

Revalidation Placement Testimonial

Name:	Job role:
Workplace:	Ward/Unit/Area:
Shift date:	Shift Reference Number:

Please assess the flexible worker on this shift using the following scores:

0 = Unable to assess 1 = Poor 2 = Needs support 3 = Satisfactory 4 = Good 5 = Excellent

If any assessment is 1, 2 or 5 please provide specific examples of why this score was given in the boxes below

NMC*	Prioritise People	Rating	Notes
1	Treats people as individuals and upholds their dignity		
2	Listens to people and responds to their preferences and concerns		
3	Makes sure that people's physical, social and psychological needs are assessed and responded to		
4	Acts in the best interests of people at all times		
5	Respects people's right to privacy and confidentiality		
	Practice Effectively		
6	Always practices in line with the best available evidence		
7	Communicates clearly		
8	Works co-operatively		
9	Shares skill, knowledge and experience for the benefit of people receiving care and colleagues		
10	Keeps clear and relevant records		
11	Only delegates tasks within the other person's competence and with adequate supervision		
	Preserve Safety		
13	Aware of own competencies and recognises the need to refer on and ask for help		
14	Escalates concerns relevantly and appropriately		
15	Is able to identify life threatening situations and act accordingly		
16	Acts without delay if you believe that there is a risk to patient safety or public protection		
17	Is able to identify risks and raises concerns immediately if a person is vulnerable or at risk		
18	Advises on, prescribe, supply, dispense or administer medicines within the limits of training and competence, the law, NMC guidance and other relevant policies, guidance and regulations		
19	Is aware of and reduces as far as possible the likelihood of potential for harm associated with their practice		

*The numbers relate to the NMC Code Professional Standards

Attitude to work	Rating	Notes
Reliable		
Punctual		
Flexible		
Motivated		
Shows Initiative		
Accepts constructive feedback		
Appearance		
Presentable		
Adheres to uniform policy		
Wears ID badge		
Examples of good practice		
Areas for improvement		
Testimonial completed by:		Job Title:
Name:	Trust email address:	Date:
PIN number (if applicable):		Signature:
		Work contact number:

Now write a reflective account about this feedback. You may like to use these questions as prompts.

Discussing this with a colleague will support your NMC revalidation reflection requirement.

What happened?	
<p>What feedback have I received?</p> <p>How did it make me feel? What was good about the experience?</p> <p>What could have gone better?</p> <p>What factors contributed to this?</p> <p>What was the context of this feedback?</p>	
What does that mean for me?	
<p>What sense am I making of the feedback?</p> <p>Have I had similar feedback in the past?</p> <p>In what ways have I improved? What could I do better?</p> <p>What general conclusions can I draw?</p>	
What needs to happen now?	
<p>What would I like my feedback to be next time?</p> <p>What will I do to make that happen?</p> <p>What might help me?</p> <p>Who might help me?</p>	