**Clinical Supervisor’s Report**

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

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

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| **RELATIONSHIP** | **GRADE** |
| **Explores person’s agenda (their Ideas, Concerns and Expectations)**  **(FCP Capability 1)** |  |
| **Works in partnership to negotiate a plan**  **(FCP Capability 2, ACP 2a)** |  |
| **Recognises the impact of the problem on the person’s life**  **(FCP Capabilities 1, 2, 8, ACP2a)** |  |
| **Works co-operatively with team members, using their skills appropriately**  **(FCP Capabilities 3, 10)** |  |

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| **DIAGNOSTICS** | **GRADE** |
| **Takes a history and investigates systematically and appropriately**  **(FCP Capability 5)** |  |
| **Examines appropriately and correctly identifies any abnormal findings (please comment on specific examinations observed)**  **(FCP Capability 6, ACP 13)** |  |
| **Elicits important clinical signs & interprets information appropriately**  **(FCP Capabilities 5, 6, ACP 13)** |  |
| **Suggests an appropriate differential diagnosis**  **(FCP Capability 7, ACP 13)** |  |
| **Refers appropriately and co-ordinates care with other professionals**  **(FCP Capabilities 3, 4 8, ACP 2b)** |  |

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| **MANAGEMENT** | **GRADE** |
| **Keeps good medical records**  **(FCP Capabilities 8, 10)** |  |
| **Uses resources cost-effectively**  **(FCP Capabilities 3, 9, 12 ACP 14)** |  |
| **Keeps up-to-date and shows commitment to addressing learning needs**  **(FCP Capabilities 11. 12)** |  |

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| **PROFESSIONALISM** | **GRADE** |
| **Identifies and discusses ethical conflicts**  **(FCP Capability 4)** |  |
| **Shows respect for others**  **(FCP Capabilities 3, 4, ACP 10)** |  |
| **Is organised, efficient, and takes appropriate responsibility**  **(FCP Capability 10, ACP 10)** |  |
| **Deals appropriately with stress**  **(FCP Capabilities 3, 10)** |  |

**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?**

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| **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? \***

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