



ABILITY TEST REPORT

Nursing Comprehension Test

A report for

Sam Sample

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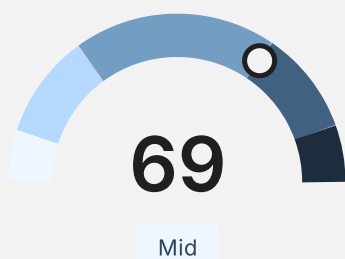
Completed 17/10/2026 · Report valid 18–24 months

This report is confidential and is intended solely for the person responsible for assessing Sam Sample, who completed the Nursing Comprehension Test on 17/10/2026.

Interpreting scores

Sam's result on the Nursing Comprehension Test is shown on a scale of 0 to 100. Use the key below to interpret it.

Very Low	Low	Mid	High	Very High
0–37	38–57	58–82	83–93	94–100

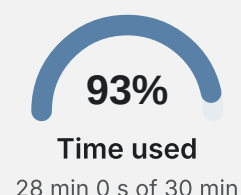
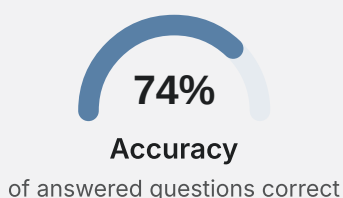
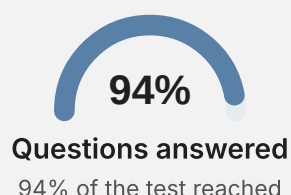


TEST SESSION

Recommended time: 30 minutes

Time taken: 28 minutes, 0 seconds

SPEED AND ACCURACY



This nursing comprehension test assesses a candidate's core nursing skills -- understanding written clinical instructions, applying the NEWS2 early warning score, calculating medicine doses and checking prescriptions against a medication key. These skills will be apparent when:

- **Clinical instructions:** Much of a nurse's work is directed in writing: care plans, handover notes, prescriptions and messages from doctors. This area looks at how accurately you read that information and keep to what it actually says, including the conditions and limits within an instruction and knowing when there is not enough information to act on.
- **NEWS2 & dosing:** This area covers two everyday safety skills: recognising when a patient is becoming unwell, and giving the right amount of a medicine. In the test you scored patients' observations with the NEWS2 chart, decided what each score meant the team should do, and calculated doses from the stock available.
- **Prescription checks:** Before giving a medicine, nurses check that the prescription is right. This area looks at how carefully you compare a prescription with reference information and spot what does not match, such as a dose that is too high or low, the wrong frequency, or a medicine prescribed for the wrong reason, while recognising the lines that are correct.

Areas to probe at interview

The test gives one overall result, shown below as a broad position rather than a score. The overall result is the measure of ability. The three aspects listed under it are ways to explore that one result at interview; they are not separately measured, so each carries Sam's overall position. Use them to decide which skills to probe in more depth, and decide on the evidence gathered there whether to progress Sam. This page states the skills to explore; it does not prescribe exercises or questions — the interview should not repeat the test.

Result	Position
Overall result	Low Mid High

How to use this. Each area lists two skills for each position. **Low** — probe these in depth: the test says the skill needs checking. **Mid** — explore them where the role leans on the area: the basics held, so ask how Sam checks their own work. **High** — confirm them: the test was taken unsupervised. The column for Sam's own position in each area is marked. The positions are coarse by design; do not read a profile into small differences between them. Where an area carries too few items on a given form to be placed, the table says so and the area should simply be explored on its merits.

Area 1 — Clinical instructions

What it measures: reading written clinical information accurately and acting only on what it says.

If Low — probe - checking an unclear or incomplete instruction rather than assuming - going back to the author of an instruction, or escalating, and recording the clarification	If Mid — explore ◀ Sam - whether they act on a guess or wait for someone else to notice a gap - how they make sure a change to a patient's plan is understood and passed on	If High — confirm - keeping patient safety central when instructions are unclear - following a changed plan through, and knowing it has been followed
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Area 2 — NEWS2 & dosing

What it measures: scoring observations with NEWS2, choosing the right clinical response, and working out medicine doses.

If Low — probe - recognising a deteriorating patient early and escalating in line with the NEWS2 response - using a clear method for dose calculations, estimating first and checking units	If Mid — explore ◀ Sam - whether they repeat observations without escalating, or are unsure of the thresholds - whether they rely on someone else's calculation or have no checking step	If High — confirm - increasing monitoring and giving a clear handover, for example using SBAR - using a second checker and speaking up about calculation errors
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Area 3 — Prescription checks

What it measures: checking prescriptions accurately against reference information before a medicine is given.

If Low — probe - stopping before giving a medicine when something does not match - checking against a reference and contacting the prescriber or pharmacist	If Mid — explore ◀ Sam - whether they give a medicine and raise a concern later, or change it without the prescriber - whether they skip or shorten checks under time pressure	If High — confirm - reporting and following up a prescription error - protecting the checking routine and restarting checks after an interruption
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Rank candidates on the overall result; decide on the interview evidence.