



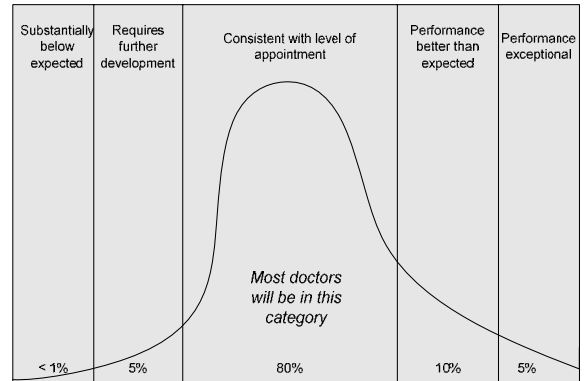
Supervisors Report

RP3 – Aug 2009
Registration No:

- Provisional general scope
 Special purpose scope

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- A supervision report is to be completed and forwarded (through medical staffing office if employed in a hospital) to the Council office every three months, or as requested by the Medical Council.
- Both the supervisor and the doctor being supervised need to sign the report.
- Please provide a copy of this report to the Chief Medical Officer (CMO) or Practice Manager. They need to be aware of doctors who are not performing consistently at their current level of appointment.**



Name:

Employer/Training Host:

Doctor is working in the following area of medicine:

..... Appointment ends on: / /

Report covers work/training done from: / / to: / /

Has the doctor made any changes to their position, supervisor, or area of medicine during this period of supervision? yes no Do they intend to in the near future? yes no

	1 Substantially below expected	2 Requires further development	3 Consistent with level of appointment	4 Performance better than expected	5 Performance exceptional	N/A Not observed
Clinical Knowledge and Skills						
Clinical knowledge (eg. knowledge of common symptoms, drug doses and side effects, drug interactions, etc)						
Professional knowledge (knowledge of hospital procedures, policy, medico legal aspects)						
Clinical clerking (adequacy of detail in written records, legibility, accurate drug charting)						
History taking (ability to take history and perform physical examination, powers of observation)						
Relevant procedural skills (eg. venesection, arterial blood gases, peak flows, etc)						
Clinical Judgement						
Diagnostic skills (Identifies and prioritises patient problems)						
Patient management (Synthesises data, makes appropriate management decisions, responds appropriately to call outs and provides emergency care as required)						
Time management (Plans and organises work, sets goals and meets them, prioritises calls, seeks advice on priorities if needed)						
Recognising limits (accurate assessment of own skills, refers and consults with others as required, takes responsibility for actions, notifies staff if expecting to be absent from duty)						
Patient Communication						
Communication skills (communicates effectively in English, clarity, logic of expression, quality of case presentation etc)						
Ability to communicate with patients and families (listening skills, respect, avoidance of jargon, coping with antagonism)						

	1	2	3	4	5	N/A Not observed
	Substantially below expected	Requires further development	Consistent with level of appointment	Performance better than expected	Performance exceptional	
Sensitivity, ethical and cultural awareness (is aware of options and networks available to patients, treats patients as individuals, responds appropriately to different cultures encountered)						
Communication and Teamwork						
Ability to communicate with other healthcare professionals (ability to work in a multidisciplinary team and with all team members irrespective of gender, contributes effectively to teamwork)						
Initiative and enthusiasm (gets involved, able to identify needs of the job, follows up without being prompted, thinks and plans ahead, shows commitment, asks questions of supervisors)						
Takes responsibility for own learning (evidence of reading up on cases, attends seminars and teaching sessions, asks questions)						
Professional Attitudes and Behaviour						
Reliability and dependability (punctual, carries out instructions, fulfils obligations, complies with hospital policies, keep up to date with work including letters, arranging meetings)						
Ability to cope with stress, emotional demands and emergency situations (reports when stressed, shows coping skills)						
Personal manner (approachability, warmth, openness, rapport etc)						

Supervisor: Describe strengths, areas for improvement/advancement (please use a separate sheet if necessary):

Please discuss this report with the doctor being supervised and obtain their signature below. If you have not done so, please explain why not:

Supervisor's name (please print):

Reg #:

Supervisor's signature:

Date:

Doctor: My signature indicates the supervisor has discussed this report with me. I would like Council to consider the following comments (please use a separate sheet if necessary):

Name (please print):

Reg #:

Signature:

Date: