				Date	

Candidate Self-Evaluation Tools

The following tools are for the candidate's self-evaluation. The candidate is required to consider the workplace tasks they can do, and complete these tools in their own time.

The candidate should be given the tools during Step 1 of the RPL assessment process—the initial interview and planning session.

At that session, the assessor should advise the candidate how to complete the self-evaluation, including the need for workplace verification of skills. More detailed instructions for assessors are on the following page.

These tools allow candidates to document and broadly evaluate their knowledge and skills against workplace tasks they believe they can do and to collate some initial evidence.

They also require workplace representatives to verify the candidate's skills and knowledge. The tools include instructions for candidates and workplaces, self-evaluation tools for each competence area and a form for listing any attached evidence.

Note: If applicants require additional support to complete the tools, this should be provided.

Candidate Self-evaluation Tool: Instructions for the assessor

Assessors should read the following notes before providing candidates with the self-evaluation tool

What is this tool?

This tool includes a self-evaluation form related to a specific competence area and a form to list attached documents—to be completed independently by the candidate and verified by the workplace. When completed, this tool provides evidence of workplace tasks the candidate believes they can do and examples of how they apply skills and knowledge, with this information supplemented and verified by the workplace.

Note: This will not be sufficient to determine competence. However, the self-evaluation will provide evidence and information that can be used in determining the next steps in the RPL assessment process.

Instructions for assessors providing the tools

Provide the candidate with the tool (the following pages—from the ‘Instructions to the Candidate’ to the end of the ‘List of attached documents’ section) **during Step 1 of the RPL assessment process** (at the initial interview and planning session).

If applicable, before providing the tools, remove any sections for any area in which the candidate has been assessed as competent (for example, by credit transfer or official recognition).

When providing the *Candidate Self-evaluation Tools*:

- advise the candidate that the completed tools will be part of the evidence to be considered in determining their competence

- go through the tools, showing the candidate how to complete them
- determine any support that could be needed by the candidate, such as language, literacy or numeracy support or skills in using a computer if needed, and advise how this can be sourced
- inform the candidate that the RPL process is not based on documentary evidence only—that is, while documents can be attached, the candidate does not need to provide documents as evidence of every skill they claim they hold, as other assessment processes will also be used
- inform the candidate that they will need to seek verification of their completed self-evaluation from a workplace representative (that is, a person in a position of responsibility, perhaps their employer or supervisor, who holds higher qualifications than they do and has observed their workplace performance)
- give the candidate the *Workplace Representative Form* that also must be completed by the workplace representative.

Instructions for assessors in reviewing the completed tools

After the completed tools are returned, assessors should check them for completion and sign-off, review the information and any evidence provided, and add comments to the tools in the section provided at the end of each.

The information gathered from the candidate self-evaluation should guide the assessor in determining the focus of the ‘Competence conversations’ and workplace assessment tasks to be undertaken.

Candidate Self-evaluation Tool: Instructions for the RPL candidate and workplace representative

RPL candidates and workplace personnel—please read the following notes before completing the tables

What is in this document?

This document will help you to evaluate the knowledge and skills you apply at work—the first step in your RPL process.

The following pages include the competence areas, and there is also a table for listing any attached documents.

How to conduct the self-evaluation

- Completing this self-evaluation will take some time—please allow enough time to think very carefully about the workplace tasks you *can do*.
- The tool includes different tasks. Think about each task. Consider if you do it ‘**very well**’, ‘**quite well**’ or ‘**no, or not well**’, and tick the box. Then, add examples of how you do the task in the space provided.
- After you have completed the tables, ask a workplace representative to complete and sign the workplace sections. This should be someone who knows your work, perhaps your employer or supervisor. They will also need to complete a *Workplace Representative Form*.

The completed tables give the assessor important evidence of tasks you believe you can do, to help them to decide the next RPL steps.

You can attach documents

You might have documents at work or at home that show you can do some of the workplace tasks. If so, attach them to the back of the completed tables, and add details to the ‘*List of Attached Documents*’ table.

In thinking about documents to attach, remember:

- you don’t have to find documents for every workplace task—only where you can easily find these, and in line with your assessor’s suggestions
- any document can be listed against more than one workplace task
- the table has a space to put the document number—make sure the same number is on the attached document
- to maintain confidentiality, remove all personal information from any workplace documents you use.

Instructions for workplace representatives

The *Workplace Guide* explains the RPL assessment process. If you do not have this, please ask the assessor or the candidate.

As a workplace representative, you are required to verify the candidate’s self-evaluation. To do this you need to be someone in a position of responsibility who knows the candidate’s performance and holds higher qualifications than they do, perhaps an employer or supervisor. Confirm the self-evaluation (where they have observed it) and provide comments and examples—you will also need to complete a *Workplace Representative Form*.

After candidates have completed the self-evaluation

Copy the completed tables and *Workplace Representative Form* for your records, and give a copy to the assessor on the date agreed in the *RPL Assessment Plan*.

Candidate self-evaluation for Competence Area 1: Assessment, diagnosis, planning professional care

sub-areas of competence:

1.1 Gathering data

1.2 Nursing diagnosis

1.3 Planning professional care

Candidate's name		Date completed
-------------------------	--	-----------------------

Workplace tasks related to: Competence Area 1: Assessment, diagnosis, planning professional care	I do the workplace task...			Evidence and examples Candidates <i>may</i> attach documents as evidence of workplace tasks—if so, add the document number Candidates who can do the workplace task—give brief examples below of how you do this at work	Document number	Confirmation by workplace representative - please tick and initial if candidate can do the task
	...very well <i>I'm sure I can do the task</i>	...quite well <i>I think I can do the task</i>	...no, or not well <i>I don't (or can't) do the task</i>			

Sub-area 1.1.: Gathering Data

Competence development step 1.1.a: To be able to assist in conducting professional care assessment.

Competences: To be able to collect basic health care parameter/vital signs/personal abilities of patient's/client's. This is done autonomously and self-responsibly but according to instructions.						
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Sub-area 1.2: Nursing diagnosis

Competence development step 1.2.a: To be able to assist in developing the nursing diagnoses based on collected data.

Competences: Be able to identify nursing care problems and to assist in the development of the nursing diagnoses autonomously and self-responsibly.					
Sub-area 1.3: Planning professional care					
Competence development step 1.3.a: To be able to assist in developing, revision and adaption of the professional care plan.					
Competences: Be able to assist in developing professional care plans and to plan care regarding daily living activities. This is done autonomously and self-responsibly but according to instructions.					
Candidate's signature (In signing this form you are verifying that information you have provided is true and correct.)					

Workplace representative's comments for competence area 1: Assessment, diagnosis, planning professional care

Please provide brief comments on whether the candidate can do the above workplace tasks, including examples you have seen if possible, and sign the form where indicated. **Note:** You will also be asked to complete a *Workplace Representative Form* verifying that the information you have provided is accurate.

Workplace representative's name		Workplace title	
Workplace representative's signature		Date	

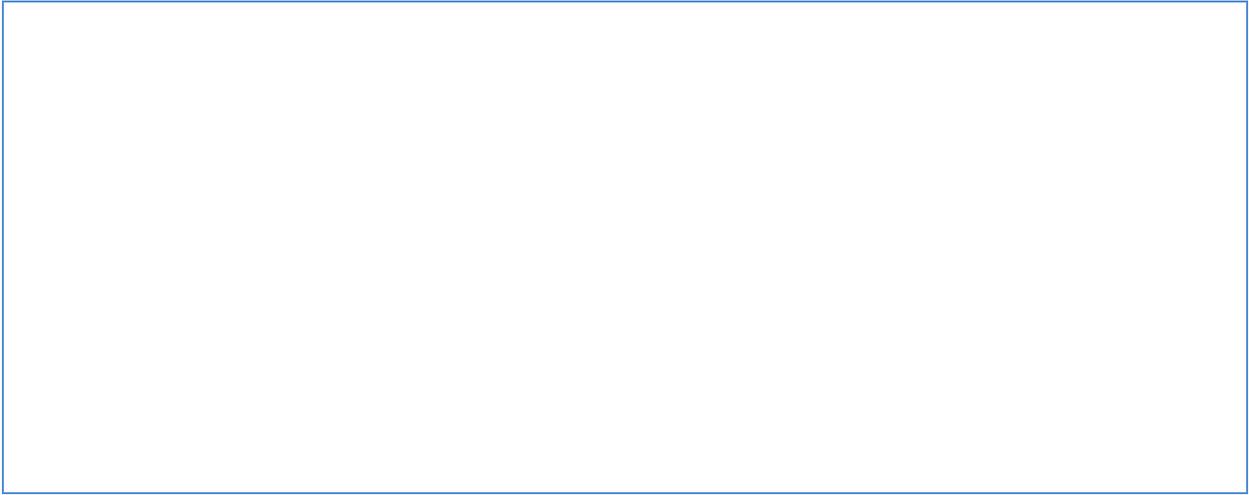
THE FOLLOWING SECTION IS FOR OFFICE USE ONLY

Instructions to assessors

Assessors must consider the evidence provided. **This first step in the RPL assessment process will contribute to evidence of the candidate's Competence, but will not yield evidence that meets the rules of evidence (i.e. valid, sufficient, current and authentic evidence) against the areas of Competence assessment requirements.** Assessors should advise the candidate of the areas and sub-areas to be considered in the Competence conversation interview or other assessments.

Assessor's comments for competence area 1: Assessment, diagnosis, planning, professional care

(Summarise your feedback to the candidate, or provide any other objective comments in relation to the self-evaluation and evidence below.)



Candidate self-evaluation for Competence Area 2: Nursing Care

sub-areas of competence:

2.1.: Basic care and personal hygiene

2.2.: Nutrition

2.3.: Mobility, movement, positioning

2.4.: Excretion

Candidate's name		Date completed
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Workplace tasks related to: Competence area 2 - Nursing Care	I do the workplace task...			Evidence and examples	Document number	Confirmation by workplace representative - please tick and initial if candidate can do the task
	...very well <i>I'm sure I can do the task</i>	...quite well <i>I think I can do the task</i>	...no, or not well <i>I don't (or can't) do the task</i>			
Sub-area 2.1: Basic care and personal hygiene						
Competence Development step 2.1.a.: To be able to support the patient/client to perform basic care.						
Competences: Be able to support patient's/ client's in performing resource-oriented basic care and to assist others in performing basic care. This is done autonomously and self-responsibly but according to instruction.						
Sub-area 2.2: Nutrition						
Competence development step 2.2.a.: To be able to order and distribute meals and, if necessary, support patients/clients without specific dietary restrictions or functional limitations according to nutrition plans.						

<p>Competences: Be able to order and distribute meals and assist patient's/ client's without specific dietary restrictions (apart from Diabetes Mellitus) or functional limitations in eating and drinking according to nutrition plans. This is done autonomously and self-responsibly but according to instruction.</p>						
Sub area: 2.3: Mobility, movement, positioning						
Competence development step 2.3.a.: To be able to assist in mobility measures including patient/client activation according to patient's/client's treatment plan and individual condition.						
<p>Competences: To able to carry out mobility measures including patient/client activation according to the treatment plan and individual condition and resources. This is done autonomously and self-responsibly but according to instruction.</p>						
Sub area: 2.4: Excretion						
Competence development step 2.4.a.: To be able to support patients/clients in excretion.						
<p>Competences: To be able to support patient's/ client's in the excretion. This is done autonomously and self-responsibly but according to instruction.</p>						
<p>Candidate's signature (In signing this form you are verifying that information you have provided is true and correct.)</p>						

Workplace representative's comments for Area 2: Nursing Care

Please provide brief comments on whether the candidate can do the above workplace tasks, including examples you have seen if possible, and sign the form where indicated. **Note:** You will also be asked to complete a *Workplace Representative Form* verifying that the information you have provided is accurate.

Workplace representative's name		Workplace title	
Workplace representative's signature		Date	

THE FOLLOWING SECTION IS FOR OFFICE USE ONLY

Instructions to assessors

Assessors must consider the evidence provided. **This first step in the RPL assessment process will contribute to evidence of the candidate's Competence, but will not yield evidence that meets the rules of evidence (i.e. valid, sufficient, current and authentic evidence) against the areas of Competence assessment requirements.** Assessors should advise the candidate of the areas and sub-areas to be considered in the Competence conversation interview or other assessments.

Assessor's comments for Competence area 2: Nursing Care

(Summarise your feedback to the candidate, or provide any other objective comments in relation to the self-evaluation and evidence below.)

Assessor's name			
Assessor's signature		Date	

Candidate self-evaluation for Competence Area 3: Nursing Intervention

sub-areas of competence:

3.1.: Participating in medical and diagnostic procedures

3.2.: Preparing and administering medication

3.3.: Wound management

3.4.: Stoma management

3.5.: Dealing with medical devices

3.6.: Basic and advanced life support (BLS/ALS)

Candidate's name		Date completed
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Workplace tasks related to: Competence area 3 - Nursing Intervention	I do the workplace task...			Evidence and examples	Confirmation by workplace representative - please tick and initial if candidate can do the task
	...very well <i>I'm sure I can do the task</i>	...quite well <i>I think I can do the task</i>	...no, or not well <i>I don't (or can't) do the task</i>		
				Candidates <i>may</i> attach documents as evidence of workplace tasks—if so, add the document number Candidates who can do the workplace task—give brief examples below of how you do this at work	Document number

Sub-area 3.1: Participating in medical and diagnostic procedures

Competence Development step 3.1.a.: To be able to a) prepare and support patient's/client's for medical treatments and diagnostic tests according to prescription, b) assist in preparing of medical devices and materials, c) collect and assist in collecting patient's/ client's specimens for treatments

Competences: Be able to implement the preparation of the patient/client in medical treatments and diagnostic test and to assist caregivers in the preparation of treatments as well as handle specimens. This is done autonomously and self-responsibly but according to instructions.

Sub-area 3.2: Preparing and administering medication

Competence development step 3.2.a.: To be able to administer oral and subcutaneous medication according to prescription.						
Competences: Be able to prepare and administer oral and subcutaneous medications according to medical prescription autonomously and self-responsibly.						
Sub area: 3.3: Wound management						
Competence development step 3.3.a.: To be able to a) take care of wounds, b) prevent wounds, c) assist in wound care.						
Competences: To be able to take care of wounds and to prevent them according to prescription as well as to assist in dressings of wounds autonomously and self-responsibly.						
Sub area: 3.4: Stoma management						
Competence development step 3.4.a.: To be able to assist in assessing and taking care of stomas according to prescription.						
Competences: To be able to assist in assessing and caring for different kinds of stomata.						
Sub area: 3.5: Dealing with medical devices						
Competence development step 3.5.a.: To be able to assist in managing and if applicable placing medical devices according to medical products and guidelines.						
Competences: To be able to apply basic medical devices in basic nursing treatments and to be able to clean all kind of medical devices under consideration of hygienic guidelines. This is done autonomously and self-responsibly but according to instructions.						
Sub area: 3.6: Basic and advanced life support (BLS/ALS)						

Competence development step 3.6.a.: To be able to provide BLS according to resuscitation guidelines.

Competences: To be able to provide Basic Life Support (BLS) in an emergency according to resuscitation guidelines skillfully and safely. This is done autonomously and self-responsibly.

Candidate's signature (In signing this form you are verifying that information you have provided is true and correct.)

Workplace representative's comments for competence area 3: Nursing intervention

Please provide brief comments on whether the candidate can do the above workplace tasks, including examples you have seen if possible, and sign the form where indicated. **Note:** You will also be asked to complete a *Workplace Representative Form* verifying that the information you have provided is accurate.

Workplace representative's name		Workplace title	
Workplace representative's signature		Date	

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Instructions to assessors

Assessors must consider the evidence provided. **This first step in the RPL assessment process will contribute to evidence of the candidate's Competence, but will not yield evidence that meets the rules of evidence (i.e. valid, sufficient, current and authentic evidence) against the areas of Competence assessment requirements.** Assessors should advise the candidate of the areas and sub-areas to be considered in the Competence conversation interview or other assessments.

Assessor's comments for competence area 3: Nursing intervention

(Summarise your feedback to the candidate, or provide any other objective comments in relation to the self-evaluation and evidence below.)

Assessor's name			
Assessor's signature		Date	

Candidate self-evaluation for Competence Area 4: Creating and maintaining a healthy and safe environment

sub-areas of competence:

4.1.: Hygiene

4.2.: Sterilisation

4.3.: Occupational health and safety

4.4.: Handling onsite disasters

Candidate's name		Date completed
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Workplace tasks related to: Competence area 4 - Creating and maintaining a healthy and safe environment	I do the workplace task...			Evidence and examples		Confirmation by workplace representative - please tick and initial if candidate can do the task
	...very well <i>I'm sure I can do the task</i>	...quite well <i>I think I can do the task</i>	...no, or not well <i>I don't (or can't) do the task</i>	Candidates <i>may</i> attach documents as evidence of workplace tasks—if so, add the document number Candidates who can do the workplace task—give brief examples below of how you do this at work	Document number	
Sub-area 4.1: Hygiene						
Competence development step 4.1.a.: To be able to apply relevant (legal and employer-specific) hygienic procedures and guidelines regarding a) personnel hygiene, b) working environments, c) medical equipment, d) medical waste.						
Competences: To be able to apply relevant (legal and employer specific) hygienic procedures and guidelines regarding asepsis, sterility, physical safety within hygiene as well as handling of medical equipment and contaminated waste autonomously and self-responsibly.						

Sub-area 4.2: Sterilisation

Competence development step 4.2.a.: To be able to clean, disinfect, sterilise and store medical instruments according to sterility rules.

Competences: to be able to perform cleaning, disinfecting, sterilisation and storing of medical instruments autonomously and self-responsibly

Sub area: 4.3: Occupational health and safety

Competence development step 4.3.a.: To be able to promote a health-promoting and safe environment and to implement related measures.

Competences: To be able to secure the occupational environment and to carry out health promoting measures while recognising own needs and those of the colleagues autonomously and self-responsibly.

Sub area: 4.4: Handling on-site disasters

Competence development step 4.4.a.: To be able to react according to guidelines in emergencies and disasters.

Competences: To be able to recognise emergencies and disasters and to trigger alarms and to secure the accident scene as well as to support victims and to execute Basic Life Support autonomously and self-responsibly.

Candidate's signature (In signing this form you are verifying that information you have provided is true and correct.)

Workplace representative's comments for competence area 4: Creating and maintaining a healthy and safe environment

Please provide brief comments on whether the candidate can do the above workplace tasks, including examples

you have seen if possible, and sign the form where indicated. **Note:** You will also be asked to complete a *Workplace Representative Form* verifying that the information you have provided is accurate.

Workplace representative's name		Workplace title	
Workplace representative's signature		Date	

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Instructions to assessors

Assessors must consider the evidence provided. **This first step in the RPL assessment process will contribute to evidence of the candidate's Competence, but will not yield evidence that meets the rules of evidence (i.e. valid, sufficient, current and authentic evidence) against the areas of Competence assessment requirements.** Assessors should advise the candidate of the areas and sub-areas to be considered in the Competence conversation interview or other assessments.

Assessor's comments for competence area 4: Creating and maintaining a healthy and safe environment

(Summarise your feedback to the candidate, or provide any other objective comments in relation to the self-evaluation and evidence below.)

Assessor's name			
Assessor's signature		Date	

Candidate self-evaluation for Transversal Competence Area A: Monitoring, documentation, quality assurance

sub-areas of competence:

TCA.1.: Monitoring and evaluating of patient's/client's condition

TCA.2.: Documentation

TCA.3.: Promoting quality assurance measures

Candidate's name		Date completed
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Workplace tasks related to: Transversal Competence Area A: Monitoring, documentation, quality assurance	I do the workplace task...			Evidence and examples	Document number	Confirmation by workplace representative - please tick and initial if candidate can do the task
	...very well <i>I'm sure I can do the task</i>	...quite well <i>I think I can do the task</i>	...no, or not well <i>I don't (or can't) do the task</i>			
Sub-area TCA.1.: Monitoring and evaluating of patient's/client's condition						
Competence development step TCA.1.a.: To be able to recognise changes in the patient's/client's condition and react appropriately.						
Competences: To be able to recognise changes in the patient's/client's condition and behaviour and to show adequate reactions to those changes autonomously and self-responsibly.						
Sub-area TCA.2: Documentation						
Competence development step TCA.2.a.: To be able to document all required data of the patient/client independently.						
Competences: To be able to perform the documentation process autonomously and self-responsibly.						

Sub area: TCA.3: Promoting quality assurance measures

Competence development step TCA.3.a.: To be able to ensure nursing care while considering quality aspects.

Competences: To be able to meet quality requirements and integrate defined quality processes into daily working life autonomously and self-responsibly.

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Workplace representative's comments for competence area 4: Transversal Competence Area A: Monitoring, documentation, quality assurance

Please provide brief comments on whether the candidate can do the above workplace tasks, including examples you have seen if possible, and sign the form where indicated. **Note:** You will also be asked to complete a *Workplace Representative Form* verifying that the information you have provided is accurate.

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Workplace representative's name

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Workplace title

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Workplace representative's signature

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Date

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THE FOLLOWING SECTION IS FOR OFFICE USE ONLY

Instructions to assessors

Assessors must consider the evidence provided. **This first step in the RPL assessment process will contribute to evidence of the candidate's Competence, but will not yield evidence that meets the rules of evidence (i.e. valid, sufficient, current and authentic evidence) against the areas of Competence assessment requirements.** Assessors should advise the candidate of the areas and sub-areas to be considered in the Competence conversation interview or other assessments.

Assessor's comments for Transversal Competence Area A: Monitoring, documentation, quality assurance

(Summarise your feedback to the candidate, or provide any other objective comments in relation to the self-evaluation and evidence below.)

Assessor's name			
Assessor's signature		Date	

Candidate Self-evaluation: Instructions for attaching documents

Candidates should read the following instructions

You may decide to attach documents that show you can do any of the workplace tasks you have self-evaluated.

Documents you might attach include any of the following:

- Photos relevant to work activities
- Reflective journals, diaries, workplace task or job sheets, logbooks
- Professional care workplace documents (with permission and all names deleted)
- References or letters from past employers, supervisors (with permission and all names deleted)
- Workplace documents you have contributed to or written
- Brief Resume or CV, position descriptions
- Workplace training or professional development records
- Membership of professional associations, networks or clubs
- Records of special skills and activities outside work
- Workplace or other awards.

However, don't be put off if you don't have these documents. Your assessor will help you to identify any other documentary evidence during the next steps of your RPL assessment process.

Please list any documents you attach to your *Candidate Self-evaluation Tools* on the following table.

Remember that:

- you don't have to find documents for every workplace task—only where you can easily find these, as suggested by your assessor
- 'documents' can include anything that supports your claim for RPL—such as paper documents, photos, videos, electronic files
- one document can be evidence for more than one workplace task
- make sure each document you added a number for in the *Self-evaluation Tool* is also listed in the following table, and attached
- you can add extra pages to the document list if you need to
- remove all confidential or sensitive information from any workplace documents you attach, to ensure privacy and confidentiality
- if you think it will help the assessor to know the document is your work, you might get your workplace supervisor or other suitable person to write this on the document and sign it.

Please sign the declaration at the end of this form to verify that the information you have provided is true and correct.

Remember to make (and keep) a copy of your self-evaluation tools and all documents before giving them to the assessor.

Candidate Self-evaluation: List of Attached Documents

Document number	Document title or brief description (e.g. type of document, purpose, date, author) <i>e.g. 'Letter of reference.'</i>	Area or sub-area <i>e.g. 'Area 2—Nursing Care'</i>	Workplace task number or numbers <i>e.g. 'Task 3.2' (coach others in conducting basic care)</i>	Is it attached?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Candidate's declaration: The information I have provided is accurate and truthful; and (unless stated) the attached documents are my own work. (Sign to indicate you agree with the declaration, and have your signature witnessed by your workplace representative.)

Candidate Self-evaluation: List of Attached Documents

Document number	Document title or brief description (e.g. type of document, purpose, date, author) <i>e.g. 'Letter of reference.'</i>	Area or sub-area <i>e.g. 'Area 2—Nursing Care'</i>	Workplace task number or numbers <i>e.g. 'Task 3.2' (coach others in conducting basic care)</i>	Is it attached?
Candidate's name		Witness's name/title		
Candidate's signature		Witness's signature		
Date		Date		

Step 2

Competence Conversation

This step includes the following tools and templates:

- **Competence Conversation Recording Tool – Instructions for assessors**
- **Competence Conversation Recording Tool**

Competence Conversation Recording Tools

The following tools are for the assessor to use during Step 2 of the RPL assessment process—the ‘Competence conversation’ interviews.

The assessor should prepare the tools in advance for use in Step 2 by:

- deleting any sections that will not be assessed in that session (it is unrealistic to cover all the competence areas in the *RPL Toolkit* in one session, so more than one session will be required)
- saving the files to a laptop, or printing hard copies, depending on method used to record candidate responses.

The *Competence Conversation Recording Tools* provide:

- a bank of questions and prompts for the assessor to use during the conversations
- an assessment tool in which the assessor can record evidence of the competence conversation
- key points the assessor should look for in candidate responses and particular notes including assessment requirements and criteria for assessment, with the capacity to record candidate responses.

Instructions for the assessor are on the following page.

Note: The recording tools are not provided to the candidate for use during the Competence conversation interview.

Competence Conversation Recording Tools: Instructions for the assessor

Assessors should read the following instructions and notes

The *Competence Conversation Recording Tools* are assessment instruments used by the assessor to record 'Competence conversations' interviews. **Do not provide these assessment tools to the candidate in the interview.**

The Competence conversation provides an opportunity for the candidate to confirm their knowledge as identified in the *Candidate Self-evaluation Tools*, and for you to assess aspects of relevant competence areas.

How to complete the Competence Conversation Recording Tools

The HCEU website provides detailed examples for assessors on how to conduct the Competence conversation. If you are not familiar with the process, go to these documents and read, and then follow, the instructions.

The following points summarise those steps and instructions.

- **Prepare for the conversation** for example, by determining and collating the required assessment tools—that is, the recording tools **only for the competence areas you will assess at that session.** Because you will only be able to assess a reasonable amount of competence areas per session, you might choose to include one or two sub-areas per session. Advise the candidate and organise the venue.
- **Contextualise or change questions if required** the questions are discussion starters, and are not necessarily 'fixed'. You may alter the wording and can ask follow-up questions in a conversational style.

- **Support the candidate:** Ensure the candidate is as comfortable as possible. Take breaks if needed. Don't try to cram too many sub-areas into one session. Staggered sessions will be more useful.
- **Workplace venues are suitable:** For most candidates the workplace provides a familiar setting where they may be more comfortable discussing their roles and capacities, and where additional natural evidence of workplace Competence may be gathered (for example by observing the candidate in the workplace, or seeking documents).
- **Record candidate responses:** Listen for the 'key points to be addressed' in the candidate's response, and record notes on these as the conversation proceeds using the 'Assessor notes' section, checking also for additional requirements that might be in those sections. You could highlight points you wish to come back to, and you might need some time after the interview to finalise the recording tool.
- **Summarise findings:** Use the 'Outcomes' section at the end of each cluster to provide further details on the candidate, including examples that may be relevant in confirming competence. Add pages if needed.

Competence conversation recording tool for competence area ...:

sub-area of competence:

•

Candidate's name		Date completed		Venue	
Specific assessment requirements that apply across this area	<input type="checkbox"/>				
Specific foundation skills for this area	<input type="checkbox"/>				
	<i>Assessor to add how foundation skills were confirmed:</i>				

Question

Key points to be addressed by the candidate	ASSESSOR'S NOTES
<input type="checkbox"/> <i>Key point</i> <input type="checkbox"/> <i>Key point</i> <input type="checkbox"/> <i>Key point</i> ...	

Outcomes of the competence conversation interview for competence area...

Assessors must consider whether the rules of evidence are met (**valid, sufficient, current** and **authentic**) in relation to the candidate's knowledge, and whether the evidence is sufficient to demonstrate the candidate's ability to complete and manage tasks and manage contingencies in the job role context. Record findings below.

If the evidence shows the candidate has **not demonstrated competence**, discuss the next steps—practical workplace tasks to be assessed by the assessor in the workplace (see the Workplace Assessment Tasks provided for in this RPL Toolkit) or candidate self-directed professional development activities to build knowledge or skills. If the candidate **has demonstrated** workplace competence for an area, complete the *RPL Assessment Outcomes Form*.

Assessor's name		The candidate has not yet demonstrated competence, more evidence of knowledge and/or skills is required	<input type="checkbox"/>
Assessor's signature		The candidate has demonstrated competence to the standard expected in the workplace (and the rules of evidence are met)	<input type="checkbox"/>

Step 3

Workplace Assessment

This step includes the following tools and templates:

- **Instructions for candidates**
- **Observation tool**

Workplace assessment tasks: Instructions for candidates

The assessor should advise the candidate the workplace assessment tasks that are required, agree a date and workplace location, and provide the correct set of instructions before the workplace assessment task is undertaken.

The following pages include sets of instructions for 14 workplace assessment tasks and a blank template for assessors to add to if they wish to design another assessment task (for example, for a more holistic workplace demonstration by the candidate).

The instructions provide details of the workplace task assessment requirements and criteria for assessment, thus assisting candidates to prepare for the demonstration and assessment.

The instructions may also assist the workplace to understand what the task demonstration involves, assisting them to prepare for the activity if required.

Candidate instructions for workplace assessment task: *[to be determined by the assessor]*

Is task required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, date and venue for assessment	
Instructions to the candidate	Resources needed to complete this task			
	How will I be assessed in this task?			
				Areas of Competence related to this task

Workplace Assessment Tasks: Observation Tools

The assessor should use the following assessment tools when assessing workplace assessment tasks. There are exemplary workplace assessment tasks that could be used, and this document includes a blank template for assessors to add to design their own workplace assessment task according to national regulations, curricula etc.

Observation tool for workplace assessment task: *[to be determined by the assessor]*

Areas of Competence:

- *[insert code and title of competence area/s]*

Candidate's name		Date completed	
Assessor's name		Times (duration)	
Workplace		Location	

Description of the workplace assessment task

[Sum up the assessment task and points the assessor needs to cover.]

[Summarise the criteria for assessment.]

Instructions for the assessor	Completed or provided?	
Ensure access to <i>[add any requirements to be provided or accessed such as resources, equipment, documentation]</i> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ensure candidate has <i>[add any foundation skills specified in the competence area]</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Consider the candidates' performance, asking questions during the process. Complete the observation checklist for this task.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Observation checklist

Did the candidate demonstrate that they can...	Regulations, workplace professional standards	or		Is behaviour observed?	Assessor notes, including examples of candidate responses or application
		Yes	No		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
The candidate completed the assessment task to workplace standards					<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional assessor comments on candidate performance (*Assessor to sign and date*)

Observation tool for workplace assessment task: *[to be determined by the assessor]*

Template for RPL Assessment Outcomes Form

The *RPL Assessment Outcomes Form* provides the capacity to record the RPL assessment methods for each area and the outcomes of the RPL assessment process for all competence areas that make up the qualification.

The assessor should progressively add information on the RPL assessment methods undertaken with the candidate.

After the RPL assessment process for all areas is concluded, the form should be finalised by the assessor and signed by both the assessor and candidate.

RPL Assessment Outcomes

Instructions and notes

This form is for completion by the assessor—it provides a cover sheet in which details of the final assessment outcome for a candidate and the basis for that decision can be recorded. Assessors should progressively add information, as RPL assessment activities are undertaken. Depending on the recognition body's regulations and processes, the assessor could add information for areas not assessed by RPL (e.g. credit transfer, national recognition, or training and assessment).

Once final assessment is completed, assessors should finalise the form by ticking 'Competent' or 'Not Yet Competent' for each area, signing the declaration and having the candidate also sign the form. The signed copy would usually then be retained in the candidate's file of RPL assessment evidence.

Personal details

Family name		Given names		Employer	
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Area of Competence <i>[Development steps of each sub-area]</i>	Record of RPL assessment processes undertaken for each competence area <i>[Assessor to initial and date the evidence-gathering processes undertaken]</i>						Final Outcome <i>[Assessor to tick Competent (C) or Not Yet Competent (NYC) and initial and date]</i>	
Competence Area 1 - Assessment, diagnosis, planning professional care								
	Initial RPL Interview	Candidate Self-evaluation	Competence Conversation Interview	Workplace Assessment Task	Third Party Report			
sub-area 1.1: Gathering data								
1.1.a: To be able to assist in conducting professional care assessment.						C	NYC	
1.1.b: To be able to conduct professional care assessment.						C	NYC	
1.1.c: To be able to guide and supervise the complete professional care assessment.						C	NYC	
sub-area 1.2: Nursing diagnosis								
1.2.a: To be able to assist in developing the nursing diagnoses based on collected data.						C	NYC	

1.2.b: To be able to develop and revise nursing diagnoses based on collected data.							C	NYC
1.2.c: To be able to guide and supervise others in developing and revision of nursing diagnoses.							C	NYC
sub-area 1.3: Planning professional care								
1.3.a: To be able to assist in developing, revision and adaption of the professional care plan.							C	NYC
1.3.b: To be able to develop, revise and adapt the professional care plan.							C	NYC
1.3.c: To be able to <ul style="list-style-type: none"> • apply and develop special care plans • guide and supervise the development, revision and adaption of the professional care plan. 							C	NYC
Competence Area 2 – Nursing care								
	Initial RPL Interview	Candidate Self-evaluation	Competence Conversation Interview	Workplace Assessment Task	Third Party Report			
sub-area 2.1: Basic care and personal hygiene								
2.1.a: To be able to support the patient/client to perform basic care.							C	NYC
2.1.b: To be able to perform basic care in all care cases.							C	NYC
2.1.c: To be able to guide and supervise others in performing basic care in all care cases							C	NYC
sub-area 2.2: Nutrition								
2.2.a: To be able to order and distribute meals and, if necessary, support patients/clients without							C	NYC

specific dietary restrictions or functional limitations according to nutrition plans.							
2.2.b: To be able to assist in <ul style="list-style-type: none"> preparing and adapting a nutrition plan according to patients'/clients' individual condition and functional limitations, handle enteral nutrition and to place and handle feeding tubes. 						C	NYC
2.2.c: To be able to <ul style="list-style-type: none"> prepare and adapt a nutrition plan according to patient's/client's individual condition and functional limitations, place and handle feeding tubes independently. 						C	NYC
2.2.d: To be able to guide and supervise the handling of enteral nutrition and placing and handling of feeding tubes.						C	NYC
sub-area 2.3: Mobility, movement, positioning							
2.3.a: To be able to assist in mobility measures including patient/client activation according to patient's/client's treatment plan and individual condition.						C	NYC
2.3.b: To be able to implement mobility measures including patient/client activation according to patient's/client's treatment plan and individual condition.						C	NYC
2.3.c: To be able to guide and supervise the implementation of mobility measures.						C	NYC
sub-area 2.4: Excretion							
2.4.a: To be able to support patients/clients in excretion.						C	NYC
2.4.b: To be able to assist in <ul style="list-style-type: none"> placing and caring of catheters, place and handle enemas and bowel catheter 						C	NYC

systems.							
2.4.c: To be able to <ul style="list-style-type: none"> place and care for urinary catheters, place and handle enemas and bowel catheter systems. 						C	NYC
2.4.d: To be able to guide and supervise all measures related to excretion.						C	NYC
Competence Area 3 – Nursing intervention							
	Initial RPL Interview	Candidate Self-evaluation	Competence Conversation Interview	Workplace Assessment Task	Third Party Report		
sub-area: 3.1. Participating in medical and diagnostic procedures							
3.1.a: To be able to <ul style="list-style-type: none"> prepare and support patient's/client's for medical treatments and diagnostic tests according to prescription, assist in preparing of medical devices and materials, collect and assist in collecting patient's/client's specimens for treatments. 						C	NYC
3.1.b: To be able to <ul style="list-style-type: none"> prepare and support patient's/client's for medical treatments and diagnostic tests according to prescription, collect all kinds of patient's/client's biological specimens for treatments, assist other professionals in medical and laboratory treatments. 						C	NYC
3.1.c: To be able to guide and supervise others in the participating in treatments and diagnostic procedures.						C	NYC
sub-area: 3.2 Preparing and administering medication							

3.2.a: To be able to administer oral and subcutaneous medication according to prescription.						C	NYC
3.2.b: To be able to prepare and administer all medication (apart from intra-arterial and intra thecal applications) according to prescription						C	NYC
3.2.c: To be able to guide and supervise the medication process.						C	NYC
sub-area: 3.3 Wound management							
3.3.a: To be able to <ul style="list-style-type: none"> take care of wounds prevent wounds assist in wound care. 						C	NYC
3.3.b: To be able to <ul style="list-style-type: none"> assess wounds, apply and to change wound dressings according to prescription. 						C	NYC
3.3.c: To be able to guide and supervise others in wound care.						C	NYC
sub-area: 3.4 Stoma management							
3.4.a: To be able to assist in assessing and taking care of stomas according to prescription.						C	NYC
3.4.b: To be able to assess and take care of stomas according to prescription.						C	NYC
3.4.c: To be able to guide and supervise others in assessing and taking care of stomas according to prescription.						C	NYC
sub-area: 3.5 Dealing with medical devices							
3.5.a: To be able to assist in managing and if applicable placing medical devices according to medical products and guidelines.						C	NYC
3.5.b: To be able to manage and if applicable place medical devices according to medical products and guidelines.						C	NYC
3.5.c: To be able to assist in and to perform related medical procedures.						C	NYC

3.5.d: To be able to guide and supervise others in the use and maintenance of medical devices and related procedures.							C	NYC
sub-area: 3.6 Basic and Advanced life support (BLS/ALS)								
3.6.a: To be able to provide BLS according to resuscitation guidelines.							C	NYC
3.6.b: To be able to assist in applying ALS according to resuscitation guidelines and in cooperation with authorised medical personnel.							C	NYC
3.6.c: To be able to apply ALS according to resuscitation guidelines and in cooperation with authorised medical personnel.							C	NYC
3.6.d: To be able to guide and supervise others in providing BLS and ALS according to resuscitation guidelines.							C	NYC
Competence Area 4 – Creating & maintaining a healthy and safe environment								
	Initial RPL Interview	Candidate Self-evaluation	Competence Conversation Interview	Workplace Assessment Task	Third Party Report			
sub-area: 4.1 Hygiene								
4.1.a: To be able to apply relevant (legal and employer-specific) hygienic procedures and guidelines regarding <ul style="list-style-type: none"> personnel hygiene, working environments, medical equipment, medical waste. 							C	NYC
4.1.b: To be able to guide and supervise the correct application of hygiene regulations							C	NYC
4.1.c: To be able to <ul style="list-style-type: none"> contribute to the evaluation and revision of hygienic procedures and guidelines, execute tests regarding hygiene. 							C	NYC
sub-area: 4.2 Sterilisation								

4.2.a: To be able to clean, disinfect, sterilise and store medical instruments according to sterility rules.						C	NYC
4.2.b: To be able to guide and supervise the complete sterilisation process and to apply document of quality control indicators and protocols.						C	NYC
sub-area: 4.3 Occupational health and safety							
4.3.a: To be able to promote a health promoting and safe environment and to implement related measures.						C	NYC
4.3.b: To be able to detect safety risks and to increase safety by implementing preventive measures.						C	NYC
4.3.c: To be able to develop assessment tools to prevent safety risks and to monitor the maintenance of a safer environment.						C	NYC
sub-area: 4.4 Handling on-site disasters							
4.4.a: To be able to react according to guidelines in emergencies and disasters.						C	NYC
4.4.b: To be able to coordinate emergencies and disasters as well as care about victims.						C	NYC
4.4.c: To be able to prepare guidelines and strategies for emergencies and disasters and to develop and execute appropriate trainings.						C	NYC
Competence Area 5 – Communication & collaboration with other professionals							
	Initial RPL Interview	Candidate Self-evaluation	Competence Conversation Interview	Workplace Assessment Task	Third Party Report		
sub-area: 5.1 Train and manage other professional care-givers in work activities							

<p>5.1.a: To be able to contribute to informing and monitoring other professional caregivers regarding daily working routines. (e.g. show others acts in daily routine in absence of the practical instructor)</p>						C	NYC
<p>5.1.b: To be able to</p> <ul style="list-style-type: none"> inform and monitor other professional caregivers concerning daily working routines and individual tasks make decisions in absence of the person in charge (e.g. take over management of the ward in absence of the ward manager) 						C	NYC
<p>5.1.c: To be able to</p> <ul style="list-style-type: none"> guide and supervise tasks and activities performed by other professional caregivers according to pedagogical and subject related principles (e.g. educate others as a practical instructor) contribute to the development of new care standards, instruction guidelines and protocols. 						C	NYC
sub-area: 5.2 Professional communication							
<p>5.2.a: To be able to</p> <ul style="list-style-type: none"> communicate within the multidisciplinary team and with other professionals, apply professional language. 						C	NYC

<p>5.2.b: To be able to</p> <ul style="list-style-type: none"> collaborate with other health care professionals in working processes, network within the multidisciplinary team and with other professionals, advocate for the patients/clients (e.g. represent the interests of patient's/client's who are unable to do so themselves to physicians) 							C	NYC
<p>5.2.c: To be able to participate in developing, implementing and evaluating mechanisms for optimising the processes of multidisciplinary collaboration</p>							C	NYC
<p>sub-area: 5.3 Integrated care</p>								
<p>5.3.a: To be able to apply to the requirements of patient/client management. (e.g. discharge, intake, occupancy management)</p>							C	NYC
<p>5.3.b: To be able to</p> <ul style="list-style-type: none"> apply disease management, contribute to case management. 							C	NYC
<p>5.3.c: To be able to</p> <ul style="list-style-type: none"> implement disease and case management in the facility, cooperate with internal and external partners in order to implement integrated care. 							C	NYC
<p>5.3.d: To be able to</p> <ul style="list-style-type: none"> implement and further develop integrated care within the facility, network with external partners in order to improve integrated care. 							C	NYC
<p>Competence Area 6 – Communication & collaboration with patients/clients</p>								
	Initial RPL Interview	Candidate Self-evaluation	Competence Conversation Interview	Workplace Assessment Task	Third Party Report			

sub-area: 6.1 Communication with patients/clients and relevant others							
6.1.a: To be able to build, maintain and end verbal and non-verbal communication through empathy and appreciation.						C	NYC
6.1.b: To be able to <ul style="list-style-type: none"> assess the patient's/client's capability of cognitive/emotional response and behaviour using professional techniques/tools, use professional communication models/tools (e.g. RTR measurement, assessment of facial expressions, gestures) 						C	NYC
sub-area: 6.2 Education and empowerment of patients/clients and relevant others							
6.2.a: To be able to explain basic medical information to the patient/client and relevant others.						C	NYC
6.2.b: To be able to contribute to or assist in informing, training and counselling patients/ clients/ relevant others.						C	NYC
6.2.c: To be able to identify learning needs of patient's/client's and relevant others.						C	NYC
6.2.d: To be able to efficiently use professional methods of interpersonal communication in challenging situations (e.g. lip-read, Watzlawick)						C	NYC
sub-area: 6.3 Health promotion and prevention							
6.3.a: To be aware of developments on health promotion and prevention and to be able to provide, motivate and support preventive measures in the care process (e.g. care advice, family health care, public health care)						C	NYC

<p>6.3.b: To be able to</p> <ul style="list-style-type: none"> implement care processes facilitating health promotion/prevention and the independency of the patient/client, coordinate the collaboration with/within the multidisciplinary team in order to motivate and support the patient's/client's health promotion and health prevention activities (e.g. teaching patient's/client's about diabetes while connect the needs to the schedule of the day, organise and offer sports activities for patient's/client's with restrictions on self-care) 						C	NYC
<p>6.3.c: To be able to contribute to the development and the implementation of health promotion/prevention within the health system.</p>						C	NYC
<p>sub-area: 6.4 Fostering social life and a stimulating environment</p>							
<p>6.4.a: To be able to foster health promotion with the patient/client by using creative elements, social activities and the living environment (e.g. integration into musical activities)</p>						C	NYC
<p>6.4.b: To be able to plan and carry out complex activities of daily life and to participate in arranging/ furnishing living environments (e.g. arrange celebrations)</p>						C	NYC
<p>sub-area: 6.5 Organising daily life and daily life activities</p>							
<p>6.5.a: To be able to support the patient/client in organising his/her daily life (e.g. shopping accompaniment)</p>						C	NYC

6.5.b: To be able to act on behalf of the patient/client in aspects of their daily life (e.g. work with the social security office to receive support money)							C	NYC
Transversal Competence Area A – Monitoring, documentation, quality assurance								
	Initial RPL Interview	Candidate Self-evaluation	Competence Conversation Interview	Workplace Assessment Task	Third Party Report			
sub-area: A.1 Monitoring and evaluating of patient's/client's condition								
A.1.a: To be able to recognise changes in the patient's/client's condition and react appropriately.							C	NYC
A.1.b: To be able to <ul style="list-style-type: none"> recognise changes in the patient's/client's condition using scoring tools and react appropriately interrelate the patient's/client's condition to disease pattern. 							C	NYC
A.1.c: To be able to guide and supervise others in monitoring and evaluating the patient's/client's condition							C	NYC
sub-area: A.2 Documentation								
A.2.a: To be able to independently document all required data of the patient/client.							C	NYC
A.2.b: To be able to guide and supervise the documentation.							C	NYC
sub-area: A.3 Promoting quality assurance measures								
A.3.a: To be able to ensure nursing care while considering quality aspects.							C	NYC
A.3.b: To be able to convey the meaning of evidence-based care into daily work and to use existing quality systems.							C	NYC

A.3.c: To be able to perform quality assurance tasks and to guide and supervise others in delivering quality care.						C	NYC
A.3.d: To be able to establish, implement and develop quality management (QM) and quality management systems (QMS).						C	NYC
Transversal Competence Area B – Ethical, intercultural, legal competence							
	Initial RPL Interview	Candidate Self-evaluation	Competence Conversation Interview	Workplace Assessment Task	Third Party Report		
sub-area: B.1 Ethical competence							
B.1.a: To be able to <ul style="list-style-type: none"> • apply professional care based on ethical principles and concepts, • recognise and manage ethical challenges in professional care and react appropriately. 						C	NYC
B.1.b: To be able to critically reflect ethical issues and support and guide others in ethical decision making						C	NYC
sub-area: B.2 Intercultural competence							
B.2.a: To be able to recognise and show understanding for potential needs and challenges of patient's /client's according to cultural differences and similarities and to react appropriately.						C	NYC
B.2.b: To be able to manage intercultural challenges with conflict potential and develop solution strategies (e.g. applying culture-sensitive care)						C	NYC
B.2.c: To be able to <ul style="list-style-type: none"> • mediate intercultural challenges • guide other staff members and patient's/client's. 						C	NYC

C.2.b: To be able to critically reflect one's profession and position within health care, the social system and society.						C	NYC
C.2.c: To be able to identify trends and developments within the health care and social system and their impacts on care professions.						C	NYC
sub-area: C.3 Professional care research							
C.3.a: To be able to understand scientific publications in the field of nursing care.						C	NYC
C.3.b: To be able to critically interpret and evaluate research findings and to incorporate relevant findings in the daily practice.						C	NYC
C.3.c: To be able to support others in research projects and to participate in research in the field of professional care.						C	NYC
<i>[If other electives are selected, add them below, and delete any above as applicable—3 electives are required.]</i>							
						<input type="checkbox"/>	<input type="checkbox"/>
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