**Clinical Supervisor’s Report**

|  |  |
| --- | --- |
| **Practitioner:**  |  |
| **Clinical Supervisor Name:**  |  |
| **Date:**  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **GRADES**  |  ***I – Insufficient evidence***  | ***N – Needs further development***  | ***C - Capable***  | ***E - Excellent*** |

|  |  |
| --- | --- |
| **RELATIONSHIP** | **GRADE** |
| **Explores person’s agenda (their Ideas, Concerns and Expectations)** **(Capability A1)** |  |
| **Works in partnership to negotiate a plan** **(Capability A1)** |  |
| **Recognises the impact of the problem on the person’s life** **(Capabilities A1, A2, C10)** |  |
| **Works co-operatively with team members, using their skills appropriately** **(Capabilities A1, C10)** |  |

|  |  |
| --- | --- |
| **DIAGNOSTICS** | **GRADE** |
| **Takes a history and investigates systematically and appropriately** **(Capability A1)** |  |
| **Examines appropriately and correctly identifies any abnormal findings (please comment on specific examinations observed)** **(Capability B3, B4, B5)** |  |
| **Elicits important clinical signs & interprets information appropriately** **(Capabilities B3, B4, B5)** |  |
| **Suggests an appropriate differential diagnosis** **(Capability B3, B4, B5)** |  |
| **Refers appropriately and co-ordinates care with other professionals** **(Capabilities C6, C7, C10, C12, C13, D14)** |  |

|  |  |
| --- | --- |
| **MANAGEMENT** | **GRADE** |
| **Keeps good medical records** **(Capabilities A1, D14)** |  |
| **Uses resources cost-effectively** **(Capabilities B3, B4, B5, C9, C10)** |  |
| **Keeps up-to-date and shows commitment to addressing learning needs** **(Capabilities D14)** |  |

|  |  |
| --- | --- |
| **PROFESSIONALISM** | **GRADE** |
| **Identifies and discusses ethical conflicts** **(Capability A1)** |  |
| **Shows respect for others** **(Capabilities C10, D14)** |  |
| **Is organised, efficient, and takes appropriate responsibility** **(Capability D14)** |  |
| **Deals appropriately with stress** **(Capabilities D14)** |  |

**If you have concerns or are unable to grade, please elaborate further.**

**Do you have any recommendations that might help the practitioner or the employer?**

**Are you aware if this practitioner has been involved in any conduct, capability, or Serious Untoward Incidents/Significant Event Investigation, or named in any complaint?**

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  | **NO** |  |

**If yes, are you aware if this have been resolved satisfactorily with no unresolved concerns about this practitioner’s fitness to practise or conduct? \***

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  | **NO** |  |