

Trainee Advanced Nurse
Practitioner (tANP)
in Breast Care
Education and Assessment
Framework

Contents

Introduction and Definition	4
Capabilities in Practice (CiPs)	5 – 13
Programme of Education and Training for tANPs in Breast Care	14-15
Critical progression points	15-16
Clinical Requirements	16
Clinical Progression	16
Programme and purpose of Assessment	16
Assessment and Supervision	17
Educational Supervisor (ES) and their roles and responsibilities	17-18
Clinical Supervisor/s (CS)	18
Mentors	19
Multiple Clinician Reports (MCRs)	19-20
Table 1 –Supervision levels for trainee ANPs	21
Delivery of Assessment and Assessment Methods	22
Feedback	22-23
Workplace Based Learning	23
Learning Environment	23
Educational and Development Tools in the workplace	23
Formal and informal Teaching and Learning Opportunities	23
Trainee ANP Responsibilities	24
Learning Partnership Agreement	25
Pathway to Completion of Training	25
Completion of Training (CoT)	25-26

Governance and Accountability	26
Appraisal, Capability and continuing professional revalidation	27
Equality and Diversity	27
Appendix 1 - tANP educational resources	28
Appendix 2 - Core professional and behaviour capabilities	29-33
Appendix 3 – Core clinical capabilities	34-40
Appendix 4 – Core Site specific (Breast) clinical capabilities	41-58
Appendix 5 – Portfolio Guidance and Evidence	59
Appendix 6 – Assessment forms	60-77
Appendix 7 – Core objectives for first 6 months tANP training	78
Appendix 8 – In house educational tutorials and topics	79-80
Appendix 9 – Checklist for operative & technical procedures observed	81
Appendix 10 – Learning Partnership Agreement and Commitment Agreement	82-83
References	84

Introduction and Definition

Advanced practice is recognised as a level of practice, rather than a specific type of practice.

It is expected that Advanced Nurse Practitioners are educated at master's Level within clinical practice and assessed as competent in practice using their own acquired clinical knowledge and skills (Royal College of Nursing - Advanced Level Nursing Practice: Introduction 2018).

Health Education England (2017) define advanced level clinical practice as:

“Advanced Clinical Practice is delivered by experienced registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a master's level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competence...”

Advanced Clinical Practice embodies the ability to manage clinical care in partnership with individuals, families and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people's experience and improve outcomes.”

As a trainee Advanced Nurse Practitioner (TANP) working within the speciality of Breast Care you will develop expert knowledge and skills to become competent in the clinical decision making within clinical breast assessment, diagnosis and treatments of patients.

The tANP programme has been influenced by several key documents which support the training, education and development of advanced practice:

Health Education England - *Surgical Advanced Clinical Practitioner (SCAP) Curriculum and Assessment Framework for care of the adult surgical patient (2022)*

Royal College of Nursing. *Advanced Level Nursing Practice: Introduction (2022)*

Health Education England (2017) *Multi-Professional framework for advanced clinical practice in England*

Health Education England (2017) *Framework to promote person-centred approaches in health and care.*

The Northern Ireland Practice and Education Council for Nursing and Midwifery - *Advanced Nursing practice framework (2016)*

Capabilities in advanced clinical Practice (CiPs)

Advanced Nurse Practitioners in Breast Care will develop their skills and knowledge to the standard outlined within this framework. The capabilities are standardised across advanced level practice.

There are four pillars which will underpin this practice:

1. Clinical Practice
2. Leadership and Management
3. Education
4. Research

Assessment of the four pillars will be through the use of multiple clinician reports' (MCRs).

It is expected that people working within advanced practice operate at master's level (level 7).

Advanced Nurse Practitioners in Breast Care will develop the ability to:

'Make sound judgements in the absence of full information and to manage varying levels of risk when there is complex. Competing or ambiguous information or uncertainty' (Health Education England, 2017)

The capabilities are not specific to Advanced Nurse Practitioners in Breast Care and as such are set out by Health Education England (HEE), within their multi-professional framework for advanced clinical practice in England (2017).

'The capabilities apply to all models of advanced clinical practice across sectors, specialities and professions and can be applied in either uni-professional or multi-professional models of care provision'.

1. Clinical Practice

Health and care professionals working at the level of advanced clinical practice should be able to:

- 1.1 Practise compliance with their respective code of professional conduct and within their scope of practice, being responsible and accountable for their decisions, actions, and omissions at this level of practice.
- 1.2 Demonstrate a critical understanding of their broadened level of responsibility and autonomy and the limits of own competence and professional scope of practice, including when working with complexity, risk, uncertainty and incomplete information.
- 1.3 Act on professional judgement about when to seek help, demonstrating critical reflection on own practice, self-awareness, emotional intelligence and openness to change.
- 1.4 Work in partnership with individuals, families and carers, using a range of assessment methods as appropriate (e.g history taking; holistic assessment; identifying risk factors; mental health assessments; requesting, undertaking and/or interpreting diagnostic tests; and conducting health needs assessments).
- 1.5 Demonstrate effective communication skills, supporting people in making decisions, planning care or seeking to make positive changes, using Health Education England's framework to promote person-centred approaches in health and care (Health Education England 2017 Framework to promote person-centred approaches in health and care).
- 1.6 Use expertise and decision-making skills to inform clinical reasoning approaches when dealing with differentiated and undifferentiated individual presentations and complex situations, synthesising information from multiple sources to make appropriate, evidence-based judgements and/or diagnoses.
- 1.7 Initiate, evaluate and modify a range of interventions which may include prescribing medicines, therapies, lifestyle advice and care.
- 1.8 Exercise professional judgement to manage risk appropriately, especially where there may be complex and unpredictable events and supporting teams to do likewise to ensure safety of individuals, families and carers.
- 1.9 Work collaboratively with an appropriate range of multi-agency and inter-professional resources, developing, maintaining and evaluating links to manage risk and issues across organisations and settings.

1.10 Act as a clinical role model/advocate for developing and delivering care that is responsive to changing requirements, informed by understanding of local population health needs, agencies and networks.

1.11 Evidence the underpinning subject-specific competencies i.e. knowledge, skills and behaviours relevant to the role setting and scope, and demonstrate application of the capabilities to these, in an approach that is appropriate to the individual role, setting and scope.

2. Leadership and Management

Health and care professionals working at the level of advanced clinical practice should be able to:

2.1 Pro-actively initiate and develop effective relationships, fostering clarity of roles within teams, to encourage productive working.

2.2 Role model the values of their organisation/place of work, demonstrating a person-centred approach to service delivery and development.

2.3 Evaluate own practice and participate in multi-disciplinary service and team evaluation, demonstrating the impact of advanced clinical practice service function and effectiveness, and quality (i.e. outcomes of care, experience and safety).

2.4 Actively engage in peer review to inform own and others' practice, formulating and implementing strategies to act on learning and make improvements.

2.5 Lead new practice and service redesign solutions in response to feedback, evaluation and need, working across boundaries and broadening sphere of influence.

2.6 Actively seek feedback and involvement from individuals, families, carers, communities and colleagues in the co-production of service improvements.

2.7 Critically apply advanced clinical expertise in appropriate facilitatory ways to provide consultancy across professional and service boundaries, influencing clinical practice to enhance quality, reduce unwarranted variation and promote the sharing and adoption of best practice.

2.8 Demonstrate team leadership, resilience and determination, managing situations **that** are unfamiliar, complex or unpredictable and seeking to build confidence in others.

2.9 Continually develop practice in response to population health need, engaging in horizon scanning for future developments (e.g impacts of genomics, new treatments and changing social challenges).

2.10 Demonstrate receptiveness to challenge and preparedness to constructively challenge others, escalating concerns that affect individuals', families, carers', communities' and colleagues' safety and well-being when necessary.

2.11 Negotiate an individual scope of practice within legal, ethical, professional and organisational policies, governance and procedures, with a focus on managing risk and upholding safety.

3. Education

Health and care professionals working at the level of advanced clinical practice should be able to:

3.1 Critically assess and address own learning needs, negotiating a personal development plan that reflects the breadth of ongoing professional development across the four pillars of advanced clinical practice.

3.2 Engage in self-directed learning, critically reflecting to maximise clinical skills and knowledge, as well as own potential to lead and develop both care and services.

3.3 Engage with, appraise and respond to individuals' motivation, development stage and capacity, working collaboratively to support health literacy and empower individuals to participate in decisions about their care to maximise their health and well-being.

3.4 Advocate for and contribute to a culture of organisational learning to inspire future and existing staff.

3.5 Facilitate collaboration of the wider team and support peer review processes to identify individual and team learning.

3.6 Identify further development needs for the individual and the wider team and supporting them to address these.

3.7 Supporting the wider team to build capacity and capability through work-based and inter-professional learning, and the application of learning to practice.

3.8 Act as a role model, educator, supervisor, coach and mentor, seeking to install and develop the confidence of others.

4. Research

Health and care professionals working at the level of advanced clinical practice should be able to:

- 4.1 Critically engage in research activity, adhering to good practice guidance, so that evidence-based strategies are developed and applied to enhance quality, safety, productivity and value for money.
- 4.2 Evaluate and audit own and others' clinical practice, selecting and applying valid, reliable methods, then acting on the findings.
- 4.3 Critically appraise and synthesise the outcome of relevant research, evaluation and audit, using the results to underpin own practice and to inform that of others.
- 4.4 Take a critical approach to identify gaps in the evidence base and its application to practice, alerting appropriate individuals and organisations to these and how they might be addressed in a safe pragmatic way.
- 4.5 Actively identify potential need for further research to strengthen evidence for best practice. This may involve acting as an educator, leader, innovator and contributor to research activity (The Northern Ireland Practice and Education Council for Nursing and Midwifery – Advanced Nursing practice framework 2016) and/or seeking out and applying for research funding.
- 4.6 Develop and implement robust governance systems and systematic documentation processes, keeping the need for modifications under critical review.
- 4.7 Disseminate best practice research findings and quality improvement projects through the appropriate media and for a (e.g. presentations and peer review research publications).
- 4.8 Facilitate collaborative links between clinical practice and research through proactive engagement, networking with academic, clinical and other active researchers.'

Health Education England (2017) *Multi-Professional framework for advanced clinical practice in England*

Capabilities in Practice (CiPs)

A capability is a set of skills that can be developed through training from novice to expert.

High-level clinical outcomes are known as Capabilities in Practice (CiP).

To perform at the specified level the ANP in breast care is required to be able to integrate areas of learning indicated within this framework, including knowledge, clinical skills, professional and technical skills. In addition, they will need to have acquired the generic skills, behaviours and values shared by all practitioners to perform required tasks safely and well.

Assessment of the 4 CiPs will be through the use of the multiple clinician report (MCR), using tANP records of learning events.

Assessment is outcomes-based. The MCR examines the tANP in breast care from the perspective of the outcome (“qualified ANP in Breast care”) and compares performance in each CiP to the expected level. If the outcome level is not reached, then targeted feedback and development plans can be made with reference to the CiP descriptors contained within this framework.

CiP Descriptors

The clinical CiPs require the trainee ANP in breast care to demonstrate professional behaviour regarding patients, carers, colleagues and others at all times. Appropriate professional behaviour should reflect the relevant code of professional conduct to which a trainee is bound.

An emphasis of the importance of professionalism underpinning clinical practice has been highlighted through the inclusion of CiP 1.

The four CiPs taken together describe the role of an ANP in breast care. To support the tANP to develop capability through training, detailed feedback and focused development goals are required.

Each CiPs is broken down into smaller tasks and each of these smaller tasks is a CiP descriptor and is assessed against a supervision scale.

To complete training, the trainee ANP in breast care must demonstrate that they can work autonomously - supervision level three for all four CiPs (see Table 1).

This assurance is confirmed through use of multiple clinician reports that assess each of the 4 CiPs and a portfolio of evidence reviewed by the educational supervisors and professional nurse lead/s for tANPs/tACPs that is deemed to meet the required standard as the tANP framework.

Many descriptors refer specifically to patient centred care and shared decision making to emphasise the importance of patients being at the centre of decisions about their own treatment and care.

The assessment of progression is made against the level of supervision required for each CiP.

It is important to consider that the descriptors are a guide to learning and does not require each individual descriptor to be evidenced.

A decision on capability will then be made by a group of experienced clinicians who are able to consider higher level performance. This represents a key move away from the 'tick box' approach of previous assessment frameworks, which often have not provided an effective summative assessment of performance.

The use of the workplace-based assessment (WBA) is still acknowledged as an important part of learning where the tools are best used formatively to facilitate learning.

Core Professional and Behavioural Capability in Practice (CiPs)

Core professional and behavioural capability in practice - demonstrates capability in the other 3 pillars of advanced practice: (1) leadership, (2) education and (3) research (HEE,2017)

Description

All Advanced Nurse Practitioners in Breast Care are required to demonstrate practice in leadership, education and research which will strengthen the care delivered to patients.

Core professional and behavioural capability in practice - demonstrates capability in the other 3 pillars of advanced practice: leadership, education and research (HEE,2017)

Description

All Advanced Nurse Practitioners in Breast Care are required to demonstrate practice in leadership, education and research which will strengthen the care delivered to patients.

Example descriptors

1b Education (continued)

- Promotes and participates in interprofessional learning
- Assesses objectively and fairly the performance of other learners
- Gives timely and constructive feedback on learning activities and opportunities and understands how to raise concerns about the performance or behaviour of a learner who is under their supervision
- Participates in national surveys and other forms of quality control, quality management and quality assurance processes as required by relevant regulator(s)
- Carries out the roles and responsibilities of a clinical trainer as required
- Meets any regulatory or statutory requirements as a clinical trainer

1c Research

- Keeps up to date with current research and best practice in the individual's specific area of practice, through appropriate continuing professional development activities and their own independent study and reflection
- Practices in line with the latest evidence
- Conducts literature searches and reviews to inform their professional practice
- Critically appraises academic literature
- Understands the role of evidence in clinical practice and demonstrates shared decision making with patients
- Locates and uses clinical guidelines appropriately
- Demonstrates appropriate knowledge of research principles and concepts and the translation of research into practice, including:

- Recruitment into trials and research programmes
- Ethical implications of research governance
- Understands and promotes innovation in healthcare.

Understands and Applies:

- Informatics
- Genomics

- Stratified risk and personalised medicine
- Draw from public epidemiology, other data sources and large-scale reviews.

- Communicate and interpret research evidence in a meaningful way for patients to support informed decisions about treatment and management.

Continued

1a Leadership

- Demonstrates understanding of why leadership and team working is important in their role as clinician
- Shows awareness of their leadership responsibilities as a clinician and why effective clinical leadership is central to safe and effective care
- Demonstrates understanding of a range of leadership principles, approaches and techniques and applies them in practice
- Demonstrates appropriate leadership behaviour and ability to adapt these behaviours to improve engagement and outcomes
- Appreciates their leadership style and its impact on others
- Actively participates and contributes to the work and success of their team
- Demonstrates critical thinking about decision making
- Demonstrates ability to reflect on decision making process and is able to explain those decision to others in an open honest and transparent way
- Supervises, challenges, influences and mentors' colleagues and peers to enhance performance/support development
- Escalates concerns
- Promotes and effectively participates in multidisciplinary and interprofessional team working
- Appreciates the roles of all members of the multidisciplinary team
- Promotes a just, open and transparent culture
- Promotes a culture of learning, academic and professional critical enquiry.

1b Education

- understands that the safety of patients must come first and that the needs of education must be considered in this context
- Always provides safe clinical supervision of learners and others in training in the workplace
- plans and provides effective education and training activities
- takes part in own induction and orientation and that of new staff
- takes part in patient and staff education
- respects patient's wishes about whether they wish to participate in the education of learners
- provides supportive developmental feedback, both verbally and in writing to other learners and evaluates and reflects on the effectiveness of their own educational activities

Clinical Capability in Practice – Breast Multi- Disciplinary Meeting

Description

Patients requiring discussion at Breast MDT requiring interdisciplinary management - Able to perform all relevant administrative and clinical tasks required of ANP in Breast Care in order that safe and appropriate multi-disciplinary decisions are made.

Example descriptors

- Appropriately selects patients who require discussion at the Breast MDT
- Follows the appropriate administrative process to put patient on most appropriate Breast MDT
- Presents relevant case history recognising important clinical features
- Effectively manages potentially challenging situations such as conflicting opinions
- Develops a clear management plan and communicates discussion outcomes and subsequent plans by appropriate means to patient, GP and administrative staff
- Arranges follow up investigations and follow up as appropriate

Programme of Education and Training for tANPs in Breast Care

Due to the requirement of both academic modules (Total of 180 credits at level 7 – master’s level required for advanced practice) in house training and workplace-based assessments (WPBAs), it is expected that the education and training programme for ANPs within breast care, will be completed within a maximum timescale of 5 years.

In house training will be planned and reviewed 6 monthly (appendix 7).

Academic modules should include the following modules:

Clinical breast examination and client communication = 40 credits

Non-medical prescribing = 40 credits

The remaining modules to make up 180 credits may be decided by the individual trainee ANP in consultation with their educational supervisor, based on special areas of interest, relevance to specialist area and the four pillars which underpin advanced practice within breast care.

EXAMPLE of academic structure:

Year 1

- In house training and education together with commencement of Clinical breast examination and client communication course:

Clinical breast examination and client communication (30 credits master's level 7).

Module code: RA7003 [Single module | Kingston and St George's \(healthcare.ac.uk\)](#)

Year 2

- Non-Medical Prescribing course:

University of Nottingham Module V300

[Non-Medical Prescribing \(NMP\) – Independent and Supplementary courses - The University of Nottingham](#) (40 credits master's level).

OR

University of Derby

[Practice Certificate in Non-Medical Prescribing for Nurses and Midwives \(V300\) - Health, Psychology and Social Care - University of Derby](#) (40 credits master's level 7).

List of Universities from Health Education England

[Non-medical Prescribing HEI Information Feb21 \(1\).pdf \(hee.nhs.uk\)](#)

Years 3 to 5

- To obtain remaining credits (100) in areas relevant to Advanced Nurse Practitioner role in Breast Care

Critical Progression Points

Critical Progression Point	Evidence Required
<p><u>Critical progression point 1.</u></p> <p>By the end of 12 months of training.</p>	<p>Evidence of capability to take a focused breast history and carry out clinical breast examination.</p> <ul style="list-style-type: none"> • Minimum of 6 case-based discussions • DOPs - evidence of independent practice in the following clinics: Breast 2WW; breast cancer follow up; Breast pain (Appendix 6 – Assessment forms) • Minimum of ___ workplace based assessments for Clinical breast examination and history taking (to be decided by CAC/DMS) • Minimum ofCase based discussions (to be decided by Clinical mentor) • Minimum of supervision level 2a in all CiPs • No professional attitude or behaviour concerns • No academic concerns <p><i>It is essential that educational and clinical supervisors are confident that the tANP has the ability to perform core skills.</i></p>
<p><u>Critical progression point 2</u></p> <p>By the end of 18 months of training.</p>	<p>Evidence of capability in clinical reasoning and formulating clear management plans for ALL site specific - common presentations of benign and malignant breast diseases (Appendix 4)</p> <ul style="list-style-type: none"> • Minimum of Case based discussions (to be decided by clinical mentor) • ALL mandatory workplace-based assessments completed • Minimum of level 2b in all CiPs • No professional attitude or behaviour concerns • No academic concerns <p><i>It is essential that educational and clinical supervisors are confident that the tANP has the ability to perform core skills</i></p>
<p><u>Critical progression point 3.</u></p> <p>By the end of 24 months of training.</p>	<p>Now completed all CiPs at level 3 or above.</p> <ul style="list-style-type: none"> • Minimum of Case based Discussions (to be decided by CAC/DMS) No professional attitude or behaviour concerns. • No academic concerns

	<p><i>It is essential that educational and clinical supervisors are confident that the tANP has the ability to perform core skills</i></p>
<p><u>Critical progression point 4.</u> Between 36 to 60 months. Progression to complete academic requirements</p>	<ul style="list-style-type: none"> • No professional attitude or behaviour concerns • No academic concerns • Successfully obtained 180 credits at master's level 7

Clinical Requirements

Workplace supervision and workplace-based assessments should include:

- Direct observation of procedural skills (DOPs)
- Case-based discussion (CbD); mini – clinical evaluation exercise (MINI-CEX)
- Case based reflection (CBR)
- Multi-source feedback (MSF) (including patient satisfaction questionnaire)

Clinical Progression

Capability and progress will be evidenced through workplace-based assessments and supervised learning events. All evidence of learning should be documented in the trainee Advanced Nurse Practitioner (tANP) portfolio (see Appendix 5 – Portfolio evidence and evidence)

The Educational Supervisor (ES) will review the portfolio on a regular basis to aid progress planning.

It is acknowledged that tANP progression may vary as trainees with a large amount of experience are likely to progress more quickly than someone with lesser experience.

Programme and purpose of Assessment.

Assessment of learning is an essential component of the tANP training and assessment in practice will be carried out by a clinical supervisor identified within the clinical setting. Ongoing development and competence progression through autonomy to demonstrate expert practice will be assessed and supported throughout.

Assessment and capability at advanced practice level includes acquisition of knowledge, demonstration of skill and evidence of receiving and responding to feedback on multiple occasions before assessment and sign-off can take place.

Assessment and Supervision

All tANPs will have a named educational supervisor (ES) who will be responsible for always overseeing their training to ensure standards are met, in the same way that an ES would supervise a post graduate doctor in training.

The tANP will have access to:

- Library and online learning facilities to include e-resources.
- Local induction to introduce organisational policies, procedures and arrangements comparable to post graduate doctors in training.
- Electronic patient records.
- Appropriate resources and facilitated time to enable tANPs to prepare their work and undertake required assessments.
- Storage for tANP confidential training records
- Appropriate local and academic training

Educational Supervisor (ES) and their roles and responsibilities

- All tANPs will have a named educational supervisor (ES).
- The ES has overall responsibility for the educational development of the tANPs.
- Contact with the ES +/- or clinical mentors, should be sought if there are any concerns identified by any member of the clinical team regarding the tANP. In cases whereby the tANP does not meet the required standard or a clinical incident occurs, the ES +/- clinical mentor is responsible for reporting these issues to the tANPs line manager and informing the individual tANP.
- Educational Supervisors are likely to be consultant surgeons, responsible for the management and educational progress of one or more tANPs in breast care.
- The ES will be familiar with the training and education requirements for tANPs and should have demonstrated an interest and ability in teaching, training, assessing and appraising.
- It is the responsibility of the ES to remain up to date with developments in advanced practice training.
- The ES must be kept up to date with any issues related to teaching and training and remain up to date with their own clinical practice.
- Ensuring that their tANPs are familiar with the training and education requirements relevant to the level/stage of tANP and undertake education and training as per requirements.
- Ensure that their tANPs have appropriate day-to-day supervision relevant to their stage of training.
- Assist their tANPs with both professional and personal development.
- Complete learning agreement with their tANP and undertake regular appraisal meetings.
- Ensure the Multiple Clinician Report (MCR) is completed by the tANP Clinical Supervisor, ensuring all the CiPs are addressed and any differences in supervision level are explained.
- Ensure a record of any serious incidents are kept in the tANPs portfolio.

Clinical Supervisor's (CSs)

Clinical supervisors (CS) are appropriately trained assessors and workplace supervisors. In Breast Care, these will be consultant breast surgeons, speciality doctors and experienced Advanced Nurse Practitioners, whom have the necessary skills, knowledge and experience to oversee tANP clinical activity.

The CSs should be familiar with the training and education requirements for tANPs.

Clinical supervisors can undertake both formative and summative assessments and must be competent in the area they are assessing and be aware of the standard required.

- Role of the clinical supervisors in Breast:
 - To carry out a range of workplace-based assessments and provide written and verbal feedback to the tANPs.
 - To assess within their area of expertise (e.g. DoPS)

- Responsibilities of the clinical supervisors in Breast:
 - To carry out workplace-based assessments, including the multiple clinician report, according to their area of expertise and training
 - To provide constructive verbal and written feedback to tANPs to validate workplace-based assessments, including the development of an action plan immediately after the event where necessary.
 - To ensure access to tANP data is kept confidential.

Clinical Mentor

Each tANP will choose a trained ANP for their clinical mentor.

Mentoring is defined by NHS England (A Guide to Mentoring in NHS England 2014) as

'a dynamic, supportive relationship between two individuals which exists to develop the mentee either within their current role or for the future. Mentoring differs from coaching in that it takes a holistic view of the mentee, is an on-going relationship and the agenda is usually set by the mentee with the mentor providing support and guidance'.

Multiple Clinician Reports (MCR)

Multiple Clinician Reports and Multisource feedback are vital forms of assessment.

The multiple clinician report (MCR) assessment is carried out by the tANP educational and clinical supervisors.

The MCR includes a global rating to indicate how the trainee is progressing in each of the four Capabilities in Practice (CiPs). The global rating is expressed as a supervision level recommendation.

The MCR can facilitate to identify areas for improvement by using CiP descriptors (listed on pages 5-13)

Free text may also be used.

Supervisors in Breast will provide documented feedback to tANPs (supervised learning events) as performance is observed in the clinical area. This feedback is used to formulate MCRs at the mid and end point of training.

The level of supervision which best describes the performance of the tANP at that time, in each of the four CiP areas is agreed.

All feedback from clinical supervisors will be considered by the Educational Supervisors.

The Educational Supervisors will provide a review of tANP training and development, adding comments and signing off the MCR.

The MCR is used to highlight areas that are above or below the expected level of performance.

Feedback must be given in person to the trainee in a feedback meeting, for any CiP not rated as level 3, where development is required.

The MCR provides valuable insight into how well the trainee is performing, highlighting areas of excellence, areas where support is required and identification of any areas of concern.

MCRs and portfolio evidence is used to determine progression.

The frequency of MCR's and who contributes to them will be decided by CAC/DMS as tANPs Educational Supervisors.

Table 1 - Supervision levels for trainee ANPs

<u>Supervision levels guiding Multiple Clinician Report</u>				
MCR Rating Scale	Anchor statements	Trainer input at each supervision level		
		Does the trainee perform part or all* of the task?	Is guidance required?	Is it necessary for a trainer to be present for the task?
Supervision Level 1:	Able to observe only.	No	N/A	Throughout
Supervision Level 2a	Able and trusted to act with direct supervision: The supervisor needs to be physically present throughout the activity to provide direct supervision.	Yes	Throughout	Throughout
Supervision level 2b	Able and trusted to act with direct supervision: The supervisor needs to guide all aspects of the activity. This guidance may partly be given from another setting, but the supervisor will need to be physically present for part of the activity.	Yes, fluent with most of the task	Some aspects	Present for most of the task and available to be present as soon as required throughout
Supervision Level 3	Able and trusted to act autonomously but given the nature of the environment, works with indirect supervision: The supervisor does not need to guide all aspects of the activity. For those aspects which do need guidance, this may be given from another setting. The supervisor may be required to be physically present on occasions.	Yes, all of the task	Mostly independent	No, but available to attend in the event of particular challenge
Supervision Level 4	Able and trusted to act autonomously and unsupervised, within scope of practice and delegated authority.	Yes, all the task	Majority independent	No, but available to attend in the event of particular challenge

Delivery of Assessment and Assessment Methods

Assessment in the workplace is primarily the use of MCRs, together with portfolio evidence containing multisource feedback, trainee self-assessment, case-based discussions, clinical evaluation examination, direct observation of procedural skills, teaching observation. Both MCR and portfolio evidence contribute to the Educational Supervisors report for the review of competency progression. Professional judgement is central to this assessment framework with all assessors taking responsibility and being held accountable for these judgements.

Assessment takes place throughout the training programme to allow the tANPs to continually gather evidence of learning and to be able to provide formative feedback to the tANP to aid progression.

The frequency of Assessment of progress will be decided by your Educational Supervisors

Evaluation of tANP performance after learning through knowledge acquisition, skill development and behavioural competence will be undertaken.

See Appendix 6 for ALL assessment forms.

Feedback

High quality feedback is essential for effective learning. Trainee advanced nurse practitioners are encouraged to seek feedback. Feedback can be verbal or written through work-based assessments, multisource feedback and meetings with workplace supervisor(s) and educational supervisor.

Workplace Based Learning

Workplace based learning will be assessed through workplace-based assessments.

Workplace based assessments (WBA) aim to provide constructive feedback to the tANP.

WBA are recorded on a structured form to assist assessors in distinguishing levels of performance and prompt areas for assessor's feedback immediately after the observation.

WBA should include both tANP and assessors' individual comments, ratings of individual competencies and global rating.

WBAs are formative and may be used to assess and provide feedback on all clinical activity.

Trainees may use assessments forms in appendix 7 to obtain feedback and provide evidence of their progression.

Learning Environments

The trainee ANP will be required to gain experience in a variety of settings across the breast patient's journey to support their development which will include:

- All Breast unit outpatient clinics
- Breast theatres
- Radiotherapy department
- Combined day unit (Chemotherapy)
- Oncology clinics
- Pathology
- Lymphoedema
- Breast MDTs

These settings will provide a breadth of clinical learning within the speciality of breast care.

Educational and Development Tools in the workplace

The following can be used in the workplace to document supervised learning events:

- Clinical evaluation exercise (CEX)
- Direct observation of procedural skills (DOPs)
- Case-based discussion (CBD)

Formal and Informal Teaching and Learning Opportunities

Learning opportunities which may be available to the tANPs are as follows:

- Group/individual teaching sessions
- Research and audit projects
- Association of breast surgery meetings/conferences
- Breast Multidisciplinary meetings

See also appendix 9 for details of in-house educational tutorials and topics which will be covered.

Trainee ANPs responsibilities:

1. Self-Directed Learning

It is expected that all tANPs are proactive in their own learning and development and are therefore responsible for:

- Creating and agreeing a learning agreement
- Sourcing and attending opportunities for learning.
- Initiating assessments and review meetings with their trainers
- Undertaking regular reflective practice
- Maintaining up to date learning portfolio

All tANPs are expected to undertake personal study in addition to formal and informal teaching and to use developmental feedback from their trainers and supervisors to focus develop their research and practice.

2. Reflective Practice

All tANPs to conduct reflective practice throughout their training and continued professional development.

Reflective practice can be in the form of verbal as well as written.

Writing reflectively can add more to the oral process by deepening understanding of practice. Written reflections can be used to aid a later review, a reference point to demonstrate development or a starting point for shared discussion.

3. Self-Assessment

It is expected that tANPs complete self-assessment CiPs every 2 months, in the same way that supervisors complete the MCR.

Reflection for insight on performance is an important development tool and self-recognition of the level of supervision needed at any point in training, enhances patient safety.

Self-assessments should be part of the evidence reviewed when meeting with the ES every 2 months.

Wide discrepancy between self-assessment and supervision level recommended by supervisors, can identify over or under confidence. Support should be given accordingly.

Learning Partnership Agreement

To ensure clear communication, a learning partnership agreement is a contract developed and shared between all parties - Supervisors, line manager and tANP.

See Appendix 10 for example, of a learning agreement

Pathway to Completion of Training

The pathway to completion of training is linked between academic master's level credits (Total 180), core professional, behavioural and specialist clinical capabilities.

Completion of Training

Completion of ANP in Breast Care training requires the following:

- Successful completion of relevant master's level modules related to advanced practice in breast care (Total 180 credits)
- Successful completion of ALL 4 CiPs at level 3 supervision
- Successful completion of ALL core clinical and site specific capabilities - See Appendices 3 & 4

Portfolio evidence

➤ Weekly

Maintain Logbook of cases and reflections

Obtain CiPs as appropriate.

Maintain record of core breast specific presentations

➤ 3 Monthly

Workplace based assessments.

Clinical and Educational Supervisors reports (x2 per year)

tANPs self-assessments to inform discussions with supervisors to gain insight and support development of personal development plans.

Evidence of up-to-date logbook and reflections

- Annually
 - Appraisal
 - Evidence of teaching delivery
 - Evidence of engagement with audit, medical literature and guidelines
 - Evidence of engagement with local governance and faculty groups
 - Evidence of completed relevant masters' modules.

As ANPs in breast care, continued maintenance of a clinical portfolio is recommended to demonstrate evidence of ongoing knowledge and procedural skills.

Governance and Accountability

It is essential that healthcare professionals taking on new roles and responsibilities are not putting themselves or their patients at risk.

tANPs working in advanced clinical practice roles must be able to recognise their own limitations and parameters of their scope of practice.

Individual tANPs have professional responsibility and accountability for their practice.

Employers have responsibility for:

- Relevant advanced practice job descriptions
- Annual appraisals
- Clearly defined advanced practice role expectations and responsibilities
- Appropriate policies and procedures for advanced practitioners to adhere to
- Advanced practice evaluation and assessment

Appropriate local organisational policies should be established to support advanced practice roles such as non-medical imaging requesting and the provision of IR(ME)R training.

(Multi-professional framework for advanced clinical practice in England 2017)

Appraisal

In line with UHDB trust policy, a formal appraisal should take place annually and for tANPs should incorporate a review of competence progression with feedback from educational and clinical supervisors.

Appraisal for tANPs in breast care, this should take place with their line manager and professional lead (DND).

Capability

A local review of capability is recommended to take place on a 3 monthly basis to assess and ensure progression.

The review process should ensure that any tANP experiencing difficulties are supported throughout their training with a structured plan to enable progression.

Any tANPs experiencing continued difficulties achieving clinical and/or academic competencies may be reviewed in line with UHDB trust capability policy.

Continuing professional Development and Revalidation

It is a professional requirement for all tANPs as registered nurses, to engage in continuing professional development (CPD) to meet continued evidence for revalidation. Evidence for this should be demonstrated within the tANPs portfolio.

Equality and Diversity

All tANPs will be treated fairly to enable them to reach their full potential.

Appendix 1 - Trainee Advanced Nurse Practitioner Educational resources

Recommended reading:

NICE guidelines

[Overview | Early and locally advanced breast cancer: diagnosis and management | Guidance | NICE](#)

[Overview | Familial breast cancer: classification, care and managing breast cancer and related risks in people with a family history of breast cancer | Guidance | NICE](#)

Best Practice Guidelines For Surgeons in Breast Cancer Screening (Association of Breast Surgery Jan 2018)

[final-screening-guidelines-2018.pdf \(associationofbreastsurgery.org.uk\)](#)

Association of Breast Surgery Guidelines platform

[Guidance Platform - Association of Breast Surgery](#)

Clinical Guidelines for the management of Breast Cancer - West Midlands Expert Advisory Group for Breast Cancer

[guidelines-for-the-management-of-breast-cancer-v1.pdf \(england.nhs.uk\)](#)

Learning resources:

E-learning module - Breast Cancer Screening in the NHS

Video Learning modules – Anatomy of the breast & development/treatment of breast cancer

[Breast screening: education and training - GOV.UK \(www.gov.uk\)](#)

This **Breast Health** introductory course (**Free course**)

[Course: Breast Health \(nextgenu.org\)](#)

Virtual delivery via MS Teams

[Masterclass on the Multi-Disciplinary Management of Breast Cancer | National Breast Education Centre \(stgbec.org.uk\)](#)

Academic course details:

Clinical breast examination and client communication

Module code: RA7003

[Single module | Kingston and St George's \(healthcare.ac.uk\)](#)

Non-Medical Prescribing courses:

University of Nottingham Module V300

[Non-Medical Prescribing \(NMP\) – Independent and Supplementary courses - The University of Nottingham](#)

List of Universities from Health Education England

[Non -medical Prescribing HEI Information Feb21 \(1\).pdf \(hee.nhs.uk\)](#)

Appendix 2 - Core professional and behaviour capabilities

(Includes 3 of the 4 pillars of Advanced clinical practice (HEE 2017): Learning and management, education, research).

There are four Core Professional Behaviour Capabilities aligned to the multi-professional framework for advanced clinical practice (HEE, 2017) Clinical Practice pillar.

Core professional and behaviour capabilities as laid out within Surgical Advanced Clinical Practitioner Curriculum and Assessment Framework (HEE, 2022).	Evidence to support achievement/ method of achievement	Level of supervision achieved	Dates of assessment and signature of assessor
Professional Behaviour			
<ul style="list-style-type: none"> ● Acting with honesty and integrity ● Maintaining trust by showing respect, courtesy, honesty, compassion and empathy for others, including patients, carers, guardians and colleagues ● Treating patients as individuals, respecting their dignity and ensuring patient confidentiality ● Taking prompt action where there is an issue with the safety or quality of patient care, raising and escalating concerns where necessary ● Demonstrating openness and honesty in their interactions with patients and employers - known as the professional duty of candour ● Being accountable as an employee to their employer and working within an appropriate clinical governance framework ● Managing time and resources effectively ● Being able to self-monitor and seek appropriate advice and support to maintain their own physical and mental health ● Demonstrating emotional resilience ● Demonstrating situational awareness ● Reflecting on their personal behaviour and its impact on others ● Demonstrating awareness of their own behaviour, particularly where this might put patients or others at risk ● Demonstrating awareness of own limitations and understanding when and who to refer on to or seek professional advice from others. ● Interacting with colleagues, respecting difference of opinion and working as a collaborative member of the breast team ● Being able to identify and create safe and supportive working and learning environment 	Multi Clinician Report		
<ul style="list-style-type: none"> ● listening to patients, carers and guardians and accepting that they have an insight into preferences for and expertise about the patient's own condition and context 			

Continued

Core professional and behaviour capabilities as laid out within Surgical Advanced Clinical Practitioner Curriculum and Assessment Framework (HEE, 2022)	Evidence to support achievement/ method of achievement	Level of supervision achieved	Dates of assessment and signature of assessor
Professional Behaviour			
<ul style="list-style-type: none"> ● Working within appropriate equality and diversity ● Working within appropriate health and safety legislation ● Demonstrating a commitment to learn from patient safety investigations and complaints ● Maintaining own continuing professional development and completing relevant statutory and mandatory training ● Demonstrating an ability to learn and reflect on own professional practice and clinical outcomes ● Ability to accept constructive and appropriately framed criticism ● Act as professional role model <p><i>Practical skills to provide safe and effective care;</i></p> <ul style="list-style-type: none"> ● Literate ● Numerate ● Articulate and be able to give clear, accurate and legible written instructions in English ● Able to make clear, accurate and contemporaneous records of their observations or findings in English ● Able to demonstrate an appropriate knowledge of information governance, data protection and storage ● Able to demonstrate appropriate IT skills, including word processing and data collection 			

Leadership and Management Pillar

These capabilities outline the role of the Breast ANP in supporting and developing leadership and management to ensure the breadth of knowledge and skills required for the role.

Core professional and behaviour capabilities as laid out within Surgical Advanced Clinical Practitioner Curriculum and Assessment Framework (HEE, 2022)	Evidence to support achievement/ method of achievement	Level of supervision achieved	Dates of assessment and signature of assessor
<ul style="list-style-type: none"> • Demonstrate leadership by example, working to the highest standards to the appropriate professional standards and regulatory body. • Demonstrate clear understanding of local and national policy regarding professional standards • Promotes an ethos of ethical, holistic patient-focused care and support • Continually develop practice and improve patient safety through engaging with clinical audit, service evaluation and quality improvement methodologies • Lead new practice and service redesign solutions in response to feedback, evaluation and need, working across boundaries and broadening sphere of influence. • Develop effective relationships, fostering clarity of roles within teams to encourage productive working • Negotiate an individual scope of practice within legal, ethical, professional, and organisational policies governance and procedures, with a focus on risk management and patient safety • Manage change and promote quality care provision, demonstrating professionalism and effective communication 	<ul style="list-style-type: none"> • HEI modules/study • Multiple clinician report • Multi-source feedback form • Leadership-based discussion • Self-assessment • Lead and manage clinical audit 		

Education Pillar

There is one CiP aligned to the multi-professional framework for advanced clinical practice in England (HEE, 2017) Education pillar. The capability outlines the role of the ANP in breast care, in supporting and developing education to ensure the breadth of knowledge and skills required for the role.

<u>Education</u>	Evidence to support achievement/method of achievement	Level of supervision achieved	Dates of assessment and signature of assessor
<ul style="list-style-type: none"> • Critically assess and address own learning needs, negotiating a personal development plan that reflects the breadth of ongoing professional development across the four pillars of advanced clinical practice. • Demonstrates the ability to identify wider team developmental needs recognising appropriate learning opportunities to support and address need. • Advocate for and contribute to a culture of departmental/organisational learning to inspire future and existing staff. • Act as a role model, educator, supervisor, and coach seeking to instil and develop confidence of others. 	<ul style="list-style-type: none"> • HEI modules/ study • Multiple clinician report • Multi-source feedback form • Education based discussions and teaching sessions. • Presentations • Evaluation and reflection 		

Research Pillar

The capabilities outline the role of the SACP in supporting and developing research to ensure the breadth of knowledge and skills required for the role and to underpin safe and effective evidence-based practice

Research Pillar	Evidence to support achievement/method of achievement	Level of supervision achieved	Dates of assessment and signature of assessor
<ul style="list-style-type: none"> • Provide evidence of knowledge of research, audit, and process. • Demonstrate the ability to engage in research activity, adhering to good research practice guidance • Demonstrate the ability to: - Assess the need for, plan and lead clinical audit to manage risk and manage quality issues relating to surgical patients • Critically appraise and synthesis relevant research, evaluation, and audit to underpin own practice and to identify the potential need for further research • Disseminate best practice research findings through appropriate forums such as education evenings, divisional and breast specific meetings/conferences 	<ul style="list-style-type: none"> • Multi-clinician report • Multi-source feedback form • Research-based discussion • Presentations, self-assessment • Involvement in audit/clinical trials 		

Appendix 3 – Core Clinical Capabilities

Breast Core clinical capability 1	Evidence to support achievement/method of achievement	Level of supervision achieved	Dates of assessment and signature of assessor
Breast			
<p><u>Knowledge</u></p> <ul style="list-style-type: none"> • Demonstrate knowledge of the anatomy of the breast, axillary and clavicular lymph nodes. • Principles of the management of benign and malignant breast diseases • Demonstrates knowledge of benign and malignant breast diseases • Aetiology, presentation, differential diagnosis & management of benign and malignant breast diseases <p>To include the assessment and management of the following presentations / conditions:</p> <ul style="list-style-type: none"> • benign and malignant breast diseases • Pathology of types of breast cancers • Microbiology of breast abscess <p><u>Clinical skills</u></p> <ul style="list-style-type: none"> • Assessment, planning and management of patients presenting with benign and malignant breast symptoms • Competence in focused breast history, medical history, familial history and clinical breast examination <p><u>Pharmacology</u></p> <ul style="list-style-type: none"> • The pharmacology and safe prescribing of drugs used in the treatment of breast diseases including analgesics, antibiotics, and local anaesthetics. • The principles of anaesthesia. • The principles of drugs used in the treatment of breast malignancies. 	<ul style="list-style-type: none"> • Multiple clinician report • Multi-source feedback • Case based discussion • DOPS • Mini CEX • Patient survey • HEI modules/ study 		

<p><u>Microbiology</u></p> <ul style="list-style-type: none"> • Infection control including sources of infection, asepsis, disinfection, and sterilisation • General pathology of bacterial disease and systemic sepsis • Soft tissue infections including cellulitis, abscesses, necrotising fasciitis and gangrene • Hospital acquired infection, antibiotic governance, and bacterial resistance <p><u>Imaging</u></p> <p>Principles of diagnostic and interventional imaging including x-rays, ultrasound, CT, MRI, DEXA, MMGs, Bone scans</p>			
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Infection prevention and control

Breast Core clinical capability 2	Evidence to support achievement/method of achievement	Level of supervision achieved	Dates of assessment and signature of assessor
Infection prevention and control			
<p>Knowledge Demonstrate knowledge regarding the management of infection control issues, ensuring that the clinical environment remains safe for patients and staff by demonstrating:</p> <ul style="list-style-type: none"> • A sound knowledge of public health issues and potential environmental hazards • Rigorous hand hygiene and use of personal protective equipment (PPE) • Leadership and encouragement to all other staff groups Demonstrate analytical skills when recognising and managing the septic patient and provide evidence of strategies to contain group and conditions that require isolation. <ul style="list-style-type: none"> • Clinical skills Provide evidence of the processes of assessment/screening and interpretation of: <ul style="list-style-type: none"> • Appropriate inflammatory markers (including but not limited to CRP/WCC) • Management of antimicrobials • Evaluation of outcomes • Demonstrates the ability to safely don and doff PPE 	<ul style="list-style-type: none"> • Multiple clinician report/modules/study • Multi-source feedback form • Mini Cex • Case-based discussion, reflection • Self-assessment 		

Health Promotion

Breast Core clinical capability 3	Evidence to support achievement/method of achievement	Level of supervision achieved	Dates of assessment and signature of assessor
Health Promotion			
<p>Knowledge Develop the capabilities necessary to support patients in caring for themselves: to empower them to improve and maintain their own health.</p> <ul style="list-style-type: none"> • Damaging health and social issues such as excessive alcohol consumption, smoking and illicit drugs and the harmful effects they have on health • The connection between mental health and physical health • The importance of health education for promoting self-care for patients • Clinical features of dementia and the distinction between it and delirium • The impact of dementia on patient, family and carers • Physical inactivity as an independent risk factor for ill health and obesity • Relationship between physical exercise programmes and healthy eating and smoking cessation programmes. <p>Clinical skills</p> <ul style="list-style-type: none"> • Modification of explanations to match the intellectual, social and cultural background of individual patients • Identification and utilisation of opportunities to promote health including positive role modelling • Provide advice and guidance about weight loss to overweight and obese patients within the context of a multidisciplinary team • Management of breast patients in the context of their dementia • A range of techniques and strategies to communicate effectively with people with dementia and their carers/ families Utilisation of all patient interactions as opportunities for health and fitness promotion. 	<ul style="list-style-type: none"> • HEI modules/ study • Multiple clinician report • Multi-source feedback form 		

Frailty

Breast Core clinical capability 4	Evidence to support achievement/method of achievement	Level of supervision achieved	Dates of assessment and signature of assessor
Frailty - Objective: To demonstrate the knowledge clinical and technical skills necessary to contribute to the management of the frail patient in breast care			
<p><u>Knowledge</u> Demonstrates an ability to recognise frailty. Formulates individual patient management plan based on assessment of frailty as well as clinical need. Describes the impact of activities of daily living on long-term conditions (e.g., impact of a condition on driving) and provides information / discusses these with the patients and carers. Early engagement with the multi-disciplinary team.</p> <p><u>Clinical skills</u> Understand the impact of increasing age, weight loss and frailty on drug pharmacokinetics and pharmacodynamics Performs aspects of a comprehensive geriatric assessment (CGA) including assessment of cognition and use of appropriate frailty scoring.</p>	<ul style="list-style-type: none"> • Multiple clinician report • Multi-source feedback form • Case based discussion, reflection • Simulation • Mini CEX 		

Personal performance, complaints, and medical error

Breast Core clinical capability 5	Evidence to support achievement/method of achievement	Level of supervision achieved	Dates of assessment and signature of assessor
Personal performance, Complaints and Medical Error			
<p>Knowledge Identifies factors which influence personal performance and their impact on patient care which include.</p> <ul style="list-style-type: none"> • Describes the risks to patients if personal performance is compromised. • The effects of stress and fatigue on performance (personal or of others), with actions to minimise its impact, along with sources of help. • How medications, which they may be taking, can reduce personal performance • Why health problems (personal or of others) must not compromise patient care or expose colleagues or patients to harm. • The need to report personal health problems in a timely manner and awareness of the support services available. • Takes responsibility for personal health and performance, e.g., by reporting sickness absence in a timely manner and completing return to work documentation as required. • Notifies appropriate individuals, and arranges cover where applicable, for planned or unexpected absences and seeks appropriate support regarding health or emotional concerns that might impact on personal performance 	<ul style="list-style-type: none"> • HEI modules/ study • Multiple clinician report • Multi-source feedback form • CEX • Case-based discussion, reflection • Patient survey • Self-assessment 		

Continued

<u>Breast Core clinical capability 5</u>	Evidence to support achievement/method of achievement	Level of supervision achieved	Dates of assessment and signature of assessor
Personal performance, Complaints and Medical error			
<p>Understanding of the management of complaints:</p> <ul style="list-style-type: none"> Define the local complaints procedure Recognise factors likely to lead to complaints (poor communication, dishonesty etc.) and adopt behaviour that is likely to prevent Outline the principles of an effective apology and demonstrates understanding of duty of candour Identify sources of help and support when a complaint is made about yourself or a colleague. Contribute to a fair and transparent culture around complaints and errors Describes the role of human factors in medical errors and takes steps to minimise these Describes ways of identifying poor performance in colleagues and how to support them. Recognise the impact of complaints and medical error on staff, patients, and the National Health Service. Clinical skills Demonstrates ability to perform Root Cause Analysis (RCA) investigation. 	<ul style="list-style-type: none"> HEI modules/ study Multiple clinician report Multi-source feedback form CEX Case-based discussion, reflection Patient survey Self-assessment Surgical Advanced Clinical Practitioner (SACP) Curriculum 		

Appendix 4 – Core Site specific (Breast) clinical capabilities

Breast Cyst

Breast unit Outpatient Department - Symptomatic presentation Simple Breast Cyst	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Objectives: To develop the knowledge and skills required to contribute to the management of patients attending symptomatically to the breast unit with symptoms of Breast Cyst			
<ul style="list-style-type: none"> • Demonstrates professional behaviour regarding patients, carers, and others. • Delivers patient centred care including shared decision making. • Demonstrates effective consultation skills. • Formulates an appropriate diagnostic and management plan, considering patient preferences. • Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues. • Appropriately manages comorbidities in outpatient clinic. • Demonstrates awareness of the quality of patient experience 	CBE module. Multiple clinician report. Multi-source feedback Case-based discussion. DOPS Patient survey. IR(ME)r Training Mini Cex		

<p><u>Continued</u></p> <p><u>Knowledge</u></p> <ul style="list-style-type: none"> • Common systems employed for the identification of presentation pertinent to breast cyst/s including presentation, management, and complications. Prioritisation of diagnosis and patient management of breast cyst/s. • Basic science - including anatomy, physiology, pharmacology, radiology) relevant to the management of patients presenting with symptoms of breast cyst/s. • Clinical presentation and pathology of breast cysts including awareness of red flags. • Principles of management of patients with breast cyst/s to include the assessment and management of the patient presenting with breast cyst/s 			
<p><u>Clinical Skills</u></p> <ul style="list-style-type: none"> • Clinical examination and assessment and planning the investigation of new patient attending the breast unit symptomatically with breast cyst/s. • Management of patients attending the breast unit symptomatically breast cyst/s. Knowledge of and interpretation of investigations specific to breast cyst/s. • Consent process. Explanation of diagnosis of breast cyst/s 			

Breast pain

Breast unit or community Outpatient Department - Symptomatic presentation Breast Pain	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Objectives: To develop the knowledge and skills required to contribute to the management of patients attending symptomatically to the breast unit with symptoms of Breast pain			
<ul style="list-style-type: none"> • Demonstrates professional behaviour regarding patients, carers, and others. • Delivers patient centred care including shared decision making. Demonstrates effective consultation skills. • Formulates an appropriate diagnostic and management plan, considering patient preferences. • Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues. • Appropriately manages comorbidities in outpatient clinic. • Demonstrates awareness of the quality of patient experience. 	CBE module Multiple clinician report Multi-source feedback Case-based discussion DOPS Patient survey IR(ME)r training Mini CeX		
<p><u>Knowledge</u></p> <ul style="list-style-type: none"> • Common systems employed for the identification of presentation pertinent to breast pain including presentation, management, and complications. • Prioritisation of diagnosis and patient management of breast pain. • Basic science - including anatomy, physiology, pharmacology, radiology) relevant to the management of patients presenting with symptoms of breast pain. • Clinical presentation and pathology of breast pain including awareness of any red flags. 			

Continued			
<p><u>Clinical Skills</u></p> <ul style="list-style-type: none"> • Clinical examination and assessment and planning the investigation of new patient attending the breast unit or community breast pain clinics, symptomatically with breast pain. • Management of patients attending the breast unit symptomatically with breast pain. • Knowledge of and interpretation of investigations specific to breast pain. • Consent process. • Explanation of diagnosis of breast pain (cyclical/non-cyclical). 			

Fibroadenoma

Breast unit Outpatient Department - Symptomatic presentation Fibroadenoma	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Objectives: To develop the knowledge and skills required to contribute to the management of patients attending symptomatically to the breast unit with symptoms of			
<ul style="list-style-type: none"> • Demonstrates professional behaviour regarding patients, carers, and others. • Delivers patient centred care including shared decision making. • Demonstrates effective consultation skills. • Formulates an appropriate diagnostic and management plan, considering patient preferences. • Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues. • Appropriately manages comorbidities in outpatient clinic. Demonstrates awareness of the quality of patient experience 	CBE module Multiple clinician report Multi-source feedback Case-based discussion DOPS Patient survey IR(ME)r training Mini CeX		

<p><u>Continued</u></p> <p><u>Knowledge</u></p> <ul style="list-style-type: none"> • Common systems employed for the identification of presentation pertinent to fibroadenoma including presentation, management, and complications. • Prioritisation of diagnosis and patient management of fibroadenoma. • Basic science - including anatomy, physiology, radiology) relevant to the management of patients presenting with symptoms of fibroadenoma. • Clinical presentation and pathology of fibroadenoma including awareness of red flags. <p>Principles of management of patients with fibroadenoma. To include the assessment and management of the patient presenting with fibroadenoma.</p> <p><u>Clinical Skills</u></p> <ul style="list-style-type: none"> • Clinical examination and assessment and planning the investigation of new patient attending the breast unit symptomatically with fibroadenoma. • Management of patients attending the breast unit symptomatically with fibroadenoma. • Knowledge of and interpretation of investigations specific to fibroadenoma. • Consent process. • Explanation of diagnosis of fibroadenoma. 			
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Fat Necrosis

Breast unit Outpatient Department - Symptomatic presentation Fat necrosis	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Objectives: To develop the knowledge and skills required to contribute to the management of patients attending symptomatically to the breast unit with symptoms of fat necrosis			
<ul style="list-style-type: none"> • Demonstrates professional behaviour regarding patients, carers and others. • Delivers patient centred care including shared decision making. Demonstrates effective consultation skills. • Formulates an appropriate diagnostic and management plan, considering patient preferences. • Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues. • Appropriately manages comorbidities in outpatient clinic. Demonstrates awareness of the quality of patient experience 	CBE module Multiple clinician report Multi-source feedback Case-based discussion DOPS Patient survey IR(ME)r training Mini Cex		

<p><u>Continued</u></p> <p><u>Knowledge</u></p> <ul style="list-style-type: none"> • Common systems employed for the identification of presentation pertinent to fat necrosis including presentation, management, and complications. • Prioritisation of diagnosis and patient management of fat necrosis. • Basic science - including anatomy, physiology, pharmacology, radiology) relevant to the management of patients presenting with symptoms of fat necrosis. • Clinical presentation and pathology of fat necrosis including awareness of red flags. • Principles of management of patients with fat necrosis. <p>To include the assessment and management of the patient presenting with fat necrosis.</p> <p><u>Clinical Skills</u></p> <ul style="list-style-type: none"> • Clinical examination and assessment and planning the investigation of new patient attending the breast unit symptomatically with fat necrosis. • Management of patients attending the breast unit symptomatically with fat necrosis. • Knowledge of and interpretation of investigations specific to fat necrosis. • Consent process. • Explanation of diagnosis of fat necrosis. 			
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Breast Abscess

Breast unit Outpatient Department - Symptomatic follow up Breast abscess	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Objectives: To develop the knowledge and skills required to contribute to the management of patients attending symptomatically to the breast unit with symptoms of breast abscess			
<ul style="list-style-type: none"> • Demonstrates professional behaviour regarding patients, carers, and others. • Delivers patient centred care including shared decision making. Demonstrates effective consultation skills. • Formulates an appropriate diagnostic and management plan, considering patient preferences. • Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues. • Appropriately manages comorbidities in outpatient clinic. Demonstrates awareness of the quality of patient experience 	CBE module Multiple clinician report Multi-source feedback Case-based discussion DOPS Patient survey IR(ME)r training Mini Cex		

<p><u>Continued</u></p> <p><u>Knowledge</u></p> <ul style="list-style-type: none"> • Common systems employed for the identification of presentation pertinent to breast abscess including presentation, management, and complications. Prioritisation of diagnosis and patient management of breast abscess. • Basic science - including anatomy, physiology, pharmacology, radiology) relevant to the management of patients presenting with symptoms of breast abscess. • Clinical presentation and pathology of breast abscess including awareness of red flags such as distinguishing differences in presentation between abscess/necrotising fasciitis. <p>Principles of management of patients with breast abscess. To include the assessment and management of the patient presenting with breast abscess.</p> <p><u>Clinical Skills</u></p> <ul style="list-style-type: none"> • Clinical examination and assessment and planning the investigation of new patient attending the breast unit symptomatically with breast abscess. • Management of patients attending the breast unit symptomatically with breast abscess. • Knowledge of and interpretation of investigations specific to breast abscess. • Consent process. • Explanation of diagnosis of breast abscess 			
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Breast Cancer

Breast unit Outpatient Department - Symptomatic presentation Breast Cancer	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Objectives: To develop the knowledge and skills required to contribute to the management of patients attending symptomatically to the breast unit with symptoms of breast cancer			
<ul style="list-style-type: none"> • Demonstrates professional behaviour regarding patients, carers, and others. • Delivers patient centred care including shared decision making. Demonstrates effective consultation skills. • Formulates an appropriate diagnostic and management plan, considering patient preferences. • Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues. • Appropriately manages comorbidities in outpatient clinic. Demonstrates awareness of the quality of patient experience 	CBE module Multiple clinician report Multi-source feedback Case-based discussion DOPS Patient survey IR(ME)r training Mini CeX		

<p><u>Continued</u></p> <p><u>Knowledge</u></p> <ul style="list-style-type: none"> • Common systems employed for the identification of presentation pertinent to breast cancer including presentation, management, and complications. • Prioritisation of diagnosis and patient management of breast cancer. • Basic science - including anatomy, physiology, pharmacology, radiology) relevant to the management of patients presenting with symptoms of breast cancer. • Clinical presentation and pathology of breast cancer including awareness of red flags. <p>Principles of management of patients with breast cancer.</p> <p>To include the assessment and management of the patient presenting with breast cancer.</p> <p><u>Clinical Skills</u></p> <ul style="list-style-type: none"> • Clinical examination and assessment and planning the investigation of new patient attending the breast unit symptomatically with breast cancer. • Management of patients attending the breast unit symptomatically with breast cancer. • Knowledge of and interpretation of investigations specific to breast cancer. • Consent process. • Explanation of possible/likely diagnosis of breast cancer. 			
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Gynaecomastia

Breast unit Outpatient Department - Symptomatic presentation - Gynaecomastia	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Objectives: To develop the knowledge and skills required to contribute to the management of patients attending symptomatically to the breast unit with symptoms of Gynaecomastia			
<ul style="list-style-type: none"> • Demonstrates professional behaviour regarding patients, carers, and others. • Delivers patient centred care including shared decision making. • Demonstrates effective consultation skills. Formulates an appropriate diagnostic and management plan, considering patient preferences. • Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues. • Appropriately manages comorbidities in outpatient clinic. Demonstrates awareness of the quality of patient experience 	CBE module Multiple clinician report Multi-source feedback Case-based discussion DOPS Patient survey IR(ME)r training Mini CeX		

<p><u>Continued</u></p> <p><u>Knowledge</u></p> <ul style="list-style-type: none"> • Common systems employed for the identification of presentation pertinent to gynaecomastia including presentation, management, and complications. • Prioritisation of diagnosis and patient management of gynaecomastia. • Basic science - including anatomy, physiology, pharmacology, radiology) relevant to the management of patients presenting with symptoms of gynaecomastia. • Clinical presentation and pathology of gynaecomastia including awareness of red flags such as causes of secondary gynaecomastia. • Principles of management of patients with gynaecomastia. To include the assessment and management of the patient presenting with gynaecomastia. <p><u>Clinical Skills</u></p> <ul style="list-style-type: none"> • Clinical examination and assessment and planning the investigation of new patient attending the breast unit symptomatically with gynaecomastia. • Management of patients attending the breast unit symptomatically with gynaecomastia. • Knowledge of and interpretation of investigations specific to gynaecomastia Consent process. • Explanation of diagnosis of gynaecomastia. 			
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Nipple discharge

Breast unit Outpatient Department - symptomatic presentation of nipple discharge	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
<p>Objectives: To develop the knowledge and skills required to contribute to the management of patients attending symptomatically to the breast unit with symptoms of nipple discharge</p>			
<ul style="list-style-type: none"> • Demonstrates professional behaviour regarding patients, carers, and others. • Delivers patient centred care including shared decision making. • Demonstrates effective consultation skills. Formulates an appropriate diagnostic and management plan, considering patient preferences. • Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues. • Appropriately manages comorbidities in outpatient clinic. Demonstrates awareness of the quality of patient experience 	<p>CBE module</p> <p>Multiple clinician report</p> <p>Multi-source feedback</p> <p>Case-based discussion</p> <p>DoPS</p> <p>Patient survey</p> <p>IR(ME)r training</p> <p>Mini CeX</p>		

<p><u>Continued</u></p> <p><u>Knowledge</u></p> <ul style="list-style-type: none"> • Common systems employed for the identification of presentation pertinent to nipple discharge including presentation, management, and complications. • Prioritisation of diagnosis and patient management of nipple discharge. • Basic science - including anatomy, physiology, pharmacology, radiology) relevant to the management of patients presenting with symptoms of nipple discharge. • Clinical presentation and pathology of nipple discharge including awareness of red flags. <p>Principles of management of patients with nipple discharge.</p> <p>To include the assessment and management of the patient presenting with nipple discharge.</p> <p><u>Clinical Skills</u></p> <ul style="list-style-type: none"> • Clinical examination and assessment and planning the investigation of new patient attending the breast unit symptomatically with nipple discharge. • Management of patients attending the breast unit symptomatically with nipple discharge. • Knowledge of and interpretation of investigations specific to nipple discharge. • Consent process. • Explanation of diagnosis of nipple discharge. 			
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Nipple inversion/retraction

Breast unit Outpatient Department - symptomatic presentation of nipple inversion/retraction	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Objectives: To develop the knowledge and skills required to contribute to the management of patients attending symptomatically to the breast unit with symptoms of nipple inversion/retraction			
<ul style="list-style-type: none"> • Demonstrates professional behaviour regarding patients, carers and others. Delivers patient centred care including shared decision making. • Demonstrates effective consultation skills. Formulates an appropriate diagnostic and management plan, considering patient preferences. • Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues. • Appropriately manages co-morbidities in outpatient clinic. Demonstrates awareness of the quality of patient experience 	CBE module Multiple clinician report Multi-source feedback Case-based discussion DOPS Patient survey IR(ME)r training Mini CeX		

<ul style="list-style-type: none"> • Common systems employed for the identification of presentation pertinent to nipple inversion including presentation, management, and complications. • Prioritisation of diagnosis and patient management of nipple inversion. • Basic science - including anatomy, physiology, pharmacology, radiology) relevant to the management of patients presenting with symptoms of nipple inversion. • Clinical presentation and pathology of nipple inversion including awareness of red flags such as distinguishing between slit like nipple inversion and abnormal nipple inversion. <p>Principles of management of patients with nipple inversion. To include the assessment and management of the patient presenting with nipple inversion.</p> <p><u>Clinical Skills</u></p> <ul style="list-style-type: none"> • Clinical examination and assessment and planning the investigation of new patient attending the breast unit symptomatically with nipple inversion. • Management of patients attending the breast unit symptomatically with nipple inversion. • Knowledge of and interpretation of investigations specific to nipple inversion. • Consent process. • Explanation of possible causes of nipple inversion. 				
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<u>Additional Documentation</u>			

Appendix 5 – Portfolio Guidance and Evidence

It is primarily the trainee's responsibility to enter information into their portfolio but supervisors should also have access to parts of the portfolio and have a responsibility to record supervisor reports, panel review outcomes and confirm the record of competence.

Trainees are responsible for keeping their Portfolio updated in line with the requirements. They will need to make sure of the following:

- Ensure educational supervisors are assigned to a trainee
- Ensure the required assessments are completed
- Log reflections, courses attended, certificates
- Keep personal details updated
- Maintain up to date Appraisals and development plan
- Link assessments against the competencies outlined within the framework as achieved.

It is the trainee's responsibility to make sure that the portfolio and all assessments are completed and updated.

Any queries should be directed to the ES or line manager.

Linking evidence to the requirements within the framework is crucial to show that a trainee is competent and progressing within their training.

Evidence should be linked to capabilities outlined within the framework. These can be in the form of assessment forms, reflections, certificates, or documents, from the trainee's personal library.

The trainee must ensure there is a logical process to review evidence against the tANP framework. If the trainee is using a paper-based portfolio, a guide should be produced for the assessors.

It will not be the assessor's role to map the evidence for the trainee. If it is not clearly identified, then it is likely the trainee's portfolio will not be passed as meeting the requirements of the standard. If an e-portfolio is being utilised, then the trainee should be guided by the programme being utilised but the principles of mapping evidence to the curricula will still apply.

Appendix 6a – Assessment forms - CBD

Case-Based Discussion (CBD)

Trainee	Assessor
Name/PIN:	Name/PIN:
Assessment date:	Hospital Site CBD took place: RDH QHB
tANP year of training: Year 1 Year 2	
<u>Feedback</u>	
Verbal and written feedback is a mandatory component of the feedback	
<u>General</u>	
<u>Strengths</u>	
<u>Development needs</u>	
<u>Recommended actions</u>	
tANP REFLECTIONS (OPTIONAL)	
<u>What did I learn from this experience?</u>	
<u>What did I do well?</u>	
<u>What do I need to improve or change and how will I achieve it?</u>	

See overleaf for ratings

RATINGS			
Your ratings should be measured against the supervision levels intednified in the tANP framework			
How do you rate this tANP O: Outstanding S: Satisfactory D: Development required N: Not assessed	Supervision levels Please tick the overall level at which the CBD was performed, (if there was sufficient evidence to make a judgement)		
1. Medical record keeping	Level 1	Able to observe only	
2. Clinical assessment	Level 2a	Requires direct supervision	
3. Clinical diagnostic skills and underlying knowledge base	Level 2b	Requires supervision but may be from another setting	
4. Management and follow-up planning	Level 3	Able to work autonomously with indirect supervision	
5. Clinical judgement and decision making	Level 4	Able to work unsupervised with delegated authority	
6. Communication and team working skills			
7. Leadership skills			
8. Reflective practice/writing			
9. Professionalism			
CBD DETAILS			
Clinical setting (please state):			
CBD Performed whilst on a course Yes No If yes, please give details			
Summary of the clinical problem:			
Focus of encounter (please circle): History Eaxmination Diagnosis Management Explanation Consent			
Complexity of the case: 1. Appropriate for first year tANP 2. Appropriate for second year tANP 3. Appropriate for completion of training as ANP in Breast			
Trainee's signature:		Assessor's signature:	

Appendix 6b – Assessment forms - CEX

Clinical Evaluation Exercise (CEX)

Trainee		Assessor	
Name/PIN:		Name/PIN:	
Assessment date:		Hospital Site CBD took place: RDH QHB	
tANP year of training: Year 1 Year 2			
<u>Feedback</u>			
Verbal and written feedback is a mandatory component of the feedback			
<u>General</u>			
<u>Strengths</u>			
<u>Development needs</u>			
<u>Recommended actions</u>			
<u>tANP REFLECTIONS (OPTIONAL)</u>			
<u>What did I learn from this experience?</u>			
<u>What did I do well?</u>			
<u>What do I need to improve or change and how will I achieve it?</u>			

See overleaf for ratings

RATINGS			
Your ratings should be measured against the supervision levels intended in the tANP framework			
How do you rate this tANP O: Outstanding S: Satisfactory D: Development required N: Not assessed	Supervision levels Please tick the overall level at which the CBD was performed, (if there was sufficient evidence to make a judgement)		
1. History taking skills	Level 1	Able to observe only	
2. Physical examination skills	Level 2a	Requires direct supervision	
3. Clinical diagnostic skills and underlying knowledge base	Level 2b	Requires supervision but may be from another setting	
4. Management and follow-up planning	Level 3	Able to work autonomously with indirect supervision	
5. Clinical judgement and decision making	Level 4	Able to work unsupervised with delegated authority	
6. Communication and listening skills			
7. Organisation and time management			
8. Professionalism			
CBD DETAILS			
Clinical setting (please state):			
CBD Performed whilst on a course Yes No If yes, please give details			
Summary of the clinical problem:			
Focus of encounter (please circle): History Examination Diagnosis Management Explanation Consent			
Complexity of the case:			
1. Appropriate for first year tANP 2. Appropriate for second year tANP 3. Appropriate for completion of training as ANP in Breast			
Trainee's signature:		Assessor's signature:	

Appendix 6c – Assessment forms - DOPS

Direct Observation of Procedural Skills (DOPS)

Trainee	Assessor
Name/PIN:	Name/PIN:
Assessment date:	Hospital Site CBD took place: RDH QHB
tANP year of training: Year 1	Year 2
<u>FEEDBACK</u>	
Verbal and written feedback is a mandatory component of the feedback	
<u>General</u>	
<u>Strengths</u>	
<u>Development needs</u>	
<u>Recommended actions</u>	
tANP REFLECTIONS (OPTIONAL)	
<u>What did I learn from this experience?</u>	
<u>What did I do well?</u>	
<u>What do I need to improve or change and how will I achieve it?</u>	

See overleaf for ratings

RATINGS			
Your ratings should be judged against the standards of a surgical trainee			
<p align="center">How do you rate this tANP</p> <p>O: Outstanding S: Satisfactory (no prompting or intervention required) D: Development required N: Not observed</p>			
Domain	Rating	Comments	
1. Describes indications, procedures and complications to assessor			
2. Obtains verbal or written consent after explaining procedure and any complications to the patient			
3. Prepares for procedure according to an agreed protocol			
4. Demonstrates good asepsis where required			
5. Deals with any unexpected event or seeks help when appropriate			
6. Completes required documentation			
7. Communicates clearly with patient and staff throughout the procedure			
8. Demonstrates professional behaviour throughout the procedure			
GLOBAL SUMMARY			
Level at which completed elements of the procedure were performed on this occasion			
Name of Procedure:			
No. times procedure previously performed:		Setting:	
DOPS performed whilst on a course Yes / No If yes, please give details			
Difficulty of procedure (please circle): Easier than usual Average difficulty More difficult than usual			
Trainee's signature:		Assessor's signature:	

Appendix 6d – Assessment forms – Assessment of Audit

tANP Assessment of Audit / QI Project	
Trainee	Assessor
Name / Pin	Name / Pin
Assessment date	Hospital Audit / QI took place:
<u>General</u>	
<u>Strengths</u>	
<u>Development Needs</u>	
<u>Recommended Actions</u>	
tANP REFLECTIONS ON THIS ACTIVITY (optional)	
<u>What did I learn from this experience?</u>	
<u>What did I do well?</u>	
<u>What do I need to improve or change? How will I achieve it?</u>	

See overleaf for ratings

<u>Ratings</u> Your ratings should be judged against the expected standards of a surgical trainee				
How do you rate this ANP in their:	<u>Outstanding</u>	<u>Satisfactory</u>	<u>Development required</u>	<u>Not assessed</u>
1. Relevance of Audit / QI Topic				
2. Standards / Targets chosen for Audit / QI				
3. Audit / QI Methods				
4. Results and interpretation				
5. Conclusions and plan for implementation				
6. Plan for further Evaluation				
7. Professionalism				
Overall quality of audit Based on this observation please rate the level of overall quality of clinical audit				
Rating	Key descriptors			
Outstanding clinical audit	Audit topic related to an important clinical problem, detailed and exhaustive methodology applied, resulting in conclusions with significant clinical importance. Plans for future direction of audit highlighted. An exemplary clinical audit.			
Satisfactory standard of clinical audit	Limited guidance required throughout audit process. Sound audit methodology in a relevant topic, resulting in conclusions with practical clinical importance. Plans for future direction of audit highlighted.			
Development required to reach the standard of clinical audit	Significant guidance required throughout the audit process. Inappropriate audit topic or poor methodology resulting in inappropriate conclusions or conclusions of limited practical use. Inadequate consideration of future direction of audit.			
AUDIT / QI DETAILS (please circle as appropriate)				
Title:		Methodology used:		
Brief description: (Objectives and rationale)				
Basis of assessment: e.g. Report		Others involved in the audit / QI project:		
Start date:	End date:	Status: In progress / Completed audit cycle		

Your contribution:		
Summary of findings:		
Setting(s)	Audit cycle completed Yes / No	Type of audit:
tANP signature:	Assessor's signature:	
Please add any additional comments here		

Appendix 6e – Assessment forms – Multi-Source Feedback (Trainee self-assessment)

Multi-Source Feedback (Trainee Self-Assessment)				
Name:	PIN:			
Speciality:	Training level:	Hospital: UHDB Trust		
Your assessment should be undertaken without discussion with other raters and should be judged against standard set by other doctors at the same level with whom you work				
How would you rate yourself in your:	Outstanding*	Satisfactory	Development required	Not undertaken by me
Clinical Care				
1. History taking and breast examination skills				
2. Relevant knowledge and diagnostic skills				
3. Ability to formulate appropriate management plans				
4. Procedural (technical skills)				
5. Record keeping (timely, accurate, legible)				
Maintaining good advanced practice				
6. Ability to manage time and work under pressure				
7. Decision making and implementation skills				
8. Awareness of own limitations (willing to ask for help)				
9. Initiative and leadership skills				
10. Focus on patient safety (clinical governance)				
Learning and teaching				
11. Willingness to ask for feedback and to learn from it				
12. Teaching (enthusiasm and effectiveness)				
Relationship with patients and colleagues				
13. Communication with patients and their relatives				
14. Communication with colleagues				
15. Active involvement within the breast team				
16. Accessibility and reliability				
Summary				
Overall, how do you rate yourself compared to other ANPs at the same level with whom you have worked?				

Continued

<p>please give specific examples relating to any area in which you feel your performance is outstanding:</p>	<p>please give specific examples relating to any area in which you feel your performance requires development:</p>
<p>Trainee reflections on this activity: Private / Public (please circle)</p>	
<p><u>What did I learn from this experience?</u></p> <p><u>What did I do well?</u></p> <p><u>What do I need to improve or change? How will I achieve it?</u></p> <p>This MSF relates to a reflective journal entry</p>	
<p>Signature:</p>	<p>Date:</p>

Multisource Feedback (MSF) Guidance

The Multisource Feedback (MSF) Assessment is used to gain insight into attitudes, ethics, responsibilities, and communication. The process for obtaining MSF, which is required on an annual basis (minimum), is as follows:

The tANP identifies 11 to 15 people who can be approached to give feedback.

The recommended combination of healthcare staff members from the breast unit should include the following:

- 2 consultant clinical supervisors
- 1 ANPs
- 1 BCNs
- 1 Radiographers
- 1 IDAs
- 1 non-clinical member of staff (e.g. medical secretary, pathway co-ordinator)

The remaining contributors can include further clinical supervisors and ANPs, clerical/secretarial/administrative staff.

The tANP enters the details of all the chosen assessors into the portfolio.

The list is then approved by the Educational Supervisor and another person is identified to collate the feedback and produce a report to send back to the ES.

The staff identified are then contacted via email and sent the feedback form electronically. The tANP will not see individual responses.

The Educational Supervisor arranges to meet with the tANP to discuss the contents and any action required.

After 1 month or when all feedback forms received (whichever occurs first), the MSF will be closed. A minimum of 11 responses are required to generate a valid report.

Appendix 6f – Assessment forms - Multi-Source Feedback (Rater forms)

tANP		Rater			
Name:		Name:			
PIN:		PIN (if applicable)			
Breast Speciality		Position:			
Hospital: RDH QHB		Work email:			
tANP training level:					
Feedback					
<p>The primary purpose of this feedback is for the trainee's learning and professional development. You should undertake your assessment without discussion with either the trainee or other raters and judge the standard of the trainee against that set by other doctors with whom you work in the breast unit. Please give specific examples of areas that you have rated as <u>Outstanding</u> or <u>Development required</u>. Your anonymised comments will be passed on to the trainee. If you have identified serious concerns, or more than one rater makes similar comments, the trainee's Educational Supervisor (ES) may contact you for more information. Under the <u>Data Protection Act 1998</u> a trainee can request to see a rater's evaluation. In this exceptional event, the rater will be notified by the ES before disclosure.</p>					
How do you rate this trainer in their:		Outstanding	Satisfactory	Development required	Not observed by me
Clinical Care					
1. History taking and breast examination skills					
2. Relevant knowledge and diagnostic skills					
3. Ability to formulate appropriate management plans					
4. Procedural (technical skills)					
5. Record keeping (timely, accurate, legible)					
Maintaining good advanced practice					
6. Ability to manage time and work under pressure					
7. Decision making and implementation skills					
8. Awareness of own limitations (willing to ask for help)					
9. Initiative and leadership skills					
10. Focus on patient safety (clinical governance)					
Learning and teaching					
11. Willingness to ask for feedback and to learn from it					
12. Teaching (enthusiasm and effectiveness)					
Relationship with patients and colleagues					
13. Communication with patients and their relatives					
14. Communication with colleagues					
15. Active involvement within the breast team					
16. Accessibility and reliability					

Continued

Summary				
Overall, how do you rate yourself compared to other ANPs at the same level with whom you have worked?				
please give specific examples relating to any area in which you feel this trainee is outstanding:	please give specific examples relating to any area in which you feel this trainee requires development:			
Do you have any professional concerns about this practitioner Yes No If yes, please state your concerns				
<u>Environments observed</u> Clinic (state type/s) MDT				
Completed by:			Date:	

Appendix 6G – Assessment forms – Observation of Teaching (OoT)

Observation of Teaching (OoT)

Trainee	Assessor
Name/PIN:	Name/PIN:
Assessment date:	Hospital Site OoT took place: RDH QHB
Feedback Verbal and written feedback is a mandatory component of the feedback	
<u>General</u>	
<u>Strengths</u>	
<u>Development needs</u>	
<u>Recommended actions</u>	
tANP REFLECTIONS (OPTIONAL)	
<u>What did I learn from this experience?</u>	
<u>What did I do well?</u>	
<u>What do I need to improve or change and how will I achieve it?</u>	

See overleaf for ratings

Continued

RATINGS		
Your ratings should be judged against the expected standards of a surgical trainee		
How do you rate this tANP		
O: Outstanding S: Satisfactory (no prompting or intervention required)		
D: Development required N: Not observed		
How do you rate this trainer in their (please circle)		Overall Quality of Teaching Based on this observation please rate the level of overall quality of clinical audit
1. Introduction	O / S / D / N	Outstanding: Topic related to an important clinical problem, detailed and exhaustive methodology applied, resulting in conclusions with significant clinical importance. Plans for future directions highlighted. An exemplary teaching session
2. Presentation	O / S / D / N	
3. Conclusion	O / S / D / N	Satisfactory: Limited preparation. Sound methodology in a relevant topic, resulting in conclusions with practical clinical importance. Plans for future direction highlighted.
4. Professionalism	O / S / D / N	Development required: Insufficient preparation. Inappropriate topic or poor methodology resulting in inappropriate conclusions or conclusions of limited practical use. Inadequate consideration of future direction.
Teaching details		
Date of event:		
Type of teaching (presentation at education evening/planning day)		
Brief description of teaching session (including aims and intended outcomes)		
Who were the learners?		
Number of learners: 1-5 / 6-10 / 11-20 / >20 / >50		
Location teaching performed:		
Title of presentation:		
TANP signature:		Assessor's signature:

Appendix 6H – Assessment forms – Supervised Learning Events (SLEs) for tANPs

Purpose of SLEs

- To provide immediate feedback, highlight achievement and suggest/identify areas for further development.
- To demonstrate engagement in the educational process
- For tANPs to reflect and develop in their clinical and professional practice

Timings of SLEs

It is recommended that SLEs are performed throughout the training. SLEs do not need to be planned or scheduled in advance and should occur whenever a teaching opportunity presents itself.

Use the template below to include within your training portfolio and include the following information:

- Date
- Supervising clinician
- Details of Learning event as follows:
 - Clinical examination
 - History taking
 - Management plan
 - Other
 - Observation of practical procedure
 - Clinic type
 - Case based discussion
 - Tutorial
 - Theatre session
 - Other
- Feedback from supervising clinician (if applicable) – in comments.
- Your own reflections – in tANP comments

Date

Supervising Clinician

Details of SLE:

Supervisor comments: (Please highlight areas for development and areas of excellence)

tANP reflections

Appendix 7 – Core objectives for first 6 months tANP training

For the first 6 months supervised learning take place at Queens Hospital Burton and Royal Derby Hospitals.

Core Objectives for the first 6 months tANP training phase in Breast Care

- Attend CPI tutorials on benign and malignant breast disease
- Attend CPIII tutorials on family history and breast reconstruction
- Attend clinical examination sessions with Clinical Nurse Educator
- MDT attendance
- Follow up clinic attendance with ANP colleagues.
- Observation and training in new patient (2WW) clinics with consultants and ANP colleagues
- Observe mammography.
- Observe breast ultrasound.
- Observe breast practical procedures to include core biopsy, cyst aspiration, punch biopsy, VAE, abscess drainage, wire/localizer placement – clinical, US guided and stereo-guided as appropriate.
- Attend theatre sessions to see common operations (will be timetabled)
- Attend primary endocrine clinic.
- Attend familial cancer clinic with FCS team.
- Become competent at breast examination.
- Be able to see routine follow up breast cancer patients independently.
- Be able to see straightforward new patient consultations independently.
- Aim to meet with Mentor fortnightly (at a minimum).
- Attend theatre to see key surgical procedures.

Appendix 8 – Checklist for tutorials

These may be formal tutorials or informal teaching given by any Breast Clinicians and may be given in a variety of settings such as in clinic or theatre.

These may also be recorded as a supervised learning event, focusing on the tANPs own reflections and what they have learnt.

Topic	Covered	Date	Trainer
Breast Pain			
Breast Cyst			
Benign Breast Lump			
Abscess			
Gynaecomastia			
Nipple Discharge			
Periductal mastitis			
Lactational Mastitis			
Triple assessment			
Family history			
Mastectomy			
Wide local excision			
Management of the axilla			
Breast reconstruction			
Local recurrence			
Bone health			

Radiotherapy			
Chemotherapy			
Presentation of Breast cancer			
Invasive Breast Cancer			
DCIS			
B3 lesions			
Lymphoedema			
Skin lesions on the breast			
Oncoplastic BCS			
Diagnosis and initial assessment of metastatic disease			
Endocrine therapy			

Appendix 9 – Checklist for operative and technical procedures observed.

These may also be recorded as a supervised learning event, focusing on the tANPs own reflections and what they have learnt.

Procedure	Date	ANP sig	Trainer sig	Reflective comments
Mammogram				
US +/- biopsy				
Stereo biopsy				
Insertion of guidewire				
FNA axillary lymph node				
Cyst aspiration				
Clinical core biopsy				
Punch biopsy				
SNB				
WLE				
Mastectomy				
ANC				
Microdochectomy/Hadfields				
Nipple tattoo				
Breast reduction				
SSM & Recon				
CWPF				
VAE (US/stereo)				

Appendix 10 Learning Partnership Agreement & Completed Commitment Agreement

Trainee Advanced Nurse Practitioner in Breast

Hospital/Trust: UHDB NHSFT

Department/Unit: Breast Units RDH/QHB

Line Manager Shehzad Bashir, previously Lee Chlechowicz

Educational Supervisor

Clinical/Workplace supervisor/s ALL Consultants and ANPs within Breast Speciality employed at UHDB NHSFT

University Hospitals of Derby & Burton (UHDB) NHS Foundation Trust agrees to provide support for the tANPs in Breast with the recommended learning days/study time to undertake appropriate university course requirements (Total of 180 credits at master's level 7), to support their learning and education throughout their training to become Advanced Nurse Practitioners within the speciality of Breast.

UHDB will also support funding to enable tANPs to fulfil academic requirements for advanced practice (Total 180 credits at master's level), appropriate to advanced practice within speciality of Breast Care.

All tANPs in Breast will also be supported by Educational Supervisors, Clinical/Workplace Supervisors and their line manager.

Line Manager

The Line manager will support all tANPs in the speciality of breast care with the provision of time and resources to meet the requirements of the learning contract. Line managers may also provide pastoral support as required.

Educational Supervisor

The Educational Supervisor is responsible for the final assessment and sign off of the breast tANPs with supporting evidence from clinical supervisor/s.

Clinical Supervisor/s

Clinical supervisor/s provide support and guidance throughout tANP training. Clinical Supervisors are required to have a level of skill and knowledge to challenge practice, provide constructive feedback and impart knowledge to improve the competence and confidence of the tANPs in breast care.

Clinical Supervisor/s are responsible for documenting guidance and advice using workplace-based assessments.

Trainee Advanced Nurse Practitioners in Breast (student)

The student is responsible for ensuring completion of the learning agreement by the end of their first 3 months in post.

Line Manager

Name:

Job Title:

Date signed:

Educational Supervisor

Name:

Job Title:

Date Signed:

Trainee Advanced Nurse Practitioner in Breast

Name:

Date Signed:

See also completed Commitment agreement – Accessing Workforce Development Funding

References

Health Education England - Surgical Advanced Clinical Practitioner (SCAP) Curriculum and Assessment Framework for care of the adult surgical patient (2022)

Royal College of Nursing Advanced Level Nursing Practice: Introduction (2022)

Health Education England (2017) Multi-Professional framework for advanced clinical practice in England

Health Education England (2017) Framework to promote person-centred approaches in health and care

The Northern Ireland Practice and Education Council for Nursing and Midwifery – Advanced Nursing practice framework (2016)